Anlagen:

Patientenverfügung  Vorsorgevollmacht  Medikamentenblatt  Arztbrief  Spritzenschema

Wunddokumentation  Lagerungsplan  Ernährungsplan  Sondenplan  MRSA-Bogen

Weitere:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Straße: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| PLZ, Ort: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | | | | Geburtsdatum: | | | | | | | | | | | | | | | | | | |
| Krankenkasse: | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Pflegestufe beantragt, wann: | | | | | | | Versichertennummer: | | | | | | | | | | | | | | | | | | |
| Eilverfahren | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Leistungen wg. eingeschränkter Alltagskompetenz | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pflegestufe bewilligt, welche: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Konfession: | | | | | | | Sprache der Verständigung: | | | | | | | | | | | | | | | | | | |
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| Haustürschlüssel bei: | | | | | | | lebt allein | | | | | | | | | | | | | | | | | | |
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| SAPV | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Ansprechpartner, Name (n): | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Angehörige  gesetzl. Betreuer  Bezugsperson  Vollmacht | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel.: | | | | | | | Mobil: | | | | | | | | | | | | | | | | | | |
| E-Mail: | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Pflegeübernahme, Angehörige:  ja  nein  siehe Pflegehinweis | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hausarzt: | | | | | | | Tel.: | | | | | | | | | | | | | | | | | | |
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| 1.Bekannte pflegerelevante Diagnosen, Allergien /Unverträglichkeiten: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Besonderes: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Port  Portnadel gelegt am ………………….  Shunt  Schrittmacher  Dauerkatheter  SPF/SPK  Stoma  PEG – Sonde | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marcumar  insulinpflichtiger Diabetes  MRSA MRGN | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDT  sonstige: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abusus: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. Zuletzt gegebene Medikamente / Injektionen: | | | | | | | | | | | | | | | | | | | | | | | | | |
| siehe Medikamentenblatt  Arztbrief  Pflegehinweise | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. Hilfsmittel: | | | | | | | vorhanden | | | | | | | | | | benötigt | | | | | | bestellt | | |
| Antidekubitusmatratze/Krankenbett | | | | | | | / | | | | | | | | | | / | | | | | | / | | |
| Badewannenlifter / Toilettenstuhl | | | | | | | / | | | | | | | | | | / | | | | | | / | | |
| Rollstuhl / Rollator | | | | | | | / | | | | | | | | | | / | | | | | | / | | |
| Inkontinenzmaterial/ Stomaversorgung | | | | | | | / | | | | | | | | | | / | | | | | | / | | |
| Sauerstoffgerät / Inhalator | | | | | | | / | | | | | | | | | | / | | | | | | / | | |
| BZ – Gerät / Blutdruckgerät | | | | | | | / | | | | | | | | | | / | | | | | | / | | |
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| Brille  Hörgerät  li.  re. | | | | | | | / | | | | | | | | | | / | | | | | | / | | |
| Notrufsystem | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| Zahnprothese  oben  unten | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| weitere Prothesen: | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| Sonstige: | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
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| 4. Erschwernisfaktoren und Risiken: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kontrakturen  hochgradige Spastik | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemiplegien / Parese | | | | | | | | | | | | | | | | | | | | | | | | | |
| einschießende, unkontrollierte Bewegungen | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adipositas  eingeschränkte Belastbarkeit | | | | | | | | | | | | | | | | | | | | | | | | | |
| eingeschränkte Sinneswahrnehmung | | | | | | | | | | | | | | | | | | | | | | | | | |
| therapieresistente Schmerzen | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reizbarkeit | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sonstiges: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. Hautzustand. Intakt:  ja  nein Anzahl Wunden: | | | | | | | | | | | | | | | | | | | | | | | | | |
| s. Wunddokumentation | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. Kommunizieren: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Störungen:  nein  ja  Logopädie | | | | | | | | | | | | | | | | | | | | | | | | | |
| Einschränkungen beim | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sprechen  Verstehen  Hören  Schreiben  Lesen | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. Sich bewegen:  KG | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hilfebedarf: | | | | | S | | | | A | | | | | B | | | | U | | | tÜ | | | vÜ | |
| Treppensteigen | | | | |  | | | |  | | | | |  | | | |  | | |  | | |  | |
| Gehen | | | | |  | | | |  | | | | |  | | | |  | | |  | | |  | |
| Sitzen | | | | |  | | | |  | | | | |  | | | |  | | |  | | |  | |
| Transferieren | | | | |  | | | |  | | | | |  | | | |  | | |  | | |  | |
| Bewegen im Bett | | | | |  | | | |  | | | | |  | | | |  | | |  | | |  | |
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| Pflegehinweise: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Legende:  Bitte den notwendigen Hilfebedarf einschätzen:  (S) = selbständig, (A) = anleiten: verbal anleiten und auffordern (B) = beaufsichtigen, d.h. z.B. erinnern und kontrollieren, (U)= unterstützen, d.h. bereitstellen, nachbereiten (tÜ)= teilweise übernehmen, d.h. weitgehende Hilfestellungen in der Pflege (vÜ)= vollständige Übernahme | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8. Vitale Funktionen: | Atemwegserkrankungen: | | | | | | | | | | | | | | | | | | | | | | | |
| Tracheostoma | Schlafapnoe | | |  | | | | | | | | | | | | | | | | | | | | |
| Stabil | Trachealkanüle  Sprechkanüle | | | | | | | | | | | Größe: Modell: | | | | | | | | | | | | |
| Dilatativ  Home-Care-Beratung: | Sauerstoffpflichtig | | | Sonstiges: | | | | | | | | | | | | | | | | | | | | |
| 9. Sich pflegen, sich kleiden: | | Hilfebedarf: | | | | | | | | | | | | | | | | | Pflegehinweis | | | | | |
|  | | S | A | | | B | | | | U | | | tÜ | | | vÜ | | | Hautpflege mit: | | | | | |
| Duschen/Baden | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Intimpflege | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Waschen (OK) | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Waschen (UK) | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Haarpflege | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Rasieren | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Fußpflege | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Handpflege | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| An - / Auskleiden (OK) | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| An - / Auskleiden (UK) | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Besondere Wünsche: | | Versorgung durch | | | | | | | | | | | Frau  Mann | | | | | | | | | | | |
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| 10. Essen und trinken: | | Hilfebedarf | | | | | | | | | | | | | | | | | | | | | | |
|  | | S | A | | | B | | | | U | | | tÜ | | | vÜ | | | Diät BMI: | | | | | |
| Essen | |  |  | | |  | | | |  | | |  | | |  | | | Einfuhr- | | | | | |
| Trinken | |  |  | | |  | | | |  | | |  | | |  | | | beschränkung: | | | | | |
| Essen sicher gestellt durch | | Essen auf Rädern  weitere | | | | | | | | | | | | | | | | | | | | | | |
| Kauprobleme  Schmerzen im Mund  Schluckprobleme  Übelkeit | | | | | | | | | | | | | | | | | | | | | | | | |
| Erbrechen  Durstgefühl eingeschränkt | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorlieben:  Abneigungen: | | | | | | | | | | | | | | | | | | | | | | | | |
| Inappetenz: | | | | | | | | | | | | | | | | | | | | | | | | |
| enterale  parenterale Ernährung | | | | | | | | | | | | | | | | | | | | | | | | |
| Sondennahrung, welche: | | | | | | | | | | | | | | | | | | | | | | | | |
| Kostform/ Diät: | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. Ausscheiden: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | S | A | | | B | | | | U | | | tÜ | | | vÜ | | |  | | | | | |
| Hygienische Nachsorge | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Richten der Kleidung | |  |  | | |  | | | |  | | |  | | |  | | |  | | | | | |
| Stuhlinkontinenz | | | | | | | | | | | | | | | | | | | | | | | | |
| Harninkontinenz | | | | | | | | | | | | | | | | | | | | | | | | |
| Inkontinenzmaterial, tags: nachts: | | | | | | | | | | | | | | | | | | | | | | | | |
| Diarrhoe  Obstipation, letzter Stuhlgang am: | | | | | | | | | | | | | | | | | | | | | | | | |
| DK, letzter Wechsel: Ch.: | | | | | | | | | | | | | | | | | | | | | | | | |
| Basisplatte, letzter Wechsel | | | | | | | | | | | | | | | | | | | | | | | | |
| Art des Stomas: | | | | | | | | | | | | | | | | | | | | | | | | |
| Stomaversorgung: | | | | | | | | | | | | | | | | | | | | | | | | |
| Stomaberatung: | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. Ruhen und Schlafen: | | | | | | | | | | | | | | | | | | | | | | | | |
| Schlafstörungen  Tag- / Nachtumkehr | | | | | | | | | | | | | | | | | | | | | | | | |
| Schlafgewohnheiten: | | | | | | | | | | | | | | | | | | | | | | | | |

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| Name: | | | | | | |
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| 13. Für Sicherheit sorgen: | | | | | | |
| Herr / Frau ist … | ja | nein | Wenn nein: |  |  | |
| risikobewusst |  |  | Sturzgefahr | Selbstgefährd. | Fremdgefährd. | |
| ansprechbar |  |  | Verwirrtheit |  | | |
| orientiert |  |  | Störung: |  |  | |
|  |  |  | zeitlich | örtlich | zur Person | |
|  |  |  | zur Situation  Hinlauftendenz | | | |
| emotional stabil |  |  | Ängste | Unruhezustände | | |
|  |  |  |  | depressive Verstimmung | | |
| Bett-Seitensicherung |  |  | eigener Wunsch | | Teil-Seitensicherung | |
|  |  |  | Fixierungsbeschluss | |  | |
| Hinweise: |  |  |  | |  | |
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| Pflegehinweise: | | | | | | |
| Evtl. Fußnoten zu den bisherigen Punkten | | | | | |
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| Rücksprache möglich unter Tel.: | | | | | | |
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| Dokument online im Internet: http://www.kreis-oh.de/Soziales&Gesundheit/ Gesundheitsamt/MRE-Netzwerk | | | | | | |