دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان فارس

بیمارستان سیدالشهدا قادراباد

**برگ گزارش پرستاری**

NURSES NOTE SHEET

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پزشک معالج: Attending Physician:

Unit No شماره پرونده:

نام خانوادگی:Family Name

نام: Name

بخش: Ward:

اتاق: Room:

تخت: Bed:

تاریخ تولید: Date of Birth

نام پدر : Father Name

تاریخ پذیرش: Date of Admission

تاریخ/ساعت/امضاء

Date/Time/Signature

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**ارزیابی نهایی**

**Evaluation**

بررسی علایم،نشانه ها تشخیص های پرستاری / علت مداخلات و اقدامات انجام شده

 Assessment & Nursing diagnosis / Ralated to / Intervention

بررسی علایم،نشانه ها  تشخیص های پرستاری / علت  مداخلات و اقدامات انجام شده

 Assessment & Nursing diagnosis / Ralated to / Intervention

تاریخ/ساعت/امضاء

Date/Time/Signatue

**ارزیابی نهایی**

**Evaluation**

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