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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Common Careplan Abbreviations

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |  |  |  |  |
|  | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 5 |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 6 |  |  |  |  |  |  |  |  | 7 |  |  |  |  |  |  |  |  |  |  | 8 |  |  |  |  |  |  |  | 9 |
|  |  |  | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11 |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 13 |  |  |
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|  |  |  |  |  | 14 |  |  |  |  |  |  |  |  | 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 17 |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  | 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- |
| **Across**  **1.** NKA  **4.** NPO  **7.** HOB  **12.** DNR  **14.** HS  **16.** O2  **18.** C/A  **20.** PRN  **21.** ADL  **22.** WNL  **23.** AAROM  **24.** LUE  **25.** PROM | **Down**  **2.** RUE  **3.** TPR  **5.** W/C  **6.** BLE  **8.** LLE  **9.** BUE  **10.** AROM  **11.** OOB  **13.** BM  **15.** HOH  **17.** PO  **19.** Wt |

   Right Upper Extremity       Out of bed       do not resuscitate        Nothing by mouth        by mouth        No known allergies       Activities of Daily Living        Constant assist        as needed        Left Upper Extremity        hands on help       within normal limits       Head of Bed        wheelchair        weight       Bowel Movement        Active Assist Range of Motion       bilateral Lower extremity       Temperature Pulse Respirations        oxygen        evening       left lower extremity        Bilateral Upper Extremity       Active Range of Motion       Passive Range of Motion