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| coopsolidale | Residenza Protetta Anziani (R3-R3D) “**MADONNA DELLA VITA**”  Via San Francesco n. 1 – 61042 APECCHIO (PU)  Tel/Fax 0722 99427 - E-mail: [madonnadellavita@solidale-coop.it](mailto:madonnadellavita@solidale-coop.it) | Cod. ROG26/1.8  Rev.02 del 30.06.2025 |

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| MODULO 8 | DIMISSIONE/TRASFERIMENTO |

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| PAZIENTE: |  | (Cogn.) |  | (Nome) | Data di nascita |  | M |  | F |  |

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| **DATA RICOVERO:** |  |  | **DATA DIMISSIONE:** |  |  | **ORE** |  |

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| **MOTIVO DIMISSIONE:** |  |

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| **Destinazione post dimissione:** | ❒ proprio domicilio | ❒presso altra struttura: |  |

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| **Modalità di trasporto:** |  | Accompagnato da: |  |

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| **Dimissione protetta SI**❒ **NO**❒ | se **SI** attivazione: | ❒ servizi AST | ❒ servizi Sociali | ❒ altro |  |

**DIAGNOSI DIMISSIONE**

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

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

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| TAO: | ❒ SI ❒ NO | Ossigenoterapia: | ❒ SI ❒ NO | **Farmaci H:** | ❒ SI ❒ NO |

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| POSITIVITA’ SIEROLOGICA: | Epatite | ❒ | A | ❒ | B | ❒ | C | ❒ | D | ❒ | E | ❒ | HIV | ❒ | Altro: |  |

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| ALLERGIA FARMACI: | ❒ | SI | ❒ | NO | se SI quali: |  |

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| INTOLLERANZE ALIMENTARI: |  |  |  |

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| DIETE SPECIALI: |  |  |  |

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| ALLERGIE: |  |  |  |

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| PRESIDI: | ❒ | SNG | ❒ | PEG | ❒ | NPT | ❒ | Catetere | ❒ | Stomia | ❒ | Drenaggio | ❒ | Altro: |  |

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| PROTESI: | ❒ | Dentaria | ❒ | Acustica | ❒ | Arti | ❒ | Altro: |  |

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| ALTRO: |  |

**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 terapia farmacologica**

**DOCUMENTAZIONE PAZIENTE** *(consegnata in copia):*

|  |  |  |  |  |  |  |
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| ❒Carta d’identità - Codice Fiscale | ❒Tessera sanitaria |  | ❒Altro: |  | ❒ Altro: |  |

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| ❒ Accertamenti Diagnostici: | ❒Altro: |  | ❒Altro: |  | ❒Altro: |

**CORREDO PERSONALE PAZIENTE***:*

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| ❒ Corredo biancheria | ❒ Altro: |  | ❒ Altro: |  | ❒ Altro: |  |

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| NOTE: |  |

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