КАРТА ПРОВЕДЕНИЯ АНЕСТЕЗИОЛОГИЧЕСКОГО ПОСОБИЯ

Фамилия, имя, отчество (при наличии) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Масса тела \_\_\_\_\_ кг, рост \_\_\_\_\_ см.Группа крови \_\_\_\_\_ резус-принадлежность \_\_\_\_\_ антиген K1 системы Kell \_\_\_\_\_ иные сведения групповой принадлежности крови \_\_\_\_\_\_\_\_\_\_

Название оперативного вмешательства (операции): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Длительность: операции: часов \_\_ минут \_; анестезиологического пособия: часов \_ минут \_

Наркозный аппарат (производитель, марка): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дыхательный контур: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Дата , время | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Газы: О2 | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| Ингаляционный анестетик: | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| Внутривенно болюсно: | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| Внутривенно капельно: | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| ЧДД,АД, ЧСС осуществляется отметка значения, в виде графической метки в промежутке времени регистрируемого параметра | | | SpO2 |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| CO2 |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| ЦВД |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| tº |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 35 | | 250 | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| 30 | | 200 | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| ЧДД 25 | | АД 150 | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| 20 | | ЧСС 100 | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| 15 | | 50 | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| Этап анестезиологического пособия | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| А - премедикация; Вв - вводный наркоз; Т - интубация; Пв - поворот; Э - экстубация; Д - декураризация; Б - блокада | | | | | | | | | | | | | | | | | | | | | | | |
| Этап операции | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Характеристика дыхания | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Параметры искусственной вентиляции легких указать | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Диурез | | | |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Этапы операции | I | | | | | | III | | | | | | | | | | V | | | | | | |
| II | | | | | | IV | | | | | | | | | | VI | | | | | | |

Фамилия, имя, отчество (при наличии), должность, специальность, подпись

врач-анестезиолог-реаниматолог \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

медицинская сестра-анестезист \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_