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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: | | | | | | 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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| Ύψος: | | | | Βάρος: | |  | |  |  | | | |  |  | | |  |  | | |  |  | | |  |  | | |  | |  | | |  |  | | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  |  | | |  |  | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | | |  |  | | |  |  | | Αιμοπετάλια | | | |  | | |  | | | |  | | |  | | | | |  | | | | |  | | | |
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| Διάγνωση – Συνοδές Νόσοι: | | | | | |  | |  |  | | | |  |  | | |  |  | | |  |  | | |  |  | | |  | |  | | |  |  | | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  |  | | |  |  | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | | |  |  | | |  |  | | Σάκχαρο | | | |  | | |  | | | |  | | |  | | | | |  | | | | |  | | | |
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| ΑΠΑΓΟΡΕΥΕΤΑΙ Η ΧΟΡΗΓΗΣΗ | | | | | |  | |  |  | | | |  |  | | |  |  | | |  |  | | |  |  | | |  | |  | | |  |  | | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  |  | | |  |  | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | | |  |  | | |  |  | | Ca | | | |  | | |  | | | |  | | |  | | | | |  | | | | |  | | | |
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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 | | | | | | | | | |  | | |  | | | |  | | | | | | | |
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| ΦΑΡΜΑΚΑ | |  | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | SWAN – GANZ | | | | | | | | | |  | | |  | | | |  | | | | | | | |
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