

Name: _____

Date: _____

TRANSFER OF CARE

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

EDUCATION PATHWAY
PUBLIC HEALTH
ALLIED HEALTH
FLOWSHEET
PLACEMAT
ROUNDS
AUDIT

TRANSFER STICKER
PATIENT CHART
SHIFT CHANGE
DISCHARGE
CONSULTS
NURSES
SBAR

PROGRESS NOTES
INTERFACILITY
PHYSICIANS
ADMISSION
VERBAL
KARDEX