

ΚΩΔ.N013

**ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΡ.ΜΗΤΡΩΟΥ ΑΣΘΕΝΟΥΣ:**

**ΚΛΙΝΙΚΗ/ΤΜΗΜΑ: ΑΡ.ΘΑΛΑΜΟΥ: ΚΛΙΝΗ:**

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| ΔΙΑΓΡΑΜΜΑ ΖΩΤΙΚΩΝ ΣΗΜΕΙΩΝ |
| ΣΤΟΙΧΕΙΑ ΑΣΘΕΝΟΥΣ |
| Επώνυμο: | Όνομα: | Πατρώνυμο: |
| Ημερομηνία Γέννησης: |
| Ημερομηνία: |  |  |
| ΠΡΟΣΟΧΗ ΑΛΛΕΡΓΙΑ: | **ΑΠΑΓΟΡΕΥΕΤΑΙ Η ΧΟΡΗΓΗΣΗ:** |

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| **ΗΜΕΡΟΜΗΝΙΑ:** |  |  |  |  |  |  |  |
| **ΗΜΕΡΑ ΝΟΣΗΛΕΙΑΣ:** |  |  |  |  |  |  |  |
| **ΜΕΤΕΓΧ. ΗΜΕΡΑ:** |  |  |  |  |  |  |  |
| **ΑΠ** | **ΑΝ.** | **ΣΦ.** | **Θ.** | **6** | **12** | **18** | **24** | **6** | **12** | **18** | **24** | **6** | **12** | **18** | **24** | **6** | **12** | **18** | **24** | **6** | **12** | **18** | **24** | **6** | **12** | **18** | **24** | **6** | **12** | **18** | **24** |
| 300 | 60 | 160 | 41 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 250 | 50 | 140 | 40 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 200 | 40 | 120 | 39 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 150 | 30 | 100 | 38 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 100 | 20 | 80 | 37 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 50 | 10 | 60 | 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ΒΑΡΟΣ ΣΩΜΑΤΟΣ  |  |  |  |  |  |  |  |
| ΚΕΝΩΣΕΙΣ  |  |  |  |  |  |  |  |

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| ΗΜ/ΝΙΑ: | ΗΜ/ΝΙΑ: | ΗΜ/ΝΙΑ: | ΗΜ/ΝΙΑ: |
| ΩΡΑ | ΑΠ | ΣΦ | Θ | Sp02 | ΩΡΑ | ΑΠ | ΣΦ | Θ | Sp02 | ΩΡΑ | ΑΠ | ΣΦ | Θ | Sp02 | ΩΡΑ | ΑΠ | ΣΦ | Θ | Sp02 |
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