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| ……………………………………………………… PESEL…………………………………………….  (Pieczęć luba nazwa oddziału)  KARTA INDYWIDUALNEJ OPIEKI PIELĘGNIARSKIEJ DZIECKA  Nazwisko i Imię ……………………………………………………….………………………..… Oddział Pediatryczny Wiek………………  **Kategoria pielęgniarska \***  Przy przyjęciu 1/2/3 Data…………………………. Przy wypisie 1/2/3 Data ……………………………….   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 z chorym / pustego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta całego ciała |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta częściowa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kąpiel, mycie włosów, czesanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta jamy ustnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Obcinanie paznokci |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Przewijanie z podmyciem |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kontrola ciał ketonowych w moczu |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie pampersa/ zmiana pampersa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podmywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie cewnika do pęcherza moczowego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Nacieranie, oklepywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta krocza I pośladków / pępka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Uruchamianie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Stosowanie udogodnienia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie lub pomoc |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pojenie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie przez zgłębnik |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Poradnictwo żywieniowe |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odbarczenie treści żołądkowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Tlenoterapia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Gimnastyka oddechowa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odśluzowanie wydzieliny z drzewa oskrzelowego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Inhalacja / Nebulizacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja oczu |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pomiary antropometryczne |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja odleżyny/ zmiany na skórze |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja rany pooperacyjnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja stomii |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Przygotowanie do zabiegów ( psychiczne / fizyczne) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pobieranie materiału do badań laboratoryjnych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie wkłucia / usunięcie; pielęgnacja i obserwacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pomiary parametrów życiowych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zabezpieczenie dziecka w czasie napadu drgawek |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podanie leku drogą wziewną |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Badanie ORL- asystowanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Dobowa zbiórka moczu |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Bilans wodny |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie/wlewka leku doodbytniczego |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pędzlowanie jamy ustnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podanie leku doustnie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podanie leku w iniekcji |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kroplowy wlew dożylny |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Inne |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podpis i pieczątka pielęgniarki dyżurnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Data wypisu |  | | | | | | | | | | | | | | | | Podpis i pieczątka pielęgniarki oddziałowej | | Kategoria \* : 1. Samodzielny 2. Pomoc w niektórych czynnościach 3. Niesamodzielny | | | | | | | | | | | | | | | | |

OCENA PIELĘGNIARSKA STANU PACJENTA

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

NAZWISKO I IMIĘ …………………………………………………………… Oddział Pediatryczny 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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