

INDYWIDUALNA KARTA PIELEGNOWANIA

Oddział anestezjologii i intensywnej terapii

Imię i nazwisko pacjenta: Wiek: Data przyjęcia (do szpitala): Doba pobytu (w oddziale):

| Diagnoza pielęgnarska | Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Uwagi | | |
|--|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|----|--|
| | Planowane działania | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | | 28 | |
| Niepokój związany z przyjęciem do szpitala, badaniami i leczeniem | Uspokojenie chorego i rodziny | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Poinformowanie o specyfice oddziału, rytmie dnia, możliwości kontaktu z rodziną | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Umożliwienie kontaktu z lekarzem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Poinformowanie o potrzebnych przyborach toaletowych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wsparcie psychiczne, rozmowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stan świad. | Przytomny, nieprzytomny, sedowany, wegetatywny | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oddech zastępczy Respirator Typ wentylacji Liczba oddechów ... /min. Rurka intubacyjna nr... cm (poziom ust) ... Rurka tracheo nr ... Maska NIV nr ... | Intubacja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Observacja ruchów klatki piersiowej - ciągła | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Osluchiwanie płuc każdorazowo po zmianie pozycji | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pomiar saturacji | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pomiar kapnometrii | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Observacja zabarwienia skóry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nebulizacja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ułożenie w pozycji półwysokiej <40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Toaleta drzewa oskrzelowego wg procedury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dekontaminacja jamy ustnej i gardła | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie Tracheostomii | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Odsysanie wydzieliny znad balonika | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wymiana rurki intubacyjnej/tracheostomijnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pomiar ciśnienia w baloniku rurki intubacyjnej/tracheostomijnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brak lub częściowa samodzielność w zakresie czynności higienicznych | Kąpiel chorego w wannie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Toaleta w łóżku 2 x na dobę i w razie potrzeby | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Toaleta jamy ustnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Toaleta intymnych części ciała (po wypróżnieniu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zmiana bielizny pościelowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mycie głowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utrudnione oddychanie. Zaleganie wydzieliny, duszność | Pozycja wysoka/półwysoka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inhalacje wg zleceń lekarskich | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fizykoterapia oddechowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Maska tlenowa/Filtr tracheostomijny | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Odsłuzowanie j. ustnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tlenoterapia % O2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Oklepywanie klatki piersiowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CPAP/ Rozprężanie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Odżywianie | Założenie sondy żołądkowej. Usta / nos prawa / lewa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zmiana sondy/usunięcie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PEG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sonda dojelitowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Żywnienie p. o. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Żywnienie i. v. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Płukanie żołądka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mikroprzetoka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unieruchomienie. Chory narażony na powstanie odleżyn | Zmiana pozycji ciała co 2 h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Natłuszczanie skóry, oklepywanie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ocena wg skali Waterlow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ćwiczenia czynne/bierne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stosowanie materaca przeciw odleżynowego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stosowanie opatrunków specjalistycznych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Światłoterapia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zaburzenia wydalania | Założenie / Zmiana / Usunięcie cewnika moczowego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pielęgnacja i obserwacja ujścia cewki moczowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zmiany zapalne: zaczerwienienie, obrzęk, wyciek: ropa, krew | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rodzaj cewnika moczowego nr silikon / silikonowany / latex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stolec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lewatywa lub p/rectum - wlew kroplowy / czopek | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wymiana worka, płukanie pęcherza moczowego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nieprawidłowa temperatura ciała | Monitorowanie temperatury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Czynne ogrzewanie / ochładzanie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obrzęki kończyn górnych i dolnych | Observacja wyglądu i barwy skóry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Observacja i pomiar obrzęków | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nawilżanie skóry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wyższe ułożenie kończyn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rana pooperacyjna | Observacja opatrunku i rany | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Observacja ilości i charakteru wydzielin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Observacja drożności drenów | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wymiana zbiornika redona | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wykonanie opatrunku, okład/maść | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Usunięcie drenu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przetoka / wymiana worka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Krwawienie z ran pooperacyjnych | Observacja obfitości krwawienia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zastosowanie opatrunku uciskowego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Konsultacja chirurgiczna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Imię i nazwisko pacjenta:

| Diagnoza pielęgnarska | Data | | | | | | | | | | | | | | | | | | | | | | | | | Uwagi | | | |
|---------------------------------------|--|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|----|--|--|
| | Planowane działania | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 24 | | |
| Drenaż ssący | Monitorowanie ilości i charakteru wydzielin | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie/usunięcie drenażu | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Usuwanie treści ssaka | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Obserwacja miejsca założenia opatrunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Opatrunek: założenie / zmiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drenaż płuczący | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dolegliwości bólowe | Ułożenie w wygodnej pozycji | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Monitorowanie parametrów/skala bólowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obecność wkłucia centralnego | Miejsce wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie/usunięcie doba | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie opatrunku / zmiana opatrunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Opatrunek gazowy / transparentny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Obserwacja miejsca wkłucia i opatrunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drożność kłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obecność wkłucia tętniczego | Miejsce wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie↑ usunięcie↓ doba | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Opatrunek gazowy / transparentny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie opatrunku/ zmiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Obserwacja miejsca wkłucia/opatrunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drożność wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obecność wkłucia dializacyjnego | Miejsce wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie↑ usunięcie↓ doba | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Opatrunek gazowy / transparentny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie opatrunku/ zmiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Obserwacja miejsca wkłucia/opatrunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drożność wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obecność cewnika epiduralnego | Miejsce wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie↑ usunięcie↓ doba | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Opatrunek gazowy / transparentny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Obserwacja miejsca wkłucia/opatrunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drożność cewnika | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Podaż leku ciągła / godzinowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obecność wkłucia obwodowego | Miejsce wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Założenie - godz. Usunięcie - godz. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Obserwacja miejsca wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Opatrunek gazowy / transparentny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drożność wkłucia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zmiana opatrunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zaburzenia rytmu serca | Kontrola i rejestracja parametrów | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wykonanie EKG | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Defibrylacja / stymulacja / kardiowersja | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Masaż zewnętrzny serca | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wymiana sprzętu | System do pomiaru Rżutu Serca / Vigileo / Picco | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Filtr respiratorowy/ Wymienniki ciepła i wilgoci | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zamknięty system do odsysania 72 godzinny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zamknięty system do odsysania 24 godzinny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Łącznik martwa przestrzeń | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | System zamknięty do pomiaru OCŻ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | System zamknięty do pomiaru FR metodą krwawą | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zestaw do toalety j. ustnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zestaw ssaka | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Układ Filtracyjny do nerki | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rampy kranikowe / korki bezigłowe | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Przedłużacze strzykawkowe | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Worek do dobowej zbiórki moczu | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Cewnik do pomiaru SVO2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cewnik do tętnicy płucnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przygotowanie stanowiska dla pacjenta | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sprzątnięcie stanowiska po pacjencie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dezynfekcja stanowiska pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Badania bakteriologiczne | Krew | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Końcówka cewnika na wymianę | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drzewo oskrzelowe | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mocz | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pana | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Badania laboratoryjne | Gazometria | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Morfologia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Biochemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Badania radiologiczne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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