**Załącznik nr. \_ \_ \_**

KARTA WSKAZÓWEK PIELĘGNIARSKICH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I. Dane o pacjencie** | | | | |
| Nazwisko i imię (inicjały) |  | | Wiek |  |
| Oddział |  | | Nr sali |  |
| **II. Zalecenia dla dyżuru następnego** | | | | |
| …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| **III. Zalecenia dla pacjenta / Zakres edukacji zdrowotnej pacjenta** | | | | |
| …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| **IV. Zalecenia dla rodziny / opiekunów pacjenta** | | | | |
| …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| **V. Wykaz załączników i pomocy edukacyjnych** | | | | |
| …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| Data i podpis studenta/tki | |  | | |