**-Formular de Evaluare**

Nume pacient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Se află în evidenţa/îngrijirea mea cu următoarele diagnostice:

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Tratament cronic:

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La momentul efectuării consultaţiei, constat următorii parametri:

- stare de nutriţie:

- capacitate de deplasare/mobilitate (mers fără/cu ajutor, imobilizat la pat, se ridică singur la marginea patului etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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- Orientare temporo-spaţială : |\_| DA |\_| NU

- Prezintă tulburări de comportament : |\_| DA/precizaţi tipul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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- Prezintă fenomene psihotice (halucinaţii, idei delirante) |\_| DA |\_| NU

- Prezintă leziuni ale tegumentelor:

Escare |\_| NU |\_| DA (localizare, stadiu) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ulcer trofic |\_| NU |\_| DA (localizare, stadiu) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Plăgi chirurgicale recente |\_| NU |\_| DA (localizare, descriere/fire etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alte leziuni ale tegumentelor şi/sau ale ţesuturilor moi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dependenţa de aparatură medicală (ex. oxigenoterapie)

|\_| NU |\_| DA (precizaţi) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alte stări/condiţii medicale:

* Cateter venos central |\_| NU |\_| DA
* Sondă naso-gastrică |\_| NU |\_| DA
* Colostoma |\_| NU |\_| DA
* Gastrostoma |\_| NU |\_| DA
* Cistostoma |\_| NU |\_| DA
* Nefrostoma/sonda Cook |\_| NU |\_| DA
* Sondă urinară permanentă |\_| NU |\_| DA

În evidenţă cu: consum cronic de substanţe |\_| NU |\_| DA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Data: Semnătura şi parafa: