**KARTA WZMOŻONEGO NADZORU W SOR**

Nazwisko i imię: …………………………………………………………………. Data:…………………

Rozpoznanie:……………………………………………………………………..

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| **godzina** | | | | | | | | | ‘30 | | | | | ‘30 | | | | | | | | | ‘30 | | | | | | | | | ‘30 | | | | | | | | ‘30 | | | | | |
| **Krążenie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ciśnienie tętnicze skurczowe/rozkurczowe | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Tętno | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| OCŻ | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| **Oddychanie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oddech własny (odd./min) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Maska oddechowa (l/min) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| CPAP | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Respirator (tryb wentylacji IMV, CMV, CPAP) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Częstość (oddechów/min) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Objętość oddechowa (ml) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Wentylacja minutowa | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Ciśnienie wdechowe | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| PEEP | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| SaO2 | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| ETCO2 | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| **Świadomość** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Według A V P U | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| GCS | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Źrenice LP +/- | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| **Utrata płynów** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mocz (ml/godz) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Drenaże (ml) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
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| Sonda (ml) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Wymioty (ml) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Stolec | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Perspiracja | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Suma utraty | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| **Podaż płynów** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infuzje (ml) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
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| Doustnie (ml) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
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| Sonda (ml) | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
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| Suma podaży | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| **Bilans** | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Temperatura | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| Obwód brzucha | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| T - RTS | | | | | | | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
| **Leki** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa | | Dawka | | | | Droga podania | | |  | |  |  |  |  | | |  | |  | |  | |  |  | | |  | | |  | |  | | | |  |  |  | |  | |  | |  |  |
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| **GLASGOW COMA SCALE (GCS)** | | | | | | | | | | | | | | | | | | **REVISED TRAUMA SCORE (T - RTS)** | | | | | | | | | | | | | | | | | **Dostęp dożylny** | | | | | | | | **Ułożenie:** | | |
| Otwieranie oczu  spontaniczne  na głos  na ból  nie otwiera | A | | Reakcja słowna  zorientowany  splątany  niewłaściwe słowa  niezrozumiałe dźwięki  brak | | | | | | B | Reakcja motoryczna  spełnia polecenia  lokalizuje ból  ucieczka od bólu  reakcja zgięciowa  reakcja wyprostna  brak | | | | | C |  | | GCS  15-14  13-11  10-8  7-5  4-3 | | A | | RR (skurcz. mmHg)  >89  76-89  50-75  1-50  0 | | | | | | B | Oddech  10-29  >29  6-9  1-5  0 | | | | C |  | obwodowy | | | |  | |  | |  | | |
| 4  3  2  1 | | 5  4  3  2  1 | 6  5  4  3  2  1 | 4  3  2  1  0 | | 4  3  2  1  0 | 4  3  2  1  0 |  | centralny | | | |  | |
| ilość dostępów: | | | | | |
| **Linia tętnicza:**  **……………………………** | | | | | | | |
| GCS = | A | | + | B | + | | C |  | | | | | | | | | | T – RTS = | | | | | | | A | + | | B | + | | C | |  | |
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pielęgniarka nadzorująca: ……………………………………………………..