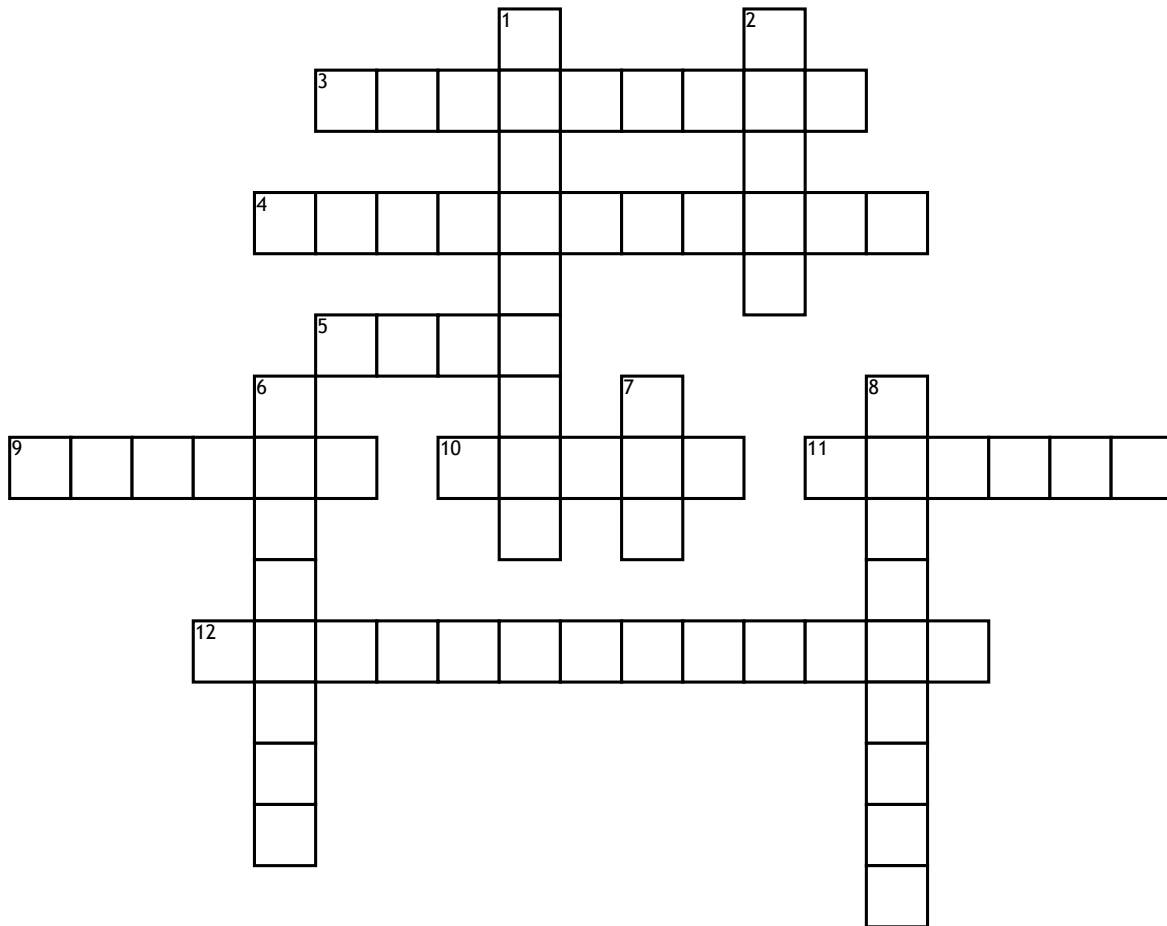


Name: _____

Date: _____

Falls



Across

- 3. hallway visual aide
- 4. low BP
- 5. fall score
- 9. medication commonly associated with falls

10. - lift

11. -first

12. has high risk for falls

Down

- 1. can be 'clear' or 'cloudy'
- 2. OOB alarm

6. associated reason for falls

7. most common alarm

8. Pt's 'life line' to nurses