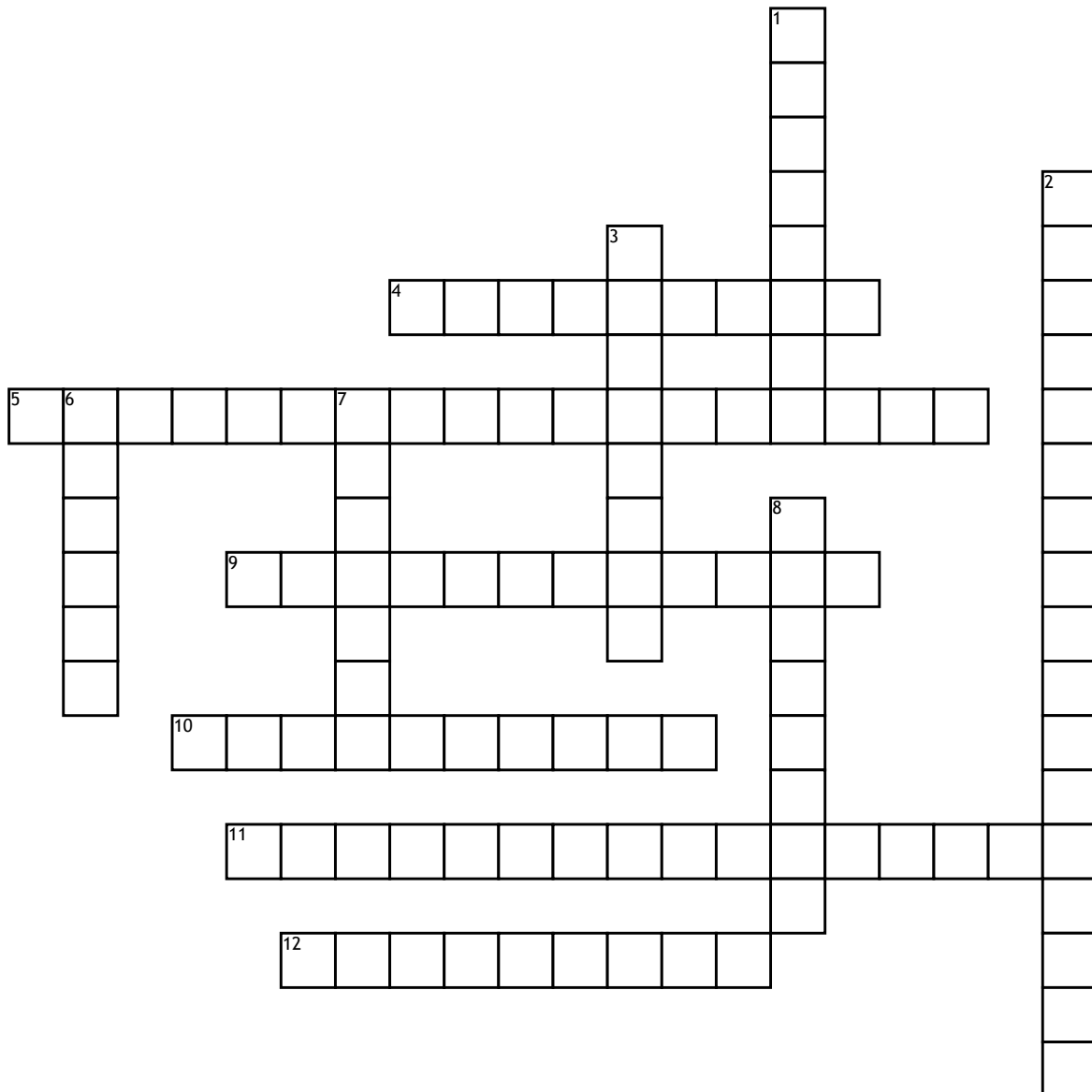


Name: \_\_\_\_\_

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

# Complex Wounds



## Across

4. Rolled

5. Wound Edges  
Not Approximate

9. Closed  
Wound

10. Organ  
Protruding

11. Surgical  
Incision

12. Peri Wound  
Wet

## Down

1. Green  
Discharge

2. Wound Left  
Open

3. Redness

6. Dead Tissue

7. Sterile

8. Open Wound