

Nalepka

Temperaturno terapevtski list - Intenzivna nega

Dg:

Operacija:

Sobni zdravnik:

Operater:

Alergije na zdravila:

Datum: Teža Premestitev: Višina List št.

|                                              |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|----------------------------------------------|----------|--------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|---|--|
| Naročene preiskave, posegi, opažanja, izvidi |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| Podpis:                                      |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| DIETA                                        |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| DAN/URA                                      |          |                                | 8          | 9          | 10         | 11         | 12         | 13         | 14         | 15         | 16         | 17         | 18         | 19         | 20         | 21         | 22         | 23         | 24         | 1          | 2          | 3          | 4          | 5          | 6          | 7 |  |
| Temperatura °C                               | 40°      | Respiracija (min)              | 30         |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                | 20         |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                | 10         |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              | 39°      | Krvni tlak (mmHg) / Pulz (min) | 140        |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                | 120        |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                | 100        |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                | 80         |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              | 36°      |                                | 60         |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| SATURACIJA                                   |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| TEKOČINE                                     | sprejete | NGS, PEG, GS                   |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          | PER OS                         |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          | Parenteralno                   |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              | izločene | Urin                           |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          | Ostalo - bruhanje              |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          | Stolica                        |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| Opazovanje CKV                               |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| Opazovanje IV kanala                         |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| Trahealna kanila vrsta in številka           |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| Ocena bolečine po VAS                        |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| Aspiracija                                   |          |                                | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa | ura/parafa |   |  |
| ocena aspiracije                             |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
| Legenda:                                     |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |
|                                              |          |                                |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |   |  |

[illegible]