

# Karta gorączkowa pediatryczna

Załącznik nr 4b do Historii Choroby

Nr ks. gł./Nr ks. oddz.

Data urodzenia

Rozpoznanie

| Data                          |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Uzupełniające dane z przebiegu obserwacji, leczenia i żywienia. |
|-------------------------------|----------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dzień pobytu                  |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Tętno                         | Ciepłota | Oddech | R | W | R | W | R | W | R | W | R | W | R | W | R | W |   |
| 160                           | 42°      | 94     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 150                           | 41°      | 84     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 140                           | 40°      | 74     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 130                           | 39°      | 64     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 120                           | 38°      | 54     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 110                           | 37°      | 44     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 100                           | 36°      | 34     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 90                            | 35°      | 24     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stolec                        |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Wymioty                       |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Dieta zlecona                 |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Posiłki spożyte<br>(w ilości) |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leki                          |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Waga                          |          |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |