

**SETOR: PS-CIRÚRGICO/ORTOPEDICO**

**LEITO:**

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

**Nº SES:** \_\_\_\_\_

**DATA DE NASC.:**

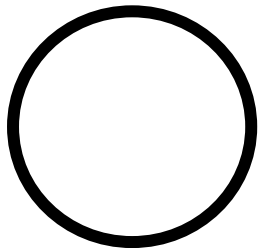
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**DATA DE ADMISSÃO:**

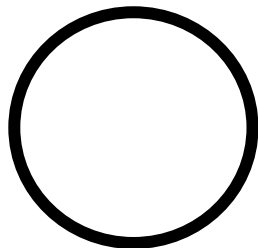
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**PROCEDÊNCIA:**

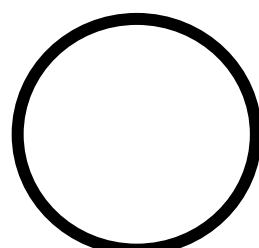
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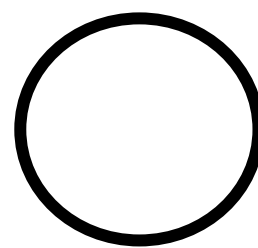
**RISCO DE QUEDA**



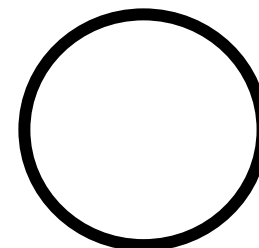
**RISCO DE LPP**



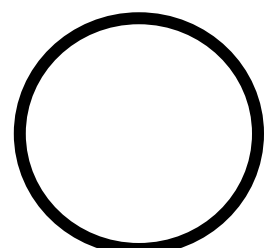
**RISCO DE TEV**



**ALERGIA**



**Risco de BRONCOASPIRAÇÃO**



**Precaução**