Приложение 3

к Приказу

Министерства здравоохранения

Донецкой Народной Республики

от 06 июня 2016 г. № 555

(подпункт 1.3 пункта 1)

(в редакции Приказа

Министерства здравоохранения

Донецкой Народной Республики

от 09 апреля 2020 г. №714)

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |  | УТВЕРЖДЕНО  Приказом 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_