**Лист врачебных назначений**

наименование больницы\_\_ наименование отделения *родильное отделение*

ФИО больного № истории болезни

**Диагноз:**

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| Месяц и число  Наименование  назначения |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Режим общий* | о |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Стол 10* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *Отметка о проверке выполнения назначений леч. врачом (месяц, число и подпись)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Лист наблюдения**

Карта № Фамилия, и., о.

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| Дата | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| Время | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| П | АД | '|'0 | у | В | У | В | У | В | У | В |  | У | В | У | В | У | В | У | В | У | В | У | В |
| 140 | 200 | 41 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 120 | 175 | 40 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 100 | 150 | 39 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 90 | 125 | 38 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 80 | 100 | 37 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 70 | 75 | 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 60 | 50 | 35 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ЧДД | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| Отеки | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| Результаты КТГ | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| Выпито | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| Введено | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| Выделено | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |
| Акушерка | | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |