

Name: _____

Date: _____

Medication safety

E U F P J P J G 2 U R I G H T P A T I E N T R N
R S G N Y 2 4 T Y C N E U Q E R F T H G I R O U
U U D C S D I O L A T S Y R C L T Q K J C A Q S
T B T E L E P H O N I C P R E S C R I P T I O N
A C L A S O P S I D T C E R R O C Q N P K 6 A 4
N U S F R I G H T M E D I C A T I O N C 4 G N N
G T E V P 6 R P R O T 6 O C C S Q 4 B U S 4 T 2
I A S S E T A C I D E M U 4 B E T A C U D E I 4
S N 2 C O U C A L L O I D S P V B O U J B W B H
N E V 6 H D L D B 6 T D A R R A E I 6 U Y W I O
E O C I O E T 6 P 2 G B K Q O L 2 E V 2 2 4 O U
M U A G A F D H M 6 I N U F B L D V G W T U T R
I S S S A P H U G 5 J B Q E I E U D V P V M I S
C I K T D 6 J P L I 2 M H T O R I U A J 2 E C V
E N M C Y F D F R E R F W U T G L R N I Q 5 S A
P J E E 6 W W T J N 5 N G O I I F U 5 O L U H L
S E B F S Q E A C Q S 6 K R C E K E Y 6 G Y A I
N C A F E T I B Q G E R M T S S 2 I I C G G N D
L T D E L C G L V I K Q S H C P D V Y L A 5 G A
S I G E U E H E E K M H T G 4 H L F S H U H T T
4 O E D S I T T H T L I 4 I J M E I D B G J I I
K N 2 I P D H S G S G H T R T H G I E H 2 T M O
F C 4 S A F T T S 2 K V A Y F J N N Y A E D E N
P B J D C J 4 P V F L A S A G C N H C N I P A U

Telephonic prescription
Specimen signature
Right patient
Side effects
Probiotics
Capsules
Weight
Prn

Educate b4 u medicate
Right medication
Subcutaneous
Crystaloids
Injection
Tablets
Daily
Bd

Antibiotics hang time
Correct disposal
Ask me badge
Right route
Allergies
Apinch
Lasa

24 hours validation
Right frequency
Schedule 5&6
Right dose
Calloids
Height
Tds