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| MODULO 1 | RICOVERO – PRESA IN CARICO | Cod. ROG26/1.1  Rev.02 del 30.06.2025 |

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| **DATA INGRESSO** |  |  | **ORE** |  |

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| UTENTE: |  |  | Data di nascita |  |  | M |  | F |  |

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| **VALUTAZIONE UVI** |  | **SI** |  | **NO** | **VALUTAZIONE CDCD** |  | **SI** |  | **NO** |

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| **TIPO DI RICOVERO** |  | **Programmato** |  | **Urgente** |  | **Privato** |  | **Convenzionato AST** |  |  |

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| **PROVENIENZA DA** |  | **Proprio domicilio** |  | **Altra struttura socio-sanitaria** |  | **Dimissione Ospedale** |

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| **ACCOMPAGNATO DA** |  | **Familiare** |  | **Tutore/ADS** |  | **Altro:** |  |

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| **CONDIZIONI ALL’INGRESSO** |  | **Autonomo** |  | **In carrozzina** |  | **In barella-allettato** |

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| **Tampone COVID-19** |  | **SI** |  |  | **NO** |  | **Negativo** |

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| **MMG** pre ricovero | (Nominativo) | Studio medico | Recapiti telefonici |
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| **MMG** post ricovero | (Nominativo) | Studio medico | Recapiti telefonici |
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**DIAGNOSI DI INGRESSO**

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| |  |  | | --- | --- | | Patologia prevalente: |  |  |  |  | | --- | --- | | Patologia secondaria 1: |  |  |  |  | | --- | --- | | Patologia secondaria 2: |  |  |  |  | | --- | --- | | Patologia secondaria 3: |  | |  | | |

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| **PARAMETRI PRESA IN CARICO:** | ❒ | F.C. |  | b/min. | ❒ | T.C |  | °C | ❒ | | P.A. | |  | | / |  | mmHg |
|  |  |  |  |  |  |  |
| ❒ | F.R. |  | atti/min. | ❒ | SatO2 |  |  | | ❒ | | Altro: | |  | | | | |

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| **PRESENZA LESIONI DA DECUBITO:** |  | **SI** |  | **NO** | Se **SI** | **Grado:** |  | **Posizione:** |  |

**TERAPIA FARMACOLOGICA IN ATTO**

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| FARMACO (principio attivo) | DOSAGGIO | ORARI somministrazione |  | FARMACO (principio attivo) | DOSAGGIO | ORARI somministrazione |
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OPPURE ❏**allegata prescrizione terapia farmacologica del M.M.G**

**DOCUMENTAZIONE CLINICA:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1) |  | 5) |  |
| 2) |  | 6) |  |
| 3) |  | 7) |  |
| 4) |  | 8) |  |

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| **SCALE DI VALUTAZIONE SOMMINISTRATE:** |  |  |  |  |  |  |  |

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| **Infermiere compilatore** (nominativo)**:** |  | **FIRMA** |  |