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| ………………………………………………………  (Pieczęć luba nazwa oddziału)  **KARTA INDYWIDUALNEJ PIELĘGNACJI**  Nazwisko i Imię ……………………………………………………………………………….………… Oddział Neonatologiczny Doba……………………  **KARTA PIELĘGNOWANIA NOWORDKA**  Przy porodzie skala APGAR ………………………………………….. Data urodzenia …………………………. Data wypisu …………………………………   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Data** |  | |  | |  | |  | |  | |  | |  | | | **Dyżur** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | | **Kategoria pielęgnacyjna** (wpisz 1,2,3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana bielizny pościelowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Słanie łóżka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kąpiel noworodka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta ciała i jamy ustnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana, założenie pampersa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podmywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zamiana ułożenia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Stosowanie udogodnienia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie naturalne i pomoc przy karmieniu |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie sztuczne przez smoczek, strzykawkę, zgłębnik |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odbarczanie treści żołądkowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odśluzowanie dróg oddechowych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie wkłucia, pielęgnacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja zmian na skórze |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja pępka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Przygotowanie do badania i zabiegów |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pomiary parametrów życiowych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja złamanego obojczyka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja i proces pielęgnacyjny noworodka z hiperbilirubinemią |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zakrapianie oczu |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Tlenoterapia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podwójne pieluszkowanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Inne: edukacja matek i ojców |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podpis i pieczątka pielęgniarki /położnej dyżurnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   ………………………………………………………  (Pieczęć luba nazwa oddziału)  **KARTA INDYWIDUALNEJ PIELĘGNACJI**  Nazwisko i Imię ……………………………………………………………………………….………… Oddział Neonatologiczny Doba……………………  **KARTA PIELĘGNOWANIA NOWORDKA**  Przy porodzie skala APGAR ………………………………………….. Data urodzenia …………………………. Data wypisu …………………………………   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Data** |  | |  | |  | |  | |  | |  | |  | | | **Dyżur** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | **D** | **N** | | **Kategoria pielęgnacyjna** (wpisz 1,2,3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana bielizny pościelowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Słanie łóżka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kąpiel noworodka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Toaleta ciała i jamy ustnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zmiana, założenie pampersa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podmywanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zamiana ułożenia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Stosowanie udogodnienia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie naturalne i pomoc przy karmieniu |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Karmienie sztuczne przez smoczek, strzykawkę, zgłębnik |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odbarczanie treści żołądkowej |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Odśluzowanie dróg oddechowych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Założenie wkłucia, pielęgnacja |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja zmian na skórze |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja pępka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Przygotowanie do badania i zabiegów |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pomiary parametrów życiowych |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja złamanego obojczyka |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Pielęgnacja i proces pielęgnacyjny noworodka z hiperbilirubinemią |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Zakrapianie oczu |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Tlenoterapia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podwójne pieluszkowanie |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Inne: edukacja matek i ojców |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podpis i pieczątka pielęgniarki /położnej dyżurnej |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   OCENA PIELĘGNIARSKA/POŁOŻNEJ STANU PACJENTA  Pieczęć lub nazwa oddziału  Nazwisko i Imię ……………………………………………………………………….………. Oddział Neonatologiczny Doba………………   |  |  |  | | --- | --- | --- | | **Data / Godzina** | **Ocena Pielęgniarska/położnej dokonywana na koniec dyżuru** | **Podpis, pieczątka pielęgniarki/położnej** | |  |  |  | |

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OCENA PIELĘGNIARSKA/POŁOŻNEJ STANU PACJENTA

Pieczęć lub nazwa oddziału

Nazwisko i Imię ……………………………………………………………………….………. Oddział Neonatologiczny Doba………………

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| **Data / Godzina** | **Ocena Pielęgniarska/położnej dokonywana na koniec dyżuru** | **Podpis, pieczątka pielęgniarki/położnej** |
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