\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form N 007/ y-07

(name of health care organization)

**FORM**

the account of shiftimg of patients and hospital bed fund

Date "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ y.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(department name)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total number of beds  including the profile  of beds (specify) | Actually usefull beds, including beds, left for renovation | The patients were at the beginning of the expired days | Shiftimg of patients over the past 24 hours | | | | | | | | | | At the beginning of the current day | | | | |
| The patients were at the beginning of the expired days | Received patients (without being transferred inside the hospital) | | | | The patients were transferred inside the hospital | | The patients who left the hospital | | Died | The number of patient in the hospital | | The number | Free places | |
| Total | Of them | | | Total | In other departments | Total | Including those transferred to other hospital organizations | Total | Including rural residents | male | female |
| Rural residents | Children aged 0-17 years inclusive | Including (under 1 year old)  infantes |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**List of patients at the beginning of the current day**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed  profile | Name,  surname of the admitted | Number of patients case report | Name,  surname transferred from other departments | Number of the case report of the transferred inpatient | Name,  surname of patients left the hospital | Number of case report patients left the hospital | Surnames, name of the transferred patients | | Name,  surname of died patients | Number of medical records of the died inpatient |
| In other departments of this hospital | In other hospitals |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Senior Hospital Nurse

(signature) (initials, surname)