Приложение 3

к Приказу

Министерства здравоохранения

Донецкой Народной Республики

от 06 июня 2016 г. № 555

(подпункт 1.3 пункта 1)

(в ред. Приказа

Министерства здравоохранения

ДНР [от 09 апреля 2020 г. №714](https://gisnpa-dnr.ru/npa/0014-714-20200409/#0014-714-20200409-1-2))

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| --- | --- | --- | --- | --- |
|  | Наименование министерства, другого органа исполнительной власти, предприятия, учреждения, организации, к сфере управления которого принадлежит учреждение здравоохранения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | **МЕДИЦИНСКАЯ ДОКУМЕНТАЦИЯ**Форма первичной учетной документации **№ 011/у** |
|  | Наименование и местонахождение (полный почтовый адрес) учреждения здравоохранения, в котором заполняется форма \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | УТВЕРЖДЕНОПриказом Министерства здравоохранения Донецкой Народной Республики  |
|  | Идентификационный код  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  №  |  |  |

**ЛИСТ НАЗНАЧЕНИЙ И НАБЛЮДЕНИЯ ЗА БОЛЬНЫМ В ОТДЕЛЕНИИ ИНТЕНСИВНОЙ ТЕРАПИИ**

Ф.И.О.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ВОЗРАСТ\_\_\_\_\_\_\_\_\_\_ ДИАГНОЗ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

МЕДИЦИНСКАЯ КАРТА СТАЦИОНАРНОГО БОЛЬНОГО \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ГРУППА КРОВИ\_\_\_\_\_\_\_\_\_\_\_\_\_\_ РЕЗУС-ПРИНАДЛЕЖНОСТЬ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  | ДАТА, ВРЕМЯ | ЛАБОРАТОРНЫЕ, ИНСТРУМЕНТАЛЬНЫЕ ИССЛЕДОВАНИЯ, КОНСУЛЬТАЦИИ | **ДАТА НАЗНА-ЧЕНИЯ** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ПОКАЗАТЕЛИ СОСТОЯНИЯ БОЛЬНОГО** | ТЕМПЕРАТУРА ТЕЛА |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ЧСС |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ЧДД |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| АРТЕРИАЛЬНОЕ ДАВЛЕНИЕ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| МАССА ТЕЛА |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ЛЕЧЕНИЕ** | ЛЕКАРСТВЕННЫЙ ПРЕПАРАТ | ПУТЬ ВВЕДЕНИЯ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 продолжение приложения 3

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|  | КИСЛОРОДОТЕРАПИЯ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| КЛИЗМА |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **БАЛАНС ЖИДКОСТИ** | ВЫПИТО, СЪЕДЕНО |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ИТОГО |  | ДИЕТА |
| ВВЕДЕНО ВНУТРИВЕННО |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ВЫДЕЛЕНО: МОЧА |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  СТУЛ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  РВОТА |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ПО ЗОНДУ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ПО ДРЕНАЖУ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ПОДПИСИ: ВРАЧА \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 МЕДИЦИНСКОЙ СЕСТРЫ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_