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

**Karta leczenia żywieniowego dorosłych**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Nazwisko i imię pacjenta: | | | | | | | | | PESEL: | | | | | | | | | Wiek: | | | | |
|  | | | | | | | | | | |  | | | | | | | | |  | | | | |
| **I.** Data | | | | | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| **Dieta przemysłowa\* (**nazwa) lub **Mieszanina żywieniowa gotowa (**nazwa)  lub **Worek indywidualny\*\*** | | | | | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
|  | \*\*Aminokwasy (g) | | | | |  | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| \*\*Glukoza (g) | | | | |  | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| \*\*Tłuszcze (g) | | | | |  | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Objętość (ml) | | | | | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Droga podawania pozajelitowego  Żyła centralna/żyła obwodowa | | | | | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Dostęp do przewodu pokarmowego  (zgłębnik/gastrostomia/jejunostomia) | | | | | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Sposób podawania diety przemysłowej  (bolus/wlew ciągły-szybkość) | | | | | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| **II. Dodatki - nazwa preparatu** | | | | | | | | **Dawka** | | | | | | | | | | | | | | | | | | |
| Witaminy | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Pierwiastki śladowe | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Sód | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Fosforany | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Magnez | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Wapń | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Potas | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Witamina B1 | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Inne | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Insulina jedn. | | | |  | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| Nadruk lub pieczątka zawierająca imię i nazwisko, numer prawa wykonywania zawodu oraz podpis lekarza | | | | | | | |  | |  | |  | |  |  |  | |  |  | | |  |  | | |  |
| \* brak konieczności wypełniania II części tabeli w przypadku braku dodatków do diety przemysłowej | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*w przypadku dołączenia recepty na worek indywidualny – brak konieczności wypełniania II części tabeli | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III.** | | | **Nazwa badania** | | **Data** | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| **Podstawowe badania kontrolne** \*\*\*zaznaczyć wykonanie (+/-) | | | Białko całkowite/Albumina | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| Cholesterol całk/Trójglicerydy | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| WBC/RBC/Hb | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| Na mmol/ K mmol | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| Ca mmol/Mg/Pi | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| Bilirubina/AspAt/AlAt | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| Kreatynina/mocznik | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| Glikemia | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| Inne | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| **Bilans Ng/ 24h** | |  | |  | |  | | | |  | |  | |  | | | |  | | |  | | |
| **\*\*\*** wyniki badań laboratoryjnych należy dołączyć do historii choroby | | | | | | | | | | | | | | | | | | | | | | | | | | |