*WZÓR*

Załącznik nr 3

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| **KARTA PRZEBIEGU ZNIECZULENIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rodzaj znieczulenia | | | | | | | | | | | | | | | | | | |
|  | ogólne | | | | | | | | | | | | | | | | | |
| z protezowaniem dróg oddechowych | | | | | | | | | | | | | | | | | | |
|  | Imię i nazwisko pacjenta | | | | | | | | | | | | Wiek pacjenta | | | | | | | | | | | | Grupa krwi i czynnik Rh | | | | | | | | | | | Waga | | | | ASA | | |  | ogólne | | | | | | | | |  | podpajęczynówkowe sedacja inne……………..……. | | | | | | | Numer Sali Op. |
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| 90  80  70  60  50  40  30  20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Diureza |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| Krwawienie |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| Ułożenie | Przetaczane płyny | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Płyny Infuzyjne |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
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| Aparat anest. | Intubacja | | | | |  | Usta | | |  | Tracheost. | | | | |  | Fiberoskop | | | | |  | Bougie | | | | | | | Nr rurki | | | |  | | | | | Ochrona oczu | | | | | | | | |  | Czas znieczulenia | | | | | | | | | | | |
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| Dostep żylny |  | Centralny ….. drożny | | | | | | | | | | | | | | |  | Obwodowy …… G | | | | | | | | | | | | Cormack Lehane | | | | | | | | | Znieczulenie/cewnik ZO/PP lub inne miejscowe | | | | | | | | | | | | | | | | | | | | | |
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| Powikłania | | | | | | | | | | | | | | | | | Kaniula tętnicza  Test Allena | | | | | | | | | | | | | | | | | | | | | |
| Pozostałe informacje | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specjalista anestezjolog | | | | | | | | | | | Pielęgniarka anestezjologiczna I | | | | | | | | | | | | | | | Operator | | | | | | | | | | | | |
| Oznaczenie lekarza | | | | | | | S | | N | | Oznaczenie pielęgniarki | | | | | | | | | | | | | | | Oznaczenie lekarza | | | | | | | | | | | | |
| Lekarz w trakcie szkolenia specjalizacyjnego | | | | | | | | | | | Pielęgniarka anestezjologiczna II | | | | | | | | | | | | | | | Anestezjolog - obserwator | | | | | | | | | | | | |
| Oznaczenie lekarza | | | | | | | | | | | Oznaczenie pielęgniarki | | | | | | | | | | | | | | | Oznaczenie lekarza | | | | | | | | | | | | |
| Stan pacjenta przy Świadomość Oddech Siła mieśniowa przekazaniu | | | | | | | | | | | | | | | | | | | | | RR | | | | Tętno | | | Przekazany | | | | |  | Oddział macierzysty Oddział pooperacyjny Oddział Intensywnej Terapii | | | | | | | | | | | | Czas przekazania Oznaczenie lekarza | | | | | | | | | | | | | | |
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inwazyjne

**UWAGA**: ewentualną zmianę anestozjologa podczas zabiegu należy wyraźnie zaznaczyć z uwzględnieniem godziny, o której zmiana nastąpiła