

Name: _____

Date: _____

Medical Complaint Codes

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

- | | | | | |
|-----------------|----------------|---------------|--------------|-------------|
| Carbon Monoxide | Abdominal Pain | Electrocution | Chest Injury | Unconscious |
| Chest Pain | Breathing | Transport | Machinery | Diabetic |
| Seizure | Choking | Allergy | Suicide | Trauma |
| Stroke | Poison | Bleed | Heart | Birth |
| Heat | Burn | Back | Head | Fall |
| Sick | Eyes | Cold | CPR | AED |