

Hospital Regional do Gama - DF

SETOR: PS-CIRÚRGICO/ORTOPEDICO

LEITO:

NOME: _____

Nº SES: _____

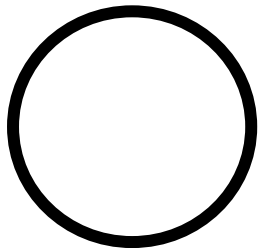
DATA DE NASC.:

____/____/____

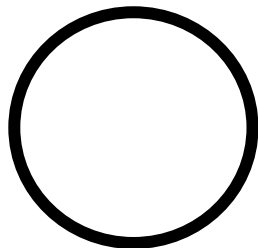
DATA DE ADMISSÃO:

____/____/____

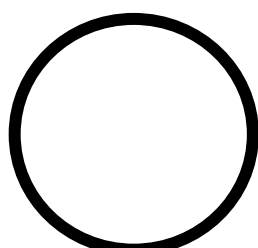
PROCEDÊNCIA:



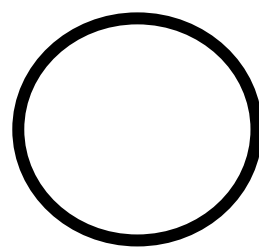
RISCO DE QUEDA



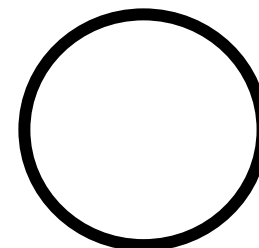
RISCO DE LPP



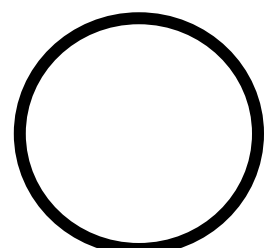
RISCO DE TEV



ALERGIA



Risco de BRONCOASPIRAÇÃO



Precaução