

Name: _____
Phone #: _____

Patient Safety Word Search

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

ABBREVIATIONS
ASSESSMENT
BIRTHDATE
COMMUNICATION
FALLS
HANDOFFS
HANDWASHING
IDENTIFICATION
INVOLVEMENT
LABELING
LIST
LOOKALIKE
MARKING
MEDICATIONS

NAME
PATIENT
RAPID
READBACK
RECONCILE
RESPONSE
RISK
SAFETY
SITE
SOUNDALIKE
SUICIDE
SURGICAL
TEAM
VERIFY

