

Hospital Regional do Gama - DF

SETOR: PRONTO SOCORRRO ADULTO **LEITO:**

NOME: _____

Nº SES: _____

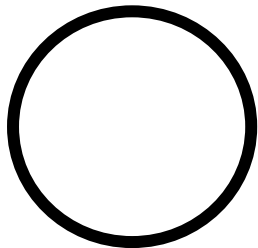
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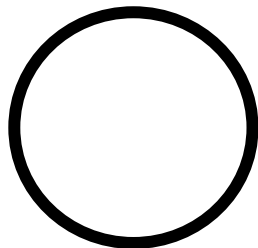
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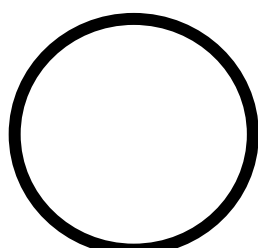
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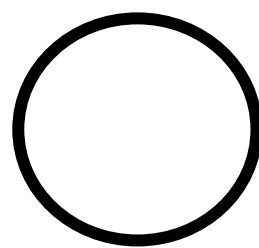
RISCO DE QUEDA



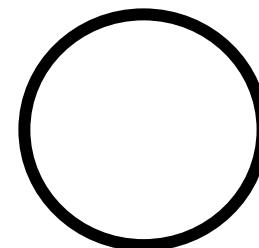
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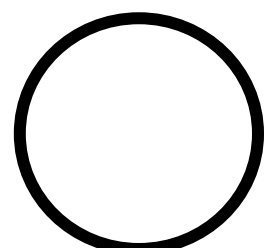
RISCO DE TEV



ALERGIA



Risco de **BRONCOASPIRAÇÃO**



Precaução