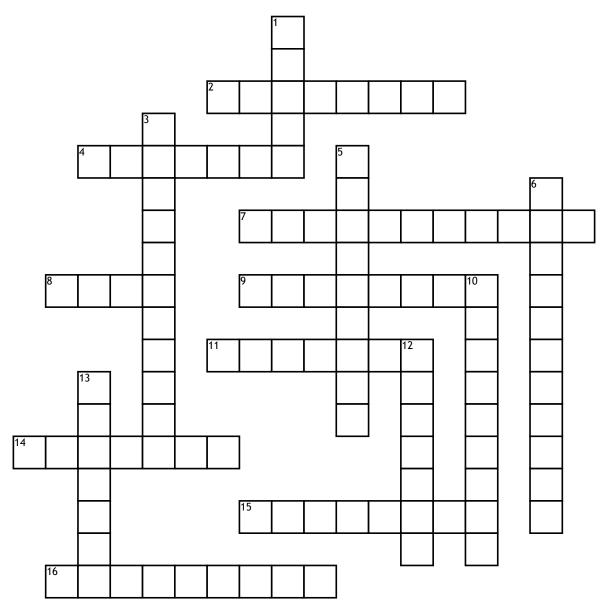
Name: ______ Date: _____

Pain Management



Across

- **2.** Discomfort from internal organs
- **4.** Prevents Overdoses
- 7. Diversion
- 8. Fifth vital sign
- 9. Trance like state
- **11.** Controlled substances

- **14.** Intentional daydreaming
- **15.** Time span of pain
- **16.** Amount a person endures

Down

- 1. Time it begins
- **3.** tThin needles inserted in the skin

- **5.** magnitude of pain
- **6.** Sensory nerve receptor
- **10.** Emotional component
- **12.** Discomfort from connective tissue
- **13.** An inactive substance