Υπουργείο Υγείας

ΚΩΔ.N014

ΚΩΔ.002

**ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΡ.ΜΗΤΡΩΟΥ ΑΣΘΕΝΟΥΣ:**

**ΚΛΙΝΙΚΗ/ΤΜΗΜΑ ΑΡ.ΘΑΛΑΜΟΥ: ΚΛΙΝΗ:**

ΗΜΕΡΗΣΙΟ ΦΥΛΛΟ ΝΟΣΗΛΕΙΑΣ ΜΕΘ

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| Ημερομηνία: | ΑΝ | Θ | ΑΠ/ΣΦ | 06:00 | 07:00 | 08:00 | 09:00 | 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 | 01:00 | 02:00 | 03:00 | 04:00 | 05:00 | Ώρα |  |  |  |  |  |  |

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| Επώνυμο: | 35  30  25  20  15  10 | 41  40  39  38  37  36  35 | 200  180  160  140  120  100  80  60  40 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Αιματοκρίτης |  |  |  |  |  |  |
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| Όνομα: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Αιμοσφαιρίνη |  |  |  |  |  |  |
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| Ηλικία: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Λευκά |  |  |  |  |  |  |
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| Ύψος: | Βάρος: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Αιμοπετάλια |  |  |  |  |  |  |
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| Διάγνωση–ΣυνοδέςΝόσοι: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Σάκχαρο |  |  |  |  |  |  |
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| ΑΠΑΓΟΡΕΥΕΤΑΙΗ ΧΟΡΗΓΗΣΗ | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ca |  |  |  |  |  |  |
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| ΟμάδαΑίματος -Rh: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Χολερυθρίνηάμεση |  |  |  |  |  |  |
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| Ημ/νίαΕισαγωγής: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SGOT(AST) |  |  |  |  |  |  |
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| ΗμέραΝοσηλείας: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SGPT (ALT) |  |  |  |  |  |  |
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| ΜετεγχειρητικήΗμέρα: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | γ-GΤ |  |  |  |  |  |  |
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| ΚΑΡΔΙΑΓΓ. | CVP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Αλκαλ.φωσφατάση | |  |  |  |  | |  | |  |
| PAP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LDH | |  |  |  |  | |  | |  |
| PWP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Αμυλάσηαίματος | |  |  |  |  | |  | |  |
| CO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Αμυλάσηούρων | |  |  |  |  | |  | |  |
| ICP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CPK | |  |  |  |  | |  | |  |
| ΑΝΑΠΝΕΥΣΤΙΚΟ | ΤΥΠΟΣΑΝΑΠΝΟΗΣ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CPK-MB | |  |  |  |  | |  | |  |
| VT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Τροπονίνη | |  |  |  |  | |  | |  |
| RR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Μυοσφαιρίνη | |  |  |  |  | |  | |  |
| PEEP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PT | |  |  |  |  | |  | |  |
| FiO2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | INR | |  |  |  |  | |  | |  |
| ΜΑΣΚΑΟ2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | aPTT | |  |  |  |  | |  | |  |
| ΑΕΡΙΑΑΙΜΑΤΟΣ | pH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |
| PaO2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |
| PaCO2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Σάκχαροούρων | |  |  |  |  | |  | |  |
| HCO3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SatO2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ουρίαούρων | |  |  |  |  | |  | |  |
| BE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AΠΟΒΑΛΛΟΜΕΝΑΥΓΡΑ | ΚΕΝΩΣΕΙΣ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Κρεατινίνηούρων | |  |  |  |  | |  | |  |
| ΟΥΡΑ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LEVIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |
| ΠΑΡΟΧΕΤΕΥΣΗΑ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |
| ΠΑΡΟΧΕΤΕΥΣΗΒ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ΑΠΟΒΑΛΛΟΜ.ΥΓΡΑ24ΩΡΟΥ | | **ΓΡΑΜΜΕΣ** | | | **Νο** | **ΗΜΕΡ/ΝΙΑΤΟΠΟΘΕΤΗΣΗΣ** | | **ΗΜΕΡ/ΝΙΑΑΛΛΑΓΗΣ** | |
| **ΣΥΝΟΛΟΑΠΟΒΑΛΛΟΜΕΝΩΝΥΓΡΩΝ** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 06:00 | 07:00 | 08:00 | 09:00 | 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 | 01:00 | 02:00 | 03:00 | 04:00 | 05:00 | APACHEII | | ΠΕΡΙΦΕΡΙΚΗΦΛΕΒΙΚΗΓΡΑΜΜΗ | | |  |  | |  | |
| ΕΝΤΕΡΙΚΗΠΑΡΕΝΤΕΡΙΚΗ ΜΕΤΑΓΓΙΣΕΙΣ ΦΑΡΜΑΚΑ ΟΡΟΙ – |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ISS | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ΠΡΟΣΛΑΜΒ.ΥΓΡΑ24ΩΡΟΥ | | **ΙΣΟΖΥΓΙΟ24ΩΡΟΥ:** | | | | | | | |
| **ΣΥΝΟΛΟΠΡΟΣΛΑΜΒΑΝΟΜΕΝΩΝΥΓΡΩΝ** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ΩΡΑΟΔΗΓΙΑΣ

ΙΑΤΡΙΚΕΣΟΔΗΓΙΕΣ

(Ονοματεπώνυμο/Σφραγίδα–ΥπογραφήΙατρού)

ΩΡΑΕΚΤΕΛΕΣΗΣ

ΥΠΟΓΡΑΦΗΝΟΣΗΛΕΥΤΗ\*

ΚΑΤΑΓΡΑΦΗΚΑΤΑΚΛΙΣΕΩΝ

ΝΟΣΗΛΕΥΤΙΚΗΑΞΙΟΛΟΓΗΣΗΠΡΟΓΡΑΜΜΑΤΙΣΜΟΣΝΟΣΗΛΕΥΤΙΚΗΣΦΡΟΝΤΙΔΑΣ

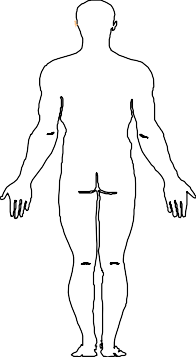
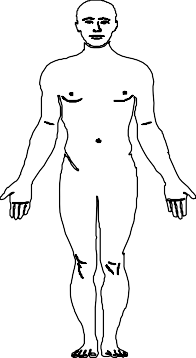
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ΤοπικήΘεραπεία

ΝΟΣΗΛΕΥΤΙΚΕΣΠΑΡΕΜΒΑΣΕΙΣ

ΕΚΤΙΜΗΣΗΑΠΟΤΕΛΕΣΜΑΤΩΝΝΟΣΗΛΕΥΤΙΚΗΣΦΡΟΝΤΙΔΑΣ

07:00–15:00 15:00–23:00 23:00–07:00



\*Μετάαπόκάθεσειράιατρικώνοδηγιώνσύρεταιγραμμήαποπεράτωσης

Ονοματεπώνυμο/Σφραγίδα-Υπογραφή

Ονοματεπώνυμο/Σφραγίδα-Υπογραφή

Ονοματεπώνυμο/Σφραγίδα-Υπογραφή