

บันทึกการให้ยาระงับความรู้สึกของแพทย์ประจำบ้านวิสัญญี

ชื่อ ร.ต.อชยา รักสวน ปีที่ 0 พุทธศักราช 2560

| ปี พ.ศ.                       | 2559 |     |          |     |          |          | 2560 |     |      |      |     |      | 2561 |     |     |     |     |     | รวม |     |     |      |      |     |      |     |     |     |          |
|-------------------------------|------|-----|----------|-----|----------|----------|------|-----|------|------|-----|------|------|-----|-----|-----|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|----------|
|                               | กค.  | สค. | กย.      | ตค. | พย.      | ธค.      | มค.  | กพ. | มีค. | เมย. | พค. | มิย. | กค.  | สค. | กย. | ตค. | พย. | ธค. |     | มค. | กพ. | มีค. | เมย. | พค. | มิย. | กค. | สค. | กย. |          |
| <b>Regison/System</b>         |      |     |          |     |          |          |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Intra-abdominal-nonvas        |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Intra-abdominal-vascular      |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Intra-thoracic cardiovascular |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Intra-thoracic-other          |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Intracranial                  |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Uro                           |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Obstetric D/S, Vag del        |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Gynecol                       |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Extremities                   |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Spine                         |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Face, neck                    |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Oral cavity ; pharynx,larynx  |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Bronchoscopy, paner doscopy   |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Eyes                          |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| Others                        |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| <b>TOTAL NUMBER OF CASES</b>  |      |     | <b>0</b> |     | <b>0</b> | <b>0</b> |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | <b>0</b> |
| <b>Technique</b>              |      |     |          |     |          |          |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |
| General anesthesia            |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| Spinal                        |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| Epidural / caudai             |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| CSE                           |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| Plexus nerve block            |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| TIVA                          |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| LMA                           |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| Monitored anesth care         |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| Others                        |      |     | 0        |     | 0        | 0        |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     | 0        |
| <b>Speeial Technique</b>      |      |     |          |     |          |          |      |     |      |      |     |      |      |     |     |     |     |     |     |     |     |      |      |     |      |     |     |     |          |

