|  |  |
| --- | --- |
| DATA: | TURNO DELLA MATTINA |

**Comunicazioni Organizzative: Visite mediche:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| St. | Ospite | Note | St. | Ospite | Note |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| St. | Ospite | Note |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Sostituzioni C.V.:**

|  |  |  |
| --- | --- | --- |
| St. | Ospite | Note |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| St. | Ospite | Note |  | St. | Ospite | Note |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Vedi Diario Socio-Sanitario Integrato:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| St. | Ospite | St. | Ospite | St. | Ospite | St. | Ospite |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Firma del personale in turno:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| DATA: | TURNO DEL POMERIGGIO |

**Comunicazioni Organizzative: Visite mediche:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| St. | Ospite | Note | St. | Ospite | Note |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| St. | Ospite | Note |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Sostituzioni C.V.:**

|  |  |  |
| --- | --- | --- |
| St. | Ospite | Note |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| St. | Ospite | Note |  | St. | Ospite | Note |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Vedi Diario Socio-Sanitario Integrato:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| St. | Ospite | St. | Ospite | St. | Ospite | St. | Ospite |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Firma del personale in turno:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| DATA: | TURNO DELLA NOTTE |

**Comunicazioni Organizzative: Importante:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| St. | Ospite | Note | St. | Ospite | Note |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Ospite |
|  |
|  |
|  |
|  |

**Vedi Diario Socio-Sanitario Integrato:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| St. | Ospite | St. | Ospite | St. | Ospite | St. | Ospite |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Firma del personale in turno:**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**