



แบบบันทึกและติดตามอาการผู้ป่วย Cardiac Care Unit

Stick here

| Date<br>time | BT | HR | RR | BP | MAP | O <sub>2</sub> Sat | A line |     | CVP | EKG | medication | Distal pulse |    | Intake |      | Output |       | S | Total I/O per เวิร์ |  |  |
|--------------|----|----|----|----|-----|--------------------|--------|-----|-----|-----|------------|--------------|----|--------|------|--------|-------|---|---------------------|--|--|
|              |    |    |    |    |     |                    | BP     | MAP |     |     |            | Rt           | Lt | IV     | Oral | Urine  | Other |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
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|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |
|              |    |    |    |    |     |                    |        |     |     |     |            |              |    |        |      |        |       |   |                     |  |  |