

SETOR: UTPN (Tisiologia e Pneumologia) **LEITO:**

NOME:

Nº SES:

DATA DE NASC.:

DATA DA ADMISSÃO:

DPA:

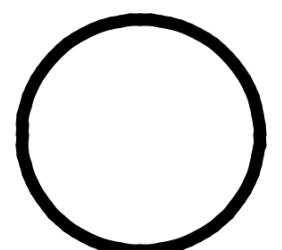
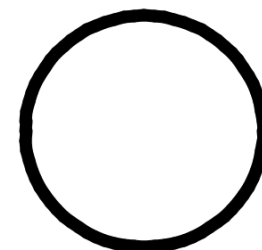
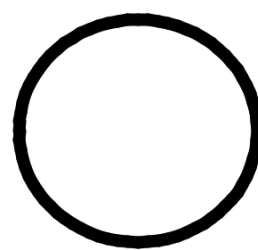
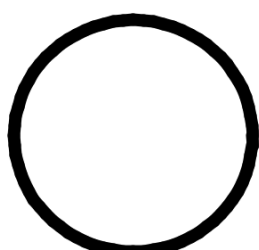
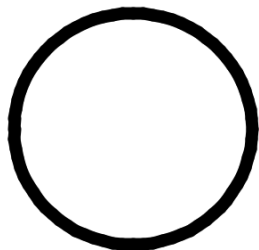
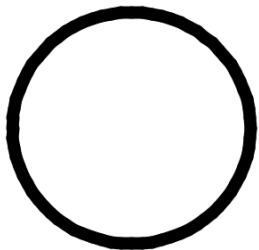
DATA DE NASC.:

DATA DE ADMISSÃO:

PROCEDÊNCIA:

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RISCO DE QUEDA

RISCO DE LPP

RISCO DE TEV

ALERGIA

Risco de BRONCOASPIRAÇÃO

Precaução