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| Υπουργείο Υγείας | ΚΩΔ.N014 | **ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΡΤΑΣ ΑΡ.ΜΗΤΡΩΟΥ ΑΣΘΕΝΟΥΣ:****ΚΛΙΝΙΚΗ/ΤΜΗΜΑ ΜΕΘ ΑΡ.ΘΑΛΑΜΟΥ: ΚΛΙΝΗ:**  |
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| **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 |  |  |  |  |  |  |
|  Επώνυμο: | 353025201510 | 41403938373635 | 200180160140120100806040 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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 – Συνοδές Νόσοι: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Σάκχαρο |  |  |  |  |  |  |
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|  ΑΠΑΓΟΡΕΥΕΤΑΙ Η ΧΟΡΗΓΗΣΗ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Ca |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  Ομάδα Αίματος - Rh: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Χολερυθρίνη άμεση |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  Ημ/νία Εισαγωγής: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  SGOT (AST) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  Ημέρα Νοσηλείας: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  SGPT (ALT) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  Μετεγχειρητική Ημέρα: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  γ-GΤ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ΚΑΡΔΙΑΓΓ. |  CVP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Αλκαλ. φωσφατάση |  |  |  |  |  |  |
|  PAP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  LDH |  |  |  |  |  |  |
|  PWP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Αμυλάση αίματος |  |  |  |  |  |  |
|  CO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Αμυλάση ούρων |  |  |  |  |  |  |
|  ICP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  CPK |  |  |  |  |  |  |
| ΑΝΑΠΝΕΥΣΤΙΚΟ |  ΤΥΠΟΣ ΑΝΑΠΝΟΗΣ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  CPK-MB |  |  |  |  |  |  |
|  VT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Τροπονίνη |  |  |  |  |  |  |
|  RR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Μυοσφαιρίνη |  |  |  |  |  |  |
|  PEEP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  PT |  |  |  |  |  |  |
|  FiO2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  INR |  |  |  |  |  |  |
|  ΜΑΣΚΑ Ο2 \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  aPTT |  |  |  |  |  |  |
| ΑΕΡΙΑ ΑΙΜΑΤΟΣ |  pH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  PaO2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  PaCO2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Σάκχαρο ούρων |  |  |  |  |  |  |
|  HCO3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Sat O2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ουρία ούρων |  |  |  |  |  |  |
|  BE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AΠΟΒΑΛΛΟΜΕΝΑ ΥΓΡΑ | ΚΕΝΩΣΕΙΣ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Κρεατινίνη ούρων |  |  |  |  |  |  |
|  ΟΥΡΑ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  LEVIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ΠΑΡΟΧΕΤΕΥΣΗ Α |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ΠΑΡΟΧΕΤΕΥΣΗ Β |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ΑΠΟΒΑΛΛΟΜ. ΥΓΡΑ 24ΩΡΟΥ | **ΓΡΑΜΜΕΣ** | **Νο** | **ΗΜΕΡ/ΝΙΑ ΤΟΠΟΘΕΤΗΣΗΣ** | **ΗΜΕΡ/ΝΙΑ ΑΛΛΑΓΗΣ** |
| **ΣΥΝΟΛΟ ΑΠΟΒΑΛΛΟΜΕΝΩΝ ΥΓΡΩΝ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 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 |  APACHE II |   |  |  |  |
| ΟΡΟΙ –ΔΙΑΛΥΜΑΤΑ ΦΑΡΜΑΚΩΝ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  ISS | ΠΕΡΙΦΕΡΙΚΗ ΦΛΕΒΙΚΗ ΓΡΑΜΜΗ |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  ΤS |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  GCS |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ΚΟΡΕΣ | ΚΕΝΤΡΙΚΗ ΦΛΕΒΙΚΗ ΓΡΑΜΜΗ |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ΦΑΡΜΑΚΑ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SWAN – GANZ |  |  |  |
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| **ΣΥΝΟΛΟ ΠΡΟΣΛΑΜΒΑΝΟΜΕΝΩΝ ΥΓΡΩΝ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ΩΡΑ ΟΔΗΓΙΑΣ | ΙΑΤΡΙΚΕΣ ΟΔΗΓΙΕΣ(Ονοματεπώνυμο/Σφραγίδα – Υπογραφή Ιατρού) | ΩΡΑ ΕΚΤΕΛΕΣΗΣ | ΥΠΟΓΡΑΦΗΝΟΣΗΛΕΥΤΗ\* | ΚΑΤΑΓΡΑΦΗ ΚΑΤΑΚΛΙΣΕΩΝ | ΝΟΣΗΛΕΥΤΙΚΗ ΑΞΙΟΛΟΓΗΣΗΠΡΟΓΡΑΜΜΑΤΙΣΜΟΣ ΝΟΣΗΛΕΥΤΙΚΗΣ ΦΡΟΝΤΙΔΑΣ |
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| \* Μετά από κάθε σειρά ιατρικών οδηγιών σύρεται γραμμή αποπεράτωσης | Ονοματεπώνυμο/Σφραγίδα-Υπογραφή | Ονοματεπώνυμο/Σφραγίδα-Υπογραφή | Ονοματεπώνυμο/Σφραγίδα-Υπογραφή |