


|  | | REPORTE DE ALIMENTACIÓN POR PACIENTE | | | | | | | |
|---|-------------------------|---|-----------------|--------------------|-------------------------------------|-----------------|-----------------|-----------------|-----------------|
| NUTRICION | | | | | | | | | |
| NOMBRE: CAZAR LUIS | | | | | CAMA: 105 | | | | |
| N° DE HISTORIA CLINICA: 270394 | | | | | SERVICIO: CIRUGIA ONCOLOGICA | | | | |
| FECHA | TIEMPO DE COMIDA | | | | | | | | OBSERVACIONES |
| | PACIENTE | | | | | FAMILIAR | | | |
| | DESAYUNO | COLACION AM | ALMUERZO | COLACION PM | MERIENDA | DESAYUNO | ALMUERZO | MERIENDA | |
| 14/8/2023 | | | | | X | | | | |
| 15/8/2023 | NPO | | NPO | | X | - | X | X | FP ADULTO MAYOR |
| 16/8/2023 | X | x | X | | X | X | X | X | FP ADULTO MAYOR |
| 17/8/2023 | X | x | - | | ALTA | | | | |
| | | | | | | | | | |
| NUTRICIONISTA RESPONSABLE: BERTHA MALAVE | | | | | | | | | |

SOLCA NÚCLEO DE QUITO
ALTA
 Nutrición

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