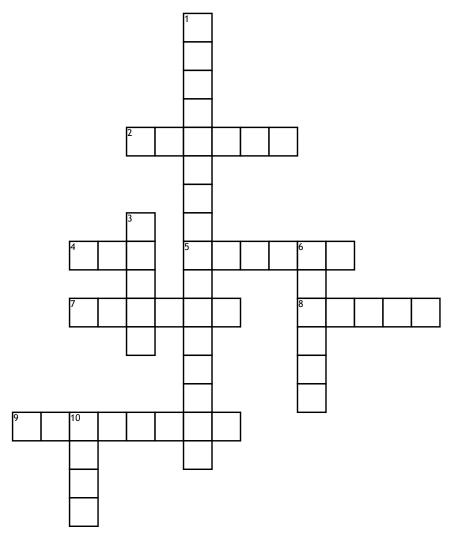
Name:	Date:
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EMT B



<u>Across</u>

- **2.** Tenerness, Instability, Crepitus, Jugular Vein Destention
- 4. 4. Spontaneous, 3. to Voice, 2. to Pain, 1. None
- **5.** Onset, Provoking Factors, Quality, Radiation, Severity, Time
- 7. 5. Oriented, 4. Confused, 3. Inappropriate,
- 2.Garbled, 1. None
- 8. 6. Obeys Command, 5. Localizes pain,
- 4. Withdraw to Pain, 3. Decorticate arms in brain injury, 2. Decerebrate arms out severe brain injury, 1. None
- **9.** Deformities, Contusions, abrasions, Puntures and Penetrations, Burns, Tenderness, Lacerations, Swelling **Down**
- 1. What involves Motor, Eye, Verbal Responses
- 3. Pupils, Equal, Ands, Round, Light/Reactive
- **6.** Signs and symptoms, allergies, medication, pertinent past history, last orl intake, events leading up to
- **10.** Aert, Verba responsel, Painful response, Unresponsive

Word Bank

VerbalGlascow Coma ScaleMotorAVPUDCAPBTLSSAMPLEOPQRSTEyePEARL

TICJVD