



Olympiades  
québécoises  
des métiers et des  
technologies

## PLAN THÉRAPEUTIQUE INFIRMIER (PTI)

| CONSTAT DE L'ÉVALUATION |       |    |                                |           |                  |       |           |                                       |
|-------------------------|-------|----|--------------------------------|-----------|------------------|-------|-----------|---------------------------------------|
| Date                    | Heure | N° | Problème ou besoin prioritaire | Initiales | RÉSOLU/SATISFAIT |       |           | Professionnels/<br>Services concernés |
|                         |       |    |                                |           | Date             | Heure | Initiales |                                       |
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| SUIVI CLINIQUE |       |    |                      |           |                 |       |           |  |
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| Date           | Heure | N° | Directive infirmière | Initiales | CESSÉE/RÉALISÉE |       |           |  |
|                |       |    |                      |           | Date            | Heure | Initiales |  |
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| Signature de l'infirmière | Initiales | Programme/Service | Signature de l'infirmière | Initiales | Programme/Service |
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