SUNDBYBERGS STAD Äldreförvaltningen/MAS 2010-02-10 **Signeringslista för läkemedelshantering** Referensdokument **2.C**

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| **År : Månad:** | 0 = vägrar ta läkemed. | | | | | K = kräkts | | | | | | F = förändrat behov | | | | | | E = ej hemma | | | | | X = sover | | | | | | | % = läkemedel utsatt | | | | | |
| Journalhandling | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dosettdelning. Sign | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Omdelning av dosett/dospåse. Sign | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Utlämnande av Apodos. Sign | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Överlämning av iordningställda läkemedelsdoser och flytande läkemedel

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| **Dosform/läkemedel**  Klockslag enl. ordination | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SUNDBYBERGS STAD Äldreförvaltningen/MAS 2010-02-10 **Signeringslista för läkemedelshantering 1-3 B**

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| **År : Månad:** | 0 = vägrar ta läkemed. | | | | | K = kräkts | | | | | | F = förändrat behov | | | | | | E = ej hemma | | | | | X = sover | | | | | | | % = läkemedel utsatt | | | | | |
| Journalhandling | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dosettdelning. Sign | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Omdelning av dosett/dospåse. Sign | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Utlämnande av Apodos. Sign | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Överlämning av iordningställda läkemedelsdoser och flytande läkemedel

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| **Dosform/läkemedel**  Klockslag enl. ordination | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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