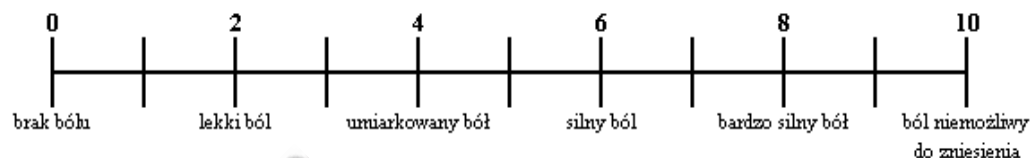


Imię i nazwisko pacjenta: .....

Data: \_\_ / \_\_ 20 \_\_

**KARTA MONITOROWANIA SOR**

|                        |     |     |     |     |     |     |
|------------------------|-----|-----|-----|-----|-----|-----|
| godzina                | '30 | '30 | '30 | '30 | '30 | '30 |
| Ocena AVPU             |     |     |     |     |     |     |
| Ocena w Skali Glasgow  |     |     |     |     |     |     |
| Ocena bólu w skali NRS |     |     |     |     |     |     |



| godzina                              |  | '30 |    | '30 |    | '30 |    | '30 |    | '30 |    | '30 |    | '30 |    |
|--------------------------------------|--|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|
| <b>Kraężenie</b>                     | Ciśnienie tętnicze skurczowe / rozkurczowe                     |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Tętno  |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
| <b>Wentylacja</b>                    | Oddech własny (częstość/min)                                   |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Maska tl./cewnik tl. (O2 litrów/min)                           |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
| <b>Monitorowanie</b>                 | EKG- monitorowanie   |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | SaO2   |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Temperatura  |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Ułożenie (swobodne / wymuszone / bezwładne)                    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Obwód brzucha  |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Źrenice OP/OL  | OP  | OL | OP  | OL | OP  | OL | OP  | OL | OP  | OL | OP  | OL | OP  | OL |
|                                      | reakcja na światło (+/-) szerokie (S); wąskie (W); normalne(N) |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Mocz (ml/godz.)  |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Stolec (+/-)   |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
|                                      | Wymioty (+/-)  |     |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Podpis i pieczętka osoby oceniającej |  |     |    |     |    |     |    |     |    |     |    |     |    |     |    |