

Name: _____

Date: _____

Patient Safety

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

EARLY WARNING SCORE
SOURCE ISOLATION
BEST PRACTICE
HAND WASHING
BMI PLEDGES
POLICIES

NEEDLESTICK INJURY
BEDSIDE HANDOVER
WHO CHECKLIST
SAFE SURGERY
ACTION PLAN
HUDDLE

INFECTION CONTROL
Risk ASSESSMENT
SHARPS SAFETY
SAFETY BRIEF
VIP SCORE
SBAR