

Name: _____

Date: _____

Respiratory Care Week 2018

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

RESPIRATORY THERAPIST
CYSTIC FIBROSIS
RESPIRATION
VENTILATOR
EXTUBATE
BRONCHI
OXYGEN
CPAP

BRONCHIAL DRAINAGE
LARYNGOSCOPE
SLEEP APNEA
ALBUTEROL
INTUBATE
LICENSE
LUNGS
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STETHOSCOPE
CHEST XRAY
BREATHING
ALVEOLI
ASTHMA
PEEP
PFT