

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|------------------|------------------|------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--|--|--|
| STRONA 3 | Imię i Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DYŻUR DZIENNY | | | | | | | | | | | | | | DYŻUR NOCNY | | | | | | | | | | | | | |
| TOALETA CIAŁA | 7 ⁰⁰ | 8 ⁰⁰ | 9 ⁰⁰ | 10 ⁰⁰ | 11 ⁰⁰ | 12 ⁰⁰ | 13 ⁰⁰ | 14 ⁰⁰ | 15 ⁰⁰ | 16 ⁰⁰ | 17 ⁰⁰ | 18 ⁰⁰ | 19 ⁰⁰ | 20 ⁰⁰ | 21 ⁰⁰ | 22 ⁰⁰ | 23 ⁰⁰ | 24 ⁰⁰ | 1 ⁰⁰ | 2 ⁰⁰ | 3 ⁰⁰ | 4 ⁰⁰ | 5 ⁰⁰ | 6 ⁰⁰ | 7 ⁰⁰ | | | |
| Mycie całego ciała | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Czyszczenie jamy ustnej pastą | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stosowany środek 1 Octenidol 2 Nyst | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toaleta oczu | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stosowany środek | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mycie głowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toaleta uszu | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Golenie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obcinanie paznokci | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mycie krocza i odbytu | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zmiana pościeli | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOALETA PRZECIWODLEŻYNOWA | 7 ⁰⁰ | 8 ⁰⁰ | 9 ⁰⁰ | 10 ⁰⁰ | 11 ⁰⁰ | 12 ⁰⁰ | 13 ⁰⁰ | 14 ⁰⁰ | 15 ⁰⁰ | 16 ⁰⁰ | 17 ⁰⁰ | 18 ⁰⁰ | 19 ⁰⁰ | 20 ⁰⁰ | 21 ⁰⁰ | 22 ⁰⁰ | 23 ⁰⁰ | 24 ⁰⁰ | 1 ⁰⁰ | 2 ⁰⁰ | 3 ⁰⁰ | 4 ⁰⁰ | 5 ⁰⁰ | 6 ⁰⁰ | 7 ⁰⁰ | | | |
| Obserwacja skóry | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zmiana pozycji ciała | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Materac p/odleżynowy zmiennociś | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Udogodnienia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poprawa ukrwienia skóry (Nacieranie, Masaż) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pielęgnacja skóry (Maść pielęgnacyjna) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LECZENIE ODLEŻYN | 7 ⁰⁰ | 8 ⁰⁰ | 9 ⁰⁰ | 10 ⁰⁰ | 11 ⁰⁰ | 12 ⁰⁰ | 13 ⁰⁰ | 14 ⁰⁰ | 15 ⁰⁰ | 16 ⁰⁰ | 17 ⁰⁰ | 18 ⁰⁰ | 19 ⁰⁰ | 20 ⁰⁰ | 21 ⁰⁰ | 22 ⁰⁰ | 23 ⁰⁰ | 24 ⁰⁰ | 1 ⁰⁰ | 2 ⁰⁰ | 3 ⁰⁰ | 4 ⁰⁰ | 5 ⁰⁰ | 6 ⁰⁰ | 7 ⁰⁰ | | | |
| Przemycie odleżyny (sól fizjolog.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opatrunek hydrożelowy Data: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPATRUNKI | 7 ⁰⁰ | 8 ⁰⁰ | 9 ⁰⁰ | 10 ⁰⁰ | 11 ⁰⁰ | 12 ⁰⁰ | 13 ⁰⁰ | 14 ⁰⁰ | 15 ⁰⁰ | 16 ⁰⁰ | 17 ⁰⁰ | 18 ⁰⁰ | 19 ⁰⁰ | 20 ⁰⁰ | 21 ⁰⁰ | 22 ⁰⁰ | 23 ⁰⁰ | 24 ⁰⁰ | 1 ⁰⁰ | 2 ⁰⁰ | 3 ⁰⁰ | 4 ⁰⁰ | 5 ⁰⁰ | 6 ⁰⁰ | 7 ⁰⁰ | | | |
| Głowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brzuch | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Okolice cewników, drenów | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wklucie centralne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tracheostomia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TERAPIA ODDECHOWA | 7 ⁰⁰ | 8 ⁰⁰ | 9 ⁰⁰ | 10 ⁰⁰ | 11 ⁰⁰ | 12 ⁰⁰ | 13 ⁰⁰ | 14 ⁰⁰ | 15 ⁰⁰ | 16 ⁰⁰ | 17 ⁰⁰ | 18 ⁰⁰ | 19 ⁰⁰ | 20 ⁰⁰ | 21 ⁰⁰ | 22 ⁰⁰ | 23 ⁰⁰ | 24 ⁰⁰ | 1 ⁰⁰ | 2 ⁰⁰ | 3 ⁰⁰ | 4 ⁰⁰ | 5 ⁰⁰ | 6 ⁰⁰ | 7 ⁰⁰ | | | |
| Oklepywanie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gimnastyka oddechowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drenaż ułożeniowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zakrapianie, Rozprężanie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toaleta drzewa oskrzelowego | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inhalacje | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wymina filtru w respiratorze | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECHABILITACJA FIZYCZNA | 7 ⁰⁰ | 8 ⁰⁰ | 9 ⁰⁰ | 10 ⁰⁰ | 11 ⁰⁰ | 12 ⁰⁰ | 13 ⁰⁰ | 14 ⁰⁰ | 15 ⁰⁰ | 16 ⁰⁰ | 17 ⁰⁰ | 18 ⁰⁰ | 19 ⁰⁰ | 20 ⁰⁰ | 21 ⁰⁰ | 22 ⁰⁰ | 23 ⁰⁰ | 24 ⁰⁰ | 1 ⁰⁰ | 2 ⁰⁰ | 3 ⁰⁰ | 4 ⁰⁰ | 5 ⁰⁰ | 6 ⁰⁰ | 7 ⁰⁰ | | | |
| Ćwiczenia bierne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ćwiczenia czynne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Siadanie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REHABILITACJA PSYCHICZNA | 7 ⁰⁰ | 8 ⁰⁰ | 9 ⁰⁰ | 10 ⁰⁰ | 11 ⁰⁰ | 12 ⁰⁰ | 13 ⁰⁰ | 14 ⁰⁰ | 15 ⁰⁰ | 16 ⁰⁰ | 17 ⁰⁰ | 18 ⁰⁰ | 19 ⁰⁰ | 20 ⁰⁰ | 21 ⁰⁰ | 22 ⁰⁰ | 23 ⁰⁰ | 24 ⁰⁰ | 1 ⁰⁰ | 2 ⁰⁰ | 3 ⁰⁰ | 4 ⁰⁰ | 5 ⁰⁰ | 6 ⁰⁰ | 7 ⁰⁰ | | | |
| Obserwacja - obecność | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Łagodzenie niepokoju - rozmowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRZYJĘCIE PACJENTA GODZ | RAPORT PIELĘGNIARSKI Z DYŻURU DZIENNEGO | | | | | | | | | | | | | RAPORT PIELĘGNIARSKI Z DYŻURU NOCNEGO | | | | | | | | | | | | | | |
| Zeszyt rzeczy chorego: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przyjmuje pielęg | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wydane rzeczy rodzinie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wydaje pielęg | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WYPIS/PRZEKAZANIE PACJENTA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inny oddział | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inny szpital | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chory przytomny TAK NIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chory logiczny TAK NIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przekazanie informacji o pacjencie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przekazanie rzeczy pacjenta | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przekazuje pielęg | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przyjmuje pielęg | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZGON - godz | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Informacja przekazana rodzinie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis lekarza | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| odbiór zwłok: godz | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| podpis | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dyżur pełnili: | | | | | | | | | | | | | Dyżur pełnili: | | | | | | | | | | | | | | | |
| Iniekcje i zabiegi wykonano w sterylnym sprzętem, krew pobrano jednorazowym układem sterylnym | | | | | | | | | | | | | | Iniekcje i zabiegi wykonano w sterylnym sprzętem, krew pobrano jednorazowym układem sterylnym | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|-----------------------------------|--|------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-----------------------------------|--|-----------------------------------|--|-----------------------------------|--|------------------------------------|--|------------------------------------|--|--------|--|
| STRONA 4 | | | | IMIE I NAZWISKO | | | | | | | | | | | | | | | | LAT | | | | | | | | | | | | | |
| DATA: | | | | KARTA ZLECENI LECARSKICH | | | | | | | | | | | | BILANS PLYNOW | | | | | | | | | | | | | | | | | |
| ZLECENIA STALE | | | | 7 ⁰⁰ - 8 ⁰⁰ | | 9 ⁰⁰ - 10 ⁰⁰ | | 11 ⁰⁰ - 12 ⁰⁰ | | 13 ⁰⁰ - 14 ⁰⁰ | | 15 ⁰⁰ - 16 ⁰⁰ | | 17 ⁰⁰ - 18 ⁰⁰ | | 19 ⁰⁰ - 20 ⁰⁰ | | 21 ⁰⁰ - 22 ⁰⁰ | | 23 ⁰⁰ - 24 ⁰⁰ | | 1 ⁰⁰ - 2 ⁰⁰ | | 3 ⁰⁰ - 4 ⁰⁰ | | 5 ⁰⁰ - 6 ⁰⁰ | | BILANS PLYNOW | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 ⁰⁰ - 19 ⁰⁰ | | 19 ⁰⁰ - 7 ⁰⁰ | | Dobowo | |
| ANTYBIOTYKI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POMPY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEKI I PLYNY DOZYLNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEKI DO-MIESNIOWE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEKI PODSKORNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEKI DOUSTNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INNE LEKI, KREW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZLECENIA DORAŻNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LEGENDA

BMI

NRS

SOFA

APACHE

SAPS

skale

cewnik D- Dystalny,

p- Proxymalny

M- Medial

D- Drożny, U- uposledz, N- niedroz.

x występuje

← rozp czynności

→ ← konsultacja

→ ← zakończenie

v do wykonn.

OBSERWACJE LEKARSKIE

Lekarz prowadzący: