

Name: _____

Date: _____

Patient Identification

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

BLOOD TRANSFUSION ERROR
REGISTERED NURSES
MEDICAL RECORDS
PROCEDURES
YELLOW
RED

NATIONAL HEALTH ACT
SCOPE OF PRACTICE
IDENTIFIERS
BRACELET
WHITE

ACTS AND OMISSIONS
MEDICATION ERRORS
LITIGATION
IDENTITY
PINK