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| DATA: | TURNO DELLA MATTINA |

**Comunicazioni Organizzative: Visite mediche:**

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**Monitoraggio PARAMETRI VITALI: Prelievi / Raccolta Urine:**

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**Sostituzioni C.V.:**

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**Olio al pasto / Perette / Lassativo: Bagni Fuori Programma:**

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**Vedi Diario Assistenziale Individuale:**

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**Firma del personale in turno:**

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**Firma Referente Infermieristico: Firma Referente Assistenziale:**

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| DATA: | TURNO DEL POMERIGGIO |

**Comunicazioni Organizzative: Visite mediche:**

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**Monitoraggio PARAMETRI VITALI: Prelievi / Raccolta Urine:**

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**Sostituzioni C.V.:**

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**Olio al pasto / Perette / Lassativo: Bagni Fuori Programma:**

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**Vedi Diario Assistenziale Individuale:**

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**Firma del personale in turno:**

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**Firma Referente Infermieristico: Firma Referente Assistenziale:**

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| DATA: | TURNO DELLA NOTTE |

**Comunicazioni Organizzative: Importante:**

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**Elenco attività eseguite previste dal Piano di Lavoro:**

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**Monitoraggio PARAMETRI VITALI: Bagni di emergenza:**

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**Vedi Diario Assistenziale Individuale:**

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**Firma del personale in turno:**

**Firma Referente Infermieristico: Firma Referente Assistenziale:**

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