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| **HASTANIN ADI SOYADI :** | | | | | | | **DİYET SIVI BESLENME: O DİYABET: O KALP KORUMA: O NORMAL: O** | | | | | | | |
|
| **DR. ADI SOYADI :** | | | | | | | **BUZ UYGULAMASI: O ( 24 SAATTE, HER 5 DK.)** | | | | | | | |
| **HEMŞİRE ADI SOYADI:** | | | | | | | **ÖDEM: O UYGULAMA: X** | | | | | | | |
| **TESLİM SAATİ:**  **TARİH :** | | | | | | | **AÇT: O UYGULAMA: X** | | | | | | | |
| **KANAMA KONTROLU : O UYGULAMA: X** | | | | | | | |
| **ANTA : O** | | | | | | | | | | | | | | |
| **İSTENEN İLAÇ Doz İ-V İ-M ORAL Dk/St NOTLAR** | | | | | | | | | | | | | | |
| **İESPOR FLK** | |  |  |  |  | |  | |  | | | | | |
| **FLAGYL İNF** | |  |  |  |  | |  | |  | | | | | |
| **PAMPAS FLK** | |  |  |  |  | |  | |  | | | | | |
| **DEKORT AMP** | |  |  |  |  | |  | |  | | | | | |
| **PREDNOL AMP** | |  |  |  |  | |  | |  | | | | | |
| **OKSAMEN FLK** | |  |  |  |  | |  | |  | | | | | |
| **METPAMİD AMP** | |  |  |  |  | |  | |  | | | | | |
| **TİLKOTİL FLK** | |  |  |  |  | |  | |  | | | | | |
| **KLİNDAN AMP** | |  |  |  |  | |  | |  | | | | | |
| **PAROL İNF** | |  |  |  |  | |  | |  | | | | | |
| **ZOFER AMP** | |  |  |  |  | |  | |  | | | | | |
| **BİTERAL** | |  |  |  |  | |  | |  | | | | | |
| **MAYİ** | |  |  |  |  | |  | |  | | | | | |
| **DİĞER:** | |  |  |  |  | |  | |  | | | | | |
| **KULLANDIĞI İLAÇLAR :** | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | **DOKTOR KAŞE** | | |  |
| **ANESTEZİ DOKTOR İSTEMİ** | | | | | |  |  |  |  |  |  |  |  |  |
| **ANESTEZİ DR. KAŞE** | | | | | | | | | | | | | | |