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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Data:** |  | |  | |  | |  | |  | |  | |  | | | **Dyżur** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | | **Kategoria pielęgnacyjna** (wpisz 1,2,3,4) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana bielizny osobistej/pościelowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Słanie łóżka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta całego ciała |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta częściowa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kąpiel, mycie włosów, czesanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta jamy ustnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Obcinanie paznokci |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Golenie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podanie basenu/kaczki |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie pampersa/zmiana pampersa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podmywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie cewnika do pęcherza moczowego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Nacieranie/oklepywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana ułożenia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Uruchamianie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Stosowanie udogodnienia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie lub pomoc |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie przez zgłębnik |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Poradnictwo żywieniowe |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odbarczanie treści żołądkowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Tlenoterapia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Gimnastyka oddechowa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odśluzowanie wydzieliny z drzewa oskrzelowego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Inhalacja/Nebulizacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Drenaż jamy opłucnej (w tym obserwacja, pielęgnacja) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Punkcja jamy brzusznej (obserwacja, pielęgnacja) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja odleżyny/zmiany na skórze |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja rany pooperacyjnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja stomii |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Przygotowanie do zabiegów (psychiczne/fizyczne) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pobieranie materiału do badań |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie wkłucia/pielęgnacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pomiary parametrów życiowych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Inne……………………………………………………………………….  ……………………………………………………………………………. |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podpis i pieczątka pielęgniarki dyżurnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kategoria\*: 1. Samodzielny 2. Pomoc w niektórych czynnościach 3. Niesamodzielny 4. Intensywna opieka | | | | | | | | | | | | | | |     ……………………………………………………… PESEL…………………………………………….  (Pieczęć luba nazwa oddziału)  **KARTA INDYWIDUALNEJ OPIEKI PIELĘGNIARSKIEJ**  Nazwisko i Imię ……………………………………………… Oddział ……………………………………………………………………..……… Wiek………………  **Kategoria pielęgniarska \***  Przy przyjęciu 1/2/3/4 Data…………………………. Przy wypisie 1/2/3/4 Data ………………………………. |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Data:** |  | |  | |  | |  | |  | |  | |  | | | **Dyżur** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | | **Kategoria pielęgnacyjna** (wpisz 1,2,3,4) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana bielizny osobistej/pościelowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Słanie łóżka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta całego ciała |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta częściowa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kąpiel, mycie włosów, czesanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta jamy ustnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Obcinanie paznokci |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Golenie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podanie basenu/kaczki |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie pampersa/zmiana pampersa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podmywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie cewnika do pęcherza moczowego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Nacieranie/oklepywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana ułożenia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Uruchamianie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Stosowanie udogodnienia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie lub pomoc |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie przez zgłębnik |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Poradnictwo żywieniowe |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odbarczanie treści żołądkowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Tlenoterapia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Gimnastyka oddechowa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odśluzowanie wydzieliny z drzewa oskrzelowego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Inhalacja/Nebulizacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Drenaż jamy opłucnej (w tym obserwacja, pielęgnacja) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Punkcja jamy brzusznej (obserwacja, pielęgnacja) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja odleżyny/zmiany na skórze |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja rany pooperacyjnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja stomii |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Przygotowanie do zabiegów (psychiczne/fizyczne) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pobieranie materiału do badań |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie wkłucia/pielęgnacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pomiary parametrów życiowych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Inne……………………………………………………………………….  ……………………………………………………………………………. |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podpis i pieczątka pielęgniarki dyżurnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kategoria\*: 1. Samodzielny 2. Pomoc w niektórych czynnościach 3. Niesamodzielny 4. Intensywna opieka | | | | | | | | | | | | | | |     ……………………………………………………… PESEL…………………………………………….  (Pieczęć luba nazwa oddziału)  **KARTA INDYWIDUALNEJ OPIEKI PIELĘGNIARSKIEJ**  Nazwisko i Imię ……………………………………………… Oddział ……………………………………………………………………..……… Wiek………………  **Kategoria pielęgniarska \***  Przy przyjęciu 1/2/3/4 Data…………………………. Przy wypisie 1/2/3/4 Data ………………………………. |

OCENA PIELĘGNIARSKA STANU PACJENTA

Pieczęć lub nazwa oddziału PESEL…………………………………………….

NAZWISKO I IMIĘ ……………………………………Oddział ……………………………………………………….…..Wiek………………

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| **Data / Godzina** | **Ocena Pielęgniarska dokonywana na koniec dyżuru** | **Podpis, pieczątka pielęgniarki** |
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OCENA PIELĘGNIARSKA STANU PACJENTA

Pieczęć lub nazwa oddziału PESEL…………………………………………….

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