Załącznik Nr 6g do zarządzenia Nr 37/2024/DSOZ  
Prezesa Narodowego Funduszu Zdrowia  
z dnia 29 marca 2024 r.

Załącznik Nr 6g do zarządzenia Nr ....................  
Prezesa Narodowego Funduszu Zdrowia  
z dnia....................2024 r.

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|  | | | **Karta obserwacji centralnego cewnika naczyniowego** | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |
|  | | | Nazwisko i imię pacjenta: PESEL: Data ur.:  Nr Ks. Gł.:………………………………………….………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data# | | Wskazania# | | | | | | | | | | | | | | | | | Metoda wprowadzania# | | | | | | | | | | | | | | | | | | | |
| Lekarz wprowadzający cewnik (pieczątka i podpis)# | | | | | | | | | | | | | | | | Pielęgniarka asystująca (pieczątka i podpis)# | | | | | | | | | | | | | | | | | | | | | | |
| Żyła# | | | | | | | | Cewnik# | | | | | | | | | | Miejsce wprowadzenia cewnika#  □ Blok operacyjny □ Inne: …………………………. | | | | | | | | | | | | | | Położenie cewnika w rtg#  □ Tak □ Nie | | | | | | |
| Data usunięcia cewnika | | | | | | | | Przyczyna usunięcia cewnika | | | | | | | | Wynik posiewu krwi i koniec wewnętrzny cewnika | | | | | | | | | | | | | | | | | | | | | | |
| **# wypełnia lekarz zakładający cewnik naczyniowy; pozostałe pola w karcie wypełnia pielęgniarka** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ocena drożności cewnika / zmiana opatrunku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| Obserwacje drożności\*)  D – drożny  U – upośledzona drożność  N - niedrożny | D\*\*) | | | P | M | D | P | | M | D | P | M | D | P | M | D | P | | M | D | P | M | D | | P | | M | D | P | M | D | | P | M | D | P | M | |
|  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  |  |  |  | |
| Podpis pielęgniarki1) |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| Zmiana opatrunku **[+/-]** |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| Obserwacja miejsca wyprowadzenia cewnika (uwagi) |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| Podpis pielęgniarki1) |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| **\*)** D – możliwość podania płynu i pobrania krwi; U- możliwość podania płynu bez możliwości odciągnięcia krwi; N- niemożność podania płynu i odciągnięcia krwi; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*\*)** Kanały cewnika: D-dystal, P- proxymal, M- middle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wymiana kranika / przedłużacza** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| **+/-** \*) |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| Podpis pielęgniarki1) |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |
| \*) (+) zmiana kranika ( –) brak kranika | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | | | | | **Karta obserwacji centralnego cewnika naczyniowego** | | | | | | | | | | | | | | | | | | |  | | Załącznik nr 6g | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Nazwisko i imię: PESEL: Data ur.:  Nr Ks. Gł.:………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ocena drożności cewnika / zmiana opatrunku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data |  | | | | |  | | |  | | |  | | |  | | |  | | |  | | | | | |  | | |  | | |  | | |
| Obserwacje drożności\*)  D – drożny  U – upośledzona drożność  N - niedrożny | D\*\*) | | P | M | | D | P | M | D | P | M | D | P | M | D | P | M | D | P | M | D | | P | | M | | D | P | M | D | P | M | D | P | M |
|  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |
| Podpis pielęgniarki1) |  | | | | |  | | |  | | |  | | |  | | |  | | |  | | | | | |  | | |  | | |  | | |
| Zmiana opatrunku **[+/-]** |  | | | | |  | | |  | | |  | | |  | | |  | | |  | | | | | |  | | |  | | |  | | |
| Obserwacja miejsca wyprowadzenia cewnika (uwagi) |  | | | | |  | | |  | | |  | | |  | | |  | | |  | | | | | |  | | |  | | |  | | |
| Podpis pielęgniarki1) |  | | | | |  | | |  | | |  | | |  | | |  | | |  | | | | | |  | | |  | | |  | | |
| **\*)** D – możliwość podania płynu i pobrania krwi; U- możliwość podania płynu bez możliwości odciągnięcia krwi; N- niemożność podania płynu i odciągnięcia krwi; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*\*)** Kanały cewnika: D-dystal, P- proxymal, M- middle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wymiana kranika / przedłużacza** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | | |  | | |  | | |  | | |
| **+/-** \*) | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | | |  | | |  | | |  | | |
| Podpis pielęgniarki1) | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | | |  | | |  | | |  | | |
| \*) (+) zmiana kranika ( –) brak kranika | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- |
| 1) Pełne oznaczenie (nadruk/pieczątka zawierająca imię i nazwisko, numer prawa wykonywania zawodu oraz podpis pielęgniarki dokonującej czynności związanych z obserwacją centralnego cewnika naczyniowego) |