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| SCHEDA 13 | IDRATAZIONE ASSISTITA | Cod. ROG26/3.10 - Rev.02 del 30.06.2025 |

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| PAZIENTE: |  |  | ANNO |  |  | MESE |  | N° prog. |  |

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| **GIORNI** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **ORA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SIGLA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SIGLA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SIGLA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **cl/24h** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **QRQ** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** | **160** |
| SIGLA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**VERIFICA CORRETTA IDRATAZIONE:** inserire nella casella -**cl/24h-** il totale dei **cl** assunti nelle **24 ore** per la verifica del **QRQ** (quantità raccomandata quotidiana)che non deve essere inferiore a **160 cl**

**NOTA:** numerare progressivamente ogni scheda e archiviare le schede cronologicamente in un unico plico per ogni singolo anno