附件12

医疗护理员记录单

姓名： 性别： 年龄： 居家号/ID号： 首次家访时间： 年 月 日

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| 日期 | 巡察  时间 | 体温 | 脉搏 | 呼吸 | 血压 | 血糖 | 生活照料 | | | | | | | 用药 | | 备注 | 离室  时间 | 签名 | 患者或家属签名 |
| OC | 次/分 | 次/分 | mmHg | mmol/L | 口腔清洁 | 皮肤清洁 | 洗头 | 修剪指甲 | 打扫卫生 | 更换床单 | 其它 | 正确服药 | 药品检查 |
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