経験録

主な疾患見学：△　指導を受けて実施：○　見守り実施：◎　単独でできる：OK　　　　　　　　　　　　　　　氏名：

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|  | 疾患名 |  / |  / |  / |  / |  / |
| 脳血管系 |  |  |  |  |  |  |
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| 呼吸器系 |  |  |  |  |  |  |
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| 循環器系 |  |  |  |  |  |  |
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| 悪性新生物 |  |  |  |  |  |  |
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| 内分泌系 |  |  |  |  |  |  |
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| 難病 |  |  |  |  |  |  |
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| 認知症 |  |  |  |  |  |  |
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| その他の疾患 |  |  |  |  |  |  |
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