

Name: _____

Date: _____

END OF LIFE CYCLE

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

ADVANCED DIRECTIVE
PALLIATIVE CARE
EUTHANASIA
PHYSICIAN
SUPPORT
WISHES
PAIN

QUALITY OF LIFE
MANIFESTATIONS
SPIRITUAL
ENCOURAGE
NO CODE
PALLOR
LOVE

POSTMORTEM CARE
INTERVENTIONS
EMOTIONAL
FULL CODE
HOSPICE
NURSE
DNR