



INGLESE



UNITED OPERATIONAL SORTING NURSE  
FIRST AID RECEPTION WARD

Name.....Last Name.....Nation of domicile.....data.....  
Residence Domicile.....Street.....Number.....

**Person of Reference:** Name.....Last Name.....Telephone Number.....

**Motive:**  Road accident;  Domestic;  On the job;  Other people's violence;  Sporting  Accidental

**Understanding of the Italian language ?**  HIM  NO

**Day of onset of the symptoms:**  1 Day ;  2 Days ;  3 Days;  5 Days.

**Now of onset of the symptoms:** point out him/it an arrow in the clock



**Intensity of the pain :** Low ; Average ; Tall  From 1 – to 3 ;  4 – 7 ;  8 – 10.

**Typology of the pain :**  Spasms ;  Colic ;  Pierced through

**Localition ofe the pain :** point out him/it with an Arrow

**Has you/he/she suffered a trauma?**  HIM  NO

**If He points out him/it with the asterisk**

**Alteration of the skin:**  itch ;  blush ;  pimples

**Location :** point out him/it with a circle

**It has Vomit :**  HIM  NO

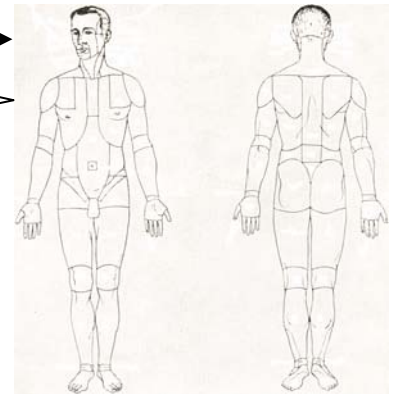
**State of Coscience :**  Vigilant ;  Confused ;  Anxious ;  He /She doesn't remember

**Difficulty :**  Swallowing;  To feel ;  To urinate ;  To defecate

**Presence of Blood :**  Urines ;  I did ;  Expectorated

**Color ofe the Blood :**  Red I live ;  Dark red ;  Black

**Sensibility of :**  Warm ;  Cold ;  Perspiration ;  Shiver



**Of what illnesses does it Suffer ?**  Diabetes ;  High blood pressure ;  Arthrosis ;  Tumor ;  
 Neurological  Cardiopathic.

**Does it suffer from allergies ?**  Food stuff ;  Dusts ;  Medicines :  Acid Acetil Salicilico  
 Diclofenac  Antibiotic;  Antivirali ;  Antigottosi

**Silky positiveness ;**  HIV ;  Hepatitis A ;  Hepatitis B ;  Hepatitis C ;  Malaria

**Carrier of Prosthesis ?**  HIM  NO If Him what ?.....

**You hospitalize precedents :**  HIM;  NO ; If Him wath department ?.....

Puts a champion of Urine in the container ;  Puts a champion of I did in the container ;  Puts a  
champion of spit in the container ;  I perform her a collecting of blood;  I position her a liquid  
solutionto the arm;  I administer her an injection to the bottom ;  I position her catheter in bladder to  
urinate ;  I administer her a puncture of Serum Tetanus to the bottom.

**You proposes the refuge :**  Medicine ;  Reception Ward ;  Surgery ;  Orthopedics ;

Gynecology ;  Psychiatry ;  Pediatrics;  Neurology  Transfer in other Hospital Structure

**Mobilization:**  Autonomous ;  Seed dependent ;  Dependent

**Habitus of life :**  Smoker;  Abuse of Alcohol ;  Abuse of Drugs

**Feeding :**  Meat of steer ;  Meat of pig ;  Fish ;  Eggs ;  Cheese ;  Vegetables ;  Milk ;  
 Bread.

**Religion :**  Catholic ;  Orthodox ;  Protestant ;  Islamic;  Buddhist

- ( ) You/he/she can go home and to continue the therapy that I prescribe her.  
 ( ) Letter of resignation for his/her Physician of Trust.

**After the First aid resignation or from the Departemente you/he/she can make to follow :**

( ) *From the Physician of trust if domicile or Resident*  
 ( ) *Poliambulatorio Street Romagna n. 7 tels. 0735/793609 (Dr. Bellardi ) Monday and Thursday from the hours 8.00 – 13.30.*

( ) *Counter for the Cultural mediation opened every weekday from the hours 15.00 to her times 17.00 for information and consultations.*

**To book the specialistic visits ( Surgycal – Gynecological – Removal prepares chalked – axaminations Radiology ) to turn near the Centre of Booking Only site to the plan = had been opening for the hours 7.30 to the 13.30 unederstood on Saturdays wile from the hours 14.30 to her times 18.30 from Monday to Friday.**

**Is notices Well: For every performance it is necessari the binding one of the Medical of trust or of Dr. Bellardi in case of lack of one of the two figures you/he/she can turn to the Nighttime Medical Wacth (from the hours 20.00 to her times ore 8.00 of every weekday), Festive and prefestivo from the hours ore 8.00 to her times20.00 .**

**Offered services and points of reference in the Hospital Madonna of the Help and Territory**

<b>DEPARTEMENT /SERVICE</b>	<b>PLAIN</b>
RECEPTION WARD /FIRST AID/ REANIMATION	- 2
OPERATING ROOM FOR SMALL INTERVENTIONS	- 2
CARDIOLOGY / UNITED' CORONARICA/AMBULATORI	- 1
OPERATING ROOM	- 1
HOSPITAL PHARMACY	- 1
RADIOLOGY / LABORATORY ANALYSYS	0
CAFE/COUNTER FOR THE CULTURAL MEDIATION	0
ORTHOPEDECS /ROOM CHALKS / AMBULATORY	+ 1
I CENTER TRESFUSIONALE / COLLECTINGS	+ 1
PHYSIATRICS / REHABILITATION	+ 1
SURGERY / AMBULATORY	+ 2
EAR NOSE AND THROAT SPECIALIST / AMBULATORY	+ 2
EMODIALISI / AMBULATORY	+ 2
GERIATRICS / AMBULATORY	+ 3
CLINICS OCULIST/EAR THROAT SPECIALIST /AMBUL.	+ 3
NEUROLOGY / AMBULATORY	+ 4
MEDICINE / ONCOLOGY / AMBULATORY	+ 4
OBSTRETICS / PEDIATRICS / AMBULATORY	+ 5
UROLOGIA / GASTROENTEROLOGIA / AMBULATORY	+ 5
DERMATOLOGY / DENTISTRY	Street Romagna n. 7
AMBULATORY Dr. Bellardi	Street Romagna n. 7
REGISTRATION FOR PHYSICIAN OF BASE	Street Romagna n. 7
NIGHTTIME MEDICAL WATCH IS FESTIVE	Ville Ex Pediatrics
ALLERGOLOGY	Ville Ex Pediatrics
S. E. R. T.	Ville Ex Pediatrics
CHILDISH NEUROLOGY PSYCHIATRY /AMBULATORY	Ville Ex Pediatrics