**بسمه تعالي**

**حضور محترم مديرعامل محترم بيمارستان مهر**

**فرم گزارش 24 ساعته بيمارستان مهر از تاريخ............. تا تاريخ .................**

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| --- | --- | --- | --- | --- | --- |
| تعداد بيماران |  | پذيرش اورژانس |  | پذيرش درمانگاه |  |
| پذيرش |  | انتقالي از اورژانس به بخش ها |  | اعزام و ارجاع |  |
| ترخيص |  | زايمان طبيعي وسزارين |  | رضايت شخصي |  |
| تعداد اعمال جراحي |  | فوتي |  | حادثه |  |

**رضايت شخصي**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| نام و نام خانوادگي | تشخيص | سن | پزشك معالج | بخش بستري | علت رضايت |
|  |  |  |  |  |  |

**اعزام و ارجاع**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| نام و نام خانوادگي | تشخيص | سن | پزشك معالج | بخش بستري | ساعت رفت و برگشت | علت اعزام وارجاع | |
|  |  |  |  |  |  |  | |
|  | | | | | | | |

**بستري بيماران بالاي 15 روز**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| نام و نام خانوادگي | | تشخيص | سن | پزشك معالج | بخش بستري | تاريخ |
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**گزارشCPR:..........................................................................................................................................................................**

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**بخشICU:................................................................................................................................................................................**

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**بخشCCU1:......................................................................................................................................................................................................................................................................................................................................................................................**

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**بيماران IPD :**

**تعداد سرپايي : ..............................................................................................................................................................**

**بستري : ..............................................................................................................................................................................**

**.................................................................................................................................................................................................**

**بخشNICU:.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................**

**بيماران با همراه پرايوت : .................................................................................................................................**

**....................................................................................................................................................................................................................................................................................................................................................................................**

**بيماران بدحال بخش ها:...........................................................................................................................**

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**گزارش خاص بيمارستان ........................................................................................................................................**

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**مديريت پرستاري**

**NM-FO-155**