



23/12/2022 16:13



Aspiração de líquido
 A aspiração de líquido é aspiração pneumonia é fungo
 que é grande e pneumonia é sepse é rasp



PROFESSOR DR. T. T. T.
 RUA DO JARDIM AMO, RAYOAS 100

2nd Year

1998 - 1999 10 & 11
Kangal 1998 & 1999
April 5 - 1999

2nd Year

- ① 1998 - 1999 10 & 11
- ② Kangal 1998 & 1999
- ③ April 5 - 1999

1998

1999

1998

1999

1998

1999

AD

AD

AD

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AD

AD

30/12/22

LUV Khush

Δ - SSPE Stage IV & aspiration pneumonia &
fungal UTI & grade IV pressure sore
& sepsis & resp. failure

Issue - Afebrile

on T-piece. Tolerating well

on NG feed

hemodynamically stable

O/E

Adv

HR -

RR - on MV

SpO₂ - 98% ↓ MV

Ext - warm

PP/FU - (+) / Good

CAT - < 32

RIS - B/L AB (+)

conducting sound (+)

CVS - S1S2 (+)

no murmur

P/A - soft, NT

BS (+)

1. Head end elevation

2. Bed sore care

3. Positioning every 2hrly

4. T. Levitra 500mg 2-0-2

5. T. Isoprenosone 500mg 1-1-1

6. T. Pacitane 20mg 1-1-1

7. NG feed 200ml - 3hrly

8. Inj. dexta 4mg IV QID

22/12/22 Luv Khush

A - ~~non~~ stage IV \bar{c} aspiration pneumonia \bar{c} fungal
UTI \bar{c} grade IV pressure more \bar{c} sepsis \bar{c} resp
failure.

Issue - Afebrile
on T piece - tolerating well
on NA feed
Hemodynamically stable

HR
RR
SpO₂
Ext
P/1/
CRT
U/S -
Gnduc
S - S₁
R0
- B
Soft

O/E

HR -
RR - on mv
SpO₂ - 98% \downarrow mv
Ext - warm
PP/PU - \oplus / wood.
CRT - L3S
R/S - B/L AE \oplus
conducting sound \oplus
CVS - S₁, S₂ \oplus
no murmur
P/A - soft, NT
RS \oplus

Actv

1. Head end elevation.
2. Bed sore care.
3. poisoning every 8hr
cauly.
4. T-levera 50mg 1-1-1
5. T-Isoprenisone 50mg
1-1-1
6. T-picitane 20mg 1-1-1
7. NA feed 200ml - steadily.
8. Inj dexa 4mg IV QID.

CPA Dr Anja Li
Give Glycopyrrlate
Doc.
and see Respon

~~CPA -
SF 10/18
CPA -
CPA -
CPA -~~

Leucost 10/01

17/12/12

ASU - SSPE stage IV \bar{c} aspiration pneumonia \bar{c}
fungus DTI \bar{c} grade IV pressure sore \bar{c} sepsis
 \bar{c} resp failure

CI - afebrile
- can not feed
- Hemo. stable

O/E

Adm: -

HR - 92 /m
RR - 20 /mV
SpO₂ - 98% /mV
Ext - warm
H/V - ++ (⊕)
CRT - 2 sec
MS - BLPA (⊕)
Sndcty sounds
⊕
CS - 5.2c ⊕
No mucus
P/A - BS (⊕)
soft, m

- Head and elevates
- Bed sore care
- Positioning every 2 hourly
- T. Leuca 500mg 2 - 0 - 2
- T. Isoperazine 500mg 1 - 1 - 1
- T. Paclitaxel 80mg 1 - 1 - 1
- can feed 200 ml 3 hly
- Inj dexta 4mg iv QID

Low Risk

16/11/22

>SPE @ Stage IV & aspiration pneumonia @
lunged UTE & Grade IV pressure done & lips @
Risk failure

PE - apathic

- ~~apathic~~ - ~~bleeding~~ - ~~cont~~
- on N/A food
- hemodynamically stable

O/E

HR - 97/min

RA - on MV

SpO2 - 97% on MV

Ext - warm

PP/Pv - @/beat

CR1 - 433cc

R/L - BC AE @

conducing sound @

CV2 - 3, 32 @

no murmur

P/A - BS @

Soft NT

Adv:-

- Head and elevation
- Bed side care
- Positioning every 2 hrs
- T. Levea Sounding 2 - 4 - 2
- T. Isoprenisaka Sounding 1 - 1 - 1
- T. Pantane Sounding 1 - 1 - 1
- N/A food 200ml - 3 hrs
- Srij done 4mg 10 @

Lynd

Adv net. 2014.

① need end situation.

② Positioning every 4 weeks.

③ To sales 100mg 7-0-2

④ To Suspension 100mg 1-1-1

⑤ To Tablets 2mg 1-1-1

⑥ No. of 200mg 12 units.

81 ⑦ Syr Pipette Eq 80 FAS

⑧ To Pum 100mg 1 tab 80.8

⑨ To Amantadine 100mg 1 tab 80.8

⑩ To Siptan 1 tab 80.8

W of total

Wah
14-3

95/B Mr Sachan

stop Syr Pipette

stop Tab Amantadine

27

Low Klaus.

Adm - Septe rlagio i Prognostic pneumonia i
Fungal OTE i Unstable pneumonia kon i Depressi
Respiratory failure

Imun.

Aptensi
Unud on 7-piece - Toleransi well
On the feeds
Hemodynamically stable

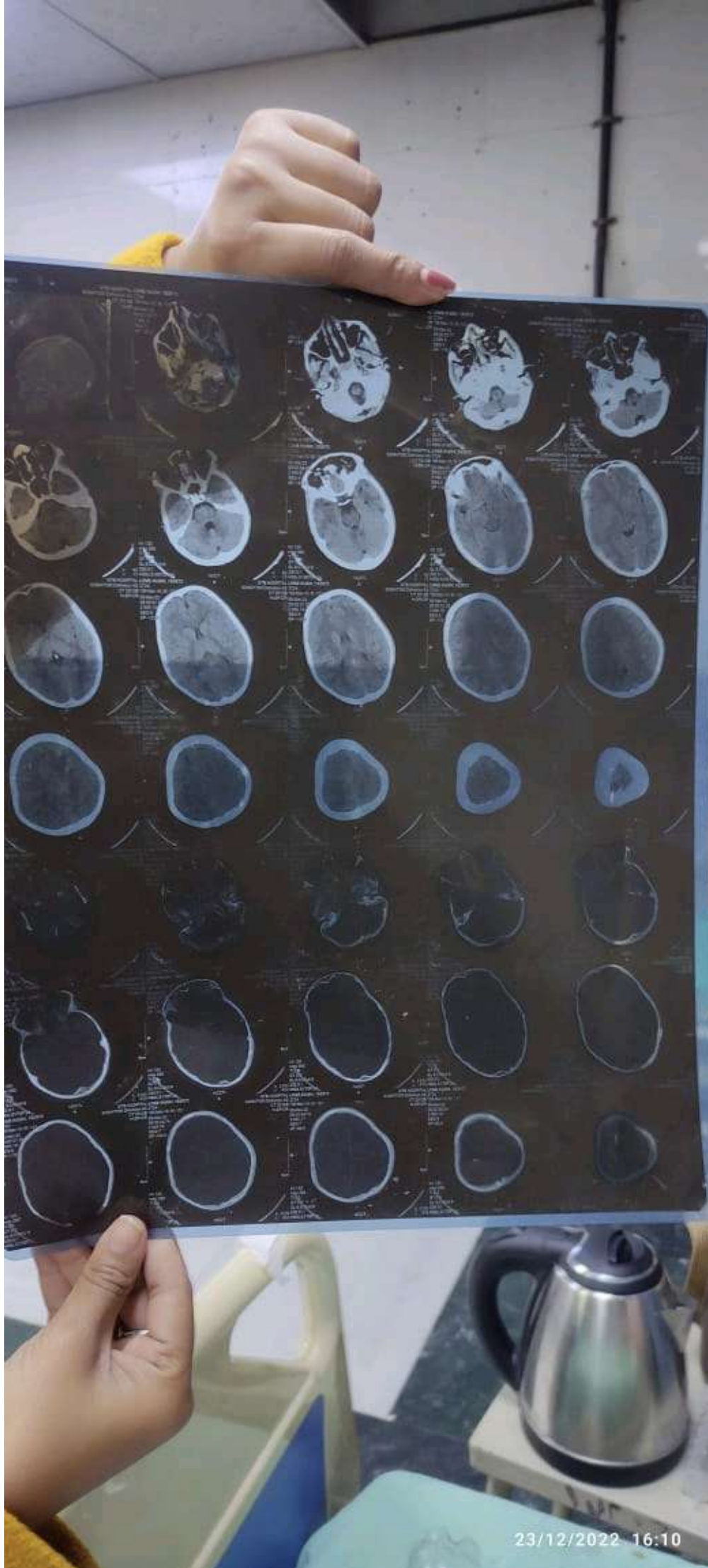
OIE

HR - 92/min
RR - On MV
SpO₂ - 94%
End - warm
CtT 43cc
SpO₂ - 94% ± 10%

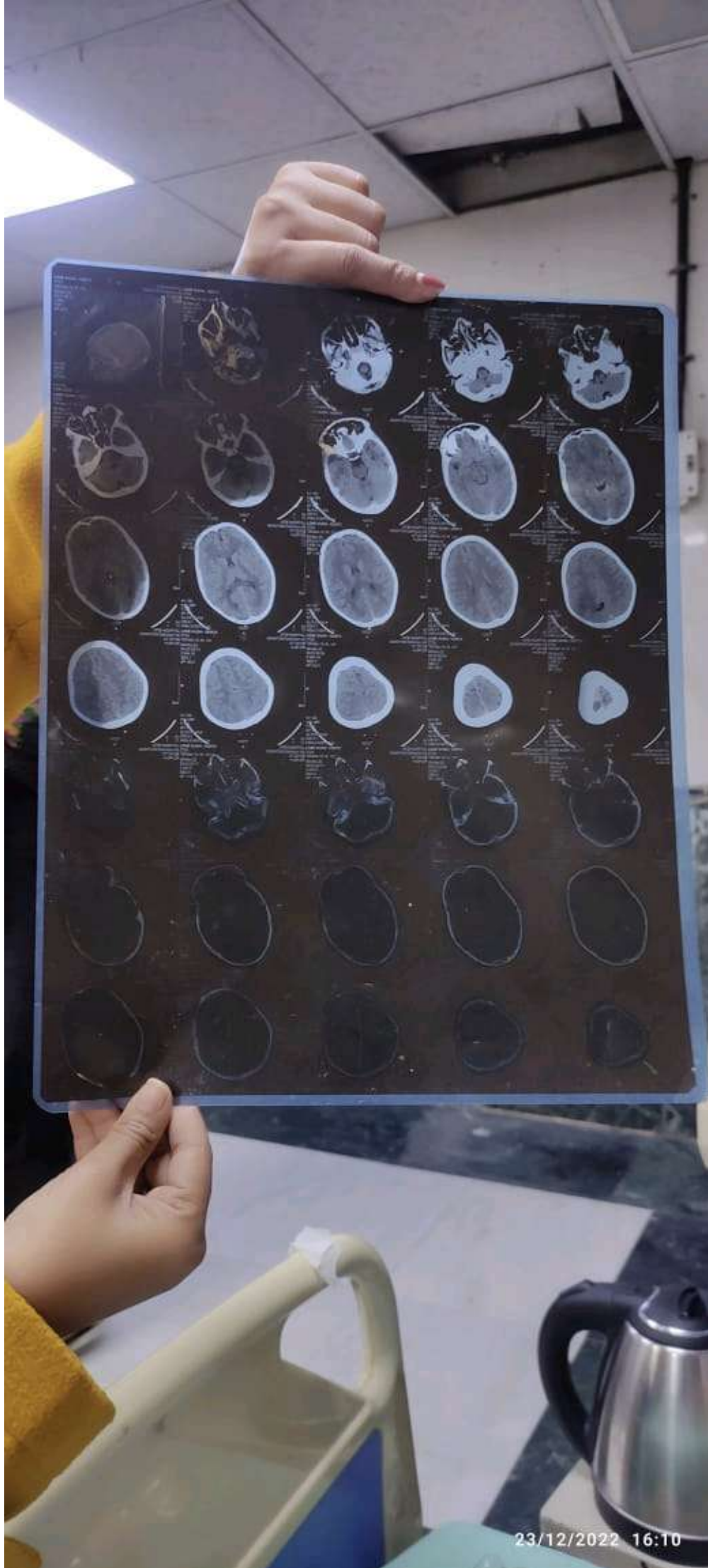
MS - BILABED
Loudness
Sound
CtT - 6, 8, 10
MS -
P/N 0.5

Adm

- Head and elevation
- Bedside ECG
- Bronchovascular every study
- 7. Level 2 - 0 - v
- 7. Expression (000) - 1 - 1
- 7. Pacemaker 2mg 1 - 1 - 1
- all feeds every 2 hrs
- Proj. Highline 1mg in 200
- ~~8.5. 10. 15. 20. 25. 30. 35. 40. 45. 50. 55. 60. 65. 70. 75. 80. 85. 90. 95. 100.~~



23/12/2022 16:10



23/12/2022 16:10

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