

**REGISTRO DE ACTIVIDADES DE ENFERMERIA N°1****DIRECCIÓN MÉDICA
ENFERMERÍA****1. DATOS DE IDENTIFICACION**

| APELLIDOS | NOMBRES | N° H. CLÍNICA | HABITACIÓN CAMA |
|---------------|------------------|---------------|-----------------|
| VINUEZA PONCE | GISELA JAQUELINE | 307582 | 307 A |

3. CONTROL DEL DOLOR.....**4. CONTROL DE GLUCEMIA CAPILAR**

| FECHA | HORA | EVA | SUMILLA | FECHA | HORA | HGT | SUMILLA |
|------------|------|-----|---------|-------|------|-------|---------|
| 29/08/2023 | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |
| | | 10 | | | | mg/dl | |

5. CONTROL DE PERIMETROS.....

| FECHA | HORA | PERIMETRO | SUMILLA SELLO | FECHA | HORA | PERIMETRO | FIRMA / SELLO |
|-------|------|-----------|------------------|-------|------|-----------|---------------|
| | | cm. | | | | cm. | |
| | | cm. | | | | cm. | |
| | | cm. | | | | cm. | |
| | | cm. | | | | cm. | |