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Clinical Activity for Weather Days

Please write your answer on this page. Send file to your CLINICAL instructor's Dropbox. File should be named *Last Name. First Initial_Weather Day_1-24-23 (Doe, J_Weather Day_1-24-23)*

Ischemic Stroke Answers	
1	D
2	C
3	A
4	D
5	D
6	D
7	B
8	A
9	B
10	C
11	D
12	A
13	B
14	A
15	D
16	A
17	B
18	D
19	D
20	B
21	B
22	C
23	C
24	C
25	C
26	B
27	C
28	D
29	C
30	D

Renal Failure Answers	
1	C
2	C
3	D
4	A
5	B
6	D
7	A
8	D
9	A
10	C
11	D
12	D
13	B
14	A
15	D
16	A
17	A
18	C
19	D
20	D
21	C
22	C
23	D
24	A
25	A
26	C
27	D
28	C
29	D
30	C