

Name: _____

Date: _____

PATIENT SAFETY

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

RECOMMENDATION
BACKGROUND
EVERYONE
HANDOFF
DETAIL
STOP

COMMUNICATE
SITUATION
PHONETIC
REPEAT
THINK
STAR

PREVENTION
ENCOURAGE
QUESTION
REVIEW
COACH
SBAR

ASSESSMENT
BEHAVIOR
CONFIRM
SAFETY
TOOL
ACT