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ACİL MÜŞAHEDE ODASI DOLAP 3 İLAÇ VE MALZEME KONTROL FORMU

Doküman Kodu: ASH.FR.004	Yayın Tarihi: 28.11.2026	Revizyon Tarihi: -	Revizyon No: 0	Sayfa: 1 / 3

YIL: ..... AY:.....					GÜNLER																												
MALZEME/İLAÇ	MİAD	MİN	KR.	MAX	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ÜST RAF																																			
PAROL İNF.	04.25	8	12	20																															
PAROL TB.	5.06.2025	5	10	20																															
ECOPRİN 300 TB.	07.23	5	10	20																															
AMBLODİS 5 MG. TB.	07.23	5	10	20																															
KAPRİL 25 MG. TB.	03.25	10	20	30																															
%30 DEX.500 CC.	10.23	1	2	3																															
%20 DEX.500 CC.	08.24	2	3	4																															
%10 DEX. 500 CC.	04.24	2	4	6																															
ORTA RAF																																			
FLİXOTİDE NEB.	02.24	4	5	10																															
COMBİVENT NEB.	10.23	4	5	10																															
VENTOLİN NEB.	02.25	5	10	20																															
PULMİCORT NEB.	01.25	5	10	20																															
CEFAKS FLK.		3	5	8																															
DESEFİN FLK.	07.25	3	5	8																															
DRAMAMİNE AMP.	10.24	10	20	30																															
DESAL AMP.	05.24	10	20	30																															
BEHEPTAL AMP.	04.24	10	20	30																															
VİTABİOL C AMP.	06.23	10	20	30																															
DEKORT AMP.	10.24	10	20	30																															
AVİL AMP.	11.24	10	20	30																															
NOVALGİNE AMP.	07.24	10	20	30																															
ARVELES AMPUL	10.26	10	20	30																															
ULCEZOL	10.24	3	5	10																															
DİCLORON AMP.	09.24	20	30	40																															
MUSCORİL AMP.	05.25	20	30	40																															
KEMOSET AMP.	10.24	5	10	15																															
BUSCOPAN AMP.	09.26	20	30	50																															

YIL: ..... AY:.....					GÜNLER																												
MALZEME/İLAÇ	MİAD	MİN	KR.	MAX	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDPAMİD AMP.	10.25	20	30	50																															
NOOTROPİL AMP.	05.24	10	20	30																															
PREDNOL 20 AMP.	06.24	5	8	10																															
PREDNOL 40 AMP.	10.24	5	8	10																															
AMBLODİS 10 MG TB.	08.23	5	10	25																															
ALT RAF																																			
SERUM SETİ	10.27	20	30	40																															
ÜÇ YOLLU MUSLUK	06.24	5	7	10																															
DAMLA AYAR SETİ	12.26	5	7	10																															
ENJ.10 CC.	06.27	20	30	50																															
ENJ.5CC	03.27	20	30	50																															
İNSÜLİN ENJ.	06.26	5	7	10																															
AŞI ENJ.	02.26	5	10	15																															
ENJ. 2 CC. SİYAH	10.24	5	7	10																															
ENJ. 20cc	05.27	3	5	8																															
IV KANUL MAVİ	01.27	10	20	30																															
IV KANUL PEMBE	01.27	10	20	30																															
IV KANUL YEŞİL	11.23	10	20	30																															
IV KANUL MOR	12.24	5	10	20																															
IV KANUL SARI	10.24	10	20	30																															
IV KANUL GRİ		5	10	20																															
NEBUL MASKE PED.	05.25	3	5	10																															
O2 MASKE PED.	07.27	3	5	10																															
NAZAL KANUL PED.	12.24	3	5	10																															
NEBUL MASKE YET.	08.26	7	10	20																															
O2 MASKE YET.	10.26	3	5	8																															
NAZAL KANUL YET.	02.28	5	10	15																															
İZOTONİK 500 CC.	03.25	10	15	20																															

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MALZEME/İLAÇ	**MİAD**	**MİN**	**KR.**	**MAX**	**01**	**02**	**03**	**04**	**05**	**06**	**07**	**08**	**09**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
İZOTONİK 100 CC.	**02.25**	**20**	**30**	**40**																															
DENG. ELEKTR. 500 CC.	**01.25**	**3**	**5**	**10**																															
İZOTONİK 250 CC.	**03.25**	**20**	**30**	**40**																															
İZOTONİK 1000 CC.	**03.25**	**3**	**5**	**10**																															
FORMU KONTROL EDEN AD-SOYAD																																			
FORMU KONTROL EDEN İMZA																																			
KONTROL EDEN SERVİS SORUMLUSU					Tarih/İmza							Tarih/İmza							Tarih/İmza							Tarih/İmza								