

## نموذج تنويم مريض

| بيانات خاصة بالمريض                         |            |
|---|------------|
| الاسم:                                      | lol        |
| السن:                                       | 23         |
| العنوان:                                    | lol        |
| رقم الهاتف:                                 | 213        |
| تاريخ الدخول:                               | 2023-08-31 |
| توقيت الدخول:                               | 12:00      |
| التشخيص:                                    | 123        |
| الاجراء الجراحي:                            | 123        |
| الجهة التابع لها:                           | 213        |
| الرقم القومي:                               | 23         |
| رقم الغرفة:                                 | 123        |
| بيانات خاصة بالطبيب                         |            |
| الطبيب المعالج:                             | 123        |
| الطبيب المحول:                              |            |
| المستشفى المحول منه:                        |            |
| بيانات خاصة بأقارب المريض من الدرجة الأولى: |            |
| الاسم:                                      | 1231       |
| الصفة:                                      | 32         |
| الرقم القومي:                               | 13         |
| رقم الهاتف:                                 | 123        |
| رقم هاتف آخر:                               | 123        |

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| 23<br>كود المريض   | موافقة مشفوعة بالعلم على إجراء أو جراحة<br><b>Informed consent for procedure or surgery</b>  |
| رقم الغرفة: 123 التاريخ: 12:00 lol اسم المريض<br>الطبيب الاستشاري: 123 كود الطبيب: 123 تليفون المريض: 213  |  |
| انا الموقع ادناه:<br><input type="checkbox"/> المريض <input type="checkbox"/> ولي الامر <input type="checkbox"/> القريب<br>(بيان القرابة .....)<br>أوافق على إجراء العملية / الإجراء التالي<br>.....<br>.....<br>.....   | I the undersigned:<br><input type="checkbox"/> Patient <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative<br>(Relationship to patient .....)<br>I consent to undergo the following<br>operation or procedure<br>.....<br>.....<br>.....   |
| <b>Doctor's statement توضيح الطبيب</b>   |  |
| لقد قمت بشرح حالة المريض الصحية وتو توضيح ما يلي:<br>شرح العملية أو الإجراء.<br>الاستفادة،<br>المضاعفات الجانبية والمخاطر التي قد تنتج عن العملية.<br>النتيجة المحتملة من العملية.<br>البدائل المتوفرة والمضاعفات والمخاطر لتلك البدائل.<br>المخاطر المحتملة في حالة عدم إجراء العملية.<br>وقد تم إعطاء المريض الوقت الكافي للاستفسار وطرح الأسئلة<br>وتم الإجابة عليها. | I have explained:<br>The patient's education.<br>The nature of the operation or procedure,<br>including other care, treatment or medications.<br>Potential benefits, risks or side effects of the<br>operation or procedure, including potential<br>problems that might occur during<br>recuperation.<br>The likelihood of achieving treatment goals.<br>Reasonable alternatives & the relevant risks,<br>benefits & side effects related to such<br>alternatives, including the possible results of<br>not receiving care or treatment.<br>I have given the patient / substitute decision<br>maker an opportunity to:<br>Ask questions about any of the above<br>matters.<br>Raise any other concerns which I have<br>answered as fully as possible |
| <b>The following Applies to high risk surgery فيما يلي يطبق على العمليات شديدة الخطورة</b>   |  |
| هناك بعض المضاعفات والمخاطر الخاصة بهذا النوع من<br>العمليات والتي تتضمن:<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....  | There are some risks / complications,<br>which may happen specifically with this<br>type of surgery. They include:<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....   |

المقر بما فيه الشاهد الطبيب المعالج

Patient Witness Treating physician

lol ..... 123

## Procedure report

(To be completed before patient leaves procedure area)

Main responsible physician (MRP): 123 Assistant: .....

Anesthesiologist: ..... Assistant .....

Category of the procedure:

1- ☐ Minor ☐ Intermediate ☐ Major

2- ☐ Elective ☐ Emergency

3- ☐ Clean ☐ Clean contaminated ☐ Contaminated ☐ Dirty

Type of anesthesia ☐ General ☐ Spinal ☐ Sedation ☐ Regional ☐ Local

Registry number of any implantable device: .....

Pre-procedure diagnosis: .....

Post procedure diagnosis: .....

Procedure name: .....

Specimen sent for investigation: ☐ No ☐ Yes

Biopsy sent for investigation: ☐ No ☐ Yes

Specify the nature of the specimen or biopsy if sent for investigations:

.....

Intraprocedural complications: ☐ No ☐ Yes : Specify .....

.....

Blood loss: ☐ No ☐ Yes (estimate amount of blood loss .....) )

Blood / Blood products transfused ☐ No ☐ Yes

(Estimate amount of blood / blood products transfused ..... )

List of procedure steps:

.....

.....

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MRP's name: 123 Signature: ..... Code: 123

Date: 2023-08-31 Time: 12:00

Full Procedure steps if possible: .....

.....

.....

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.....

MRP's name: 123 Signature: ..... Code:123 Date: 2023-08-31 Time: 12:00

(To be completed before patient leaves procedure area)

(Vital Q h, care of the drain & evacuate every h, Urine catheter ☐ care ☐ remove. Canula ☐ care ☐ Remove, ☐ Mobilize Patient ☐ Strict bed rest)

ملاحظة نبض وضغط وحرارة كل ..... ساعة. (تفريغ الدرنقة كل ..... ساعة وتسجيلها). (قسطرة البول □ تسجيل

كمية البول □ إزالة القسطرة). (الكانايولا □ ازلتها □ العناية بها). ( □ راحة تامة للمريض بالسريير □ يحرك المريض  
(.بعد الافاقة من التخدير وكمال الوعي

Medications: ..... الوصفات الدوائية

☐ Patient can go home if No complications after ..... Hours

□ يسمح بخروج المريض بعد ..... ساعة، في حالة عدم وجود مضاعفات

☐ Don't discharge patient until the MRP comes to discharge or telephone order.

□ لا يسمح بخروج المريض حتى يمر عليه الطبيب المعالج أو يأمر بخروجه تليفونيا

MRP's name: 123 Signature: ..... Code: 123

Date: 2023-08-31 Time: 12:00

[illegible]

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MRP's name: 123 Signature: ..... Code: 123

Date: 2023-08-31 Time: 12:00

|   |  |                            |
|---|--|----------------------------|
| History & Physical examination                                  |  | Patient ID \${National_ID} |
| اسم الطبيب المعالج: 123 .. التاريخ: 31-08-2023 : اسم المريض lol |  |                            |
| Chief complaint   |  |                            |
| History of present illness                                      |  |                            |

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| Family History | Social History & special habits |  |  |  |  |
|                |                                 |  |  |  |  |

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|-----------------------|--|--|--|--|--|
| <b>Systems review</b> |  |  |  |  |  |
| General               |  |  |  |  |  |
| Skin & Lymph          |  |  |  |  |  |
| Head & ENT            |  |  |  |  |  |
| Cardiac               |  |  |  |  |  |
| Respiratory           |  |  |  |  |  |
| GIT                   |  |  |  |  |  |
| Genitourinary         |  |  |  |  |  |
| Musculo-skeletal      |  |  |  |  |  |
| CNS                   |  |  |  |  |  |
| Sexual                |  |  |  |  |  |
| Eye problems          |  |  |  |  |  |

|  |      |          |                     |                   |           |
|--|------|----------|---------------------|-------------------|-----------|
| <b>Pain assessment</b>   |      |          |                     |                   |           |
| Does the patient complain of pain <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Specify the following |      |          |                     |                   |           |
| Location   | Type | Severity | Aggravating Factors | Relieving Factors | Radiation |
|  |      |          |                     |                   |           |
| <b>Past medical history</b>  |      |          |                     |                   |           |

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| Major Medical or surgical illnesses  | Current medications:<br><br>Known allergies: |
| Previous hospital admissions with dates:   |  |
| Physical examination   |  |
| الطبيب الاستشاري: 123 التاريخ 31-08-2023 اسم المريض lol  |  |
| Vital signs  | Temp: HR: BP / RR SpO2 %                     |
| General Weight: kg Height: cm BMI<br><input type="checkbox"/> Toxic <input type="checkbox"/> distressed <input type="checkbox"/> Cyanosed <input type="checkbox"/> Lymphadenopathy |  |
| Chest & CVS:   |  |
| Abdominal:   |  |
| Pelvis:  |  |
| Lower Limbs  |  |
| Provisional diagnosis:   |  |

Attending physician: ..... MRP: 123

[illegible]



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التوقيع ..... الاسم: .....

Medical Report

Name: lol Age: 23 ID: 23

Date of admission: 2023-08-31 Date of discharge: 12:00

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Complaint<br>شكوى المريض            | .....<br>.....                   |
| History<br>التاريخ المرضي           | .....<br>.....<br>.....<br>..... |
| Examination<br>الفحص الطبي          | .....<br>.....<br>.....          |
| Investigations<br>التحاليل والاشعات | .....<br>.....<br>.....<br>..... |
| Diagnosis<br>التشخيص                | 123                              |

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|--|---|
| Treatment<br>العلاج                    | .....<br>.....<br>.....<br>.....<br>..... |
| Recommendations<br>التوصيات الطبية     | .....<br>.....                            |
| Date of reevaluation<br>موعد الاستشارة |   |

Attending physician: ..... MRP: 123

| Consultation / Referral request form             |   |
|--|---|
| To be filled by referring Doctor or his delegate | Patient Name: lol Room No: 123 Date: 2023-08-31<br>Consultant Name: 123 Code: 123 Patient Telephone: 213  |
|  | To: Consultant Name:<br><input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency<br><input type="checkbox"/> For opinion <input type="checkbox"/> Treatment <input type="checkbox"/> Take over |
|  | Review details:   |
|  | Doctor Name; 123 Date: 2023-08-31<br>Time: 12:00  |
|  | Signature:  |
| To be filled by Consulted Doctor or his delegate | Consultation report:  |
|  | Doctor Name; 123 Date: 2023-08-31<br>Time: 12:00  |
|  | Signature:  |

|   |   |
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| 23<br>كود المريض  | موافقة مشفوعة بالعلم على<br>التخدير<br><b>Informed consent for anesthesia</b> |
| رقم الغرفة: 123 التاريخ: 12:00 lol اسم المريض<br>الطبيب الاستشاري: 123 كود الطبيب: 123 تليفون المريض: 213 |   |

|   |  |
|---|--|
| <p>انا الموقع ادناه:</p> <p><input type="checkbox"/> المريض <input type="checkbox"/> ولي الامر <input type="checkbox"/> القريب</p> <p>(بيان القرابة .....)</p> <p>أوافق على إجراء التخدير:</p> <p><input type="checkbox"/> كلي <input type="checkbox"/> نصفي <input type="checkbox"/> موضعي <input type="checkbox"/> عصبي</p> <p>للإجراء التالي: .....</p> <p>.....</p> | <p>I the undersigned:</p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative<br/>(Relationship to patient .....)</p> <p>I consent to undergo the following anesthesia</p> <p><input type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> regional<br/><input type="checkbox"/> Epidural <input type="checkbox"/> Nerve block</p> <p>For the following procedures:</p> <p>.....</p> <p>.....</p> |
|---|--|

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| <b>Doctor's statement توضيح الطبيب</b> |
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| <p>لقد قمت بشرح حالة المريض الصحية وتو توضيح ما يلي:</p> <p>شرح إجراءات التخدير والهدف منها ودرجة خطورتها بواسطة طبيب التخدير</p> <p>البدائل المتوفرة والمضاعفات والمخاطر لتلك البدائل.</p> <p>المخاطر المحتملة في حالة عدم إجراء التخدير</p> <p>وقد تم إعطاء المريض الوقت الكافي للاستفسار وطرح الأسئلة وتم الإجابة عليها.</p> | <p>I have explained:</p> <p>The patient's education.</p> <p>The nature of the anesthesia</p> <p>Potential benefits, risks or side effects of the anesthesia, including potential problems that might occur during recuperation.</p> <p>Reasonable alternatives &amp; the relevant risks, benefits &amp; side effects related to such alternatives, including the possible results of not receiving care or treatment.</p> <p>I have given the patient / substitute decision maker an opportunity to:</p> <p>Ask questions about any of the above matters.</p> <p>Raise any other concerns which I have answered as fully as possible</p> |
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| <b>The following Applies to high risk anesthesia فيما يلي يطبق على التخدير شديدة الخطورة</b> |
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|  |   |
|--|---|
| <p>هناك بعض المضاعفات والمخاطر الخاصة بهذا النوع من التخدير والتي تتضمن:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p>There are some risks / complications, which may happen specifically with this type of surgery. They include:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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المقر بما فيه الشاهد الطبيب المعالج

Patient Witness Treating physician

lol ..... 123

|  |   |
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| <p>23</p> <p>كود المريض</p>  | <p>موافقة مشفوعة بالعلم على نقل الدم ومشتقاته</p> <p><b>Informed consent for Blood &amp; blood products transfusion</b></p> |
| <p>رقم الغرفة: 123 التاريخ: 12:00 lol اسم المريض</p> <p>الطبيب الاستشاري: 123 كود الطبيب: 123 تليفون المريض: 213</p> |   |



## العملية الجراحية:123

تاريخ اجراء العملية 31-08-2023 : . الساعة: 12:00 تعليم مكان العملية □ يمين □ يسار

### إجراءات التحضير بالقسم

ضع علامة ( √ ) لما تم عمله

|   |   |    |   |   |   |
|---|---|----|---|---|---|
|   |   |    |   |   |   |
| 1 | التأكد من شخصية المريض وشريط الرسغ                        | 10 | ○ | إذا لم يكن المريض صائماً. متى تناول اخر وجبة ونوعها | ○ |
| 2 | حلاقة منطقة الجراحة وتحضير الجلد                          | 11 | ○ | إتمام الفحوصات - الأشعة - الملاحظات - رسم القلب.    | ○ |
| 3 | تم تحديد موضع الجراحة بالعلامات بواسطة السيد نائب الجراحة | 12 | ○ | توفير الدم - الفصيلة - كمية الدم                    | ○ |
| 4 | حمام المريض ونظافته                                       | 13 | ○ | التأكد من امضاء إقرار الموافقة على الجراحة والتخدير | ○ |
| 5 | ارتداء المريض ملابس العمليات                              | 14 | ○ | إعطاء الادوية قبل العملية                           | ○ |
| 6 | إزالة المجوهرات واطقم الاسنان وخلافه                      | 15 | ○ | إتمام استكمال ملف المريض وارساله مع المريض          | ○ |
| 7 | الاحتفاظ بمتعلقات المريض الشخصية بالقسم                   | 16 | ○ | اخذ القراءات الحيوية للمريض                         | ○ |
| 8 | تبول المريض قبل اجراء العملية                             | 17 | ○ | إعطاء الادوية قبل العملية طبقا لتعليمات الطبيب      | ○ |
| 9 | ..... :صوم المريض قبل اجراء العملية لمدة                  |    | ○ |   | ○ |
|   |   |    | ○ |   | ○ |

ممرض القسم الداخلي توقيع الطبيب المسؤول

.....

Intraoperative nurses record ملاحظات التمريض اثناء العملية الجراحية

lol:التاريخ: 31-08-2023 رقم الملف الاسم

تشخيص ما قبل العملية:123

العملية:123

تشخيص ما بعد العملية:

الجراح: 123 طبيب التخدير

مساعد الجراح: مساعد التخدير:

بداية التخدير: نهاية التخدير

بداية العملية: نهاية العملية

وضع المريض: ☐ على ظهره. ☐ على بطنه ☐ على الجانب الايسر ☐ على الجانب الأيمن

☐ أخرى :

مكان الكانيولا او الخط الوريدي: ☐ الذراع الأيمن ☐ الذراع الايسر

☐ CVP ☐ Swan Ganz ☐ Arterial line ☐ Others :طبيعة الخط الوريدي

تحضيره إعطاء الدم

| بعد العملية | اثناء العملية | بعد العملية |
|-------------|---------------|-------------|
|             |               |             |

حالة الجلد قبل العملية

تركيب قسطرة : ☐ بالعمليات ☐ بالقسم الداخلي

تركيب درنقة: ☐ حصيرة ☐ بورتفاك ☐ أنبوبة صدرية ☐ أخرى

أخذ عينة: ☐ مزرعة ☐ تحليل نسيجي ☐ تحليل نسيجي مجمد ☐ خلوي

ممرض العمليات : .....

ممرض الدوار والمناول : .....

ساعة الانتهاء : .....

ممرض / فني التخدير : .....





## Pathology report

اسم المريض lol

رق: \_\_\_\_\_

|   |                    |                    |   |
|---|--------------------|--------------------|---|
| Patient Name: .....                                 | Sex: M / F         | ASA: .....         | <br><b>Anesthesia Records</b><br>Date: ..... / ..... / 20..... |
| Age: ..... (Years)                                  | Weight: ..... (Kg) | Height: ..... (Cm) |   |
| Diagnosis: .....                                    |                    |                    |   |
| Operation: .....                                    |                    |                    |   |
| Anesthetist: ..... OR Time: Start: ..... End: ..... |                    |                    |   |
| Surgeon: .....                                      |                    |                    |   |

| Medical History of Diseases   | Investigations   |
|---|--|
| 1- Chest (Y / N)    8- Hepatic (Y / N)<br>2- Smoking (Y / N)    9- Renal (Y / N)<br>3- Cardiac (Y / N)    10- Blood (Y / N)<br>4- Hypertension (Y / N)    11- Neurological (Y / N)<br>5- Diabetes (Y / N)    12- Musculoskeletal (Y / N)<br>6- Thyroid (Y / N)    13- Allergy (Y / N)<br>7- Other Endocrine (Y / N)    14- Drug Intake: | 1- Chest X-ray    8- Vital Capacity:<br>2- ECG:    9- FEV1/FVC%:<br>3- FBS:    10- Echocardiography:<br>4- CBC: (Hb: WCC: Platelets: )<br>5- BT: CT: PT: PTT: INR:<br>6- Proth.Cone.: SGPT: SGOT:<br>Bilirubin : Total Ptn: Albumin:<br>7- Creatinine : Urea: Na+: K+: |

| Monitors   | Regional Anesthesia  | General Anesthetic Drugs  | Preop. Airway Assessment  |
|--|--|---|---|
| CG: <input type="checkbox"/><br>P: <input type="checkbox"/><br>pO <sub>2</sub> : <input type="checkbox"/><br>tCO <sub>2</sub> : <input type="checkbox"/><br>Temp: C: <input type="checkbox"/><br>P: <input type="checkbox"/><br>N-Stim: <input type="checkbox"/><br><br><b>Cannulae</b><br>N.: 1) <input type="checkbox"/><br>2) <input type="checkbox"/><br>CVP: <input type="checkbox"/><br>arterial: <input type="checkbox"/><br>wan-Ganz: <input type="checkbox"/> | Intrathecal <input type="checkbox"/> Epidural <input type="checkbox"/><br>Caudal <input type="checkbox"/> I. V. R. A. <input type="checkbox"/><br>Other: <input type="checkbox"/><br><b>Agent:</b><br>Heavy Marcain <input type="checkbox"/><br>Lignoc. <input type="checkbox"/><br><b>Conc.:</b><br>2% <input type="checkbox"/> 1% <input type="checkbox"/> 0.5% <input type="checkbox"/><br>0.25% <input type="checkbox"/> 0.125% <input type="checkbox"/><br><b>Tourniquet:</b> ON: <input type="checkbox"/><br>Off: <input type="checkbox"/> | *Thiop. <input type="checkbox"/> Prop. <input type="checkbox"/> Ketam. <input type="checkbox"/><br>*Morph. <input type="checkbox"/> Pethid. <input type="checkbox"/> Fent. <input type="checkbox"/><br>*Sux. <input type="checkbox"/> Panc. <input type="checkbox"/> Atrac. <input type="checkbox"/><br>Vecur. <input type="checkbox"/> Other: <input type="checkbox"/><br>*Midaz. <input type="checkbox"/> Diaz. <input type="checkbox"/> NSAID <input type="checkbox"/><br>*Haloth. <input type="checkbox"/> Isofl. <input type="checkbox"/> Sevofl. <input type="checkbox"/><br>*Antibiotics. <input type="checkbox"/><br>*Atrop. <input type="checkbox"/> Glyco. <input type="checkbox"/> Neost. <input type="checkbox"/><br>*Ephedrine. <input type="checkbox"/> Phynylephrine. <input type="checkbox"/><br>Adren. <input type="checkbox"/> Noradren. <input type="checkbox"/><br>Dopsm. <input type="checkbox"/> Dobutamlsupr. <input type="checkbox"/><br>*Nitroglycerine. <input type="checkbox"/> Nliroprusside. <input type="checkbox"/><br>*Beta Blockers <input type="checkbox"/><br>*Others: ..... | 1- Short neck (Y/N)    2- Thyroid enlarge. (Y/N)<br>3- Recording mandible (Y/N)    4- Denture (Y/N)<br>5- Protruding maxilla or lucisors or loose tooth (Y/N)<br>6- Limited TMG mobility (Y/N)<br>7- Limited Cervical mobility (Y/N)    8- mallampati Class<br><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Class I<br/>  </div> <div style="text-align: center;"> Class II<br/>  </div> <div style="text-align: center;"> Class III<br/>  </div> <div style="text-align: center;"> Class IV<br/>  </div> </div> |

| Airway  | Position: Supine O, Lithotomy O, H-Down O, H-Up O, Sitting O, Lat. (R/L) O, Kid. (R/L) O, Prone O, Prone Jaknife O, Kneeling C  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Face Mask:</b> <input type="checkbox"/><br><b>Carvn. Mask:</b> <input type="checkbox"/><br>Size: <input type="checkbox"/><br>Cube: <input type="checkbox"/><br>ral <input type="checkbox"/> Nasel <input type="checkbox"/><br>ronch. (I/R) <input type="checkbox"/><br>Size: <input type="checkbox"/><br>Type: <input type="checkbox"/><br>Plain <input type="checkbox"/><br>Cuffed <input type="checkbox"/><br>Reinforced <input type="checkbox"/><br><b>Throat Pack:</b> <input type="checkbox"/><br>(Y / N) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">40</td> <td style="width: 10%;">200</td> <td colspan="18"></td> </tr> <tr><td>38</td><td></td><td colspan="18"></td></tr> <tr><td>36</td><td></td><td colspan="18"></td></tr> <tr><td>34</td><td></td><td colspan="18"></td></tr> <tr><td>32</td><td></td><td colspan="18"></td></tr> <tr><td>30</td><td>150</td><td colspan="18"></td></tr> <tr><td>28</td><td></td><td colspan="18"></td></tr> <tr><td>26</td><td></td><td colspan="18"></td></tr> <tr><td>24</td><td></td><td colspan="18"></td></tr> <tr><td>22</td><td></td><td colspan="18"></td></tr> <tr><td>20</td><td>100</td><td colspan="18"></td></tr> <tr><td>18</td><td></td><td colspan="18"></td></tr> <tr><td>16</td><td></td><td colspan="18"></td></tr> <tr><td>14</td><td></td><td colspan="18"></td></tr> <tr><td>12</td><td></td><td colspan="18"></td></tr> <tr><td>10</td><td>50</td><td colspan="18"></td></tr> <tr><td>8</td><td></td><td colspan="18"></td></tr> <tr><td>6</td><td></td><td colspan="18"></td></tr> <tr><td>4</td><td></td><td colspan="18"></td></tr> <tr><td>2</td><td></td><td colspan="18"></td></tr> <tr><td>0</td><td></td><td colspan="18"></td></tr> </table> | 40 | 200 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 38 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 34 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 32 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 30 | 150 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 20 | 100 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 10 | 50 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40  | 200   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30  | 150   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20  | 100   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10  | 50  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Ventilation</b><br><b>Mods:</b><br>Sp. Vent <input type="checkbox"/><br>L.P.P.V. <input type="checkbox"/><br>T.V. : <input type="checkbox"/><br>R.R. : /min<br>PEEP: <input type="checkbox"/><br><br>O <sub>2</sub> /N <sub>2</sub> O:   | <b>Abbreviations:</b> Sys. V, Dias. A, Meam ●, HR X, CVP □, SpO <sub>2</sub> S, EtCO <sub>2</sub> C, Temp.C. ▲, Temp.P. ▼.  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| V. Fluids:   | Fluid Balance:   | Recovery Notes:  |
|--|--|--|
| D5: <input type="checkbox"/> NS: <input type="checkbox"/> DS: <input type="checkbox"/><br>LR: <input type="checkbox"/> HES: <input type="checkbox"/><br>FWB: <input type="checkbox"/> PRBC3: <input type="checkbox"/> FFP: <input type="checkbox"/><br><b>Total Volume:</b> ml | <b>Total I.V.:</b> ml<br><b>UOP:</b> ml<br><b>Bl. Loss:</b> ml<br><b>NET Balance:</b> ml | <b>Consciousness:</b> Fully awake. (Y / N) <b>Pain Free:</b> (Y)<br><b>Activity:</b> Able to move all limbs voluntarily or on command. (Y)<br><b>Circulation:</b> BP ± 20 mmHg of pre anesthetic level. (Y)<br><b>Respiration:</b> Able to breathe deeply and cough freely. (Y)<br><b>O<sub>2</sub> Saturation:</b> Able to maintain O <sub>2</sub> saturation >92% on room air. (Y) |
| <b>Transfer to:</b> Ward O, PACU O, SICU O.  |  | <b>Signature:</b> .....  |







### Radiology request

|  |  |  |                        |       |  |                         |             |
|--|--|--|------------------------|-------|--|-------------------------|-------------|
| اسم المريض: lol<br><b>Patient's Name: lol</b>                        | رقم السجل الطبي:<br>.....<br><b>Medical record number: .....</b>   | التاريخ: 31-08-2023<br><b>Date: 2023-08-31</b> |                        |       |  |                         |             |
| العيادة / الجهة / الدور : .....<br><b>Clinic \ Department: .....</b> | النوع <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى<br><b>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</b> | السن : 23<br><b>Age: 23</b>                    |                        |       |  |                         |             |
| الطبيب المعالج: 123<br><b>Treating physician: 123</b>                |  |  |                        |       |  |                         |             |
| التشخيص الطبي: 123<br><b>Diagnosis: 123</b>                          |  |  |                        |       |  |                         |             |
| Knee joint US  | 49244  |  | Retrourethrogram       | 8     |  | <b>X-ray</b>            | <b>Code</b> |
| Trans-cranial US   | 49245  |  | Urogram antegrade      | 9     |  | Upper extremity         | 387         |
| <b>Duplex Doppler US</b>   |  |  | Hystero-Salpingo-gram  | 458   |  | Elbow AP/ Lateral       | 393         |
| Carotid arteries   | 324  |  | WP                     | 459   |  | Forearm AP/ Lateral     | 395         |
| Veins of both lower limbs  | 325  |  | Mammography unilateral | 25    |  | Humerus AP/ Lateral     | 398         |
| Veins of one lower limb  | 326  |  | Mammography both sides | 48874 |  | Shoulder - Neutral      | 404         |
| Arteries of both lower limbs   | 328  |  | <b>CT</b>              |       |  | Wrist AP/ Lateral       | 410         |
| Arteries of one lower limb   | 329  |  | Pelvis                 | 242   |  | Wrist AP/ Lat. & OBI    | 411         |
| Renal veins  | 333  |  | Upper extremity        | 244   |  | Lower Extremity         |             |
| Arteries of both upper limbs   | 335  |  | Abdomen & pelvis       | 263   |  | Ankle AP/ Lateral       | 32          |
| Arteries of one upper limbs  | 336  |  | Abdomen                | 215   |  | Foot AP/ Lateral        | 39          |
| Arteries of both upper limbs   | 337  |  | Chest                  | 236   |  | Hip AP only             | 45          |
| Arteries of one upper limb   | 338  |  | Lower extremity        | 240   |  | Hips bilateral w/Pelvis | 47          |
| Testicular US  | 48821  |  | Elbow joint            | 49238 |  | Knee AP/ Lateral        | 48          |
| <b>MRI</b>   |  |  | Shoulder joint         | 49239 |  | Knee bilateral standing | 54          |
| Lumber spine   | 291  |  | Wrist joint            | 49240 |  | Pelvis AP only          | 55          |
| Cervical spines  | 290  |  | Hip joint              | 49241 |  | Leg                     | 48566       |
| Dorsal spines  | 295  |  | Cervical spine         | 427   |  | <b>Chest</b>            |             |
| Dorsolumbar spine  | 49246  |  | Facial mandible        | 249   |  | Chest PA & lateral      | 379         |
| Coccyx   | 49247  |  | Lumber spine           | 250   |  | Chest PA or AP only     | 380         |
| Pelvis   | 274  |  | Nasopharynx            | 251   |  | Chest portable          | 381         |
| Hip joint  | 280  |  | Neck soft tissue       | 252   |  | Ribs (include PA chest) | 89          |
| Knee joint   | 281  |  | Orbit                  | 253   |  | Spine                   |             |
| Shoulder joint   | 287  |  | Sinus (full exam)      | 257   |  | Cervical AP/ Lateral    | 66          |
| Elbow joint  | 283  |  | Sinus simple           | 258   |  | Cervical AP/Lal./ Obl   | 67          |
| Wrist joint  | 288  |  | Temporal bones         | 259   |  | Coccyx                  | 73          |
| Ankle joint  | 278  |  | Thoracic spine         | 260   |  | Lumber Ap/ Lat          | 74          |
| Abdomen  | 264  |  | Brain                  | 261   |  | Lumber AP/Lat./FI/ Fat  | 68          |
| Abdomen & pelvis   | 49248  |  | Knee joint             | 46242 |  | Thoracic AP/ Lateral    | 86          |
| Chest  | 468  |  | Liver triphasic        | 48771 |  | <b>Head &amp; Neck</b>  |             |
| Cardiac  | 270  |  | Facial bones           | 48806 |  | Facial Bones            | 11          |
| Breast   | 49257  |  | Neck                   | 48652 |  | Mandible                | 12          |
| Brain  | 289  |  | <b>Ultrasound</b>      |       |  | Mastoid                 | 13          |

|  |                 |        |  |                   |       |  |                         |     |
|--|-----------------|--------|--|-------------------|-------|--|-------------------------|-----|
|  | MRA             | 492498 |  | Abdomen & pelvis  | 213   |  | Nasal bones             | 14  |
|  | MRV             | 49250  |  | Abdomen           | 306   |  | Sinuses AP only         | 16  |
|  | MRA + MRV       | 49251  |  | Breast bilateral  | 308   |  | Skull Ap & Lateral      | 18  |
|  | CSF flometry    | 49252  |  | Neonatal head     | 312   |  | TMJs complete           | 23  |
|  | Sella Tersica   | 49253  |  | Obstetrics        | 313   |  | <b>Gastrointestinal</b> |     |
|  | Petrous bones   | 49254  |  | Pelvis            | 315   |  | Colon, Barium enema     | 425 |
|  | MRU             | 275    |  | Hips              | 317   |  | Barium swallow          | 429 |
|  | Leg             | 282    |  | Testicular US     | 321   |  | Fistulogram             | 430 |
|  | Upper limb      | 275    |  | Thyroid           | 321   |  | KUB                     | 433 |
|  | MRCP            | 49256  |  | Transplant kidney | 323   |  | Sialogram               | 436 |
|  | MRU / Urography | 49255  |  | Prostatic US      | 319   |  | Ba meal follow through  | 439 |
|  | <b>Other</b>    |        |  | Neck US           | 48564 |  | <b>Urinary</b>          |     |
|  |                 |        |  | Shoulder joint US | 49243 |  | Nephrostogram           | 7   |
|  |                 |        |  |                   |       |  |                         |     |

Treating Doctor: 123 Date: 2023-08-31 Time: 12:00

### Laboratory request

|   |       |   |       |   |       |
|---|-------|---|-------|---|-------|
| اسم المريض: 101<br>Patient's Name: 101                        |       | رقم السجل الطبي: .....<br>Medical record numb.....  |       | التاريخ: 31-08-2023<br>Date: 2023-08-31 |       |
| العيادة / الجهة / الدور : .....<br>Clinic \ Department: ..... |       | النوع <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |       | السن: 23<br>Age: 23                     |       |
| الطبيب المعالج: 123<br>Treating physician: 123                |       |   |       |   |       |
| التشخيص الطبي: 123<br>Diagnosis: 123                          |       |   |       |   |       |
| Anti DNA  | 1321  | Acetone in urine  | 1364  | <b>Haematology</b>                      |       |
| ANCA  | 48791 | <b>Hormones</b>   |       | CBC                                     | 1261  |
| Anticardiolipin IgG   | 1323  | FSH   | 1329  | BT                                      | 1293  |
| Anticardiolipin IgM   | 1324  | Growth hormone  | 48675 | CT                                      | 1994  |
| Anti Smith  | 1317  | LH  | 1330  | Hg %                                    | 1290  |
| ASTHMA  | 1316  | Pregnancy in urine  | 1367  | TLC                                     | 48674 |
| ASOT  | 1379  | Progesterone P4   | 1331  | Platelet count                          | 48515 |
| Bilharzia Abs   | 48720 | Prolactine  | 1333  | Blood group                             | 1340  |
| Brucella  | 48680 | TSH   | 1371  | RH                                      | 48516 |
| CRP   | 1378  | Free T3   | 1372  | Coomb's Direct                          | 48517 |
| VDRL  | 1382  | Free T4   | 1373  | Coombs indirect                         | 48518 |
| Wide test   | 1301  | Free T4 index   | 48625 | PT (INR)                                | 1295  |
| Antiplatelet Ab   | 48784 | Testosterone total  | 1334  | PTT                                     | 1298  |
| IgG   | 48750 | Testosterone free   | 1335  | ESR                                     | 1359  |
| IgM   | 48751 | 17 OH progesterone  | 1336  | Retics                                  | 1376  |
| RF  | 1380  | Cortisone 9 AM  | 1337  | D. Dimer                                | 48604 |
| Rose Waller test  | 1381  | Cortisone 9 PM  | 1338  | FDP                                     | 48605 |
| Anti SCI 70   | 1322  | DHEA-S  | 1358  | <b>Chemistry</b>                        |       |
| <b>Microbiology</b>   |       | Estradiol (E2)  | 1332  | SGOT                                    | 1270  |

|  |                            |       |  |                           |       |  |                     |       |
|--|----------------------------|-------|--|---------------------------|-------|--|---------------------|-------|
|  | Acid fast smear (ZN stain) | 48764 |  | B-HCG (Qualitative)       | 1355  |  | SGPT                | 1271  |
|  | Blood culture              | 48524 |  | B-HCG (Quantitative)      | 48676 |  | Alk. Phosphatase    | 1272  |
|  | Stool analysis             | 1361  |  | HAV Abs (IgG)             | 48676 |  | T. bilirubin        | 1268  |
|  | Urine analysis             | 1398  |  | HCV Ab                    | 1391  |  | D. bilirubin        | 1269  |
|  | Semen analysis             | 1369  |  | HAV Abs IgM               | 48677 |  | T. Protien          | 1341  |
|  | Fungus culture             | 48526 |  | Hbc Abs IgG               | 48683 |  | Albumen             | 1265  |
|  | Urine C/S                  | 48539 |  | Hbc Abs IgM               | 1389  |  | A/G ratio           | 48749 |
|  | Sputum C/S                 | 48548 |  | HBs Abs                   | 1385  |  | GGT                 | 48594 |
|  | Helicobacter Pylori        | 48777 |  | HBs Ag                    | 1384  |  | Urea                | 1262  |
|  | <b>Tumor Marker</b>        |       |  | HCV - RNA PCR Qualitative | 48645 |  | Creatinine          | 1245  |
|  | AFP                        | 1308  |  | HCV -RNA PCR Quantitative | 48646 |  | Uric acid           | 1264  |
|  | CA 125                     | 48837 |  | EBV IgG                   | 48610 |  | S. Cholesterol      | 1281  |
|  | CA 15.3                    | 48762 |  | EBV IgM                   | 48611 |  | Triglycerides       | 1280  |
|  | CA 19.9                    | 48607 |  | HIV Abs                   | 48562 |  | HDL cholesterol     | 1282  |
|  | Ferritin                   | 1328  |  | <b>TORCH screening</b>    |       |  | LDL cholesterol     | 1283  |
|  | PSA Total                  | 48647 |  | CMV IgG                   | 45615 |  | S. Amylase          | 1287  |
|  | PSA free                   | 48648 |  | CMV IgM                   | 48660 |  | S. Lipase           | 48627 |
|  | CEA                        | 48606 |  | H. Pylori Abs             | 48777 |  | Total Serum Calcium | 1278  |
|  | <b>Miscellaneous</b>       |       |  | Herpes I IgG              | 48833 |  | Ionised calcium     | 1288  |
|  | CPK                        | 1285  |  | Herpes I IgM              | 48834 |  | S. Phosphorus       | 1279  |
|  | CPK-MB                     | 1284  |  | Herpes II IgG             | 48335 |  | Hb A1c              | 1339  |
|  | Treponin                   | 1350  |  | Herpes II IgM             | 48336 |  | Fasting Blood Sugar | 1346  |
|  | ABG                        | 1302  |  | Rubella IgG               | 1306  |  | Sugar post prandial | 1347  |
|  | VBG                        | 1302  |  | Toxoplasma IgG            | 1304  |  | Random Blood sugar  | 1348  |
|  | Others                     |       |  | Toxoplasma IgM            | 1305  |  | Potassium           | 1275  |
|  |                            |       |  | <b>Immunology</b>         |       |  | Sodium              | 1274  |
|  |                            |       |  | AMA                       | 1315  |  | Stone               | 48820 |
|  |                            |       |  | ANA                       | 1313  |  | Albumen in urine    | 48455 |

**Treating Doctor: 123 Date: 2023-08-31 Time: 12:00**

### Modified caprine score for VTE risk assessment

| 1 point                    | 2 points                            | 3 points              | 4 points                             |
|----------------------------|-------------------------------------|-----------------------|--------------------------------------|
| Age 41 - 60 years          | Age: 61 - 74 years                  | Age: ≥ 75 years       | Stroke (1 month)                     |
| Minor surgery              | Arthroscopic surgery                | History of VTE        | Elective arthroplasty                |
| BMI > 25 kg/m <sup>2</sup> | Major open surgery (> 45 minutes)   | Family history of VTE | Hip, Pelvis or leg fracture          |
| Swollen legs               | Laparoscopic surgery (> 45 minutes) | Factor V Leiden       | Acute spinal cord injury (< 1 month) |
| Varicose veins             | Malignancy                          | Prothrombin 20210A    |                                      |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Sepsis (<1 month)  | Confined to bed (>72 hours) | Lupus anticoagulant                        |  |
| Serious lung disease, including pneumonia (<1 month)     | Immobilizing plaster cast   | Anticardiolipin antibodies                 |  |
| Abnormal pulmonary function                              | Central venous access       | Elevated serum homocysteine                |  |
| Acute myocardial infarction                              |                             | Heparin induced thrombocytopenia           |  |
| Congestive heart failure (< 1 month)                     |                             | Other congenital or acquired thrombophilia |  |
| History of inflammatory bowel disease                    |                             |  |  |
| Medical patient at bed rest                              |                             |  |  |
| Pregnancy or postpartum                                  |                             |  |  |
| History of unexplained or recurrent spontaneous abortion |                             |  |  |
| Oral contraceptives or hormone replacement               | Total score                 |  |  |

| Risk Level     | Recommendation  |
|----------------|---|
| 0-1 (Very low) | Early & frequent ambulation   |
| 2 (Low)        | Mechanical prophylaxis (graduated compression stockings)  |
| 3-4 (Moderate) | <input type="checkbox"/> Enoxaparin 40 mg q 24 OR.<br><input type="checkbox"/> Heparine 5000 units q 12 OR.<br><input type="checkbox"/> Graduated compression device.   |
| ≥ 5 (High)     | <input type="checkbox"/> Enoxaparin 40 mg q 24 OR.<br><input type="checkbox"/> Heparine 5000 units q 12.<br>+<br><input type="checkbox"/> Graduated compression device. |

Treating physician sign: ..... Date: 2023-08-31

## Blood delivery form

Age: 23 Sex: male Date: 2023-08-31 Department: .....

Diagnosis: 123

| Components                                      | Amount |
|---|--------|
| <input type="radio"/> Whole blood               |        |
| <input type="radio"/> Packed RBCs               |        |
| <input type="radio"/> Filtered Packed RBCs      |        |
| <input type="radio"/> Irradiated Packed RBCs    |        |
| <input type="radio"/> Fresh frozen plasma (FFP) |        |
| <input type="radio"/> Platelet concentrate      |        |
| <input type="radio"/> Cryo precipitate          |        |
| <input type="radio"/> Irradiated platelets      |        |

**Blood group:** ☐ A ☐ B ☐ AB ☐ O

Rh (D- antigen) ☐ Positive ☐ Negative

Cross matching: ☐ Matched

| Bag No. | Time of delivery | Bag No. | Time of delivery |
|---------|------------------|---------|------------------|
|         |                  |         |                  |
|         |                  |         |                  |

Date of delivery Nurse Blood bank physician

.....

يتم الاحتفاظ بكيس الدم في ثلاجة بدرجة حرارة 2 - 6 لحين استخدامه ولا يجوز استقبال كيس الدم المرتجع لبنك الدم بعد مرور نصف ساعه على تسليمه للجهة الطالبة للكيس.

الأصل: بينك الدم

الصورة: بملف المريض

نموذج مستهلكات مريض بالعمليات

التاريخ: 31-08-2023 الرقم الطبي: ..... اسم الطبيب المعالج: 123 نوع العملية: 123 اسم lol: اسم المريض

..... :طبيب التخدير: بداية التخدير: نهاية التخدير

| العدد             | السعر | العدد               | السعر | العدد            | السعر | العدد           | السعر | العدد             | السعر | العدد | السعر |
|-------------------|-------|---------------------|-------|------------------|-------|-----------------|-------|-------------------|-------|-------|-------|
|                   |       |                     |       |                  |       |                 |       |                   |       |       |       |
| برولين 0 راوند    |       | بسميكر واير         |       | ممر هوائي        |       | رنجر            |       | ايزوفلورين        |       |       |       |
| برولين 1 راوند    |       | تفلون حر            |       | ابرة بنج نصفية   |       | %0,9 ملح        |       | سيفوفلورين        |       |       |       |
| برولين 0/3 راوند  |       | استيل وير 5 م       |       | انبوية رايل      |       | لاكتات الرنجر   |       | ديبريفان          |       |       |       |
| برولين 0/4 راوند  |       | استيل وير 7 م       |       | لارنجيال ماسك    |       | % جلوكوز 0,5    |       | انترافال          |       |       |       |
| برولين 0/5 راوند  |       | صمام                |       | Y وصلة حرف كبار  |       | اكسجين          |       | سكسنييل           |       |       |       |
| برولين 0 قاطع     |       | برطمان شفت          |       | Y وصلة حرف صفار  |       | فرش جراحي معقم  |       | تراكيم            |       |       |       |
| برولين 1 قاطع     |       | انبوية صدرية        |       | قسطرة نيلتون     |       | جاون طبيب معقم  |       | بروستجمن          |       |       |       |
| برولين 0/2 قاطع   |       | كانيولا فيتس        |       | CVP قسطرة        |       | مفرش سرير       |       | ازميرون           |       |       |       |
| برولين 0/3 قاطع   |       | كانيولا شريانية     |       | CVP مسطرة        |       | جاونتي معقم     |       | هيفي ماركين       |       |       |       |
| برولين 0/4 قاطع   |       | كانيولا اورطى       |       | مجموعة ابيديورال |       | مشرط جراحي      |       | ماركين            |       |       |       |
| برولين 0/5 قاطع   |       | كارديوبليجيا بروح   |       | انبوية حنجرية    |       | يد دياثيرمي     |       | زيلوكين           |       |       |       |
| برولين 0/6 قاطع   |       | كارديوبليجيا بروحين |       | فلتر بكتيري      |       | عازل دياثيرمي   |       | اترويين           |       |       |       |
| برولين 0/3 ابرتين |       | خرامة اورطى         |       | قسطرة فولي       |       | خرطوم شفاط      |       | افدرين            |       |       |       |
| برولين 0/4 ابرتين |       | كانيولا فينت        |       | قسطرة سيليكون    |       | بلاستر          |       | افيل              |       |       |       |
| برولين 0/5 ابرتين |       | كلبس قلب            |       | كبس جمع بول      |       | استيريبياد      |       | ديكساميثازون      |       |       |       |
| برولين 0/6 ابرتين |       | استيكر ماكينة قلب   |       | وصلة غسيل        |       | دباسة جلد       |       | ادريال            |       |       |       |
| برولين 0/7 ابرتين |       | كانيولا دش معدني    |       | دورميا           |       | جوانتي لاتكس    |       | سوليوكورتيك       |       |       |       |
| برولين 0/8 ابرتين |       | فرش قلب             |       | موسعات خالب      |       | بورتوفاك        |       | فولتارين          |       |       |       |
| حرير 0 قاطع       |       | مؤكسد غشائي         |       | موسعات كلى       |       | KY جل           |       | اوكسميت           |       |       |       |
| حرير 1 قاطع       |       | كانيولا فنتس دبل    |       | قسطرة حالب       |       | رباط شاش        |       | صوديوم بيكاربونات |       |       |       |
| حرير 0/2 قاطع     |       | ACT انبوية          |       | ابرة بنشر        |       | رباط ضاغط       |       | بوتاسيوم كلوريد   |       |       |       |
| حرير 0/3 قاطع     |       | منشار جيولي         |       | جايد وير مستقيم  |       | كانيولا         |       | دايسينون          |       |       |       |
| حرير 0 راوند      |       | كلبس سره            |       | جايد وير منحني   |       | جهاز وريد       |       | كابرون            |       |       |       |
| حرير 1 راوند      |       | اسورة أطفال         |       | دبل جي           |       | سرنجة 60 سس     |       | سنتيسينون 5وحدات  |       |       |       |
| حرير 0/2 راوند    |       | شرائط سكر           |       | جراب كاميرا      |       | سرنجة 50 سس     |       | ميثيوجين          |       |       |       |
| حرير 0/3 راوند    |       | شكاكة               |       | كلبس مرارة       |       | سرنجة 20 سس     |       | كوناكيون          |       |       |       |
| فايكريل 0 راوند   |       | ماكتوش              |       | صوف ياند         |       | سرنجة 10 سس     |       | برمبران           |       |       |       |
| فايكريل 1 راوند   |       | شاش معقم            |       | جيبسونا          |       | سرنجة 5 سس      |       | امينوفلن          |       |       |       |
| فايكريل 2 راوند   |       | فوط بطن             |       | جيل فون          |       | سرنجة 3 سس      |       | كوردارون          |       |       |       |
| فايكريل 0/2 قاطع  |       | دريسنج              |       | حشو انف          |       | سرنجة 1 سس      |       | كالسورم جلوكونيت  |       |       |       |
| فايكريل 0/3 قاطع  |       | شاش بعلمة           |       | حاجز انفي        |       | وصلة ثلاثية     |       | لازكس             |       |       |       |
| فايكريل 0/4 قاطع  |       | بامبرز              |       | انبوية شق حنجري  |       | وصلة وريدية     |       | اندرال            |       |       |       |
| فايكريل 0/5 قاطع  |       | كوب عينة            |       | انبوية تهوية     |       | وصلة شريانية    |       | ديبوتريكس         |       |       |       |
| فايكريل 0 قاطع    |       | مبولة               |       | مشرط رمد         |       | دوم             |       | دويامين           |       |       |       |
| فايكريل 1 قاطع    |       | مسحة مزرعة          |       | غطاء عين         |       | جهاز نقل دم     |       | نورادرينالين      |       |       |       |
| فايكريل 2 قاطع    |       | اوفر هيد حريمي      |       | سيلزون رمد       |       | جهاز وريد       |       | سلفات الماغنيسيوم |       |       |       |
| فايكريل 6/. قاطع  |       | اوفر هيد رجالي      |       | عدسة رمد         |       | جهاز سالوسيت    |       | برفلجان           |       |       |       |
| 11x شبكة برولين 6 |       | ماسك طبيب           |       | اوبست            |       | ماسك تخدير شفاف |       | ايزوبتين          |       |       |       |





|   |   |
|---|---|
| <p>Case progress:<br/> Vital signs: <input type="checkbox"/> Stable <input type="checkbox"/> unstable Comment:</p> <p>Relevant clinical findings: .....</p> <p>Significant results of investigations: .....</p> <p>Diagnosis: 123</p> | <p>Assessment</p>   |
| <p>Plan of care: <input type="checkbox"/> Same plan <input type="checkbox"/> Need to be changed:</p> <p>If need to be changed reason : .....</p>  | <p>Recommendation<br/> (Investigations,<br/> consultations, follow<br/> up)</p> |
| <p>Physician Name &amp; signature : .....</p>   |   |
| <p>Consultant name &amp; signature: .....<br/> Date: 2023-08-31 Time: 12:00</p>   |   |
| <p>Endorsing physician name &amp; signature: .....<br/> Date: 2023-08-31 Time: 12:00<br/> Receiving physician Name &amp; signature: .....<br/> Date: 2023-08-31 Time: 12:00</p>   |   |