

**SETOR: UTIP**

**LEITO:**

**NOME:**

**DATA DE NASC.:**

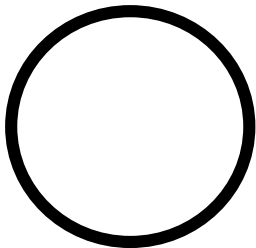
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**DATA DE ADMISSÃO:**

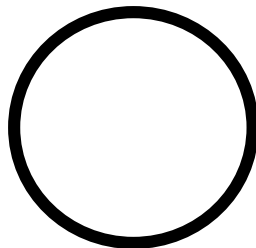
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**SES:**

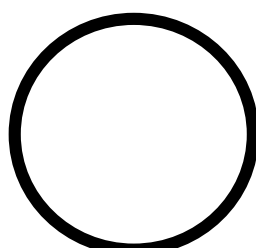
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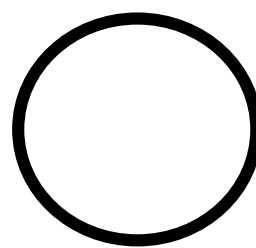
**RISCO DE QUEDA**



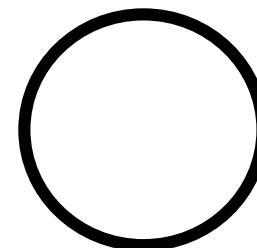
**RISCO DE LPP**



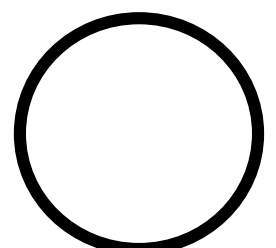
**RISCO DE TEV**



**ALERGIA**



Risco de **BRONCOASPIRAÇÃO**



**Precaução**