|  |  |
| --- | --- |
| **SIMULATION IP – PARAMETRES FONDAMENTAUX** | \**\*info du patient ici\** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Jour hospitalisé** |  |  |  |
| **Jour P.O.** |  |  |  |
| **HEURE** |  **02 06 10 14 18 22** |  **02 06 10 14 18 22** |  **02 06 10 14 18 22** |
| **TEMPÉRATURE** | **41** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **40.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **40** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **39.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **39** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **38.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **38** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **37.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **37** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **36.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **36** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **35.5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **35** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **POULS** | **TEN****S** **I****O****N****ART** | **RESP IRAT I ON** |  | **FC** | **FR** | **TA** | **SpO2** | **Init** | **FC** | **FR** | **TA** | **SpO2** | **Init** | **FC** | **FR** | **TA** | **SpO2** | **InIt** |
| **02h00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **06h00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10h00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14h00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18h00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **22h00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Poids** |  |  |  |  |  |  |  |  |  |
| **Selles** |  |  |  |  |  |  |  |  |  |
| **Urine** |  |  |  |  |  |  |  |  |  |
| **A Hygiène** |  |  |  |  |  |  |  |  |  |
| **V Se vêtir** |  |  |  |  |  |  |  |  |  |
| **Q Transfert** |  |  |  |  |  |  |  |  |  |
| **Mobilisation** | **//** | **//** | **//** | **//** | **//** | **//** | **//** | **//** | **//** |
| **Alimentation** | **//** | **//** | **//** | **//** | **//** | **//** | **//** | **//** | **//** |
| **État** |  |  |  |  |  |  |  |  |  |
| **Initiales** |  |  |  |  |  |  |  |  |  |
| **Init.** | **Signature** | **Init.** | **Signature** | **Init.** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SpO2** : SpO2, FiO2

**Hygiène/se vêtir**: Seul (**S**) / avec aide (**A**) / total (**T**)

**Transfert/Mobilisation**: béquille (**B**), canne (**C**), marchette (**M**), chaise roulante (**Cr**), levier mécanique (**L**), préposé (**P**) // Seul (**S**) / avec aide (**A**) / total (**T**)

**Alimentation** : 1/4 / 1/2 / 3/4 / complet (**C**) / NPO / refuse (**R**) // Seul (**S**) / avec aide (**A**) / total (**T**)

**État** : pauvre (**p**) amélioré (**a**) instable (**i**) stable (**s**)

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** |  |  |  |
| **EVALUATION** | **P.P.P.** |  |  |  |
| **P. chutes** |  |  |  |
| **E. vésicale** |  |  |  |
| **E. intestinale** |  |  |  |
| **Autres** |  |  |  |
| **Initiales** |  |  |  |
| **INGESTA** | **Liquides P.O. gavages** |  |  |  |  |  |  |  |  |  |
| **Parentéral** |  |  |  |  |  |  |  |  |  |
| **Initiales** |  |  |  |  |  |  |  |  |  |
| **Total 8 heures** |  |  |  |  |  |  |  |  |  |
| **Total 24 heures** |  |  |  |
| **EXCRETA** | **DRAINAGE** | **Foley** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Urine ml** |  |  |  |  |  |  |  |  |  |
| **Vomissements** |  |  |  |  |  |  |  |  |  |
| **Autres** |  |  |  |  |  |  |  |  |  |
| **Initiales** |  |  |  |  |  |  |  |  |  |
| **Total 8 heures** |  |  |  |  |  |  |  |  |  |
| **Total 24 heures** |  |  |  |
| **GLYCÉMIE CAPILLAIRE** | GEN : 07 h 30 11 h 30 16 h 30 22 h 00 PED : 07 h 30 11 h 30 16 h 00 20 h 30Heures Init. Heures Init. Heures Init. Heures Init.  |
|  | **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
| **Résultat** |  |  |  |  |  |  |  |  |
| **Rx** |  |  |  |  |  |  |  |  |
|  **Prélèvements** |  |  |  |  |  |  |  |  |
|  **et** |  |  |  |  |  |  |  |  |
|  **Rayon-X** |  |  |  |  |  |  |  |  |
| **Init.** | **Signature** | **Init.** | **Signature** | **Init.** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |