

**Hospital Regional do Gama - DF**

**SETOR:** PRONTO SOCORRRO ADULTO      **LEITO:**

**NOME:** \_\_\_\_\_

**Nº SES:** \_\_\_\_\_

**DATA DE NASC.:**

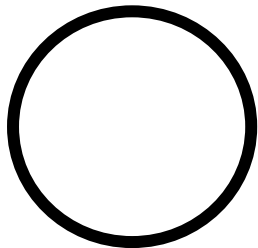
\_\_\_\_/\_\_\_\_/\_\_\_\_

**DATA DE ADMISSÃO:**

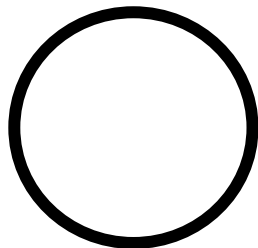
\_\_\_\_/\_\_\_\_/\_\_\_\_

**PROCEDÊNCIA:**

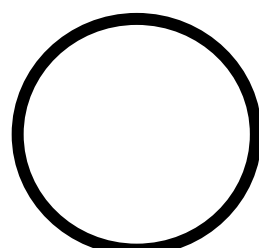
\_\_\_\_\_



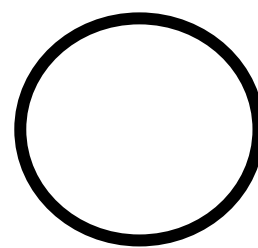
**RISCO DE QUEDA**



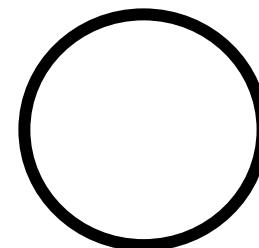
**RISCO DE LPP**



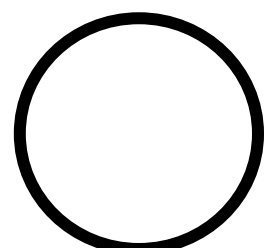
**RISCO DE TEV**



**ALERGIA**



Risco de **BRONCOASPIRAÇÃO**



**Precaução**