КАРТА ПРОВЕДЕНИЯ РЕАНИМАЦИИ И ИНТЕНСИВНОЙ ТЕРАПИИ

Фамилия, имя, отчество\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Дата рождения: "\_\_" \_\_\_\_\_\_\_ 20\_\_ г. Масса тела: \_\_\_\_ кг, рост \_\_\_\_ см.

Группа крови \_\_\_\_\_ резус-принадлежность \_\_\_\_\_ антиген K1 системы Kell \_\_\_\_\_ иные сведения групповой принадлежности крови \_\_\_\_\_\_

Диагноз: Основное заболевание \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Осложнения основного заболевания \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Внешняя причина при травмах, отравлениях \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Сопутствующие заболевания \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дополнительные сведения о заболевании \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Аллергические реакции на лекарственные препараты, пищевая аллергия или иные виды непереносимости в анамнезе, с указанием типа и вида аллергической реакции: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Дата | | День пребывания | | | | | | | | | | | | | | | | | | | | | | | |  |
| Время | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Итого |
| Температура тела, º С | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| По параметрам: частота дыхательных движений (ЧДД), артериальное давление (АД), частота сердечных сокращений (ЧСС) - осуществляется отметка значения, в виде графической метки в промежутке времени регистрируемого параметра. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| Диурез, мл | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Дренажи | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Другие потери | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Характеристика дыхания | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Индекс оксигенции | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Оценка уровня сознания по шкале Глазго | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Оценка степени тяжести состояния | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата | День пребывания | | | | | | | | | | | | | | | | | | | | | | | |  |
| Время | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Итого |
| Назначено/Введено: Лекарственный препарат наименование непатентованное, дозировка,способ введения,лечебное питание | | | | | | | | | | | | | | | | | | | | Сведения о реакции на применение (при наличии) | | | | | |
| Внутривенно капельно: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Гидробаланс |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Баланс за сутки | В/в введено | | | | | | Всего введено | | | | | | Всего выведено | | | | | | Суточный баланс | | | | | |  |
| Медицинское вмешательство |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Дополнительная информация (при наличии)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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