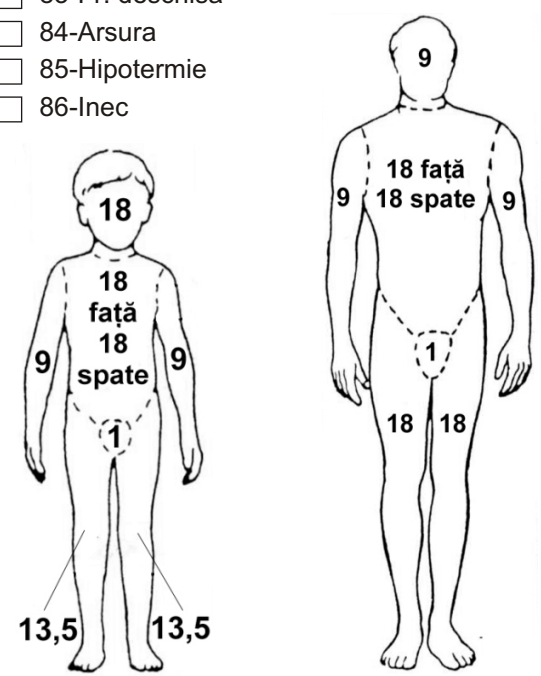




DETALII INTERVENTIE	PACIENT	STARE PACIENT
NR: _____ DATA: _____ <b>Motivul solicitarii:</b> _____	Nume _____ Prenume _____ <input type="checkbox"/> M <input type="checkbox"/> F Data nasterii: _____ Varsta _____ CNP _____	<b>Cod urgenta</b> <input type="checkbox"/> Rosu <input type="checkbox"/> Galben <input type="checkbox"/> Verde <input type="checkbox"/> Altul
<b>Adresa interventiei:</b> Judet _____ Localitate _____ Strada _____ Nr. _____ Bl.: _____ Sc.: _____ Et.: _____ Ap.: _____	<b>Domiciliu:</b> _____ Idem cu interventia <input type="checkbox"/> Judet _____ Localitate _____ Strada _____ Nr. _____ Bl.: _____ Sc.: _____ Et.: _____ Ap.: _____	Ora _____ : _____ G M C V S O GCS _____ Fr res _____ AV _____ Puls _____ TA stg _____ dr _____ SatO <sub>2</sub> _____ Temp _____ Gli _____
<b>Solicitant:</b> <input type="checkbox"/> 112 <input type="checkbox"/> Familie <input type="checkbox"/> Unitate sanit <input type="checkbox"/> Pompieri <input type="checkbox"/> Jandarmi <input type="checkbox"/> Politie <input type="checkbox"/> Altul:	<b>Funcții vitale la preluare:</b> <input type="checkbox"/> Decedat <input type="checkbox"/> Stop CR <input type="checkbox"/> Incostient <input type="checkbox"/> Constient <input type="checkbox"/> Trauma	<b>Resuscitare la ora:</b> _____ <input type="checkbox"/> Reusit <input type="checkbox"/> Nereusit ora deces: _____ <input type="checkbox"/> Motivul neinceperii resuscitarii _____
<b>Timpii interventie ora   min</b> <input type="checkbox"/> Alertare echipaj: _____ <input type="checkbox"/> Plecare la caz: _____ <input type="checkbox"/> Sosire la caz: _____ <input type="checkbox"/> Plecare de la caz: _____ <input type="checkbox"/> Sosire la spital: _____ <input type="checkbox"/> Final interventie: _____		

ANAMNEZA	FUNCTII VITALE	EXAMEN OBIECTIV
<b>Antecedente personale patologice:</b> _____ <b>Alergic la:</b> _____ <b>Tratament la domiciliu:</b> _____ <b>Interpretare EKG</b>	<b>Stg Pupile Dr.</b> <input type="checkbox"/> 01-Normal -02 <input type="checkbox"/> 03-Reactive -04 <input type="checkbox"/> 05-Nereactive-06 <input type="checkbox"/> 07-Midriaza -08 <input type="checkbox"/> 09-Mioza -10 <b>Cai respiratorii</b> <input type="checkbox"/> 11-Deschise <input type="checkbox"/> 12-Obstructionate <input type="checkbox"/> 13-Preluat IOT <b>Respiratia:</b> <input type="checkbox"/> 14-Normala <input type="checkbox"/> 15-Absenta <input type="checkbox"/> 16-Dispnee <input type="checkbox"/> 17-VM/ Balon <b>Puls periferic</b> <input type="checkbox"/> 18-Prezent <input type="checkbox"/> 19-Absent <input type="checkbox"/> 20-Plin <input type="checkbox"/> 21-Filiform <input type="checkbox"/> 22-Ritmic <input type="checkbox"/> 23-Aritmic	<b>Simptome:</b> <input type="checkbox"/> 72-Greturi <input type="checkbox"/> 71-Varsaturi <input type="checkbox"/> 87-Transpiratii <input type="checkbox"/> 88-Ameteli <input type="checkbox"/> 89-Convulsii <input type="checkbox"/> 96-Dureri Localizare durere/alte: _____ <b>Trauma</b> <input type="checkbox"/> 80-Plaga <input type="checkbox"/> 81-Contuzie <input type="checkbox"/> 82-Fr. inchisa <input type="checkbox"/> 83-Fr. deschisa <input type="checkbox"/> 84-Arsura <input type="checkbox"/> 85-Hipotermie <input type="checkbox"/> 86-Inec <b>Tegumente</b> <input type="checkbox"/> 47-Calde <input type="checkbox"/> 48-Reci <input type="checkbox"/> 49-Uscate <input type="checkbox"/> 50-Umede <input type="checkbox"/> 51-Normal colorate <input type="checkbox"/> 52-Icterice <input type="checkbox"/> 53-Cianotice <input type="checkbox"/> 54-Palide <b>Arsuri</b> <input type="checkbox"/> 95-Cai respir. sup. afectate <input type="checkbox"/> 90-Flacara <input type="checkbox"/> 91-Solid <input type="checkbox"/> 92-Lichid <input type="checkbox"/> 93-Vapori/ gaz <input type="checkbox"/> 94-Chimic
	<b>Ritm</b> <input type="checkbox"/> 24-Regulat <input type="checkbox"/> 25-Neregulat <b>Unde P</b> <input type="checkbox"/> 26-Prezente <input type="checkbox"/> 27-Absente <b>QRS</b> <input type="checkbox"/> 28-Largi <input type="checkbox"/> 29-Inguste	

UNITATE MEDICALA	FINAL INTERVENTIE																																												
<b>EVOLUTIE</b>	<b>FINAL INTERVENTIE</b>																																												
Ora _____ : _____ : _____ : _____ : _____ G M C V S O GCS _____ Fr res _____ AV _____ Puls _____ TA stg _____ dr _____ SatO <sub>2</sub> _____ Temp _____ Gli _____	<b>Stare pacient</b> <input type="checkbox"/> 14-Ameliorat <input type="checkbox"/> 15-Stationar <input type="checkbox"/> 16-Agravat <input type="checkbox"/> 17-Dec. pe timpul trans <input type="checkbox"/> 18-Dec. la loc sol <input type="checkbox"/> 19-Necooperant <input type="checkbox"/> 20-Agitat <input type="checkbox"/> 21-Ostil <input type="checkbox"/> 22-Cooperant <input type="checkbox"/> 23-In curs de resuscitare <b>Refuz</b> <input type="checkbox"/> 23-Examinare <input type="checkbox"/> 24-Tratament <input type="checkbox"/> 25-Transport <b>Predat</b> <input type="checkbox"/> 26-Camera garda <input type="checkbox"/> 27-UPU/CPU Spital1: _____ Spital2 /Alt echipaj: _____ <b>Semnatura medic:</b> _____ <b>Semnatura medic:</b> _____																																												
<b>MANEVRE/ PROCEDURI</b>	<b>Accident rutier</b>																																												
<input type="checkbox"/> 10-Deschiderea manuala a cailor respiratorii <input type="checkbox"/> 11-Aspiratia cailor respiratorii <input type="checkbox"/> 12-Pipa Guedel <input type="checkbox"/> 13-Oxigen <b>Intubatie</b> <input type="checkbox"/> 14-IOT cu inductie <input type="checkbox"/> 15-IOT fara inductie <b>Ventilatie</b> <input type="checkbox"/> 16-Balon <input type="checkbox"/> 17-Masca <b>EKG</b> <input type="checkbox"/> 25-Monit. EKG la ora: _____ <input type="checkbox"/> 24-Imprimare EKG <input type="checkbox"/> 24-Transmi. EKG la ora: _____ <b>Defib</b> <input type="checkbox"/> 26-Compresiuni toracice <input type="checkbox"/> 27-Defib. semiaut. Energ (J) _____ Total _____ Nr soc _____ <b>Acces intravenos</b> <input type="checkbox"/> 33-Periferic <b>Transp.</b> <input type="checkbox"/> 35-Prelata transport <input type="checkbox"/> 36-Scaun <input type="checkbox"/> 37-Targa <b>Trauma</b> <input type="checkbox"/> 38-Descarcerat <input type="checkbox"/> 39-Guler cervical <input type="checkbox"/> 40-Salte vacuum <input type="checkbox"/> 41-Targa cu lopeti <input type="checkbox"/> 42-KED <input type="checkbox"/> 43-Atele <input type="checkbox"/> 47-Pansament metalina <input type="checkbox"/> 48-Folie izoterma <input type="checkbox"/> 49-Pansament plagi <input type="checkbox"/> 46-Hemostaza prin _____ <b>Altele:</b> _____	<input type="checkbox"/> 01-Pasager vehicul <input type="checkbox"/> 02-Autoturism Fata Spate <input type="checkbox"/> 03-Camion <input type="checkbox"/> 04-Caruta <input type="checkbox"/> 05-Altul <input type="checkbox"/> 06-Stanga-07 <input type="checkbox"/> 08-Mijloc-09 <input type="checkbox"/> 10-Dreapta-11 <input type="checkbox"/> 15-Extras de ech descarcerare <input type="checkbox"/> 16-Extras de tert persoane <input type="checkbox"/> 17-Pieton <input type="checkbox"/> 18-Motociclist <input type="checkbox"/> 21-Biciclist <input type="checkbox"/> 24-De la acelasi nivel <input type="checkbox"/> 25-De la inaltime de: _____ m <input type="checkbox"/> 26-Dur <input type="checkbox"/> 27-Moale <input type="checkbox"/> 19-Fara casca <input type="checkbox"/> 20-Cu casca <input type="checkbox"/> 22-Fara casca <input type="checkbox"/> 23-Cu casca <input type="checkbox"/> 12-Centura <input type="checkbox"/> 13-Airbag <input type="checkbox"/> 14-Altul <b>Cadere</b> <input type="checkbox"/> 28-Semidur <b>Pe plan</b> <b>Tratament</b>																																												
	Indicat de: _____																																												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Materiale sanitare</th> <th style="width: 50%;">Cant</th> <th style="width: 50%;">Materiale sanitare</th> <th style="width: 50%;">Cant</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Materiale sanitare	Cant	Materiale sanitare	Cant																																								
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