**ROZPIS služeb Individuální ošetřovatelské praxe I**

**Kontaktní údaje na pracoviště: Počet hodin praxe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Název pracoviště:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ošetřovací jednotka:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Přednosta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vrchní sestra:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staniční sestra: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mentor/ka: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telefon na oš.j.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Červenec:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Den | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Služba |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Změna |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Srpen: celkem: \_\_\_\_\_/měsíc**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Den | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Služba |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Změna |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**celkem: \_\_\_\_\_/měsíc**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Směna*** | ***Značka*** | ***Začátek směny*** | ***Konec směny*** | ***Poznámky*** |
| **Ranní** | **R** |  |  |  |
| **Odpolední** | **O** |  |  |  |
| **Denní** | **D** |  |  |  |
| **Noční – 8hod** | **V** |  |  |  |
| **Noční – 12hod** | **N** |  |  |  |