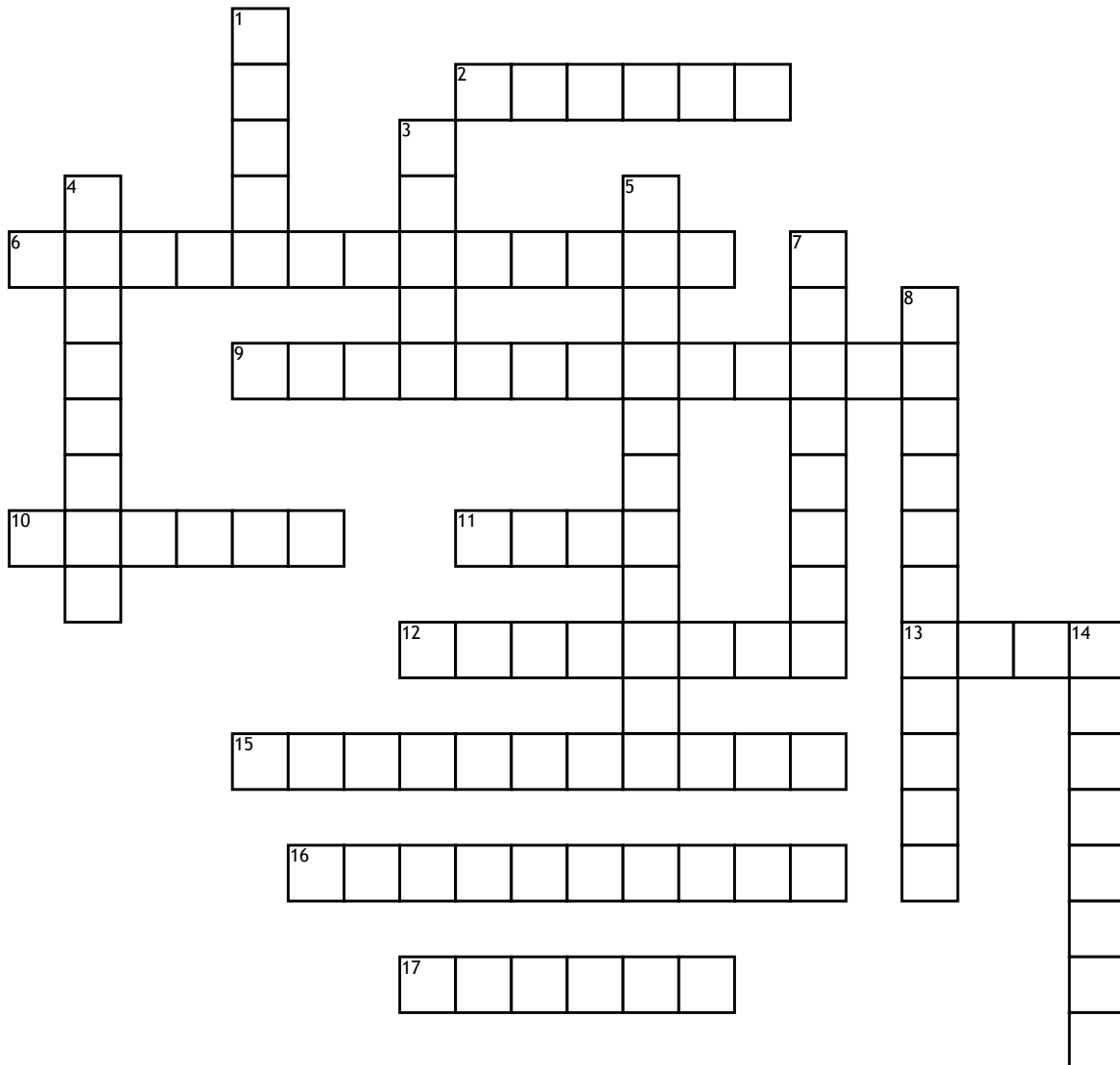


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# wounds



## Across

2. In long term care, how often should a nurse assess a pt for risk of pressure ulcer
6. A \_\_\_\_\_ is a localized injury to the skin or tissue, usually over a bony prominence, as a result of pressure
9. Factor that contributes to development of pressure ulcer
10. patients are at risk for developing pressure ulcers on which area of the body
11. Nasogastric tubes may cause skin breakdown on the \_\_\_\_\_
12. nonblanchable redness over a body prominences

13. patients are at risk for developing pressure ulcers on which area of the body
15. wound bed with \_\_\_\_\_ means it is moving towards healing
16. Factor that contributes to development of pressure ulcer
17. a pt with \_\_\_\_\_ is at a high risk of developing pressure ulcers d/t decreased oxygen to the tissues

## Down

1. patients are at risk for developing pressure ulcers on which area of the body
3. When skin layers adhere to the linens and deeper tissue layer move downward \_\_\_\_\_ damage occurs

4. Factor that contributes to development of pressure ulcer
5. the removal of devitalized tissue in a wound is known as \_\_\_\_\_
7. Factor that contributes to development of pressure ulcer
8. pressure ulcer with necrotic tissue around the base of the wound
14. superficial blistering on skin