**Лист врачебных назначений**

наименование больницы\_\_ наименование отделения

ФИО больного

**Диагноз:**

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

***План деятельности***

**Акушерка:**

**ТЕМПЕРАТУРНЫЙ ЛИСТ**

Карта № Фамилия, и., о.

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| Дата | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| День пребыв. в стационаре | | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
| 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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| Дыхание | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Вес | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Выпито жидкости | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Суточное кол - во мочи | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Стул | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Ванна | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |