

Name: _____

Date: _____

It's Continuing Care Month

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

physician rounds
hand hygiene
compassion
admission
bedrails
council
walker

documentation
nightlunches
wheelchair
transfers
med pass
tubbath

physiotherapy
assessment
wound care
dementia
feeding
stroke

incontinence
ambulation
recreation
resident
empathy
family