

**ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲ**

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ**

**ﻣﺮﻛﺰ ﻣﺪﻳﺮﻳﺖ ﺣﻮﺍﺩﺙ ﻭ ﻓﻮﺭﻳﺘﻬﺎﻱ ﭘﺰﺷﻜﻲ ﻛﺸﻮﺭ**

**ﺩﻓﺘﺮ ﻣﺪﻳﺮﻳﺖ ﺑﻴﻤﺎﺭﺳﺘﺎﻧﻲ ﻭ ﺗﻌﺎﻟﻲ ﺧﺪﻣﺎﺕ ﺑﺎﻟﻴﻨﻲ**

**ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ**

**((ﺩﻳﺘﺎ))**

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ﺩﻛﺘﺮ ﺭﻭﺷﻨﻚ ﻣﻬﺪﻱ ﭘﻮﺭ

ﺩﻛﺘﺮ ﻛﻴﻬﺎﻥ ﮔﻠﺸﻨﻲ

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ﺗﺤﺖ ﻧﻈﺮ :

ﺩﻛﺘﺮ ﺳﻴﺪ ﺣﺴﻦ ﺍﻣﺎﻣﻲ ﺭﺿﻮﻱ

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ﻣﻘﺪﻣﻪ

ﺍﻣﺮﻭﺯ ﻩ ﻫﺮ ﭼﻨﺪ ﺩﺍﻣﻨﻪ ﻫﺎﻱ ﺩﺍﻧﺶ ﭘﺰﺷﻜﻲ ﭼﻨﺎﻥ ﺭﻭﺑﻪ ﮔﺴﺘﺮﺵ ﺍﺳﺖ ﻛﻪ ﮔﺎﻩ ﺣﺘﻲ ﺩﺭ ﻫﺰﺍﺭ ﺗﻮﻱ ﺭﺷﺘﻪ ﻫﺎﻱ ﮔﻮﻧﺎﮔﻮﻥ ﺗﺨﺼﺼﻲ ﻭ ﻓﻮﻕ ﺗﺨﺼﺼﻲ ﻧﻴﺰ ﻧﻤﻲ ﮔﻨﺠﺪ ﻭ ﮔﺴﺘﺮﻩ ﻱ ﺭﻭﺯ ﺍﻓﺰﻭﻥ ﺁﻥ ﺑﺮ ﺑﺴﻴﺎﺭﻱ ﻋﻠﻮﻡ ﺩﻳﮕﺮ ﺳﺎﻳﻪ ﺍﻓﻜﻨﺪﻩ ﺍﺳﺖ، ﻟﻴﻜﻦ ﺑﺎ ﻧﮕﺎﻫﻲ ﻛﻮﺗﺎﻩ ﺑﺮ ﺑﻠﻨﺪﺍﻱ ﻣﺴﻴﺮ ﺩﺍﻧﺸﻨﺎﻣﻪ ﻱ ﻋﻠﻢ ﻃﺐ ﺍﺯ ﻗﺎﻧﻮﻥ ﻭ ﺫﺧﻴﺮﻩ ﻱ ﺧﻮﺍﺭﺯﻣﺸﺎﻫﻲ ﺁﻥ ﺭﻭﺯﮔﺎﺭ ﺗﺎ ﻣﻘﺎﻻﺕ ﺭﻧﮕﺎﺭﻧﮓ ﻭ ﻛﺘﺐ ﮔﻮﻧﺎﮔﻮﻥ ﺍﻣﺮﻭﺯﻱ ﺩﺭ ﻣﻲ ﻳﺎﺑﻴﻢ ﻛﻪ ﺩﺭ ﻫﺮ ﺷﺎﺧﻪ ﻭ ﺯﻳﺮ ﺷﺎﺧﻪ ﺍﻱ ﺍﺯ ﺍﻳﻦ ﭘﻴﺸﻪ ﻱ ﻣﻘﺪﺱ ﺍﺯ ﺍﺑﺘﺪﺍ ﺗﺎﻛﻨﻮﻥ ﻫﻤﻮﺍﺭﻩ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻭ ﻣﻮﺍﺭﺩ ﺣﺎﺩ ﻫﻢ ﭼﻨﺎﻥ ﺩﺭ ﺍﻭﻟﻮﻳﺖ ﺑﻮﺩﻩ ﺍﻧﺪ، ﻛﻪ ﺁﺷﻨﺎﻳﻲ ﺑﺎ ﺁﻥ ﻫﺎ ﺑﺮ ﻫﺮ ﭘﺰﺷﻜﻲ ﺩﺭ ﻫﺮ ﺟﺎﻳﮕﺎﻫﻲ ﻻﺯﻡ ﺍﺳﺖ ﻭ ﻫﻨﻮﺯ ﻫﻢ ﺑﺎ ﻭﺟﻮﺩ ﮔﺴﺘﺮﺵ ﻭﺻﻒ ﻧﺎﭘﺬﻳﺮ ﺍﺑﻌﺎﺩ ﻭ ﺷﺎﺧﻪ ﻫﺎﻱ ﺍﻳﻦ ﺩﺍﻧﺶ، ﺗﻨﻬﺎ ﻋﻤﻠﻜﺮﺩ ﭘﺰﺷﻚ ﺩﺭ ﻣﻮﺍﺭﺩ ﺍﻭﺭژﺍﻧﺲ ﺍﺳﺖ ﻛﻪ ﭘﺰﺷﻜﻲ ﺭﺍ ﺍﺯ ﺣﺮﻓﻪ ﺑﻪ ﻫﻨﺮ ﻣﺒﺪﻝ ﻣﻲ ﺳﺎﺯﺩ ، ﻭ ﺍﺯ ﺍﻳﻦ ﺭﻭﺳﺖ ﻛﻪ ﺍﻭﺭژﺍﻧﺲ ﺭﺍ ﻣﻲ ﺗﻮﺍﻥ ﺗﻨﻬﺎ ﺑﺨﺶ ﻣﺸﺘﺮﻙ ﻛﻠﻴﻪ ﻱ ﻣﺮﺍﻛﺰ ﺩﺭﻣﺎﻧﻲ ﺩﺭ ﺳﺮﺍﺳﺮ ﺟﻬﺎﻥ ﺩﺭ ﺳﻄﻮﺡ ﻣﺨﺘﻠﻒ ﺑﻪ ﺷﻤﺎﺭ ﺁﻭﺭﺩ ﻛﻪ ﺑﺎﻻﺗﺮﻳﻦ ﻧﺮﺥ ﻣﺮﺍﺟﻌﻪ ﻱ ﻣﺴﺘﻘﻴﻢ ﺑﻴﻤﺎﺭﺍﻥ ﺭﺍ ﻧﻴﺰ ﺑﻪ ﺧﻮﺩ ﺍﺧﺘﺼﺎﺹ ﻣﻲ ﺩﻫﺪ ، ﻟﻴﻜﻦ ﺑﺨﺶ ﻫﺎﻱ ﺍﻭﺭژﺍﻧﺲ ﺑﻴﻤﺎﺭﺳﺘﺎﻧﻲ ﺩﺭ ﻛﻨﺎﺭ ﻫﻤﻪ ﻱ ﻫﻴﺠﺎﻥ ﻭ ﭘﻮﻳﺎﻳﻲ ﻛﻪ ﺩﺭ ﺁﻥ ﺟﺮﻳﺎﻥ ﺩﺍﺭﺩ، ﻫﻤﻮﺍﺭﻩ ﺑﻴﺸﺘﺮﻳﻦ ﺑﺎﺭ ﺭﻭﺍﻧﻲ ﺭﺍ ﺑﺮ ﭘﺰﺷﻚ ﻭ ﺑﻴﻤﺎﺭ ﺗﺤﻤﻴﻞ ﻣﻲ ﻛﻨﺪ، ﺩﺭ ﻳﻚ ﺳﻮ ﺍﻧﺴﺎﻧﻲ ﻛﻪ ﻧﺎﮔﺎﻩ ﺧﻮﺩ ﺭﺍ ﺑﻴﻤﺎﺭ ﻭ ﻧﺎﺧﻮﺵ ﻳﺎﻓﺘﻪ ﻭ ﺩﺭﻛﻨﺎﺭ ﺍﻗﺪﺍﻣﺎﺕ ﮔﻮﻧﺎﮔﻮﻥ ﻭ ﺑﻌﻀﺎً ﺩﺭﺩﻧﺎﻙ ﻭ ﺍﺳﺘﺮﺱ ﺯﺍﻱ ﺗﺸﺨﻴﺼﻲ – ﺩﺭﻣﺎﻧﻲ، ﻧﺎﺧﻮﺍﺳﺘﻪ ﺑﺎ ﻣﺤﻴﻄﻲ ﻏﺮﻳﺐ ، ﻧﺎﻫﻢ ﮔﻮﻥ ﻭ ﭘﺮ ﺍﺯﺩﺣﺎﻡ ﺭﻭﺑﺮﻭ ﺷﺪﻩ ﻭ ﺍﺯ ﺁﻥ ﭼﻪ ﭘﻴﺶ ﺭﻭ ﺧﻮﺍﻫﺪ ﺑﻮﺩ ﺑﻲ ﺧﺒﺮ ﺍﺳﺖ ، ﻭ ﺩﺭ ﺳﻮﻱ ﺩﻳﮕﺮ ﭘﺰﺷﻜﺎﻥ ﻛﻪ ﺩﺭ ﻣﻴﺎﻧﻪ ﻱ ﺷﻠﻮﻏﻲ ﻭ ﺗﺮﺍﻛﻢ ﺍﻭﺭژﺍﻧﺲ ﻭ ﻣﺤﻴﻂ ﻧﺎﻫﻤﺎﻫﻨﮓ ﻓﺮﻫﻨﮕﻲ – ﺍﺟﺘﻤﺎﻋﻲ ﺁﻥ ﺑﺎﻳﺪ ﺗﻨﻬﺎ ﺑﺮ ﺑﻬﻴﻨﻪ ﺳﺎﺯﻱ ﺟﻨﺒﻪ ﻫﺎﻱ ﮔﻮﻧﺎﮔﻮﻥ ﻋﻤﻠﻜﺮﺩ ﺣﺮﻓﻪ ﺍﻱ ﺧﻮﻳﺶ ﺍﺯ ﺍﻭﻟﻮﻳﺖ ﺑﻨﺪﻱ ﻭ ﺗﺮﻳﺎژ ﺗﺎ ﺍﻧﺠﺎﻡ ﺭﻭﺵ ﻫﺎﻱ ﺗﺸﺨﻴﺼ ﻲ ﺿﺮﻭﺭﻱ ﻭ ﻫﺪﻓﻤﻨﺪ ﻭ ﻣﺪﺍﺧﻼﺕ ﺩﺭﻣﺎﻧﻲ ﻣﻮﺛﺮ ﻭ ﻛﺎﺭﺍ ﺗﻤﺮﻛﺰ ﻧﻤﻮﺩﻩ ﻭ ﻫﺮ ﻟﺤﻄﻪ ﻧﻴﺰ ﺑﻲ ﺗﻮﺟﻪ ﺑﻪ ﺧﺴﺘﮕﻲ ﻣﻀﺎﻋﻒ ﺧﻮﻳﺶ ﺁﻣﺎﺩﮔﻲ ﺑﺮﺧﻮﺭﺩ ﺳﺮﻳﻊ ﻭ ﺻﺤﻴﺢ ﺑﺎ ﻣﻮﺍﺭﺩ ﻏﻴﺮ ﻣﻨﺘﻈﺮﻩ ﻭ ﮔﺎﻩ ﺑﻴﻤﺎﺭﺍﻧﻲ ﺑﺎ ﺷﻜﺎﻳﺎﺕ ﺟﺪﻳﺪ ﻭ ﻧﺎﺩﺭ ﺭﺍ ﺩﺍﺷﺘﻪ ﺑﺎﺷﺪ. ﺑﺪﻳﻬﻲ ﺳﺖ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭ ﺍﻳﻦ ﻣﻴﺎﻥ ﺁﻥ ﭼﻪ ﺍﺯ ﻧﻈﺮ ﭘﻨﻬﺎﻥ ﻣﻲ ﻣﺎﻧﺪ ﻟﺰﻭﻡ ﺁﻣﻮﺯﺵ ﺑﻴﻤﺎﺭ ﻭ ﺁﮔﺎﻩ ﺳﺎﺧﺘﻦ ﺍﻭ ﺍﺯ ﺭﻭﻧﺪ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻭ ﺟﻨﺒﻪ ﻫﺎﻱ ﮔﻮﻧﺎﮔﻮﻥ ﺑﻴﻤﺎﺭﻱ ﺍﺵ ﺍﺳﺖ ﻛﻪ ﻧﻪ ﺗﻨﻬﺎ ﺍﺯ ﺣﻘﻮﻕ ﺍﺳﺎﺳﻲ ﺑﻴﻤﺎﺭ ﺑﻪ ﺷﻤﺎﺭ ﻣﻲ ﺭﻭﺩ، ﺑﻠﻜﻪ ﺭﻭﺷﻦ ﺍﺳﺖ ﻛﻪ ﺁﮔﺎﻫﻲ ﻭ ﺩﺍﻧﺎﻳﻲ ﺑﺎﻋﺚ ﺁﺭﺍﻣﺶ ﻭ ﻛﺎﻫﺶ ﺍﺿﻄﺮﺍﺏ ﺑﻴﻤﺎﺭ ﺧﻮﺍﻫﺪ ﺷﺪ ﻛﻪ ﺍﺯ ﺍﻫﺪﺍﻑ ﺍﺻﻠﻲ ﻭ ﺁﺭﻣﺎﻧﻲ ﻫﻤﻪ ﻱ ﭘﺰﺷﻜﺎﻥ ﺧﻮﺍﻫﺪ ﺑﻮﺩ. ﻫﺮ ﭼﻨﺪ ﺑﻴﻤﺎﺭﺍﻧﻲ ﻛﻪ ﭘﺲ ﺍﺯ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺴﺘﺮﻱ ﺷﺪﻩ ﻭ ﺑﻪ ﺑﺨﺶ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﺍﺭﺟﺎﻉ ﻣﻲ ﺷﻮﻧﺪ، ﻫﻢ ﭼﻨﺎﻥ ﺑﻪ ﻧﻮﻋﻲ ﺩﺭ ﺩﺍﻳﺮﻩ ﻱ ﺍﻣﻦ ﺣﻮﺯﻩ ﻱ ﺑﻬﺪﺍﺷﺖ ﻭ ﺳﻼﻣﺖ ﺑﺎﻗﻲ ﻣﻲ ﻣﺎﻧﻨﺪ ﻭ ﺍﻳﻦ ﺍﻣﻴﺪﻭﺍﺭﻱ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﻛﻪ ﺩﺭ ﺭﻭﻧﺪ ﺑﺴﺘﺮﻱ ، ﭘﻴﺮﺍﻣﻮﻥ ﺑﻴﻤﺎﺭﻱ ﺧﻮﺩ ﺑﻪ ﺁﮔﺎﻫﻲ ﻣﻨﺎﺳﺒﻲ ﺧﻮﺍﻫﻨﺪ ﺭﺳﻴﺪ ، ﻟﻴﻜﻦ ﺑﻴﻤﺎﺭﺍﻧﻲ ﻛﻪ ﭘﺲ ﺍﺯ ﺩﺭﻣﺎﻥ ﺳﺮﭘﺎﻳﻲ ﻣﺴﺘﻘﻴﻤﺎً ﺍﺯ ﺍﻭﺭژﺍﻧﺲ ﺗﺮﺧﻴﺺ ﺧﻮﺍﻫﻨﺪ ﺷﺪ ( ﻛﻪ ﺩﺭ ﺍﻛﺜﺮﻳﺖ ﻣﺮﺍﻛﺰ ﺗﻌﺪﺍﺩ ﺍﻳﻦ ﺍﻓﺮﺍﺩ ﺑﺴﻴﺎﺭﺑﻴﺸﺘﺮ ﺍﺯ ﮔﺮﻭﻩ ﻧﺨﺴﺖ ﺍﺳﺖ ) ﺍﺯ ﺩﺳﺘﺮﺱ ﻣﺴﺘﻘﻴﻢ ﺧﺪﻣﺎﺕ ﺑﻬﺪﺍﺷﺖ ﻭ ﺩﺭﻣﺎﻥ ﺧﺎﺭﺝ ﺷﺪﻩ ﻭ ﻧﺎﮔﻬﺎﻥ ﺧﻮﺩ ﺭﺍ ﻫﻤﺮﺍﻩ ﺑﺎ ﺑﻴﻤﺎﺭﻱ،ﺑﺪﻭﻥ ﻫﺮ ﮔﻮﻧﻪ ﺁﮔﺎﻫﻲ ﻭ ﺭﺍﻫﻨﻤﺎﻳﻲ ، ﺗﻨﻬﺎ ﻭ ﺑﻲ ﭘﻨﺎﻩ ﻣﻲ ﻳﺎﺑﻨﺪ ﻛﻪ ﻣﻨﺠﺮ ﺑﻪ ﺍﺿﻄﺮﺍﺏ ﻣﻀﺎﻋﻒ ﺁﻧﺎﻥ ﺧﻮﺍﻫﺪ ﺷﺪ .

ﻫﻤﻪ ﻱ ﭘﺰﺷﻜﺎ نی ﻛﻪ ﺗﺠﺮﺑﻪ ﺍﻱ ﻫﺮﭼﻨﺪ ﺍﻧﺪﻙ ﺍﺯ ﺣﻀﻮﺭ ﺩﺭ ﺑﺨﺶ ﻫﺎﻱ ﺍﻭﺭژﺍﻧﺲ ﺩﺍﺭﻧﺪ، ﺑﻪ ﻭﻓﻮﺭ ﺑﻴﻤﺎﺭﺍﻧﻲ ﺭﺍ ﺩﻳﺪﻩ ﺍﻧﺪ ﻛﻪ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ، ﺳﺮﮔﺮﺩﺍﻥ ﺍﺯ ﺳﻮﻳﻲ ﺑﻪ ﺳﻮﻳﻲ ﻣﻲ ﺭﻭﻧﺪ ﻭ ﺑﻪ ﻫﺮ ﻳﻚ ﺍﺯ ﭘﺮﺳﻨﻞ ﺷﺎﻏﻞ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ( ﻓﺎﺭﻍ ﺍﺯ ﺗﺤﺼﻴﻼﺕﺭﺷﺘﻪ ، ﻣﺴﺌﻮﻟﻴﺖ ﻭ ﺷﻐﻞ ﺁﻧﻬﺎ ) ﻣﺘﻮﺳﻞ ﻣﻲ ﺷﻮﻧﺪ ﺗﺎ ﺑﻠﻜﻪ ﺩﺭﻳﺎﺑﻨﺪ " ﭼﻪ ﺷﺪﻩ ﺍﺳﺖ " ، " ﭼﻪ ﺧﻮﺍﻫﺪ ﺷﺪ" ، "ﭼﻪ ﺑﺎﻳﺪ ﺑﻜﻨﻨﺪ" ﻭ " ﭼﻪ ﻧﺒﺎﻳﺪ ﺑﻜﻨﻨﺪ" ﻭ ﺍﻏﻠﺐ ﺑﺎ ﭘﺎﺳﺦ ﻫﺎﻱ ﻧﺎ ﻣﺘﻨﺎﺳﺐ (ﻭ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﺑﺮﺧﻮﺭﺩﻫﺎﻱ ﻧﺎﻣﻨﺎﺳﺐ ) ﺭﻭﺑﺮﻭ ﺷﺪﻩ ﻭ ﺩﺭ ﻧﻬﺎﻳﺖ ﻧﺎﺍﻣﻴﺪ ﻭ ﺣﻴﺮﺍﻥ ﺍﻭﺭژﺍﻧﺲ ﺭﺍ ﺗﺮﻙ ﻣﻲ ﻛﻨﻨﺪ ( ﺑﮕﺬﺭﻳﻢ ﺍﺯ ﻣﻮﺍﺭﺩ ﻣﺘﻌﺪﺩﻱ ﻛﻪ ﺍﻳﻦ ﺭﻭﻧﺪ ﻣﻨﺠﺮ ﺑﻪ ﺑﺮﻭﺯ ﺩﺭﮔﻴﺮﻱ ﻭ ﺗﻨﺶ ﻣﻴﺎﻥ ﺑﻴﻤﺎﺭﺍﻥ ﻭ ﭘﺮﺳﻨﻞ ﻣﻲ ﮔﺮﺩﺩ ،) ﻛﻪ ﻫﻤﻴﻦ ﺍﻣﺮ ﻧﻪ ﺗﻨﻬﺎ ﺯﻣﻴﻨﻪ ﺳﺎﺯ ﻧﺎﺭﺿﺎﻳﺘﻲ ﺑﻴﻤﺎﺭﺍﻥ ﺍﺯ ﻋﻤﻠﻜﺮﺩ ﺩﺳﺖ ﺍﻧﺪﺭﻛﺎﺭﺍﻥ ﺣﻮﺯﻩ ﻱ ﺳﻼﻣﺖ ﺑﻮﻳﮋﻩ ﭘﺰﺷﻜﺎﻥ ﻭ ﭘﺮﺳﻨﻞ ﺷﺎﻏﻞ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﻫﺎﻱ ﺑﻴﻤﺎﺭﺳﺘﺎﻧﻲ ﺧﻮﺍﻫﺪ ﺑﻮﺩ ، ﺑﻠﻜﻪ ﻣﻨﺠﺮ ﺑﻪ ﻣﺮﺍﺟﻌﺎﺕ ﻣﻜﺮﺭ ﻭ ﻏﻴﺮ ﺿﺮﻭﺭﻱ ﺑﻌﺪﻱ ﺍﻳﻦ ﺑﻴﻤﺎﺭﺍﻥ ﺑﻪ ﺳﺎﻳﺮ ﻣﺮﺍﻛﺰ ﻭ ﭘﺰﺷﻜﺎﻥ ﻣﺨﺘﻠﻒ ﻭ ﻳﺎ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻧﺎﺷﻲ ﺍﺯ ﻋﺪﻡ ﻣﺮﺍﻗﺒﺖ ﺻﺤﻴﺢ ﻣﻲ ﮔﺮﺩﺩ ﻛﻪ ﻫﺮ ﺩﻭ ﻣﻮﺭﺩ ﺩﺭ ﻧﻬﺎﻳﺖ ﺑﺎﻋﺚ ﺗﺤﻤﻴﻞ ﻫﺰﻳﻨﻪ ﻱ ﻣﻀﺎﻋﻒ ﺍﻗﺘﺼﺎﺩﻱ - ﺯﻣﺎﻧﻲ ﺑﺮ ﺳﻴﺴﺘﻢ ﺑﻬﺪﺍﺷﺖ ﻭ ﺩﺭﻣﺎﻥ ﺧﻮﺍﻫﺪ ﺷﺪ ﻛﻪ ﻣﺘﺎﺳﻔﺎﻧﻪ ﺑﻴﺸﺘﺮﻳﻦ ﺳﻬﻢ ﺍﻳﻦ ﻫﺰﻳﻨﻪ ﻫﺎﻱ ﻛﻼﻥ ﻭ ﺑﻲ ﻣﻮﺭﺩ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺑﺮ ﺩﻭﺵ ﺳﻴﺴﺘﻢ ﺧﺪﻣﺎﺕ ﺩﻭﻟﺘﻲ ﻭ ﺳﺎﺯﻣﺎﻥ ﻫﺎﻱ ﺑﻴﻤﻪ ﮔﺮ ﺑﻮﺩﻩ ﻭ ﺑﺎ ﮔﺬﺭ ﺯﻣﺎﻥ ﺍﻳﻦ ﻣﺴﺎﻟﻪ ﻧﺎﺧﻮﺍﺳﺘﻪ ﻣﻲ ﺗﻮﺍﻧﺪ ﻣﻨﺠﺮ ﺑﻪ ﺗﻮﺯﻳﻊ ﻧﺎﻋﺎﺩﻻﻧﻪ ﻭ ﻧﺎﻣﺘﻨﺎﺳﺐ ﻣﻨﺎﺑﻊ ﻣﺎﻟﻲ ، ﻛﺎﻫﺶ ﺑﻮﺩﺟﻪ ﺩﺭ ﺑﺮﺧﻲ ﺑﺨﺶ ﻫﺎﻱ ﺿﺮﻭﺭﻱ ﻭ ﻣﻬﻢ ﻭ ﻧﻴﺰ ﺍﻓﺰﺍﻳﺶ ﻧﺎﺑﺠﺎﻱ ﻧﺮﺥ ﺍﺭﺍﻳﻪ ﻱ ﺧﺪﻣﺎﺕ ﺩﺭﻣﺎﻧﻲ ﺑﻪ ﺻﻮﺭﺕ ﺟﺒﺮﺍﻧﻲ ﻭ ﻧﻴﺰ ﺩﺭ ﭘﺎﺳﺦ ﺑﻪ ﺍﻓﺰﺍﻳﺶ ﺗﻘﺎﺿﺎ ﮔﺮﺩﺩ ﻭ ﺧﻮﺩ ﺩﺭ ﭘﺎﻳﺎﻥ ﺑﺴﺘﺮ ﻧﺎﺭﺿﺎﻳﺘﻲ ﻣﻀﺎﻋﻒ ﺑﻴﻤﺎﺭﺍﻥ ﺭﺍ ﻓﺮﺍﻫﻢ ﺧﻮﺍﻫﺪ ﻛﺮﺩ ﻛﻪ ﺍﻳﻦ ﻧﺎﺑﺴﺎﻣﺎﻧﻲ ﺍﻗﺘﺼﺎﺩﻱ ﻋﻠﻲ ﺭﻏﻢ ﺣﺠﻢ ﻛﻼﻥ ﺑﻮﺩﺟﻪ ﻱ ﺩﺭ ﮔﺮﺩﺵ ﺩﺭ ﺣﻮﺯﻩ ﻱ ﺳﻼﻣﺖ ﻣﺎﻳﻪ ﻱ ﺍﻓﺴﻮﺱ ﺍﻣﺎ ﺧﻮﺷﺒﺨﺘﺎﻧﻪ ﻗﺎﺑﻞ ﺍﺻﻼﺡ ﻭ ﭘﻴﺶ ﮔﻴﺮﻱ ﺳﺖ .

ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﻳﻦ ﻛﻪ ﻣﻌﻤﻮﻻ ﺑﺎﻻﺗﺮﻳﻦ ﻧﺮﺥ ﻧﺎﺭﺿﺎﻳﺘﻲ ﺍﺯ ﻋﻤﻠﻜﺮﺩ ﭘﺮﺳﻨﻞ ﺩﺭﻣﺎﻧﮕﺮ ﺩﺭ ﻣﻴﺎﻥ ﺑﻴﻤﺎﺭﺍﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﻩ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻣﺸﺎﻫﺪﻩ ﻣﻲ ﺷﻮﺩ ( ﺑﺮﺧﻼﻑ ﺁﻧﻜﻪ ﺍﻳﻦ ﻣﺮﺍﻛﺰ ﺩﺭ ﻣﺠﻤﻮﻉ ﺑﻴﺸﺘﺮﻳﻦ ﻣﻴﺰﺍﻥ ﻛﺎﺭﻛﺮﺩ ﺑﺮﺍﺳﺎﺱ ﺳﺎﻋﺖ/ﻧﻔﺮ ﻭ ﻧﻴﺰ ﺑﺎﻻﺗﺮﻳﻦ ﻧﺴﺒﺖ ﭘﺰﺷﻚ ﺑﻪ ﺑﻴﻤﺎﺭ ﺭﺍ ﺩﺭ ﻣﻘﺎﻳﺴﻪ ﺑﺎ ﺳﺎﻳﺮ ﺑﺨﺶ ﻫﺎﻱ ﺩﺭﻣﺎﻧﻲ ﺑﻪ ﺧﻮﺩ ﺍﺧﺘﺼﺎﺹ ﻣﻲ ﺩﻫﻨﺪ ) ﺷﺎﻳﺪ ﻳﻜﻲ ﺍﺯ ﻋﻠﻞ ﺯﻣﻴﻨﻪ ﺳﺎﺯ ﺭﺍ ﺑﺘﻮﺍﻥ ﻋﺪﻡ ﺁﻣﻮﺯﺵ ﺻﺤﻴﺢ ﺑﻴﻤﺎﺭﺍﻥ ﻭ ﺍﺭﺗﻘﺎﻱ ﺩﺍﻧﺶ ﻭ ﺁﮔﺎﻫﻲ ﺁﻧﺎﻥ ﺑﻪ ﺷﻤﺎﺭ ﺁﻭﺭﺩ ، ﺍﺯ ﺁﻧﺠﺎ ﻛﻪ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﺯﺩﺣﺎﻡ ﺑﻴﻤﺎﺭﺍﻥ ﺩﺭ ﺑﺨﺶ ﺍﻭﺭژﺍﻧﺲ ﻭ ﻧﺮﺥ ﺑﺎﻻﻱ ﻣﺮﺍﺟﻌﺎﺕ ﻧﻤﻲ ﺗﻮﺍﻥ ﭘﺰﺷﻚ ﺷﺎﻏﻞ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺭﺍ ﻣﻮﻇﻒ ﺑﻪ ﺁﻣﻮﺯﺵ ﮔﺴﺘﺮﺩﻩ ﻭ ﺷﻔﺎﻫﻲ ﺑﻪ ﻫﺮﻳﻚ ﺍﺯ ﺑﻴﻤﺎﺭﺍﻥ ﺩﺭ ﻛﻠﻴﻪ ﻣﺮﺍﻛﺰ ﻭ ﺷﻴﻔﺖ ﻫﺎﻱ ﺧﺪﻣﺎﺗﻲ ﺩﺍﻧﺴﺖ ﻭ ﻧﻴﺰ ﺑﺎ ﻧﻈﺮ ﺑﻪ ﻣﻨﺸﻮﺭ ﺣﻘﻮﻕ ﺑﻴﻤﺎﺭﺍﻥ ﻭ ﻟﺰﻭﻡ ﺑﺮﻗﺮﺍﺭﻱ ﻋﺪﺍﻟﺖ ﺩﺭ ﺍﺭﺍﻳﻪ ﻱ ﺧﺪﻣﺎﺕ ﻧﻈﺎﻡ ﺳﻼﻣﺖ ﺑﺮ ﺁﻥ ﺷﺪﻳﻢ ﺗﺎ ﺑﺎ ﺗﺪﻭﻳﻦ ﻣﺠﻤﻮﻋﻪ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎﻱ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﻭﻳﮋﻩ ﻱ ﺷﻜﺎﻳﺎﺕ ﺷﺎﻳﻊ ﻭ ﺳﺮﭘﺎﻳﻲ، ﮔﺎﻣﻲ ﻫﺮﭼﻨﺪ ﻛﻮﭼﻚ ﺩﺭ ﺭﺍﺳﺘﺎﻱ ﺗﺤﻘﻖ ﺍﻫﺪﺍﻑ ﻓﻮﻕ ، ﻫﻢ ﻳﺎﺭﻱ ﺑﺎ ﭘﺰﺷﻜﺎﻥ ﺍﻭﺭژﺍﻧﺲ ﺩﺭ ﺭﺍﺳﺘﺎﻱ ﺍﺭﺗﻘﺎیﻛﻴﻔﻲ ﺧﺪﻣﺎﺕ ، ﺗﻌﺪﻳﻞ ﻣﺴﺌﻮﻟﻴﺖ ﺣﺮﻓﻪ ﺍﻱ ﻭ ﺑﺎﺭ ﻗﺎﻧﻮﻧﻲ ﭘﺰﺷﻚ ﺩﺭ ﺑﺮﺍﺑﺮ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻗﺎﺑﻞ ﭘﻴﺶ ﮔﻴﺮﻱ ﺟﻠﻮﮔﻴﺮﻱ ﺍﺯﺍﺗﻼﻑ ﻫﺰﻳﻨﻪ ﻫﺎ ﻭ ﺣﻔﻆ ﻣﻨﺎﺑﻊ ﻣﺎﻟﻲ ﻭ ﻧﻴﺰ ﺍﻓﺰﺍﻳﺶ ﺭﺿﺎﻳﺖ ﻣﻨﺪﻱ ﻭ ﺟﻠﺐ ﻫﻤﻜﺎﺭﻱ ﺑﻴﻤﺎﺭﺍﻥ ﺑﺮﺩﺍﺭﻳﻢ ﺗﺎ ﺷﺎﻳﺪ ﺁﻏﺎﺯﮔﺮ ﺭﺍﻫﻲ ﮔﺮﺩﺩ ﻛﻪ ﺩﺭﺁﻥ ﺍﺭﺗﻘﺎء ﺩﺍﻧﺶ ﻭ ﺁﮔﺎﻫﻲ ﺑﻴﻤﺎﺭﺍﻥ ﻫﻢ ﭼﻮﻥ ﺣﻔﻆ ﺳﻼﻣﺖ ﺟﺴﻤﻲ ﻭ ﺭﻭﺍﻧﻲ ﺁﻧﺎﻥ ﻣﻮﺭﺩ ﺗﻮﺟﻪ ﻗﺮﺍﺭ ﮔﻴﺮﺩ .

**ﺧﻼﺻﻪ ﻣﺪﻳﺮﻳﺘﻲ**

ﭘﺲ ﺍﺯ ﺍﺭﺍﻳﻪ ﻱ ﻃﺮﺡ ﺍﻭﻟﻴﻪ ﺗﻮﺳﻂ ﺍﺳﺎﺗﻴﺪ ﮔﺮﻭﻩ ﻃﺐ ﺍﻭﺭژﺍﻧﺲ ﺩﺍﻧﺸﮕﺎﻩ ﻋﻠﻮﻡ ﭘﺰﺷﻜﻲ ﺍﺻﻔﻬﺎﻥ ﺩﺭ ﺍﺳﻔﻨﺪ ﻣﺎﻩ 90 ﻛﻪ ﺑﺮﺍﺳﺎﺱ ﺗﺠﺎﺭﺏ ﺁﻧﻬﺎ ﺍﺯ ﺣﻀﻮﺭ ﺩﺭ ﺑﺨﺶ ﻫﺎﻱ ﺍﻭﺭژﺍﻧﺲ ﻭ ﻣﺸﺎﻫﺪﻩ ﻱ ﻣﺮﺍﺟﻌﺎﺕ ﻣﻜﺮﺭ ﻏﻴﺮﺿﺮﻭﺭﻱ ﺑﻴﻤﺎﺭﺍﻥ ﻭ ﺧﻼء ﺁﻣﻮﺯﺷﻲ ﻣﻮﺟﻮﺩ ﺑﻪ ﻣﻨﻈﻮﺭ ﻛﺎﻫﺶ ﺑﺎﺭ ﺍﻗﺘﺼﺎﺩﻱ ﺗﺤﻤﻴﻠﻲ ﺑﺮ ﺳﻴﺴﺘﻢ ﻭ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﺑﻬﻴﻨﻪ ﺍﺯ ﺯﻣﺎﻥ ﺻﻮﺭﺕ ﮔﺮﻓﺖ ، ﺗﺼﻤﻴﻢ ﻧﻬﺎﻳﻲ ﺟﻬﺖ ﺗﺪﻭﻳﻦ ﺗﻌﺪﺍﺩﻱ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ ﺩﺭ ﻣﻮﺭﺩ ﻣﺮﺍﻗﺒﺖ ﻫﺎﻱ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺷﻜﺎﻳﺎت ﺳﺮﭘﺎﻳﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﺍﺧﺬ ﺷﺪﻩ ﻭ ﻣﺮﺍﺣﻞ ﺍﻧﺠﺎﻡ ﻛﺎﺭ ﻃﺒﻖ ﻧﻈﺮ ﺍﺳﺎﺗﻴﺪ ﺭﺍﻫﻨﻤﺎﻱ ﻃﺮﺡ ﻣﺸﺨﺺ ﮔﺸﺖ.

ﺳﭙﺲ ﺑﺮﺍﻱ ﺗﻌﻴﻴﻦ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺷﻜﺎﻳﺎﺕ ﻣﺮﺍﺟﻌﻴﻦ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻛﺘﺐ ﺭﻓﺮﻧﺲ ﻃﺐ ﺍﻭﺭژﺍﻧﺲ ﻭ ﻣﻘﺎﻻﺕ ﻣﺘﻌﺪﺩ ﺑﺮﺭﺳﻲ ﮔﺮﺩﻳﺪ ﻭ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺷﻜﺎﻳﺎﺕ ﺍﺻﻠﻲ ﺑﺮ ﺍﺳﺎﺱ ﺁﻣﺎﺭ ﺟﻬﺎﻧﻲ ﺍﺳﺘﺨﺮﺍﺝ ﺷﺪ ﻭ ﻣﻴﺎﻧﮕﻴﻦ ﺩﺭﺻﺪ ﺗﺮﺧﻴﺺ ﺁﻧﻬﺎ ﻃﺒﻖ ﻣﻨﺎﺑﻊ ﻣﺬﻛﻮﺭ ﻣﺤﺎﺳﺒﻪﮔﺸﺖ . ﺳﭙﺲ ﺍﻳﻦ ﺁﻣﺎﺭ ﺑﺎ ﻳﻚ ﺍﻭﺭژﺍﻧﺲ ﺑﻴﻤﺎﺭﺳﺘﺎﻧﻲ ﺑﻪ ﻋﻨﻮﺍﻥ ﻧﻤﻮﻧﻪ ﺍﻱ ﺍﺯ ﻣﺮﺍﻛﺰ ﺩﺍﺧﻞ ﻛﺸﻮﺭ ﻣﻘﺎﻳﺴﻪ ﺷﺪ ﻛﻪ ﺩﺭ ﻧﺘﻴﺠﻪ ﺑﺪﺳﺖ ﺁﻣﺪﻩ ﺍﻧﻄﺒﺎﻕ ﺑﺎ ﺁﻣﺎﺭ ﺟﻬﺎﻧﻲ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﻣﺸﺎﻫﺪﻩ ﮔﺮﺩﻳﺪ ﻭ ﺩﺭ ﻳﻚ ﻧﻈﺮﺳﻨﺠﻲ ﻧﻬﺎﻳﻲ ﺗﺠﺎﺭﺏ ﺳﺎﻳﺮ ﭘﺰﺷﻜﺎﻥ ﺁﻥ ﻣﺮﻛﺰ ﺧﺎﺹ ﻧﻴﺰ ﺍﻋﻤﺎﻝ ﮔﺮﺩﻳﺪ ﻭ ﺩﺭ ﭘﺎﻳﺎﻥ ﻓﺮﻭﺭﺩﻳﻦ ﻣﺎﻩ 91 ﺑﻪ ﺗﺎﻳﻴﺪ ﻧﻬﺎﻳﻲ ﺍﺳﺎﺗﻴﺪ ﺭﺳﻴﺪ. ﺟﻬﺖ ﺗﺪﻭﻳﻦ ﻣﺠﻤﻮﻋﻪ ﻱ ﮔﺎﻳﺪﻻﻳﻦ ﻫﺎ ﺩﺭ ﺍﺑﺘﺪﺍ ﻣﻨﺎﺑﻊ ﻣﻨﺴﺠﻢ ﻭ ﻳﻚ ﭘﺎﺭﭼﻪ ﺍﻱ ﻣﺸﺨﺺ ﺷﺪ ﻛﻪ ﺷﺎﻣﻞ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺍﺳﺖ :

ﺍﻟﻒ) ﻛﺘﺐ ﺭﻓﺮﻧﺲ ﻃﺐ ﺍﻭﺭژﺍﻧﺲ

ﺏ) ﻣﻘﺎﻻﺕ ﺍﺭﺍﺋﻪ ﺷﺪﻩ ﻱ Up To Date ﺩﺭ ﺑﺨﺶ Patient information

ﺝ ) ﻣﻘﺎﻻﺕ ﻣﺮﺗﺒﻂ ﺩﺭ PubMed

ﺩ) ﻧﻤﻮﻧﻪ ﻛﺘﺎﺑﭽﻪ ﻭ ﮔﺎﻳﺪﻻﻳﻦ ﻫﺎﻱ ﻣﺸﺎﺑﻪ ﺗﺪﻭﻳﻦ ﺷﺪﻩ ﺩﺭ ﻣﺮﺍﻛﺰ ﻋﻠﻤﻲ – ﺩﺭﻣﺎﻧﻲ ﻣﻌﺘﺒﺮ ﺟﻬﺎﻥ

ه) ﻛﺘﺐ ﺭﻓﺮﻧﺲ ﺭﺷﺘﻪ ﻱ ﺗﺨﺼﺼﻲ ﻣﺮﺗﺒﻂ ﺑﺎ ﻫﺮ ﺷﻜﺎﻳﺖ ﺍﺻﻠﻲ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ

ﻣﺠﻤﻮﻋﻪ ﻱ ﻣﻨﺎﺑﻊ ﺑﺎﻻ ﺑﻪ ﺷﻜﻠﻲ ﺟﻤﻊ ﺁﻭﺭﻱ ﮔﺮﺩﻳﺪﻛﻪ ﺩﺭ ﻫﺮ ﻣﻮﺭﺩ (ﺷﻜﺎﻳﺖ) ﻋﻼﻭﻩ ﺑﺮ ﻣﻘﺎﻻﺕ Up To Date ﻭ ﻓﺼﻞ ﻣﺮﺑﻮﻃﻪ ﺍﺯ ﻛﺘﺐ ﻃﺐ ﺍﻭﺭژﺍﻧﺲ ، ﺣﺪﺍﻗﻞ 25 ﻧﻤﻮﻧﻪ ﮔﺎﻳﺪﻻﻳﻦ ﻭ ﻣﻘﺎﻟﻪ ﻣﻌﺘﺒﺮ ﻋﻠﻤﻲ ﻧﻴﺰ ﻣﻮﺭﺩ ﺍﺳﺘﻔﺎﺩﻩ ﻗﺮﺍﺭ ﮔﻴﺮﺩ ﻛﻪ ﺩﺭ ﺍﻧﺘﻬﺎﻱ ﻣﺘﻦ ﺑﻪ ﺗﻌﺪﺍﺩﻱ ﺍﺯ ﺁﻧﻬﺎ ﺑﻪ ﺍﺧﺘﺼﺎﺭ ﺍﺷﺎﺭﻩ ﺷﺪﻩ ﺍﺳﺖ .

ﭘﺲ ﺍﺯ ﻣﻄﺎﻟﻌﻪ ﻱ ﻛﺎﻣﻞ ﻣﻨﺎﺑﻊ ﻣﻮﺟﻮﺩ ﭘﻴﺮﺍﻣﻮﻥ ﻫﺮ ﺷﻜﺎﻳﺖ ﺍﺻﻠﻲ ، ﺧﻼﺻﻪ ﻱ ﻣﻄﺎﻟﺐ ﺟﻤﻊ ﺁﻭﺭﻱ ﻭ ﭘﻴﺶ ﻧﻮﻳﺲ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﺭﺍﻫﻨﻤﺎﻱ ﻣﺮﺍﻗﺒﺖ ﺁﻥ ﺷﻜﺎﻳﺖ ﻧﻮﺷﺘﻪ ﺷﺪﻩ ﻭ ﭘﺲ ﺍﺯ ﺍﺭﺍﺋﻪ ﻧﻈﺮ ﺍﺳﺎﺗﻴﺪ ﻃﺐ ﺍﻭﺭژﺍﻧﺲ ﻧﺴﺨﻪ ﻱ ﭘﺎﻳﺎﻧﻲ ﻧﮕﺎﺭﺵ ﻭ ﺗﻨﻈﻴﻢ ﮔﺸﺖ. ﺩﺭ ﺁﺧﺮﻳﻦ ﻣﺮﺣﻠﻪ ﭘﺲ ﺍﺯ ﭘﺎﻳﺎﻥ ﻧﮕﺎﺭﺵ ﻛﻠﻴﻪ ﻱ ﮔﺎﻳﺪﻻﻳﻦ ﻫﺎﻱ ﻣﻮﺭﺩ ﻧﻈﺮ ، ﻧﺴﺨﻪ ﻫﺎﻱ ﻧﻬﺎﻳﻲ ﻣﻮﺭﺩ ﻣﻄﺎﻟﻌﻪ ﻭ ﺑﺎﺯ ﺑﻴﻨﻲ ﻣﺠﺪﺩ ﺟﻬﺖ ﻫﻢ ﮔﻮﻥ ﺳﺎﺯﻱ ﻗﺎﻟﺐ ، ﻣﺘﻦ ، ،ﻓﺮﻡ ﺣﺠﻢ ﻭ ﻣﺤﺘﻮﺍ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻪ ﻭ ﺩﺭ ﻧﻬﺎﻳﺖ ﻣﺠﻤﻮﻋﻪ ﻱ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎﻱ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ ﻣﺸﺘﻤﻞ ﺑﺮ 22 ﮔﺎﻳﺪﻻﻳﻦ ﺟﺎﻣﻊ ﻭ ﻣﺴﺘﻘﻞ ﺗﺪﻭﻳﻦ ﻭ ﺍﺭﺍﺋﻪ ﮔﺮﺩﻳﺪ

**ﻧﻜﺎﺕ ﺿﺮﻭﺭﻱ**

**ﺗﻮﺟﻪ ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺟﻬﺖ ﺍﻓﺰﺍﻳﺶ ﻛﺎﺭﺁﻳﻲ ﺩﺭ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﮔﺎﻳﺪﻻﻳﻦ ﻫﺎﻱ ﺍﺭﺍﺋﻪ ﺷﺪﻩ ﻣﻔﻴﺪ ﺧﻮﺍﻫﺪ ﺑﻮﺩ :**

- ﺩﺭ ﻫﻤﻪ ﻱ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎ ﭼﻨﺪ ﺑﺨﺶ ﺍﺻﻠﻲ ﺑﻪ ﭼﺸﻢ ﻣﻲ ﺧﻮﺭﺩ، ﻧﺨﺴﺖ ﺍﻃﻼﻋﺎﺕ ﻛﻠﻲ ﻭ ﻣﺨﺘﺼﺮﻱ ﭘﻴﺮﺍﻣﻮﻥ ﺁﻥ ﺑﻴﻤﺎﺭﻱ ﻳﺎ ﺷﻜﺎﻳﺖ ﺧﺎﺹ ﻭ ﻧﻴﺰ ﺑﺮﺧﻲ ﺍﻗﺪﺍﻣﺎﺕ ﺍﺻﻠﻲ ﺗﺸﺨﻴﺼﻲ – ﺩﺭﻣﺎﻧﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﻴﺎﻥ ﺷﺪﻩ ﻭ ﭘﺲﺍﺯ ﺁﻥ ﺑﻪ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﻻﺯﻡ ﺟﻬﺖ ﻣﺮﺍﻗﺒﺖ ﺩﺭ ﻣﻨﺰﻝ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﭘﺮﺩﺍﺧﺘ ﻪ ﻣﻲ ،ﺷﻮﺩ ﺩﺭ ﻣﻬﻢ ﺗﺮﻳﻦ ﺑﺨﺶ ﻫﺮ ﻣﺘﻦ، ﻋﻼﻳﻢ ﺧﻄﺮ ﻭ ﻫﺸﺪﺍﺭ ﺟﻬﺖ ﻣﺮﺍﺟﻌﻪ ﻱ ﻣﺠﺪﺩ ﺫﻛﺮ ﺷﺪﻩ ﺍﺳﺖ ﻭ ﺩﺭ ﺑﺮﺧﻲ ﺷﻜﺎﻳﺎﺕ ﻛﻪ ﺍﺣﺘﻤﺎﻝ ﻋﻮﺩ ﺁﻧﻬﺎ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺭﻭﺵ ﺑﺮﺧﻮﺭﺩ ﭘﻴﺶ ﺑﻴﻤﺎﺭﺳﺘﺎﻧﻲ ﻧﻴﺰ ﺑﻪ ﺍﺧﺘﺼﺎﺭ ﺁﻣﻮﺯﺵ ﺩﺍﺩﻩ ﻣﻲ ﺷﻮﺩ ( ﻣﺎﻧﻨﺪ ﺍﭘﻴﺴﺘﺎﻛﺴ ﻲ ﻭ ﮔﺰﺵ ﻫﺎ . )

- ﺩﺭ ﺍﺑﺘﺪﺍﻱ ﻫﺮ ﻣﺘﻦ ﻣﺤﻞ ﻣﺸﺨﺼ ﻲ ﺑﺮﺍﻱ ﻧﮕﺎﺭﺵ ﻧﺎﻡ ﺑﻴﻤﺎﺭ ﺩﺭ ﻧﻈﺮ ﮔﺮﻓﺘﻪ ﺷﺪﻩ ﻛﻪ ﺑﻪ ﻣﻨﻈﻮﺭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺴﺎﺱ ﻫﻢ ﺩﻟﻲ ﺩﺭ ﺑﻴﻤﺎﺭ ﻭ ﺟﻠﺐ ﺗﻮﺟﻪ ﻭ ﻫﻤﻜﺎﺭﻱ ﻭﻱ ﻣﻲ ﺑﺎﺷﺪ . ﻫﻢ ﭼﻨﻴﻦ ﺩﺭ ﺑﺮﺧﻲ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎ ﻻﺯﻡ ﺍﺳﺖ ﭘﺰﺷﻚ ﺑﺮﺧﻲ ﺍﻗﺪﺍﻣﺎﺕ ﻭ ﻣﺪﺍﺧﻼﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻳﺎ ﻧﺘﺎﻳﺞ ﺣﺎﺻﻠﻪ ﺭﺍ ﺗﻨﻬﺎ ﺑﺎ ﻋﻼﻣﺖ ﮔﺬﺍﺭﻱ ﻣﺸﺨﺺ ﻛﻨﺪ ( ﭼﺮﺍ ﻛﻪ ﻣﻌﻤﻮﻻ ﺩﺭﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﺑﻪ ﺑﻴﻤﺎﺭ ﺧﻼﺻﻪ ﭘﺮﻭﻧﺪﻩ ﺍﺭﺍﻳﻪ ﻧﻤﻲ ﺷﻮﺩ ﻭ ﺫﻛﺮ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﺩﺭ ﻣﺮﺍﺟﻌﺎﺕ ﺑﻌﺪﻱ ﻣﻲ ﺗﻮﺍﻧﺪ ﻣﻔﻴﺪ ﺑﺎﺷﺪ )ﻟﻴﻜﻦ ﺩﺭ ﻫﻴﭻ ﻳﻚ ﺍﺯ ﮔﺎﻳﺪﻻﻳﻦ ﻫﺎ ﻧﻴﺎﺯ ﺑﻪ ﻧﻮﺷﺘﻦ ﻫﻴﭻ ﮔﻮﻧﻪ ﺗﻮﺿﻴﺤﺎﺕ ﺍﺿﺎﻓﻪ ﺍﺯ ﺟﺎﻧﺐ ﭘﺰﺷﻚ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ .

- ﺩﺭ ﻧﮕﺎﺭﺵ ﻣﺘﻦ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎ ﺳﻌﻲ ﺑﺮ ﺁﻥ ﺑﻮﺩﻩ ﺍﺳﺖ ﻛﻪ ﺟﻤﻼﺕ ﻛﺎﻣﻼ ﺳﺎﺩﻩ ﻭ ﺭﻭﺍﻥ ﺑﻴﺎﻥ ﺷﺪﻩ ﻭ ﺑﺮﺍﻱ ﺍﻛﺜﺮﻳﺖ ﺍﻓﺮﺍﺩ ﺟﺎﻣﻌﻪ ﻱ ﻋﺎﺩﻱ ﺑﺎ ﺳﻄﺢ ﺗﺤﺼﻴﻠﻲ ﻭ ﻓﺮﻫﻨﮕﻲ ﻣﺘﻔﺎﻭﺕ ﻗﺎﺑﻞ ﻓﻬﻢ ﺑﺎﺷﺪ ﻭ ﺍﺯ ﺫﻛﺮ ﻭﺍژﻩ ﻫﺎﻱ ﭘﻴﭽﻴﺪﻩ ﻭ ﺍﺻﻼﺣﺎﺕ ﻋﻠﻤﻲ ﭘﺮﻫﻴﺰ ﺷﺪﻩ ﺍﺳﺖ . ﻟﻴﻜﻦ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻨﺎ ﺑﺮ ﺗﺸﺨﻴﺺ ﭘﺰﺷﻚ ﻣﻌﺎﻟﺞ، ﻣﺘﻦ ﻣﺬﻛﻮﺭ ﺑﺮﺍﻱ ﺑﺮﺧﻲ ﺑﻴﻤﺎﺭﺍﻥ ﺑﺮ ﺍﺳﺎﺱ ﺗﻔﺎﻭﺕ ﻫﺎﻱ ﮔﻮﻳﺶ ﻭ ﻟﻬﺠﻪ ﻳﺎ ﺩﺍﻧﺶ ﻭ ﻓﺮﻫﻨﮓ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﻗﺎﺑﻞ ﺩﺭﻙ ﻧﻴﺴﺖ،ﭘﺰﺷﻚ ﻣﻌﺎﻟﺞ ﺷﺨﺼﺎ ﻧﻜﺎﺕ ﺍﺻﻠﻲ ﺭﺍ ﺑﻪ ﺻﻮﺭﺕ ﺷﻔﺎﻫﻲ ﮔﻮﺷﺰﺩ ﻧﻤﻮﺩﻩ ﻳﺎ ﺍﺯ ﺣﻀﻮﺭ ﻓﺮﺩﻱ ﺑﺎ ﺗﻮﺍﻧﺎﻳﻲ ﺧﻮﺍﻧﺪﻥ ﺻﺤﻴﺢ ﻭ ﺩﺭﻙ ﻣﺘﻦ ﺩﺭ ﻣﻴﺎﻥ ﻫﻤﺮﺍﻫﺎﻥ ﺑﻴﻤﺎﺭ ﺍﻃﻤﻴﻨﺎﻥ ﺣﺎﺻﻞ ﻛﻨﺪ .

- ﻻﺯﻡ ﺑﻪ ﺫﻛﺮ ﺍﺳﺖ ﺍﻳﻦ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎ ﺑﺮﺍﺳﺎﺱ ﻭﺿﻌﻴﺖ ﺑﺎﻟﻴﻨﻲ ﻣﻮﺭﺩ ﺍﻧﺘﻈﺎﺭ ﺩﺭ ﺍﻛﺜﺮﻳﺖ ﻋﻤﻮﻣﻲ ﺑﻴﻤﺎﺭﺍﻥ ﺑﺎﻟﻎ ﻧﻮﺷﺘﻪ ﺷﺪﻩ ﺍﺳﺖ ﻭ ﭘﻴﺶ ﺑﻴﻨﻲ ﻣﻲ ﺷﻮﺩ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎ ﺑﻮﻳﮋﻩ ﺍﻋﺪﺍﺩ ﻭ ﺍﺭﻗﺎﻡ ﺩﺭ ﺑﻴﻤﺎﺭﺍﻥ ﺧﺎﺹ ﻣﺎﻧﻨﺪ ﺍﻃﻔﺎﻝ ﻣﺘﻔﺎﻭﺕ ﺑﺎﺷﺪ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﭘﻴﺸﻨﻬﺎﺩ ﻣﻲ ﺷﻮﺩ ﭘﺰﺷﻜﺎﻥ ﻣﺤﺘﺮﻡ ﺍﻭﺭژﺍﻧﺲ ﺩﺭ ﺍﺑﺘﺪﺍ ﺧﻮﺩ ﻛﻠﻴﻪ ﻱ ﮔﺎﻳﺪﻻﻳﻦ ﻫﺎ ﺭﺍ ﻣﻄﺎﻟﻌﻪ ﻛﺮﺩﻩ ﻭ ﺑﺎ ﻧﻜﺎﺕ ﺫﻛﺮ ﺷﺪﻩ ﺩﺭ ﻫﺮ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﺁﺷﻨﺎﻳﻲ ﻛﻠﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻨﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﺗﻨﺎﺳﺐ ﺍﺣﺘﻤﺎﻟﻲ ﻫﺮ ﻳﻚ ﺍﺯ ﻣﻮﺍﺭﺩ ﺩﺭ ﺑﺮﺧﻲ ﺑﻴﻤﺎﺭﺍﻥ ﺧﺎﺹ ﺁﻥ ﻧﻜﺘﻪ ﺭﺍ ﻣﺸﺨﺺ ﻛﺮﺩﻩ ﻭ ﺷﺨﺼﺎً ﺑﻪ ﺑﻴﻤﺎﺭ ﺗﺬﻛﺮ ﺑﺪﻫﻨﺪ .

- ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﺻﻮﺭﺕ ﺗﻤﺎﻳﻞ ﭘﺰﺷﻜﺎﻥ ﻣﺤﺘﺮﻡ ﭘﻴﺶ ﺍﺯ ﺍﺭﺍﻳﻪ ﻱ ﮔﺎﻳﺪﻻﻳﻦ ﺑﻪ ﻫﺮ ﺑﻴﻤﺎﺭ ﺁﻥ ﺭﺍ ﻣﻬﺮ ﻭ ﺍﻣﻀﺎ ﻧﻤﺎﻳﻨﺪ ﺗﺎ ﺿﻤﻦ ﺍﻓﺰﺍﻳﺶ ﺿﺮﻳﺐ ﺍﻃﻤﻴﻨﺎﻥ ﻭ ﻫﻤﻜﺎﺭﻱ ﺩﺭ ﺑﻴﻤﺎﺭ ﺩﺭ ﺻﻮﺭﺕ ﻣﺮﺍﺟﻌﺎﺕ ﺑﻌﺪﻱ ﻭﻱ ﺑﻪ ﻣﺮﺍﻛﺰ ﺩﻳﮕﺮ ﺑﻮﻳﮋﻩ ﻣﻄﺐ ﻫﺎﻱ ﺧﺼﻮﺻﻲ ﺳﺎﻳﺮ ﭘﺰﺷﻜﺎﻥ،ﻧﺸﺎﻧﻪ ﻱ ﻣﻮﺭﺩ ﺗﺎﻳﻴﺪ ﺑﻮﺩﻥ ﺍﻃﻼﻋﺎﺕ ﻭ ﺗﻨﺎﺳﺐ ﺁﻥ ﺑﺎ ﻭﺿﻌﻴﺖ ﺑﺎﻟﻴﻨﻲ ﺍﺑﺘﺪﺍﻳﻲ ﺑﻴﻤﺎﺭ ﺑﺎﺷﺪ .

- ﭘﻴﺸﻨﻬﺎﺩ ﻣﻲ ﺷﻮﺩ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺭ ﺻﻮﺭﺕ ﺍﺭﺍﻳﻪ ﻱ ﻫﺮ ﮔﺎﻳﺪﻻﻳﻦ ﺑﻪ ﺑﻴﻤﺎﺭ، ﺍﻧﺠﺎﻡ ﺍﻳﻦ ﻛﺎﺭ ﺑﺎ ﺫﻛﺮ ﻋﻨﻮﺍﻥ ﮔﺎﻳﺪﻻﻳﻦ ﺩﺭ ﻗﺴﻤﺖ ﻣﺸﺨﺼﻲ ﺩﺭ ﭘﺮﻭﻧﺪﻩ ﻱ ﺑﻴﻤﺎﺭ (ﻣﺜﻼ ﺩﺭ ﭘﺎﻳﺎﻥ ﺩﺳﺘﻮﺭ ﺗﺮﺧﻴﺺ ﺩﺭ ﺻﻔﺤﻪ ﻱ ﺩﺳﺘﻮﺭﺍﺕ ) ﺗﻮﺳﻂ ﭘﺰﺷﻚ ﺫﻛﺮ ﻭ ﺗﺎﻳﻴﺪ ﺷﺪﻩ ﻭ ﺩﺭ ﮔﺰﺍﺭﺵ ﺳﺮﻭﻳﺲ ﻣﺤﺘﺮﻡ ﭘﺮﺳﺘﺎﺭﻱ ﻧﻴﺰ ﺛﺒﺖ ﮔﺮﺩﺩ، ﭼﺮﺍ ﻛﻪ ﺍﻳﻦ ﺍﻣﺮ ﺑﺎﻋﺚ ﺗﻌﺪﻳﻞ ﻣﺴﺌﻮﻟﻴﺖ ﻗﺎﻧﻮﻧﻲ ﻭ ﺣﺮﻓﻪ ﺍﻱ ﭘﺰﺷﻚ ﻣﻌﺎﻟﺞ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻗﺎﺑﻞ ﭘﻴﺶ ﮔﻴﺮﻱ ﻧﺎﺷﻲ ﺍﺯ ﺑﻲ ﺗﻮﺟﻬﻲ ﺑﻪ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎ ﺧﻮﺍﻫﺪ ﺷﺪ .

ﺩﺭ ﭘﺎﻳﺎﻥ ﺑﺎ ﺳﭙﺎﺱ ﺍﺯ ﺗﻮﺟﻪ ﺷﻤﺎ ﻳﺎﺩﺁﻭﺭ ﻣﻲ ﺷﻮﺩ ﻛﻪ ﺍﻳﻦ ﻣﺠﻤﻮﻋﻪ ﺗﻨﻬﺎ ﺑﻪ ﻋﻨﻮﺍﻥ ﺍﺑﺰﺍﺭﻱ ﻳﺎﺭﻱ ﺭﺳﺎﻥ ﺩﺭ ﺗﺜﺒﻴﺖ ﺭﺍﺑﻄﻪ ﻱ ﭘﺰﺷﻚ ﻭ ﺑﻴﻤﺎﺭ ﻃﺮﺍﺣﻲ ﺷﺪﻩ ﻭ ﺑﻪ ﻫﻴﭻ ﻋﻨﻮﺍﻥ ﺟﺎﻳﮕﺰﻳﻦ ﻛﺎﻣﻞ ﺍﺭﺗﺒﺎﻁ ﭼﻬﺮﻩ ﺑﻪ ﭼﻬﺮﻩ ﻭ ﻫﻢ ﺩﻟﻲ ﭘﺰﺷﻚ ﺑﺎ ﺑﻴﻤﺎﺭ ﺧﻮﺩ ﻧﺨﻮﺍﻫﺪ ﺷﺪ، ﻟﻴﻜﻦ ﺍﻣﻴﺪ ﺍﺳﺖ ﺗﺎ ﺑﺎ ﺟﺒﺮﺍﻥ ﺑﺨﺸﻲ ﺍﺯ ﻭﻇﺎﻳﻒ ﺣﺮﻓﻪ ﺍﻱ ﭘﺰﺷﻜﺎﻥ ﭘﺮﻣﺸﻐﻠﻪ ﻱ ﺷﺎﻏﻞ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺎﻋﺚ ﺗﻌﺪﻳﻞ ﻣﺴﺌﻮﻟﻴﺖ ﺣﺮﻓﻪ ﺍﻱ ﺁﻧﻬﺎ ﻭ ﺍﻓﺰﺍﻳﺶ ﺭﺿﺎﻳﺘﻤﻨﺪﻱ ﺑﻴﻤﺎﺭﺍﻥ ﺩﺭ ﺿﻤﻦ ﻛﺎﻫﺶ ﻫﺰﻳﻨﻪ ﻫﺎﻱ ﻏﻴﺮﺿﺮﻭﺭﻱ ﺍﻗﺘﺼﺎﺩﻱ ﮔﺮﺩﺩ .

ﺍﺯ ﺷﻤﺎ ﻫﻤﻜﺎﺭﺍﻥ ﮔﺮﺍﻣﻲ ﻭ ﭘﺰﺷﻜﺎﻥ ﻣﺤﺘﺮﻡ ﺻﻤﻴﻤﺎﻧﻪ ﺧﻮﺍﻫﺸﻤﻨﺪﻳﻢ ﻛﻠﻴﻪ ﻱ ﭘﺮﺳﺶ ﻫﺎ ﻭ ﻧﻈﺮﺍﺕ ﺧﻮﺩ ﭘﻴﺮﺍﻣﻮﻥ ﺍﻳﻦ ﻃﺮﺡ ﺑﻮﻳﮋﻩ ﺻﺤﺖ ﻋﻠﻤﻲ ﻣﻄﺎﻟﺐ ﺑﻴﺎﻥ ﺷﺪﻩ ﺩﺭ ﮔﺎﻳﺪﻻﻳﻦ ﻫﺎ ﻭ ﻳﺎ ﺍﺑﻬﺎﻣﺎﺕ ﻭ ﺍﺷﻜﺎﻻﺕ ﺍﺣﺘﻤﺎﻟﻲ ﻣﻮﺟﻮﺩ ﺭﺍ ﺍﺯ ﻃﺮﻳﻖ ﺁﺩﺭﺱ ﺍﻟﻜﺘﺮﻭﻧﻴﻚ Deitairan@yahoo.com ﺑﻪ ﮔﺮﻭﻩ ﻧﻮﻳﺴﻨﺪﮔﺎﻥ ﻣﻨﻌﻜﺲ ﻧﻤﻮﺩﻩ ﻭ ﺩﺭ ﻛﻮﺗﺎﻩ ﺗﺮﻳﻦ ﺯﻣﺎﻥ ﭘﺎﺳﺦ ﻛﺎﻣﻞ ﺭﺍ ﺩﺭﻳﺎﻓﺖ ﻧﻤﺎﻳﻴﺪ ، ﺑﺪﻳﻬﻲ ﺳﺖ ﭘﻴﺸﻨﻬﺎﺩﻫﺎ ﻭ ﺍﻧﺘﻘﺎﺩﺍﺕ ﺳﺎﺯﻧﺪﻩ ﻱ ﺷﻤﺎ ﻳﺎﺭﻱ ﮔﺮ ﻣﺎ ﺩﺭ ﺗﻜﻤﻴﻞ ﻭ ﺑﻬﻴﻨﻪ ﺳﺎﺯﻱ ﻣﺠﻤﻮﻋﻪ ﻱ ﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻫﺎﻱ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ ﻭ ﺭﻭﺷﻨﮕﺮ ﺭﺍﻩ ﺑﻠﻨﺪ ﭘﻴﺶ ﺭﻭ ﺧﻮﺍﻫﺪ ﺑﻮﺩ .

**ﺑﺎ ﺳﭙﺎﺱ**

**ﮔﺮﻭﻩ ﻧﻮﻳﺴﻨﺪﮔﺎﻥ ﺩﻳﺘﺎ**

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺿﺮﺑﻪ ﻭ ﺁﺳﻴﺐ ﺑﻪ ﺳﺮ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ...................................................... ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ﺿﺮﺑﻪ، ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﺧﻔﻴﻒ ﺳﺮ ﺷﺪﻩ ﺍﻳﺪ، ﺑﻴﺶ ﺍﺯ 80% ﺿﺮﺑﻪ ﻫﺎﻳﻲ ﻛﻪ ﺑﻪ ﺳﺮ ﻭﺍﺭﺩ ﻣﻲ ﺷﻮﺩ ﺗﻨﻬﺎ ﻣﻮﺟﺐ ﺁﺳﻴﺐ ﻫﺎﻱ ﺧﻔﻴﻒ ﻣﻲ ﺷﻮﻧﺪ ﻛﻪ ﺍﻳﻦ ﺿﺮﺑﻪ ﻫﺎ ﻭ ﺁﺳﻴﺐ ﻫﺎﻱ ﺧﻔﻴﻒ ﻓﻘﻂ ﺗﻜﺎﻥ ﻛﻮﭼﻜﻲ ﺩﺭ ﻣﻐﺰ ﺍﻳﺠﺎﺩ ﻣﻲ ﻛﻨﻨﺪ، ﺍﻳﻦ ﺁﺳﻴﺐ ﻫﺎ ﻣﺸﻜﻞ ﺟﺪﻱ ﻭ ﺧﻄﺮﻧﺎﻛﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻌﻤﻮﻻ ﻧﻴﺎﺯ ﺑﻪ ﺩﺭﻣﺎﻥ ﻧﺪﺍﺭﻧﺪ ﻭ ﺧﻮﺩﺑﺨﻮﺩ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﻨﺪ ﺍﻣﺎ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻋﻼﺋﻤﻲ ﻣﻲ ﺷﻮﻧﺪ ﻛﻪ ﺍﺯ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﺗﺎ ﭼﻨﺪ ﺭﻭﺯ ﭘﺲ ﺍﺯ ﺿﺮﺑﻪ ﺑﺮﻭﺯ ﻣﻲ ﻛﻨﻨﺪ ﻭ ﺑﻬﺒﻮﺩ ﺁﻧﻬﺎ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﺯ ﭼﻨﺪ ﺳﺎﻋﺖ ﺗﺎ ﭼﻨﺪ ﻣﺎﻩ ﻃﻮﻝ ﺑﻜﺸﺪ، ﻣﻬﻢ ﺗﺮﻳﻦ ﺭﻭﺵ ﺗﺸﺨﻴﺼﻲ، ﺷﺮﺡ ﺣﺎﻝ ﺩﻗﻴﻖ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﻛﺎﻣﻞ ﺍﺳﺖ. ﺍﻧﺠﺎﻡ ﺗﺴﺖ ﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﻳﺎ ﺍﻡ ﺁﺭ ﺁﻱ ﺗﻨﻬﺎ ﺩﺭ ﺻﻮﺭﺕ ﺷﻚ ﭘﺰﺷﻚ ﺑﻪ ﻭﺟﻮﺩ ﺁﺳﻴﺐ ﻻﺯﻡ ﺍﺳﺖ. ﺷﻤﺎ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺿﺮﺑﻪ ﻱ ﺳﺮ ﻭ ﺁﺳﻴﺐ ﺍﺣﺘﻤﺎﻟﻲ ﺑﺮﺭﺳﻲ ﻛﺎﻣﻞ ﺷﺪﻩ ﺍﻳﺪ :

□ ﺍﺯ ﻣﻐﺰ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﻧﺸﺪﻩ ﺯﻳﺮﺍ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺷﺮﺡ ﺣﺎﻝ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺁﻥ ﻧﻤﻲ ﺑﺎﺷﺪ .

□ ﺍﺯ ﻣﻐﺰ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻃﺒﻴﻌﻲ ﺑﻮﺩﻩ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺁﺳﻴﺐ ﻗﺎﺑﻞ ﻣﺸﺎﻫﺪﻩ ﺍﻱ ﺩﺭ ﺁﻥ ﺩﻳﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

بناﺑﺮﺍﻳﻦ، ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯ ﮔﺮﺩﻳﺪ، ﺍﻣﺎ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﻳﻨﻜﻪ ﺿﺮﺑﻪ ﺍﻱ ﺑﻪ ﺳﺮ ﺷﻤﺎ ﻭﺍﺭﺩ ﺷﺪﻩ ﺍﺳﺖ ﻣﻤﻜﻦ ﺍﺳﺖ ﻋﻼﺋﻢ ﻭ ﻧﺸﺎﻧﻪ ﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺩﺭ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﺷﻮﺩ ﻛﻪ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﺁﻧﻬﺎ ﭼﻨﺪ ﺭﻭﺯﺗﺎ ﭼﻨﺪ ﻫﻔﺘﻪ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ .

ﻋﻼﺋﻢ ﺷﺎﻳﻊ ﭘﺲ ﺍﺯ ﺿﺮﺑﻪ ﻛﻪ ﺩﺭ ﻃﻲ ﭼﻨﺪ ﺭﻭﺯ ﺗﺎ ﭼﻨﺪ ﻫﻔﺘﻪ ﭘﺲ ﺍﺯ ﺿﺮﺑﻪ ﺑﻪ ﺳﺮ ﺑﺮﻭﺯ ﻣﻲ ﻛﻨﻨﺪ :

**1 - ﻋﻼﺋﻢ ﺟﺴﻤﻲ :**

- ﺳﺮﺩﺭﺩ ﻣﻨﺘﺸﺮ ﺩﺭ ﻛﻞ ﺳﺮ

- ﺳﺮﮔﻴﺠﻪ / ﺍﺣﺴﺎﺱ ﺳﺒﻜﻲ ﺳﺮ

- ﺗﻬﻮﻉ / ﺍﺳﺘﻔﺮﺍﻍ

- ﺗﭙﺶ ﻭ ﺍﻓﺰﺍﻳﺶ ﺿﺮﺑﺎﻥ ﻗﻠﺐ

- ﺗﻮﺭﻡ ﻭ ﺑﺮﺟﺴﺘﮕﻲ ﭘﻮﺳﺖ ﺳﺮ

- ﺍﺧﺘﻼﻝ ﺗﻌﺎﺩﻝ

- ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﻳﺎ ﻛﺎﻫﺶ ﺧﻮﺍﺏ

- ﺍﺧﺘﻼﻝ ﺑﻴﻨﺎﻳﻲ ﻭ ﺗﺎﺭﻱ ﺩﻳﺪ

- ﺩﺷﻮﺍﺭﻱ ﺩﺭ ﺑﻪ ﺧﻮﺍﺏ ﺭﻓﺘﻦ ﻳﺎ ﺑﻴﺪﺍﺭ ﺷﺪﻥ

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ

- ﻛﺎﻫﺶ ﻫﻮﺷﻴﺎﺭﻱ ﻛﻮﺗﺎﻩ ﻣﺪﺕ

- ﺍﺧﺘﻼﻝ ﺩﺭ ﺭﺍﻩ ﺭﻓﺘﻦ

**2 - ﻋﻼﺋﻢ ﺧﻠﻘﻲ :**

- ﺧﺴﺘﮕﻲ ﻭ ﺿﻌﻒ

- ﺣﺴﺎﺳﻴﺖ ﺑﻪ ﻧﻮﺭ ﻭ ﺻﺪﺍ

- ﺑﻲ ﻗﺮﺍﺭﻱ ﻭ ﺗﺤﺮﻳﻚ ﭘﺬﻳﺮﻱ

- ﺍﺣﺴﺎﺱ ﺍﻧﺪﻭﻩ ﻭ ﺍﻓﺴﺮﺩﮔﻲ

- ﺍﺧﺘﻼﻝ ﺭﻓﺘﺎﺭﻱ ﻭ ﺭﻓﺘﺎﺭﻫﺎﻱ ﻏﻴﺮ ﻃﺒﻴﻌﻲ

- ﺍﺿﻄﺮﺍﺏ ﻭ ﻧﮕﺮﺍﻧﻲ

- ﺗﺸﺪﻳﺪ ﺑﺮﻭﺯ ﺍﺣﺴﺎﺳﺎﺕ ﻭ ﻋﻮﺍﻃﻒ

**3 - ﻋﻼﺋﻢ ﺷﻨﺎﺧﺘﻲ :**

- ﺍﺧﺘﻼﻝ ﺣﺎﻓﻈﻪ

- ﺍﺧﺘﻼﻝ ﺗﻜﻠﻢ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ

- ﺍﺧﺘﻼﻝ ﺗﻔﻜﺮ / ﻛﻨﺪﻱ ﺗﻔﻜﺮ

- ﺍﺧﺘﻼﻝ ﻗﺪﺭﺕ ﺗﻤﺮﻛﺰ ﻭ ﺗﻮﺟﻪ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

1 - ﻧﺨﺴﺘﻴﻦ ﺭﻭﺯ ( 24 ﺳﺎﻋﺖ) ﭘﺲ ﺍﺯ ﺿﺮﺑﻪ ﻣﻬﻤﺘﺮﻳﻦ ﺯﻣﺎﻥ ﺍﺳﺖ ﻭ ﺷﻤﺎ ﻧﺒﺎﻳﺪ ﺩﺭ ﺍﻳﻦ ﺯﻣﺎﻥ ﺗﻨﻬﺎ ﺑﻤﺎﻧﻴﺪ ﻭ ﺣﺘﻤﺎ ﺗﻮﺳﻂ ﻳﻜﻲ ﺍﺯ ﺍﻓﺮﺍﺩ ﺧﺎﻧﻮﺍﺩﻩ ﻳﺎ ﻧﺰﺩﻳﻜﺎﻥ ﻣﺮﺍﻗﺒﺖ ﺷﻮﻳﺪ .

2 - ﺩﺭ ﺻﻮﺭﺕ ﺧﻮﺍﺑﻴﺪﻥ ﺩﺭ ﻃﻮﻝ 24 ﺳﺎﻋﺖ ﺍﻭﻟﻴﻪ ﺑﺎﻳﺪ ﺗﻮﺳﻂ ﻓﺮﺩ ﺩﻳﮕﺮﻱ ﻫﺮ 4-2 ﺳﺎﻋﺖ ﺍﺯ ﺧﻮﺍﺏ ﺑﻴﺪﺍﺭ ﺷﻮﻳﺪ ﺗﺎ ﺑﺮﻭﺯ ﻫﺮﮔﻮﻧﻪ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﻭ ﺩﺷﻮﺍﺭﻱ ﺩﺭ ﺑﻴﺪﺍﺭ ﺷﺪﻥ ﻣﺸﺨﺺ ﺷﻮﺩ .

3 - ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻫﺮ ﻣﻘﺪﺍﺭ ﻣﻴﻞ ﺩﺍﺭﻳﺪ ﺑﻪ ﻣﻴﺰﺍﻥ ﺗﺤﻤﻞ ﺧﻮﺩ ﻏﺬﺍ ﺑﺨﻮﺭﻳﺪ، ﺑﻬﺘﺮ ﺍﺳﺖ ﺩﺭ ﺍﺑﺘﺪﺍ ﺑﺎ ﻣﺎﻳﻌﺎﺕ ﻭ ﺳﭙﺲ ﺳﻮپ ﻭ ﻭﻋﺪﻩ ﻫﺎﻱ ﺳﺒﻚ ﺷﺮﻭﻉ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺗﺤﻤﻞ ﻏﺬﺍﻱ ﻣﻌﻤﻮﻟﻲ ﺧﻮﺩ ﺭﺍ ﻣﺼﺮﻑ ﻛﻨﻴﺪ .

4 - ﺍﺳﺘﺮﺍﺣﺖ ﺯﻳﺎﺩ ﺟﺴﻤﻲ – ﺫﻫﻨﻲ ﻭ ﺧﻮﺍﺏ ﻛﺎﻓﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ .

5 - ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﺧﻮﺩ ﻭ ﺩﻳﮕﺮﺍﻥ ﺍﺣﺴﺎﺱ ﻛﻨﻴﺪ ﻛﺎﻣﻼً ﺑﻬﺒﻮﺩ ﻳﺎﻓﺘﻪ ﻭ ﺑﻪ ﺣﺎﻟﺖ ﻃﺒﻴﻌﻲ ﻭ ﻗﺒﻞ ﺍﺯ ﺿﺮﺑﻪ ﺑﺮﮔﺸﺘﻪ ﺍﻳﺪ ﻧﺒﺎﻳﺪ ﺗﻨﻬﺎ ﺑﻤﺎﻧﻴﺪ ﻭ ﻳﺎ ﺑﻪ ﺗﻨﻬﺎﻳﻲ ﺑﻪ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺣﻤﺎﻡ ﺭﻓﺘﻦ ﺑﭙﺮﺩﺍﺯﻳﺪ .

6 - ﺍﺯ ﺑﻠﻨﺪ ﻛﺮﺩﻥ / ﺗﻜﺎﻥ ﺩﺍﺩﻥ / ﻫﻞ ﺩﺍﺩﻥ ﻭ ﻛﺸﻴﺪﻥ ﺑﺎﺭﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻭ ﺣﺮﻛﺎﺕ ﺳﺮﻳﻊ ﻭ ﺧﻢ ﻭ ﺭﺍﺳﺖ ﺷﺪﻥ ﺗﺎ 4 ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

7 - ﺍﺯ ﺷﺮﻛﺖ ﺩﺭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺟﺴﻤﺎﻧﻲ، ﻭﺭﺯﺵ، ﻧﺮﻣﺶ ﻭ ﺧﺎﻧﻪ ﺩﺍﺭﻱ ﺗﺎ 4 ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

8 - ﭘﻴﺎﺩﻩ ﺭﻭﻱ ﺳﺒﻚ ﺑﻬﺘﺮﻳﻦ ﻭﺭﺯﺵ ﺍﺳﺖ، ﺭﻭﺯﺍﻧﻪ ﭼﻨﺪ ﻧﻮﺑﺖ ﻛﻮﺗﺎﻩ ﻣﺪﺕ ﺣﺘﻲ ﺩﺭﻭﻥ ﻣﻨﺰﻝ ﺭﺍﻩ ﺑﺮﻭﻳﺪ ﻭ ﺁﺭﺍﻡ ﺁﺭﺍﻡ ﻣﻴﺰﺍﻥ ﺁﻥ ﺭﺍ ﺍﻓﺰﺍﻳﺶ ﺩﻫﻴﺪ .

9 - ﺍﺯ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺗﻤﺮﻛﺰ ﺫﻫﻨﻲ ﺯﻳﺎﺩ ﺩﺍﺭﺩ ﻣﺎﻧﻨﺪ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ ﻭ ﺑﺎﺯﻱ ﻫﺎﻱ ﻭﻳﺪﺋﻮﻳﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

10 -ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﻃﻲ 4-2 ﻫﻔﺘﻪ ﺍﻭﻝ ﻫﻨﻮﺯ ﺩﭼﺎﺭ ﺳﺮ ﺩﺭﺩ ﻣﻲ ﺷﻮﻳﺪ ﻭ ﻫﻤﭽﻨﻴﻦ ﺩﺭ ﺻﻮﺭﺕ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﻣﺴﻜﻦ ﺗﺎ 4 ﺳﺎﻋﺖ ﺑﻌﺪ ﺍﺯ ﺁﻥ ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺯﻣﺎﻥ ﺷﺮﻭﻉ ﺭﺍﻧﻨﺪﮔﻲ ﻳﺎ ﻛﺎﺭ ﺑﺎ ﻭﺳﺎﻳﻞ ﻭ ﻣﺎﺷﻴﻦ ﺁﻻﺕ ﺭﺍ ﺍﺯ ﭘﺰﺷﻚ ﺳﻮﺍﻝ ﻛﻨﻴﺪ .

11 -ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺗﺸﻨﺞ،ﻫﺮﮔﺰ ﺑﺪﻭﻥ ﺍﺟﺎﺯﻩ ﻱ ﭘﺰﺷﻚ ﺭﺍﻧﻨﺪﮔﻲ ﻧﻜﻨﻴﺪ.

12 -ﺍﺯ ﺷﺮﻛﺖ ﺩﺭ ﻣﺮﺍﺳﻢ / ﺗﺌﺎﺗﺮﻫﺎ / ﻣﻜﺎﻥ ﻫﺎﻳﻲ ﺑﺎ ﻧﻮﺭ ﻭ ﺻﺪﺍﻱ ﺯﻳﺎﺩ ﻛﻪ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﺳﺮﺩﺭﺩ ﻣﻲ ﺷﻮﺩ، ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

13 -ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺩﺭﺩ ﺗﻨﻬﺎ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﻳﺎ ﺩﺍﺭﻭﻳﻲ ﻛﻪ ﭘﺰﺷﻚ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺍﺯ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺣﺎﻭﻱ ﺁﺳﭙﺮﻳﻦ ﻳﺎ ﺿﺪ ﺩﺭﺩ ﻭ ﺿﺪ ﺍﻟﺘﻬﺎﺏ ﻫﺎﻱ ﻏﻴﺮ ﺍﺳﺘﺮﻭﺋﻴﺪﻱ ﻣﺜﻞ ﺑﺮﻭﻓﻦ، ژﻟﻮﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻭ ﻣﻔﻨﺎﻣﻴﻚ ﺍﺳﻴﺪ ﺗﺎ ﭼﻬﺎﺭ ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

14 -ﺍﺯ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺁﺭﺍﻡ ﺑﺨﺶ ﻭ ﺧﻮﺍﺏ ﺁﻭﺭ ﻭ ﻣﻮﺍﺩﻱ ﻛﻪ ﺑﺎﻋﺚ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﻣﻲ ﺷﻮﻧﺪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

15 -ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ، ﺣﺘﻤﺎً ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺁﻥ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺑﻪ ﭘﺎﻳﺎﻥ ﺑﺮﺳﺎﻧﻴﺪ

16- ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺗﻮﺭﻡ ﭘﻮﺳﺖ ﺩﺭ ﻣﺤﻞ ﺿﺮﺑﻪ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﺑﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺭﻭﺯﺍﻧﻪ ﭼﻨﺪﻳﻦ ﻧﻮﺑﺖ -15 20 ﺩﻗﻴﻘﻪ ﺍﻱ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ .

17 -ﺑﺎﺯﮔﺸﺖ ﺑﻪ ﻛﺎﺭ ﻭ ﻓﻌﺎﻟﻴﺖ ﻃﺒﻴﻌﻲ ﻭ ﻣﻌﻤﻮﻟﻲ ﺑﺎﻳﺪ ﺁﺭﺍﻡ ﻭ ﺗﺪﺭﻳﺠﻲ ﺑﺎﺷﺪ، ﺍﺯ ﻧﺎﺩﻳﺪﻩ ﮔﺮﻓﺘﻦ ﻋﻼﺋﻢ ﺧﻮﺩ ﻭ ﺍﺻﺮﺍﺭ ﺩﺭ ﺑﺎﺯﮔﺸﺖ ﺳﺮﻳﻊ ﺑﻪ ﻛﺎﺭ ﺧﻮﺩﺩﺍﺭﻱ ﻛ .ﻨﻴﺪ

18 -ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﺍﺛﺮ ﺿﺮﺑﻪ ﺩﭼﺎﺭ ﺯﺧﻢ ﺑﺎﺯ ﺷﺪﻩ ﺍﻳﺪ ﻛﻪ ﺑﺎ ﺑﺨﻴﻪ ﻱ ﻏﻴﺮ ﻗﺎﺑﻞ ﺟﺬﺏ ﺗﺮﻣﻴﻢ ﺷﺪﻩ ﺍﺳﺖ، ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ، ﺟﻬﺖ ﭘﻴﮕﻴﺮﻱ ﻭ ﺧﺎﺭﺝ ﻛﺮﺩﻥ ﺑﺨﻴﻪ ﻫﺎ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

19 -ﻓﻘﻂ ﺯﺧﻢ ﻫﺎﻱ ﺑﺰﺭگ ﻧﻴﺎﺯ ﺑﻪ ﭘﻮﺷﺶ ﻭ ﭘﺎﻧﺴﻤﺎﻥ ﺩﺍﺭﻧﺪ ﻭ ﺯﺧﻢ ﻫﺎﻱ ﻛﻮﭼﻚ ﺭﺍ ﻣﻲ ﺗﻮﺍﻥ ﺑﺎﺯ ﻭ ﺑﺪﻭﻥ ﭘﻮﺷﺶ ﻧﮕﺎﻩ ﺩﺍﺷﺖ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﻪ ﺷﻤﺎ ﮔﻔﺘﻪ ﻣﻲ ﺷﻮﺩ .

20 -ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﺭﻭﻳﺶ ﻣﻮﻫﺎ ﻛﺎﻣﻼ ﺭﻭﻱ ﺯﺧﻢ ﺭﺍ ﺑﭙﻮﺷﺎﻧﺪ ﻫﻨﮕﺎﻡ ﺗﻤﺎﺱ ﺑﺎ ﺁﻓﺘﺎﺏ ﺁﻥ ﺭﺍ ﺑﭙﻮﺷﺎﻧﻴﺪ .

21 -ﺩﺭ ﺻﻮﺭﺕ ﺣﻤﺎﻡ ﻛﺮﺩﻥ ﺭﻭﻱ ﺯﺧﻢ ﺭﺍ ﺑﺎ ﭘﻮﺷﺶ ﭘﻼﺳﺘﻴﻜﻲ ﺑﭙﻮﺷﺎﻧﻴﺪ ﻭ ﺗﺎ 24 ﺳﺎﻋﺖ ﺯﺧﻢ ﺭﺍ ﺧﻴﺲ ﻧﻜﻨﻴﺪ .

22 -ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻼﻳﻢ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻋﻤﻮﻣﻲ ﻣﺎﻧﻨﺪ ﺳﺮﻣﺎﺧﻮﺭﺩﮔﻲ، ﮔﻠﻮﺩﺭﺩ، ﺳﺮﻓﻪ، ﺁﺑﺮﻳﺰﺵ ﺍﺯ ﭼﺸﻢ ﻭ ﺑﻴﻨﻲ ﺑﻪ ﭘﺰﺷﻚ ﻫﻤﻴﺸﮕﻲ ﺧﻮﺩ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

23 -ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ 4-3 ﻫﻔﺘﻪ ﭘﺲ ﺍﺯ ﺿﺮﺑﻪ ﺟﻬﺖ ﺍﻃﻤﻴﻨﺎﻥ ﺍﺯ ﺑﻬﺒﻮﺩﻱ ﻭ ﭘﻴﮕﻴﺮﻱ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

24 -ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﻭﺟﻮﺩ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﺩﺭ ﻋﻼﺋﻢ ﭘﺲ ﺍﺯ ﻳﻚ ﻫﻔﺘﻪ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

25 - ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺩﺭ ﻃﻮﻝ ﺷﺶ ﻫﻔﺘﻪ ﺍﺗﻔﺎﻕ ﻣﻲ ﺍﻓﺘﺪ ﻫﺮﭼﻨﺪ ﺩﺭ 20 – 40 % ﻣﻮﺍﺭﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﻌﻀﻲ ﺍﺯ ﻋﻼﺋﻢ ﺗﺎ ﺳﻪ ﻣﺎﻩ ﺑﺎﻗﻲ ﺑﻤﺎﻧﺪ ﻭ ﺑﻪ ﺗﺪﺭﻳﺞ ﺑﺮﻃﺮﻑ ﺷﻮﺩ.

26 -ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮﮔﻮﻧﻪ ﺑﺪﺣﺎﻟﻲ ﺳﺮﻳﻊ / ﺷﺪﻳﺪ/ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﺑﺮﻭﺯ ﻫﺮ ﺣﺎﻟﺖ ﻧﮕﺮﺍﻥ ﻛﻨﻨﺪﻩ ﺑﺎ ﺷﻤﺎﺭﻩ ﺗﻠﻔﻦ 115 (ﺍﻭﺭژﺍﻧﺲ ﺷﻬﺮ) ﺗﻤﺎﺱ ﺑﮕﻴﺮﻳﺪ .

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ/ ﺍﺳﺘﻔﺮﺍﻍ ﻣﻜﺮﺭ ﻭ ﺩﺍﺋﻢ (ﺑﻴﺶ ﺍﺯ 3 ﻧﻮﺑﺖ ﺩﺭ 6-4 ﺳﺎﻋﺖ )

- ﺗﺸﺪﻳﺪ ﺳﺮﺩﺭﺩ ﻳﺎ ﺳﺮﺩﺭﺩﻱ ﻛﻪ ﺑﻪ ﺩﺭﻣﺎﻥ ﭘﺎﺳﺦ ﻧﺪﻫﺪ

- ﺣﺎﻻﺕ ﺗﺸﻨﺠﻲ

- ﺑﻲ ﺍﺧﺘﻴﺎﺭﻱ ﺍﺩﺭﺍﺭ ﻳﺎ ﻣﺪﻓﻮﻉ

- ﺗﺮﺷﺤﺎﺕ ﺷﻔﺎﻑ (ﺁﺑﻜﻲ) ﻳﺎ ﺧﻮﻧﻲ ﺍﺯ ﮔﻮﺵ ﻭ ﻳﺎ ﺑﻴﻨﻲ

- ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ ﻳﺎ ﺩﺷﻮﺍﺭﻱ ﺩﺭ ﺑﻴﺪﺍﺭ ﺷﺪﻥ

- ﺗﺐ

- ﺗﺸﺪﻳﺪ ﺑﻲ ﻗﺮﺍﺭﻱ / ﺗﺤﺮﻳﻚ ﭘﺬﻳﺮﻱ

- ﺳﻔﺘﻲ ﮔﺮﺩﻥ

- ﺷﻨﻴﺪﻥ ﺻﺪﺍ ﺩﺭ ﮔﻮﺵ

- ﺗﺸﺪﻳﺪ ﻳﺎ ﺑﺮﻭﺯ ﺿﻌﻒ ﻳﺎ ﺑﻲ ﺣﺴﻲ ﺩﺭ ﻫﺮ ﻳﻚ ﺍﺯ ﺍﻧﺪﺍﻡ ﻫﺎ (ﺩﺳﺖ ﻭ ﭘﺎ )

- ﺗﺸﺪﻳﺪ ﮔﻴﺠﻲ / ﻣﻨﮕﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

- ﺍﺧﺘﻼﻑ ﺳﺎﻳﺰ ﻣﺮﺩﻣﻚ ﻫﺎﻱ ﺩﻭ ﭼﺸﻢ ( ﺑﺰﺭگ ﺗﺮ ﺷﺪﻥ ﻳﻚ ﻣﺮﺩﻣﻚ )

- ﺣﺮﻛﺎﺕ ﭘﺮﺷﻲ /ﭘﺎﻧﺪﻭﻟﻲ ﻳﺎ ﻧﺎﺧﻮﺍﺳﺘﻪ ﻱ ﭼﺸﻢ ﻫﺎ، ﺩﻭﺑﻴﻨﻲ، ﺍﺧﺘﻼﻝ ﺑﻴﻨﺎﻳﻲ

- ﺿﺮﺑﺎﻥ ﻗﻠﺐ ﺑﺴﻴﺎﺭ ﺗﻨﺪ ﻳﺎ ﻛﻨﺪ

- ﺍﺧﺘﻼﻝ ﺩﺭ ﺗﻨﻔﺲ

- ﺗﻮﺭﻡ / ﻗﺮﻣﺰﻱ/ ﺗﺮﺷﺢ ﻣﺤﻞ ﺯﺧﻢ

- ﺍﺧﺘﻼﻝ ﺷﻨﻮﺍﻳﻲ ﻳﺎ ﺗﻜﻠﻢ

- ﺍﺧﺘﻼﻝ ﺣﺎﻓﻈﻪ

- ﺍﺧﺘﻼﻝ ﺩﺭ ﺭﺍﻩ ﺭﻓﺘﻦ ﻳﺎ ﺗﻌﺎﺩﻝ

- ﺗﺸﺪﻳﺪ ﻳﺎ ﻋﺪﻡ ﺑﻬﺒﻮﺩﻱ ﺗﻮﺭﻡ ﻭ ﺑﺮﺟﺴﺘﮕﻲ ﭘﻮﺳﺖ ﺳﺮ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺳﻨﮓ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ . .................................................. ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﺟﻬﺖ ﺷﻤﺎ ﺗﺸﺨﻴﺺ ﺳﻨﮓ ﻛﻠﻴﻪ ﻣﻄﺮﺡ ﺍﺳﺖ، ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺑﻬﺒﻮﺩ ﻋﻼﺋﻢ ﻭ ﻃﺒﻴﻌﻲ ﺑﻮﺩﻥ ﺁﺯﻣﺎﻳﺶ ﻫﺎﻱ ﻣﺮﺑﻮﻁ ﺑﻪ ﻋﻤﻠﻜﺮﺩ ﻭ ﻓﻌﺎﻟﻴﺖ ﻛﻠﻴﻪ ﻭ ﻋﺪﻡ ﻭﺟﻮﺩ ﻋﺎﺭﺿﻪ ﻱ ﺧﻄﺮﻧﺎﻙ ﻣﺮﺗﺒﻂ ﺑﺎ ﺳﻨﮓ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺸﺘﻪ ﻭ ﺩﺭﻣﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺻﻮﺭﺕ ﺳﺮﭘﺎﻳﻲ ﺍﺩﺍﻣﻪ ﺩﻫﻴﺪ. ﻫﺮ ﭼﻨﺪ ﺍﺑﺘﻼ ﺑﻪ ﺳﻨﮓ ﻛﻠﻴﻪ ﻳﻚ ﺗﺠﺮﺑﻪ ﻱ ﺑﺴﻴﺎﺭ ﺩﺭﺩﻧﺎﻙ ﺑﻮﺩﻩ ﻭ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﻣﺠﺪﺩ ﺁﻥ ﻧﮕﺮﺍﻥ ﻛﻨﻨﺪﻩ ﺍﺳﺖ ﺍﻣﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺩﺭﻣﺎﻥ ﻫﺎﻱ ﻣﻨﺎﺳﺐ ﻭ ﻣﻮﺛﺮﻱ ﺑﺮﺍﻱ ﺁﻥ ﻭﺟﻮﺩ ﺩﺍﺭﺩ. ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﻳﻜﻲ ﺍﺯ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺷﻜﺎﻳﺖ ﻫﺎﻱ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻭ ﻫﻤﭽﻨﻴﻦ ﺍﺯ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺍﺧﺘﻼﻻﺕ ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﺍﺳﺖ .ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﺷﺎﻣﻞ ﻛﻠﻴﻪ ﻫﺎ / ﺣﺎﻟﺐ ﻫﺎ / ﻣﺜﺎﻧﻪ ﻭ ﭘﻴﺸﺎﺑﺮﺍﻩ (ﻣﺠﺮﺍﻱ ﺍﺩﺭﺍﺭﻱ) ﻣﻲ ﺑﺎﺷﺪ .

ﺳﻨﮓ ﺍﺩﺭﺍﺭﻱ ﻳﺎ ﻫﻤﺎﻥ ﺳﻨﮓ ﻛﻠﻴﻪ ﻳﻚ ﺗﻮﺩﻩ ﻱ ﺑﻠﻮﺭﻱ ﺷﻜﻞ ﻭ ﺳﺨﺖ ﻛﺎﻣﻼ ﺷﺒﻴﻪ ﺑﻪ ﺳﻨﮓ (ﻣﻌﻤﻮﻻً ﺑﺎ ﺣﺎﺷﻴﻪ ﻱ ﻧﺎﻣﻨﻈﻢ ﻭ ﻛﻨﺎﺭﻩ ﻫﺎﻱ ﺗﻴﺰ) ﺍﺳﺖ ﻛﻪ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﺭ ﻫﺮ ﻗﺴﻤﺘﻲ ﺍﺯ ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﻭﺟﻮﺩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﺪ ﻭ ﻓﻘﻂ ﺩﺭ ﻛﻠﻴﻪ ﻫﺎ ﺩﻳﺪﻩ ﻧﻤﻲ ﺷﻮﺩ، ﺍﻧﺪﺍﺯﻩ ﻱ ﺁﻧﻬﺎ ﺑﺴﻴﺎﺭ ﻣﺘﻔﺎﻭﺕ ﺑﻮﺩﻩ ﻭ ﺍﺯ ﺍﻧﺪﺍﺯﻩ ﻱ ﻳﻚ ﺩﺍﻧﻪ ﺑﺮﻧﺞ ﻳﺎ ﺷﻦ ﺗﺎ ﺑﺰﺭﮔﻲ ﻳﻚ ﺗﺨﻢ ﻣﺮﻍ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﻳﺪﻩ ﺷﻮﻧﺪ .

ﺗﺸﻜﻴﻞ ﺳﻨﮓ ﺑﻪ 2 ﻋﻠﺖ ﻣﻲ ﺗﻮﺍﻧﺪ ﺑﺎﺷﺪ :

- ﻛﻤﺒﻮﺩ ﺁﺏ ﺑﺪﻥ ﻭ ﻛﺎﻫﺶ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ، ﻛﻪ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺩﻓﻊ ﺁﺏ ﺩﺭ ﺍﺩﺭﺍﺭ ﻭ ﻏﻠﻴﻆ ﺷﺪﻥ ﺍﺩﺭﺍﺭ ﺷﺪﻩ ﻭ ﺍﺻﻠﻲ ﺗﺮﻳﻦ ﻋﻠﺖ ﺳﻨﮓ ﻛﻠﻴﻪ ﺍﺳﺖ .

- ﺍﻓﺰﺍﻳﺶ ﺗﺮﺷﺢ ﻣﻮﺍﺩ ﻣﻌﺪﻧﻲ ﺑﻪ ﺩﺍﺧﻞ ﺍﺩﺭﺍﺭ، ﻛﻪ ﻣﻲ ﺗﻮﺍﻧﺪ ﺑﻪ ﻋﻠﺖ ﺍﻓﺰﺍﻳﺶ ﻣﺼﺮﻑ ﺁﻧﻬﺎ ﻳﺎ ﺯﻳﺎﺩ ﺑﻮﺩﻥ ﺗﻮﻟﻴﺪ ﺁﻧﻬﺎ ﺩﺭ ﺩﺍﺧﻞ ﺑﺪﻥ ﺑﺎﺷﺪ .

ﺩﺭ ﺍﻳﻦ ﺷﺮﺍﻳﻂ ﻣﻮﺍﺩ ﻓﻮﻕ ﺍﺑﺘﺪﺍ ﻳﻚ ﺭﺳﻮﺏ ﻛﻮﭼﻚ ﺍﻳﺠﺎﺩ ﻛﺮﺩﻩ ﻛﻪ ﺗﺸﻜﻴﻞ ﺑﻠﻮﺭ ﻣﻲ ﺩﻫﺪ ﻭ ﺳﺨﺖ ﻣﻲ ﺷﻮﺩ ﻭ ﺁﺭﺍﻡ ﺁﺭﺍﻡ ﺑﺎ ﺭﺳﻮﺏ ﺑﻴﺸﺘﺮ ﺑﺮ ﺭﻭﻱ ﺁﻥ ﺑﺰﺭگ ﻭ ﺑﺰﺭﮔﺘﺮ ﺷﺪﻩ ﻭ ﺑﻪ ﺷﻜﻞ ﺳﻨﮓ ﺩﺭ ﻣﻲ ﺁﻳﺪ

ﻫﻤﺎﻥ ﻃﻮﺭ ﻛﻪ ﮔﻔﺘﻪ ﺷﺪ ﺳﻨﮓ ﺍﺩﺭﺍﺭﻱ ﻳﻚ ﺑﻴﻤﺎﺭﻱ ﺷﺎﻳﻊ ﺍﺳﺖ ﻛﻪ ﺑﻪ ﻃﻮﺭ ﻣﺘﻮﺳﻂ ﺩﺭ 10 ﺩﺭﺻﺪ ﺍﺯ ﺍﻓﺮﺍﺩ ﺑﺎﻟﻎ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﺩ. ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﺩﺭ ﻧﻮﺍﺣﻲ ﮔﺮﻡ ﻛﻪ ﺍﻓﺮﺍﺩ ﺑﻴﺸﺘﺮ ﺩﺭ ﻣﻌﺮﺽ ﻛﻢ ﺁﺑﻲ ﻗﺮﺍﺭ ﺩﺍﺭﻧﺪ ﺷﺎﻳﻊ ﺗﺮ ﺍﺳﺖ .

ﺑﻪ ﻃﻮﺭ ﻛﻠﻲ ﺳﻨﮓ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ ﺑﻪ 4 ﻧﻮﻉ ﺍﺻﻠﻲ ﺗﻘﺴﻴﻢ ﻣﻲ ﺷﻮﻧﺪ :

1 - ﻛﻠﺴﻴﻤﻲ: ﺳﻨﮓ ﻫﺎﻱ ﺩﺍﺭﺍﻱ ﻛﻠﺴﻴﻢ ﺑﻴﺸﺘﺮﻳﻦ ﻧﻮﻉ ﺳﻨﮕﻬﺎﻱ ﺍﺩﺭﺍﺭﻱ ﻫﺴﺘﻨﺪ، ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺑﻴﺶ ﺍﺯ 80٪ ﺳﻨﮓ ﻫﺎ ﺣﺎﻭﻱ ﻛﻠﺴﻴﻢ ﻣﻲ ﺑﺎﺷﻨﺪ .

2 - ﺍﺳﻴﺪ ﺍﻭﺭﻳﻜﻲ

3 - ﺷﺎﺥ ﮔﻮﺯﻧﻲ: ﺳﻨﮓ ﻫﺎﻱ ﻋﻔﻮﻧﻲ ﻳﺎ ﺷﺎﺥ ﮔﻮﺯﻧﻲ (ﺍﺳﺘﺮﻭﻭﺍﻳﺖ) ﺑﺴﻴﺎﺭ ﺑﺰﺭگ ﺑﻮﺩﻩ ﻭ ﺩﺭ ﺍﻓﺮﺍﺩ ﺑﺎ ﺳﺎﺑﻘﻪ ﻱ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﻃﻮﻻﻧﻲ ﻭ ﻣﻜﺮﺭ ﺍﺩﺭﺍﺭﻱ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﺩ.

4 - ﺳﻴﺴﺘﻴﻨﻲ

**ﺩﺭ ﺑﺮﺧﻲ ﺷﺮﺍﻳﻂ ﻭ ﺍﻓﺮﺍﺩ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﺳﻨﮓ ﻛﻠﻴﻪ ﺑﺎﻻﺗﺮ ﺍﺳﺖ :**

- ﻛﻤﺒﻮﺩ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ ﻭ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ: ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﻋﻠﺖ ﺳﻨﮓ ﺳﺎﺯﻱ ﺍﺳﺖ ﻛﻪ ﻗﺎﺑﻞ ﭘﻴﺶ ﮔﻴﺮﻱ ﻣﻲ ﺑﺎﺷﺪ . ﻋﺪﻡ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ ﻛﺎﻓﻲ ﺑﻪ ﻭﻳﮋﻩ ﺁﺏ ﺑﺎﻋﺚ ﻏﻠﻴﻆ ﺷﺪﻥ ﺍﺩﺭﺍﺭ ﻭ ﺗﻤﺎﻳﻞ ﺑﻪ ﺭﺳﻮﺏ ﻧﻤﻚ ﻫﺎ ﻣﻲ ﺷﻮﺩ .

- ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﺎﻧﻲ ﻛﻢ: ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﻲ ﻛﻢ (ﻣﺜﻼً ﺩﺭ ﺍﻓﺮﺍﺩﻱ ﻛﻪ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺴﺘﺮﻱ ﻫﺴﺘﻨﺪ) ﺑﺎﻋﺚ ﺁﺯﺍﺩ ﺷﺪﻥ ﻛﻠﺴﻴﻢ ﺍﺯ ﺍﺳﺘﺨﻮﺍﻥ ﻫﺎ ﺑﻪ ﺧﻮﻥ ﻭ ﺑﺎﻻ ﺭﻓﺘﻦ ﻛﻠﺴﻴﻢ ﺩﺭ ﺧﻮﻥ ﻭ ﺳﭙﺲ ﺍﺩﺭﺍﺭ ﻣﻲ ﺷﻮﺩ .

- ﺳﺎﺑﻘﻪ ﻱ ﺳﻨﮓ ﻛﻠﻴﻪ ﺩﺭ ﺍﻓﺮﺍﺩ ﺧﺎﻧﻮﺍﺩﻩ

- ﺳﺎﺑﻘﻪ ﻱ ﺳﻨﮓ ﻛﻠﻴﻪ ﻱ ﻗﺒﻠﻲ ﺩﺭ ﺧﻮﺩ ﻓﺮﺩ

- ﺭژﻳﻢ ﻫﺎﻱ ﻏﺬﺍﻳﻲ ﻧﺎﻣﻨﺎﺳﺐ ﺷﺎﻣﻞ: ﻛﻤﺒﻮﺩ ﻛﻠﺴﻴﻢ ﻏﺬﺍﻳﻲ/ ﻣﺼﺮﻑ ﭘﺮﻭﺗﺌﻴﻦ ﻫﺎﻱ ﺣﻴﻮﺍﻧﻲ ﺯﻳﺎﺩ / ﻛﻤﺒﻮﺩ ﻣﺼﺮﻑ ﺳﺒﺰﻳﺠﺎﺕ ﻭ ﻓﻴﺒﺮ/ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺷﻜﺮ

- ﻣﺼﺮﻑ ﺑﻴﺶ ﺍﺯ ﺍﻧﺪﺍﺯﻩ ﻱ ﻣﻜﻤﻞ ﻫﺎﻱ ﺩﺍﺭﻭﻳﻲ ﻭ ﻭﻳﺘﺎﻣﻴﻦ ﻫﺎ ﺷﺎﻣﻞ: ﻗﺮﺹ ﻫﺎﻱ ﻛﻠﺴﻴﻢ، ﻭﻳﺘﺎﻣﻴﻦ ﺙ، ﻭﻳﺘﺎﻣﻴﻦ ﺩ ﻭ ﻛﭙﺴﻮﻝ ﻫﺎﻱ ﺭﻭﻏﻦ ﻣﺎﻫﻲ

- ﺑﺮﺧﻲ ﺍﺯ ﺩﺍﺭﻭﻫﺎ ﻛﻪ ﺑﺮﺍﻱ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﺩﻳﮕﺮ ﻣﺼﺮﻑ ﻣﻲ ﺷﻮﻧﺪ ﻣﺜﻞ: ﺑﻌﻀﻲ ﺍﺯ ﻛﻮﺭﺗﻮﻥ ﻫﺎ، ﻫﻮﺭﻣﻮﻥ ﻫﺎﻱ ﺗﻴﺮﻭﺋﻴﺪ، ﺿﺪ ﺍﺳﻴﺪﻫﺎﻱ ﻣﻌﺪﻩ

- ﺳﺎﺑﻘﻪ ﻱ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﻣﻜﺮﺭ ﺍﺩﺭﺍﺭﻱ

- ﺍﻓﺮﺍﺩ ﺩﺍﺭﺍﻱ ﻳﻚ ﻛﻠﻴﻪ

- ﺍﺧﺘﻼﻝ ﻭ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﺩﻳﮕﺮ ﻛﻠﻴﻪ ﻣﺜﻞ ﻛﻴﺴﺖ ﻫﺎﻱ ﻛﻠﻴﻮﻱ

- ﺍﻧﺠﺎﻡ ﺷﻴﻤﻲ ﺩﺭﻣﺎﻧﻲ

- ﺍﺑﺘﻼ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺘﺎﺑﻮﻟﻴﺴﻤﻲ ﻳﺎ ﻏﺪﺩﻱ ﻣﺜﻞ ﺩﻳﺎﺑﺖ (ﻣﺮﺽ ﻗﻨﺪ) ﻭ ﭼﺎﻗﻲ ﺷﺪﻳﺪ

ﻣﻌﻤﻮﻻً 80٪ ﺳﻨﮓ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ ﺑﺪﻭﻥ ﻋﻼﻣﺖ ﻫﺴﺘﻨﺪ ﻭ ﮔﺎﻩ ﻓﺮﺩ ﺗﻨﻬﺎ ﻫﻨﮕﺎﻡ ﺩﻓﻊ ﺳﻨﮓ ﻫﻤﺮﺍﻩ ﺍﺩﺭﺍﺭ، ﻣﺘﻮﺟﻪ ﺑﺮﻭﺯ ﺁﻥ ﻣﻲ ﺷﻮﺩ، ﺳﻨﮓ ﻫﺎ ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﺩﺭ ﻛﻠﻴﻪ ﺛﺎﺑﺖ ﻫﺴﺘﻨﺪ ﻣﻌﻤﻮﻻ ﺍﻳﺠﺎﺩ ﻋﻼﻣﺖ ﻧﻤﻲ ﻛﻨﻨﺪ ﻭ ﻓﻘﻂ ﺯﻣﺎﻧﻲ ﻛﻪ ﺷﺮﻭﻉ ﺑﻪ ﺣﺮﻛﺖ ﻛﺮﺩﻩ ﻭ ﻳﺎ ﺩﺭﻣﺤﻞ ﻫﺎﻱ ﺗﻨﮓ ﺣﺎﻟﺐ ﮔﻴﺮ ﻣﻲ ﻛﻨﻨﺪ ﻭ ﺑﺎﻋﺚ ﺍﻧﺴﺪﺍﺩ ﻣﺴﻴﺮ ﺍﺩﺭﺍﺭ ﻣﻲ ﺷﻮﻧﺪ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﻋﻼﺋﻢ ﺍﻳﺠﺎﺩ ﻛﻨﻨﺪ .

**ﻋﻼﻳﻢ ﺷﺎﻳﻊ ﺷﺎﻣﻞ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺍﺳﺖ :**

- ﺩﺭﺩ: ﺩﺭﺩ ﺷﺪﻳﺪ ﺍﺻﻠﻲ ﺗﺮﻳﻦ ﻋﻼﻣﺖ ﺳﻨﮓ ﻛﻠﻴﻪ ﺍﺳﺖ ﺩﺭﺩ ﻣﻌﻤﻮﻻً ﻧﺎﮔﻬﺎﻧﻲ ﻭ ﻫﻤﺮﺍﻩ ﺑﺎ ﺍﺣﺴﺎﺱ ﻓﺸﺎﺭ ﺍﺳﺖ. ﺷﺪﺕ ﺩﺭﺩ ﭘﺲ ﺍﺯ ﺷﺮﻭﻉ ﺛﺎﺑﺖ ﻧﻴﺴﺖ ﻭ ﻛﻢ ﻭ ﺯﻳﺎﺩ ﻣﻲ ﺷﻮﺩ ﺍﻣﺎ ﻛﺎﻣﻼ ﺑﺮﻃﺮﻑ ﻧﻤﻲ ﺷﻮﺩ، ﺣﻤﻠﻪ ﻫﺎﻱ ﺩﺭﺩ ﺷﺪﻳﺪ ﺍﺯ 20ﺩﻗﻴﻘﻪ ﺗﺎ 1 ﺳﺎﻋﺖ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ (ﻛﻮﻟﻴﻚ ﻳﺎ ﻗﻮﻟﻨﺞ ﻛﻠﻴﻮﻱ). ﺷﺪﺕ ﺩﺭﺩ ﺩﺭ ﺍﻓﺮﺍﺩ ﻣﺨﺘﻠﻒ ﻣﺘﻔﺎﻭﺕ ﺍﺳﺖ .

- ﺧﻮﻥ ﺍﺩﺭﺍﺭﻱ: ﻟﺒﻪ ﻫﺎﻱ ﺗﻴﺰ ﻭ ﻛﻨﺎﺭﻩ ﻫﺎﻱ ﻧﺎﺻﺎﻑ ﺳﻨﮓ ﻫﻨﮕﺎﻡ ﻋﺒﻮﺭ ﺍﺯ ﻣﺤﻞ ﻫﺎﻱ ﺗﻨﮓ ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﻣﻲ ﺗﻮﺍﻧﺪ ﺍﻳﺠﺎﺩ ﺧﺮﺍﺵ ﻭ ﺧﻮﻥ ﺭﻳﺰﻱ ﻛﻨﺪ، ﻛﻪ ﮔﺎﻫﻲ ﺑﺎﻋﺚ ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﺍﺩﺭﺍﺭ ﺑﻪ ﺳﻤﺖ ﻗﺮﻣﺰﻱ ﻣﻲ ﺷﻮﺩ .

- ﺩﻓﻊ ﺷﻦ ﻳﺎ ﺳﻨﮓ ﺭﻳﺰﻩ: ﮔﺎﻫﻲ ﻫﻤﺮﺍﻩ ﺑﺎ ﺩﺭﺩ ﻭ ﻗﺒﻞ ﺍﺯ ﺩﻓﻊ ﺳﻨﮓ ﺍﺻﻠﻲ ﻣﻮﺍﺩﻱ ﺷﺒﻴﻪ ﺷﻦ ﺩﻓﻊ ﻣﻲ ﺷﻮﺩ .

- ﺍﺣﺴﺎﺱ ﻧﺎﺭﺍﺣﺘﻲ ﻭ ﺩﺭﺩ ﻫﻨﮕﺎﻡ ﺩﻓﻊ ﺍﺩﺭﺍﺭ

- ﻧﻴﺎﺯ ﺑﻪ ﺗﺨﻠﻴﻪ ﻱ ﻣﻜﺮﺭ ﺍﺩﺭﺍﺭ ( ﺳﺮﻳﻊ ﻭ ﻓﻮﺭﻱ ﺍﺩﺭﺍﺭ ﻛﺮﺩﻥ )

- ﺗﻌﺮﻳﻖ

**ﺗﺸﺨﻴﺺ :**

ﻫﺮ ﭼﻨﺪ ﻣﻌﻤﻮﻻ ﻋﻼﺋﻢ ﻓﻮﻕ ﺗﺸﺨﻴﺺ ﺭﺍ ﺑﺴﻴﺎﺭ ﺁﺳﺎﻥ ﻣﻲ ﻛﻨﺪ ﺍﻣﺎ ﺑﺮﺍﻱ ﺗﺎﺋﻴﺪ ﺗﺸﺨﻴﺺ، ﺭﺩ ﻛﺮﺩﻥ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ (ﻣﺜﻞ ﺁﭘﺎﻧﺪﻳﺴﻴﺖ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﺯﻧﺎﻥ) ﻭ ﻫﻤﭽﻨﻴﻦ ﺑﺮﺭﺳﻲ ﻭﺿﻌﻴﺖ ﻋﻤﻠﻜﺮﺩ ﻛﻠﻴﻪ ﻫﺎ ﻭ ﻋﻮﺍﺭﺽ ﺍﺣﺘﻤﺎﻟﻲ ﺳﻨﮓ ﻣﻌﻤﻮﻻ ﻋﻼﻭﻩ ﺑﺮ ﻣﻌﺎﻳﻨﺎﺕ ﺑﺎﻟﻴﻨﻲ،ﺍﺯ ﺁﺯﻣﺎﻳﺶ ﺧﻮﻥ ﻭ ﺍﺩﺭﺍ ﺭ ﻭ ﻧﻴﺰ ﺍﺯ ﺭﻭﺵ ﻫﺎﻱ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻣﻲ ﺷﻮﺩ. ﺁﺯﻣﺎﻳﺶ ﺧﻮﻥ ﻋﻤﻠﻜﺮﺩ ﻛﻠﻴﻪ ﻫﺎ ﺭﺍ ﻣﺸﺨﺺ ﻣﻲ ﻛﻨﺪ ﻭ ﺩﺭ ﺁﺯﻣﺎﻳﺶ ﺍﺩﺭﺍﺭ ﻭﺟﻮﺩ ﺧﻮﻥ ﻭ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺍﺣﺘﻤﺎﻟﻲ ﺑﺮﺭﺳﻲ ﻣﻲ ﺷﻮﺩ.

**ﺭﻭﺵ ﻫﺎﻱ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺷﺎﻣﻞ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺍﺳﺖ :**

- ﻋﻜﺲ ﺳﺎﺩﻩ

- ﻋﻜﺲ ﺭﻧﮕﻲ (IVP)

- ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ

- ﺳﻮﻧﻮﮔﺮﺍﻓﻲ: ﺍﻳﻦ ﺭﻭﺵ ﺑﻴﺸﺘﺮﻳﻦ ﺭﻭﺵ ﻣﻮﺭﺩ ﺍﺳﺘﻔﺎﺩﻩ ﺩﺭ ﺗﺸﺨﻴﺺ ﺍﻭﻟﻴﻪ ﻱ ﺳﻨﮓ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ ﺍﺳﺖ ﻭﻟﻲ ﮔﺎﻫﻲ ﺳﻨﮓ ﻫﺎﻱ ﺣﺎﻟﺐ ﺭﺍ ﺑﻪ ﺧﻮﺑﻲ ﺗﺸﺨﻴﺺ ﻧﻤﻲ ﺩﻫﺪ. ﺍﻣﺎ ﻭﺿﻌﻴﺖ ﻛﻠﻴﻪ (ﺗﻮﺭﻡ ﺍﺣﺘﻤﺎﻟﻲ) ﻭ ﺍﻧﺪﺍﺯﻩ ﻱ ﺳﻨﮓ ﺭﺍ ﻣﺸﺨﺺ ﻣﻲ ﻛﻨﺪ .

**ﺩﺭﻣﺎﻥ :**

ﻋﻼﺋﻢ ﺣﺎﺩ ﻣﺎﻧﻨﺪ ﺩﺭﺩ ﻭ ﺗﻬﻮﻉ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺎ ﺗﺠﻮﻳﺰ ﻣﺴﻜﻦ ﻭ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺍﺳﺘﻔﺮﺍﻍ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﺪ ﻭ ﭘﺲ ﺍﺯ ﺁﻥ ﺑﺎﻳﺪ ﻣﻨﺘﻈﺮ ﺩﻓﻊ ﺳﻨﮓ ﺑﻤﺎﻧﻴﺪ. ﺳﻨﮓ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ ﻫﺮ ﭼﻨﺪ ﻋﻼﺋﻢ ﺷﺪﻳﺪﻱ ﺍﻳﺠﺎﺩ ﻣﻲ ﻛﻨﻨﺪ ﺍﻣﺎ 80٪ ﺁﻧﻬﺎ ﻧﻴﺎﺯ ﺑﻪ ﺩﺭﻣﺎﻥ ﺗﺨﺼﺼﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﺧﻮﺩﺑﺨﻮﺩ ﺩﻓﻊ ﻣﻲ ﺷﻮﻧﺪ. ﻣﻬﻤﺘﺮﻳﻦ ﻋﺎﻣﻞ ﺗﻌﻴﻴﻦ ﻛﻨﻨﺪﻩ ﻱ ﺩﻓﻊ ﺳﻨﮓ، ﺍﻧﺪﺍﺯﻩ ﻱ ﺁﻥ ﺍﺳﺖ :

- ﺳﻨﮓ ﻫﺎﻱ ﻛﻤﺘﺮ ﺍﺯ 5/0 ﺳﺎﻧﺘﻲ ﻣﺘﺮ: ﺍﻏﻠﺐ ﺩﺭ ﻃﻮﻝ 4-2 ﻫﻔﺘﻪ ﺩﻓﻊ ﻣﻲ ﺷﻮﻧﺪ .

- ﺳﻨﮓ ﻫﺎﻱ ﺑﺰﺭﮔﺘﺮ ﺍﺯ 1 ﺳﺎﻧﺘﻲ ﻣﺘﺮ: ﺍﺣﺘﻤﺎﻝ ﺩﻓﻊ ﺧﻮﺩﺑﺨﻮﺩﻱ ﺑﺴﻴﺎﺭ ﻛﻢ ﺍﺳﺖ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﻣﺪﺍﺧﻠﻪ ﻭ ﺩﺭﻣﺎﻥ ﻫﺎﻱ ﺗﺨﺼﺼﻲ ﺩﺍﺭﺩ.

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺑﻬﺘﺮ ﺍﺳﺖ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﺧﻮﺭﺍﻛﻲ ﻏﻴﺮ ﻣﺨﺪﺭ ﻣﺜﻞ ﻗﺮﺹ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻳﺎ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.2 ﺩﺭ ﺻﻮﺭﺕ ﺗﺸﺪﻳﺪ ﺩﺭﺩ، ﺍﺯ ﺷﻴﺎﻑ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ (ﺣﺪﺍﻛﺜﺮ 3 ﻋﺪﺩ ﺭﻭﺯﺍﻧﻪ )

.3 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺷﻞ ﻛﻨﻨﺪﻩ ﻭ ﮔﺸﺎﺩ ﻛﻨﻨﺪﻩ ﻱ ﺣﺎﻟﺐ ﻣﺜﻞ ﺗﺎﻣﺴﻮﻟﻮﺳﻴﻦ (ﻣﺪﺍﻟﻮﺳﻴﻦ) ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﻨﻴﺪ .

.4 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ / ﺑﺮﻭﻓﻦ/ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺑﺎﻋﺚ ﻧﺎﺭﺍﺣﺘﻲ ﻭ ﺳﻮﺯﺵ ﻣﻌﺪﻩ ﻣﻲ ﺷﻮﺩ ﻭ ﭼﻨﺎﻥ ﭼﻪ ﺳﺎﺑﻘﻪ ﻱ ﺍﺑﺘﻼ ﺑﻪ ﺯﺧﻢ ﻣﻌﺪﻩ ﺩﺍﺭﻳﺪ ﺍﺯ ﻣﺼﺮﻑ ﺁﻧﻬﺎ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ. ﻫﻤﭽﻨﻴﻦ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺁﺳﻢ ﻭ ﻓﺸﺎﺭ ﺧﻮﻥ ﺷﻮﻧﺪ

5 . ﺩﺭ ﻃﻲ ﺭﻭﺯﻫﺎﻱ ﺁﻳﻨﺪﻩ ﺑﻪ ﻣﺘﺨﺼﺺ ﺟﺮﺍﺣﻲ ﻛﻠﻴﻪ ﻭ ﻣﺠﺎﺭﻱ ﺍﺩﺭﺍﺭ (ﺍﻭﺭﻭﻟﻮژﻳﺴﺖ) ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ. ﺑﻪ ﺧﺼﻮﺹ ﺍﮔﺮ ﺑﺮﺍﻱ ﺍﻭﻟﻴﻦ ﺑﺎﺭ ﺍﺳﺖ ﻛﻪ ﺩﭼﺎﺭ ﺳﻨﮓ ﻛﻠﻴﻪ ﻣﻲ ﺷﻮﻳﺪ ﺣﺘﻤﺎ ﺑﺎﻳﺪ ﺁﺯﻣﺎﻳﺶ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﺧﻮﻥ ﻭ ﺍﺩﺭﺍﺭ ﺍﻧﺠﺎﻡ ﺷﻮﺩ ﺗﺎ ﺍﮔﺮ ﻋﻠﺖ ﻣﺸﺨﺺ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﻛﻪ ﺑﺎﻋﺚ ﺗﺸﻜﻴﻞ ﺳﻨﮓ ﺷﺪﻩ ﻣﺸﺨﺺ ﺷﻮﺩ ﻭ ﺍﮔﺮ ﻣﻲ ﺗﻮﺍﻥ ﺍﺯ ﺑﺮﻭﺯ ﺩﻭﺑﺎﺭﻩ ﻱ ﺳﻨﮓ ﺟﻠﻮﮔﻴﺮﻱ ﻛﺮﺩ، ﺭﻭﺵ ﻫﺎﻱ ﭘﻴﺶ ﮔﻴﺮﻱ ﺑﻪ ﺷﻤﺎ ﺁﻣﻮﺯﺵ ﺩﺍﺩﻩ ﺷﻮﺩ.

.6 ﺍﮔﺮ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺳﻮﻧﻮﮔﺮﺍﻓﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺑﺮﮔﻪ ﻱ ﺟﻮﺍﺏ ﺁﻥ ﺭﺍ ﺩﻭﺭ ﻧﻴﻨﺪﺍﺯﻳﺪ ﻭ ﺣﺘﻤﺎ ﺩﺭ ﻣﺮﺍﺟﻌﺎﺕ ﺑﻌﺪﻱ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ، ﺗﺎ ﺯﻣﺎﻥ ﺩﻓﻊ ﺳﻨﮓ، ﺁﻥ ﺭﺍ ﻫﻤﺮﺍﻩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ .

.7 ﻣﺎﻳﻌﺎﺕ ﺯﻳﺎﺩ ﻣﺼﺮﻑ ﻛﻨﻴﺪ، ﺭﻭﺯﺍﻧﻪ ﺣﺪﺍﻗﻞ 3-5/2 ﻟﻴﺘﺮ ﻣﺎﻳﻌﺎﺕ ﺑﻨﻮﺷﻴﺪ ﻛﻪ ﺑﻴﺶ ﺍﺯ ﻧﺼﻒ ﺁﻥ ﻓﻘﻂ ﺁﺏ ﺳﺎﺩﻩ ﺑﺎﺷﺪ. ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺁﺏ ﺑﺎﻳﺪ ﺑﻪ ﺍﻧﺪﺍﺯﻩ ﺍﻱ ﺑﺎﺷﺪ ﻛﻪ ﺣﺪﺍﻗﻞ 2 ﻟﻴﺘﺮ ﺍﺩﺭﺍﺭ ﺩﺭ ﻫﺮ ﺷﺒﺎﻧﻪ ﺭﻭﺯ ﺩﻓﻊ ﻛﻨﻴﺪ (ﺩﺭ ﻃﻮﻝ ﺷﺐ ﺣﺪﺍﻗﻞ ﻳﻚ ﻳﺎ ﺩﻭ ﺑﺎﺭ ﺑﺮﺍﻱ ﺍﺩﺭﺍﺭ ﻛﺮﺩﻥ ﺑﻴﺪﺍﺭ ﺷﻮﻳﺪ) ﻭ ﺭﻧﮓ ﺍﺩﺭﺍﺭ ﺯﺭﺩ ﺭﻭﺷﻦ ﻳﺎ ﺑﻲ ﺭﻧﮓ ﺑﺎﺷﺪ .

.8 ﺍﺯ ﻣﺼﺮﻑ ﻧﻤﻚ ﻭ ﺷﻜﺮ ﺯﻳﺎﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.9 ﻫﻴﭻ ﻣﺎﺩﻩ ﻱ ﻏﺬﺍﻳﻲ ﺭﺍ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺍﺯ ﺭژﻳﻢ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﻛﺎﻣﻼً ﺣﺬﻑ ﻧﻜﻨﻴﺪ، ﺑﺪﻥ ﺑﻪ ﻫﻤﻪ ﻱ ﺍﻧﻮﺍﻉ ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﻧﻴﺎﺯ ﺩﺍﺭﺩ .

.10 ﺍﺯ ﺍﺳﺘﺮﺍﺣﺖ ﻣﻄﻠﻖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﻲ ﻭ ﻭﺭﺯﺵ ﺭﻭﺯﺍﻧﻪ ﻱ ﻣﻨﺎﺳﺐ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ، ﺍﻳﻦ ﻛﺎﺭ ﺑﻪ ﺩﻓﻊ ﺳﺮﻳﻊ ﺗﺮ ﺳﻨﮓ ﻛﻤﻚ ﻣﻲ ﻛﻨﺪ .

.11 ﻫﻤﺎﻥ ﻃﻮﺭ ﻛﻪ ﮔﻔﺘﻪ ﺷﺪ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻭ ﻣﺴﻜﻦ ﻓﻘﻂ ﻫﻨﮕﺎﻡ ﺣﻤﻼﺕ ﺩﺭﺩ ﺷﺪﻳﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﭼﻮﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﺯﻳﺎﺩ ﺍﺯ ﺁﻧﻬﺎ ﺑﺎﻋﺚ ﻭﺍﺑﺴﺘﮕﻲ ﺩﺍﺭﻭﻳﻲ، ﻣﻘﺎﻭﻡ ﺷﺪﻥ ﺩﺭﺩ ﻭ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﮔﻮﺍﺭﺷﻲ ﻭ ﻛﻠﻴﻮﻱ ﻣﻲ ﺷﻮﺩ .

.12 ﺍﮔﺮ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺩﺍﺭﻭﻫﺎﻱ ﮔﺸﺎﺩ ﻛﻨﻨﺪﻩ ﺣﺎﻟﺐ ﻳﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺣﺘﻤﺎ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻭ ﺩﺭ ﺳﺎﻋﺖ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ .

.13 ﺑﻬﺘﺮ ﺍﺳﺖ ﺳﻨﮓ ﺭﺍ ﭘﺲ ﺍﺯ ﺩﻓﻊ ﺑﺮﺍﻱ ﺑﺮﺭﺳﻲ ﻭ ﺗﻌﻴﻴﻦ ﻧﻮﻉ ﻭ ﺟﻨﺲ ﺁﻥ ﺑﻪ ﭘﺰﺷﻚ ﻳﺎ ﺁﺯﻣﺎﻳﺸﮕﺎﻩ ﺑﺪﻫﻴﺪ (ﺑﻪ ﺧﺼﻮﺹ ﺍﮔﺮ ﺑﺮﺍﻱ ﺍﻭﻟﻴﻦ ﺑﺎﺭ ﺍﺳﺖ ﻛﻪ ﺩﭼﺎﺭ ﺳﻨﮓ ﻛﻠﻴﻪ ﻣﻲ ﺷﻮﻳﺪ). ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﻻﺯﻡ ﺍﺳﺖ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺩﻓﻊ ﺳﻨﮓ، ﻫﺮ ﺑﺎﺭ ﻛﻪ ﺑﻪ ﺩﺳﺘﺸﻮﻳﻲ ﻣﻲ ﺭﻭﻳﺪ ﺍﺩﺭﺍﺭ ﺧﻮﺩ ﺭﺍ ﺍﺑﺘﺪﺍ ﺩﺭ ﻳﻚ ﻇﺮﻑ ﺟﻤﻊ ﺁﻭﺭﻱ ﻛﻨﻴﺪ ﻳﺎ هﻨﮕﺎﻡ ﺍﺩﺭﺍﺭ ﻛﺮﺩﻥ ﺍﺯ ﻳﻚ ﺻﺎﻓﻲ ﺭﻳﺰ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﺩﻓﻊ ﺳﻨﮓ، ﻭﺍﺭﺩ ﻓﺎﺿﻼﺏ ﻧﺸﻮﺩ ﻭ ﺑﺘﻮﺍﻧﻴﺪ ﺁﻥ ﺭﺍ ﻧﮕﻪ ﺩﺍﺭﻳﺪ .

.14 ﺩﻓﻊ ﻧﻬﺎﻳﻲ ﺳﻨﮓ ﻫﻤﺮﺍﻩ ﺍﺩﺭﺍﺭ ﻭ ﺧﺮﻭﺝ ﺁﻥ ﺍﺯ ﭘﻴﺸﺎﺑﺮﺍﻩ ﺑﻪ ﺧﺎﺭﺝ ﺑﺪﻥ ﻣﻌﻤﻮﻻً ﺑﺪﻭﻥ ﺩﺭﺩ ﺍﺳﺖ ﻭ ﮔﺎﻫﻲ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﺭﺩ ﺧﻔﻴﻒ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻣﺨﺘﺼﺮ ﻛﻮﺗﺎﻩ ﻣﺪﺕ ﻫﻤﺮﺍﻩ ﺩﻓﻊ ﺍﻳﺠﺎﺩ ﺷﻮﺩ ﻛﻪ ﺳﺮﻳﻊ ﺑﺮﻃﺮﻑ ﻣﻲ ﺷﻮﺩ ﻧﮕﺮﺍﻥ ﻧﺒﺎﺷﻴﺪ .

ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭﺩ ﻭ ﺗﻬﻮﻉ ﺷﻤﺎ ﺑﻪ ﺩﺭﻣﺎﻥ ﺳﺮﭘﺎﻳﻲ ﭘﺎﺳﺦ ﺩﻫﺪ، ﺩﭼﺎﺭ ﺍﺧﺘﻼﻝ ﻛﻠﻴﻪ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﻳﺎ ﻣﺸﻜﻞﺩﺭ ﻋﻤﻠﻜﺮﺩ ﻛﻠﻴﻪ ﻧﺒﻮﺩﻩ ﻭ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻣﺰﻣﻦ ﺩﻳﮕﺮﻱ ﻣﺒﺘﻼ ﻧ ﺒﺎﺷﻴﺪ ، ﺑﺎ ﺭﻋﺎﻳﺖ ﻣﻮﺍﺭﺩ ﺑﺎﻻ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺣﺘﻲ ﺗﺎ 4ﻫﻔﺘﻪ ﺩﺭ ﻣﻨﺰﻝ ﻣﻨﺘﻈﺮ ﺩﻓﻊ ﺳﻨﮓ ﺑﺎﺷﻴﺪ .

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺑﻪ ﺩﺭﻣﺎﻥ ﺩﺍﺭﻭﻳﻲ ﭘﺎﺳﺦ ﻧﺪﻫﺪ ﻭ ﺣﻤﻠﻪ ﻱ ﺩﺭﺩ ﺷﺪﻳﺪ ﺑﻴﺶ ﺍﺯ ﻳﻚ ﺳﺎﻋﺖ ﺑﺎ ﻭﺟﻮﺩ ﻣﺼﺮﻑ ﻣﺴﻜﻦ ﻃﻮﻝ ﺑﻜﺸﺪ .

- ﺗﻬﻮﻉ/ ﺍﺳﺘﻔﺮﺍﻍ ﺷﺪﻳﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﻗﺎﺩﺭ ﺑﻪ ﺧﻮﺭﺩﻥ ﻭ ﺁﺷﺎﻣﻴﺪﻥ ﻧﺒﻮﺩﻩ ﻭ ﺑﺎﻋﺚ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ﺷﻮﺩ .

- ﺗﺸﺪﻳﺪ ﻳﺎ ﺗﺪﺍﻭﻡ ﻭﺟﻮﺩ ﺧﻮﻥ ﻭﺍﺿﺢ ﺩﺭ ﺍﺩﺭﺍﺭ

- ﺗﺐ ﻭ ﻟﺮﺯ

- ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﺷﺪﻳﺪ ﻫﻨﮕﺎﻡ ﺩﻓﻊ ﺍﺩﺭﺍﺭ

- ﺗﻐﻴﻴﺮ ﺭﻧﮓ/ ﺗﻴﺮﻩ ﺷﺪﻥ/ ﻛﺪﺭ ﺷﺪﻥ ﺭﻧﮓ ﺍﺩﺭﺍﺭ

**ﭼﻨﺎﻥ ﭼﻪ ﻳﻜﻲ ﺍﺯ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﻭﺟﻮﺩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﺪ، ﺍﺣﺘﻤﺎﻝ ﺩﻓﻊ ﺧﻮﺩﺑﺨﻮﺩﻱ ﺳﻨﮓ ﺑﺴﻴﺎﺭ ﻛﻢ ﺍﺳﺖ ﻭ ﺩﺭ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﺩﺭﻣﺎﻥ ﻫﺎ ﻭ ﺭﻭﺵ ﻫﺎﻱ ﺗﺨﺼﺼﻲ ﺑﺮﺍﻱ ﺩﻓﻊ ﺳﻨﮓ ﻣﺎﻧﻨﺪ ﺟﺮﺍﺣﻲ ﻭﺟﻮﺩ ﺩﺍﺭﺩ :**

- ﺳﻨﮓ ﺑﺴﻴﺎﺭ ﺑﺰﺭگ

- ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﻣﻜﺮﺭ ﻳﺎ ﻣﺰﻣﻦ

- ﺳﻨﮓ ﻫﺎﻱ ﻋﻔﻮﻧﻲ

ﺍﻧﺴﺪﺍﺩ ﻛﺎﻣﻞ ﻣﺴﻴﺮ ﺍﺩﺭﺍﺭ ﻭ ﺗﻮﺭﻡ ﻛﻠﻴﻪ

- ﺍﺧﺘﻼﻝ ﺩﺭ ﻋﻤﻠﻜﺮﺩ ﻛﻠﻴﻪ

- ﺩﺍﺷﺘﻦ ﻳﻚ ﻛﻠﻴﻪ

ﺣﺘﻲ ﺩﺭ ﺍﻳﻦ ﺻﻮﺭﺕ ﻫﻢ ﻧﻴﺎﺯﻱ ﻧﻴﺴﺖ ﻧﮕﺮﺍﻥ ﺑﺎﺷﻴﺪ، ﺍﻣﺮﻭﺯﻩ ﺭﻭﺵ ﻫﺎﻱ ﺩﺭﻣﺎﻧﻲ ﻣﻮﺛﺮ ﻭ ﻛﻢ ﺧﻄﺮﻱ ﺑﺮﺍﻱ ﺧﺮﻭﺝ ﺳﻨﮓ ﻛﻠﻴﻪ ﻭﺟﻮﺩ ﺩﺍﺭﺩ.

ﻫﻤﺎﻥ ﮔﻮﻧﻪ ﻛﻪ ﺫﻛﺮ ﺷﺪ ﺍﻓﺮﺍﺩﻱ ﻛﻪ ﻳﻚ ﻣﺮﺗﺒﻪ ﺩﭼﺎﺭ ﺳﻨﮓ ﻛﻠﻴﻪ ﻣﻲ ﺷﻮﻧﺪ 2 ﺑﺮﺍﺑﺮ ﺑﻴﺸﺘﺮ ﺍﺯ ﺑﻘﻴﻪ ﺍﺣﺘﻤﺎﻝ ﺍﺑﺘﻼ ﺩﻭﺑﺎﺭﻩ ﺩﺍﺭﻧﺪ ﻭ ﺑﻴﺶ ﺍﺯ ﻧﻴﻤﻲ ﺍﺯ ﺁﻧﻬﺎ ﺩﺭ ﻃﻮﻝ 10-2 ﺳﺎﻝ ﺁﻳﻨﺪﻩ ﺣﺪﺍﻗﻞ ﻳﻚ ﺑﺎﺭ ﺩﻳﮕﺮ ﺩﭼﺎﺭ ﺳﻨﮓ ﻛﻠﻴﻪ ﻣﻲ ﺷﻮﻧﺪ، ﻫﺮ ﭼﻨﺪ ﺑﺎ ﺭﻋﺎﻳﺖ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﻣﻲ ﺗﻮﺍﻥ ﺗﺎ ﺣﺪ ﺯﻳﺎﺩﻱ ﺍﺯ ﺑﺮﻭﺯﺳﻨﮓ ﭘﻴﺶ ﮔﻴﺮﻱ ﻛﺮﺩ .

**ﺍﺻﻮﻝ ﻛﻠﻲ ﭘﻴﺶ ﮔﻴﺮﻱ ﻛﻪ ﺑﺮﻭﺯ ﻫﻤﻪ ﻱ ﺳﻨﮓ ﻫﺎ ﺭﺍ ﺗﺎ ﺣﺪ ﺯﻳﺎﺩﻱ ﻛﺎﻫﺶ ﻣﻲ ﺩﻫﺪ ﺷﺎﻣﻞ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺍﺳﺖ :**

-1 ﺍﻓﺰﺍﻳﺶ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ: ﺷﻤﺎ ﺩﺭ ﻃﻮﻝ ﺭﻭﺯ ﺑﺎﻳﺪ ﺭﻭﺯﺍﻧﻪ ﺣﺪﺍﻗﻞ 3-5/2 ﻟﻴﺘﺮ ﻣﺎﻳﻌﺎﺕ ﺑﻨﻮﺷﻴﺪ ﺗﺎ ﺣﺪﺍﻗﻞ 2 ﻟﻴﺘﺮ ﺍﺩﺭﺍﺭ ﺩﻓﻊ ﻛﻨﻴﺪ، ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺭﻧﮓ ﺍﺩﺭﺍﺭ ﺯﺭﺩ ﻛﺎﻣﻼ ﺭﻭﺷﻦ ﻳﺎ ﺑﻲ ﺭﻧﮓ ﺑﺎﺷﺪ. ﺩﺭ ﻣﻮﺭﺩ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ ﺑﻪ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :

- ﺣﺪﺍﻗﻞ ﻧﺼﻒ ﻣﺎﻳﻌﺎﺗﻲ ﻛﻪ ﻣﻲ ﺧﻮﺭﻳﺪ ﺁﺏ ﺳﺎﺩﻩ ﺑﺎﺷﺪ 5/1( ﻟﻴﺘﺮ ).

- ﺍﺯ ﻣﺼﺮﻑ ﺑﻴﺶ ﺍﺯ ﺣﺪ ﭼﺎﻱ ﻭ ﻗﻬﻮﻩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﻣﺼﺮﻑ ﻧﻮﺷﺎﺑﻪ ﻫﺎﻱ ﮔﺎﺯﺩﺍﺭ ﺭﺍ ﻛﻢ ﻭ ﻣﺤﺪﻭﺩ ﻛﻨﻴﺪ (ﺣﺪﺍﻛﺜﺮ 1 ﻟﻴﺘﺮ ﺩﺭ ﻫﻔﺘﻪ).

- ﺩﺭ ﺻﻮﺭﺕ ﻣﺼﺮﻑ ﺁﺏ ﻣﻴﻮﻩ ﺑﻬﺘﺮ ﺍﺳﺖ ﺍﺯ ﺁﺏ ﭘﺮﺗﻘﺎﻝ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﻭ ﻛﻤﺘﺮ ﺁﺏ ﺳﻴﺐ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

- ﺍﮔﺮ ﺩﺭ ﺁﺏ ﻭ ﻫﻮﺍﻱ ﮔﺮﻡ ﻫﺴﺘﻴﺪ ﻳﺎ ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﻲ ﺯﻳﺎﺩﻱ ﺩﺍﺭﻳﺪ ﻛﻪ ﺑﺎﻋﺚ ﻋﺮﻕ ﻛﺮﺩﻥ ﺯﻳﺎﺩ ﻣﻲ ﺷﻮﺩ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ ﺭﺍ ﺍﻓﺰﺍﻳﺶ ﺩﻫﻴﺪ.

- ﺳﻌﻲ ﻛﻨﻴﺪ ﺩﺭ ﻃﻮﻝ ﺭﻭﺯ ﻫﺮ 2-1 ﺳﺎﻋﺖ ﻳﻚ ﻟﻴﻮﺍﻥ ﺁﺏ ﻭ ﻗﺒﻞ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﻭ ﭘﺲ ﺍﺯ ﺑﻴﺪﺍﺭ ﺷﺪﻥ 2 ﻟﻴﻮﺍﻥ ﺁﺏ ﺑﻨﻮﺷﻴﺪ.

- ﺑﺎ ﻫﺮ ﻭﻋﺪﻩ ﻱ ﻏﺬﺍﻳﻲ ﺩﻭ ﻟﻴﻮﺍﻥ ﺁﺏ ﺑﻨﻮﺷﻴﺪ.

- ﺍﮔﺮ ﺩﺭ ﻃﻮﻝ ﺷﺐ ﺑﻴﺪﺍﺭ ﺷﺪﻳﺪ (ﻣﺜﻼ ﺑﺮﺍﻱ ﺭﻓﺘﻦ ﺑﻪ ﺩﺳﺘﺸﻮﻳﻲ) ﻗﺒﻞ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﻳﻚ ﻟﻴﻮﺍﻥ ﺁﺏ ﺑﻨﻮﺷﻴﺪ.

- ﭘﻴﺶ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﻳﻚ ﻟﻴﻮﺍﻥ ﺁﺏ ﺑﻨﻮﺷﻴﺪ.

- ﻫﻨﮕﺎﻡ ﺧﺮﻭﺝ ﺍﺯ ﺧﺎﻧﻪ ﻳﻚ ﺑﻄﺮﻱ ﺁﺏ ﻫﻤﺮﺍﻩ ﺧﻮﺩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ، ﺑﻄﺮﻱ ﺭﺍ ﻃﻮﺭﻱ ﺍﻧﺘﺨﺎﺏ ﻛﻨﻴﺪﻛﻪ ﺩﺭ ﺻﻮﺭﺕ ﺧﺎﻟﻲ ﺷﺪﻥ ﺑﺘﻮﺍﻧﻴﺪ ﺩﻭﺑﺎﺭﻩ ﺁﻥ ﺭﺍ ﭘﺮ ﻛﻨﻴﺪ.

- ﺩﺭ ﻣﺤﻞ ﻛﺎﺭ ﺣﺘﻤﺎً ﻳﻚ ﺑﻄﺮﻱ ﺁﺏ ﺩﺭ ﻛﻨﺎﺭ ﺧﻮﺩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ.

- ﺑﻬﺘﺮ ﺍﺳﺖ ﺣﺠﻢ ﺑﻄﺮﻱ ﻳﺎ ﻟﻴﻮﺍﻧﻲ ﻛﺭﺍ ﻪ ﺑﺮﺍﻱ ﻧﻮﺷﻴﺪﻥ ﺁﺏ ﺍﺳﺘﻔﺎﺩﻩ ﻣﻲ ﻛﻨﻴﺪ ﺑﺪﺍﻧﻴﺪ ﺗﺎ ﺑﺘﻮﺍﻧﻴﺪ ﺭﻭﺯﺍﻧﻪ ﺣﺪﺍﻗﻞ 3-5/2 ﻟﻴﺘﺮ ﺁﺏ ﺭﺍ ﻣﺤﺎﺳﺒﻪ ﻭ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

ﻣﻌﻴﺎﺭ ﻛﺎﻓﻲ ﺑﻮﺩﻥ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ، ﺣﺠﻢ ﺍﺩﺭﺍﺭ ﺍﺳﺖ. ﺑﺎﻳﺪ ﺍﺩﺭﺍﺭ ﻛﺎﻓﻲ ﺑﺎ ﺭﻧﮓ ﻛﺎﻣﻼً ﺷﻔﺎﻑ ﺩﺍﺷﺘﻪ ﻭ ﺩﺭ ﻃﻮﻝ ﺷﺐ ﺣﺪﺍﻗﻞ 1 ﺑﺎﺭ ﺑﺮﺍﻱ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﺑﻴﺪﺍﺭ ﺷﻮﻳﺪ.

1- ﻓﺮﺍﻣﻮﺵ ﻧﻜﻨﻴﺪ ﺍﺯ ﻫﺮ ﻓﺮﺻﺘﻲ ﺑﺮﺍﻱ ﻧﻮﺷﻴﺪﻥ ﺁﺏ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

2 - ﻛﺎﻫﺶ ﻣﺼﺮﻑ ﻧﻤﻚ: ﻣﺼﺮﻑ ﻧﻤﻚ ﺯﻳﺎﺩ ﺑﺎﻋﺚ ﺑﺎﻻ ﺭﻓﺘﻦ ﺍﺣﺘﻤﺎﻝ ﺳﻨﮓ ﺳﺎﺯﻱ ﻣﻲ ﺷﻮﺩ، ﺍﺯ ﻏﺬﺍﻫﺎﻱ ﺷﻮﺭ ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻛﻨﺴﺮﻭﻫﺎ، ﻓﺴﺖ ﻓﻮﺩ، ﺳﻮﺳﻴﺲ ﻭ ﻛﺎﻟﺒﺎﺱ،ﻏﺬﺍﻫﺎﻱ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﺷﺪﻩ، ﭼﻴﭙﺲ، ﭘﻔﻚ ﻭ ﺍﻧﻮﺍﻉ ﺳﺲ ﻫﺎ ﻛﻤﺘﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ، ﻫﻨﮕﺎﻡ ﻃﺒﺦ ﻏﺬﺍ ﺍﺯ ﻧﻤﻚ ﻛﻤﺘﺮﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺻﺮﻑ ﻏﺬﺍ ﺑﺮ ﺳﺮ ﺳﻔﺮﻩ ﻧﻤﻚ ﺍﺿﺎﻓﻲ ﺑﺮ ﺭﻭﻱ ﺁﻥ ﻧﭙﺎﺷﻴﺪ.

3 - ﭘﺮﻫﻴﺰ ﺍﺯ ﻣﺼﺮﻑ ﺷﻜﺮ ﺯﻳﺎﺩ: ﺑﻬﺘﺮ ﺍﺳﺖ ﺍﺯ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺧﻮﺭﺍﻛﻲ ﻫﺎﻱ ﺑﺴﻴﺎﺭ ﺷﻴﺮﻳﻦ ﻣﺜﻞ ﻣﺮﺑﺎ، ﻛﻴﻚ، ﺷﻴﺮﻳﻨﻲ، ﺑﻴﺴﻜﻮﻳﺖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

4 - ﺣﻔﻆ ﺗﻌﺎﺩﻝ ﺩﺭ ﺭژﻳﻢ ﻏﺬﺍﻳﻲ: ﻫﻴﭻ ﻣﺎﺩﻩ ﻱ ﻏﺬﺍﻳﻲ ﺭﺍ (ﻣﺜﻼ ﺍﻧﻮﺍﻉ ﻟﺒﻨﻴﺎﺕ) ﺑﺪﻭﻥ ﺗﻮﺻﻴﻪ ﻱ ﭘﺰﺷﻚ ﺍﺯ ﺭژﻳﻢ ﺧﻮﺩ ﺣﺬﻑ ﻧﻜﻨﻴﺪ، ﺑﺪﻥ ﺷﻤﺎ ﺑﻪ ﻫﻤﻪ ﻱ ﺍﻧﻮﺍﻉ ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﺑﺮﺍﻱ ﺳﻼﻣﺖ ﺧﻮﺩ (ﻣﺜﻼ ﻣﻮﺍﺩ ﺣﺎﻭﻱ ﻛﻠﺴﻴﻢ ﺑﺮﺍﻱ ﺍﺳﺘﺤﻜﺎﻡ ﻭ ﺳﻼﻣﺖ ﺍﺳﺘﺨﻮﺍﻥ ﻫﺎ ﻭ ﺩﻧﺪﺍﻥ ﻫﺎ) ﻧﻴﺎﺯ ﺩﺍﺭﺩ. ﺍﺯ ﻏﺬﺍﻫﺎﻱ ﺩﺍﺭﺍﻱ ﻓﻴﺒﺮ ﻣﺜﻞ ﺳﺒﺰﻳﺠﺎﺕ، ﺳﺒﻮﺱ، ﮔﻨﺪﻡ ﻭ ﺟﻮ ﺑﻴﺸﺘﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﻗﻬﻮﻩ ﻭ ﺷﻜﻼﺕ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

5 - ﻣﺼﺮﻑ ﻣﻜﻤﻞ ﻫﺎ ﻭ ﻭﻳﺘﺎﻣﻴﻦ ﻫﺎ: ﺑﻬﺘﺮ ﺍﺳﺖ ﺟﻬﺖ ﻣﺼﺮﻑ ﻫﺮﮔﻮﻧﻪ ﺩﺍﺭﻭﻱ ﻣﻜﻤﻞ ﻭ ﻭﻳﺘﺎﻣﻴﻦ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﻨﻴﺪ ﭼﻮﻥ ﻣﺼﺮﻑ ﺑﻴﺶ ﺍﺯ ﺍﻧﺪﺍﺯﻩ ﻭ ﻏﻴﺮ ﺿﺮﻭﺭﻱ ﺑﺮﺧﻲ ﺍﺯ ﻭﻳﺘﺎﻣﻴﻦ ﻫﺎ ﺑﺎﻋﺚ ﺗﺸﻜﻴﻞ ﺳﻨﮓ ﺧﻮﺍﻫﺪ ﺷﺪ .

6 - ﺩﺍﺭﻭﻫﺎ: ﻫﺮ ﭼﻨﺪ ﺑﺮﺧﻲ ﺩﺍﺭﻭﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺷﺎﻧﺲ ﺑﺮﻭﺯ ﺳﻨﮓ ﺭﺍ ﺍﻓﺰﺍﻳﺶ ﺩﻫﻨﺪ ﺍﻣﺎ ﺍﮔﺮ ﺑﺮﺍﻱ ﺑﻴﻤﺎﺭﻱ ﺩﻳﮕﺮﻱ ﺩﺍﺭﻭ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﻣﺸﻮﺭﺕ ﻭ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺧﻮﺩ ﻧﻜﻨﻴﺪ. ﺍﮔﺮ ﺳﻨﮓ ﺷﻤﺎ ﺍﺯ ﺳﻨﮓ ﻫﺎﻱ ﻋﻔﻮﻧﻲ ﺑﻮﺩﻩ ﻭ ﭘﺰﺷﻚ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺖ ﺣﺘﻤﺎ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﻨﻴﺪ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﺑﻪ ﭘﺎﻳﺎﻥ ﺑﺮﺳﺎﻧﻴﺪ. ﺍﮔﺮ ﭼﻪ ﺑﺮﺧﻲ ﺩﺍﺭﻭﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺍﺯ ﺑﺮﻭﺯ ﮔﺮﻭﻩ ﻛﻤﻲ ﺍﺯ ﺳﻨﮓ ﻫﺎ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻨﺪ ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺍﻗﺪﺍﻡ ﺑﻪ ﻣﺼﺮﻑ ﺁﻧﻬﺎ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﻋﻮﺍﺭﺽ ﺑﺴﻴﺎﺭ ﺧﻄﺮﻧﺎﻛﻲ ﺩﺍﺭﻧﺪ ﻭ ﮔﺎﻩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﻴﻤﺎﺭﻱ ﺷﻤﺎ ﺭﺍ ﺗﺸﺪﻳﺪ ﻛﻨﻨﺪ.

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ .................................................. ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﺋﻢ ﺷﻤﺎ،ﭘﺲ ﺍﺯ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺗﺸﺨﻴﺺ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﺑﺮﺍﻱ ﺷﻤﺎ ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ، ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﻳﻦ ﺗﺸﺨﻴﺺ ﻭ ﻋﺪﻡ ﻭﺟﻮﺩ ﻋﻮﺍﺭﺽ ﺧﺎﺹ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺭﻳﺪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺁﺯﻣﺎﻳﺶ ﺍﺩﺭﺍﺭ ﺷﻤﺎ ﺍﺣﺘﻤﺎﻝ ﺍﺑﺘﻼ ﺑﻪ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﺭﺍ ﺗﺎﻳﻴﺪ ﻣﻲ ﻛﻨﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﺋﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺳﻮﻧﻮﮔﺮﺍﻓﻲ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺳﻮﻧﻮﮔﺮﺍﻓﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻃﺒﻴﻌﻲ ﺑﻮﺩﻩ ﻭ ﻣﺸﻜﻞ ﻳﺎ ﻋﺎﺭﺿﻪ ﻱ ﺧﺎﺻﻲ ﻣﺸﺎﻫﺪﻩ ﻧﺸﺪﻩ ﺍﺳﺖ

ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﻳﻜﻲ ﺍﺯ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﻭ ﺷﻜﺎﻳﺎﺕ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻭ ﭘﺰﺷﻜﺎﻥ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺍﺧﺘﻼﻝ ﻣﺮﺗﺒﻂ ﺑﺎ ﺳﻴﺴﺘﻢ ﺍﺩﺭﺍﺭﻱ ﺍﺳﺖ ﻭ ﺑﻪ ﻣﻌﻨﺎﻱ ﻭﺟﻮﺩ ﻣﻴﻜﺮﻭﺏ ﺩﺭ ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﻣﻲ ﺑﺎﺷﺪ. ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﺷﺎﻣﻞ ﻛﻠﻴﻪ ﻫﺎ، ﺣﺎﻟﺐ ﻫﺎ، ﻣﺜﺎﻧﻪ ﻭ ﻣﺠﺮﺍﻱ ﺍﺩﺭﺍﺭ ﺍﺳﺖ . ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﻋﻠﺖ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﺁﻟﻮﺩﮔﻲ ﺑﺎ ﻣﻴﻜﺮﻭﺏ ﻫﺎﻱ ﻣﺪﻓﻮﻋﻲ ﺍﺳﺖ ﻭ ﺩﺭ ﺧﺎﻧﻢ ﻫﺎ ﺑﻪ ﻃﻮﺭ ﻛﻠﻲ ﺷﺎﻳﻊ ﺗﺮ ﺍﺯ ﺁﻗﺎﻳﺎﻥ ﻣﻲ ﺑﺎﺷﺪ. ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﺍﻧﻮﺍﻉ ﻣﺨﺘﻠﻔﻲ ﺩﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﺪ ﻛﻠﻴﻪ ﻫﺎ، ﻣﺜﺎﻧﻪ ﻳﺎ ﭘﻴﺸﺎﺑﺮﺍﻩ ( ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺟﻨﺴﻲ ﺩﺭ ﺁﻗﺎﻳﺎﻥ) ﺭﺍ ﺩﺭﮔﻴﺮ ﻛﻨﺪ ﻛﻪ ﺍﺯ ﺑﻴﻦ ﺁﻥ ﻫﺎ ﻋﻔﻮﻧﺖ ﻣﺜﺎﻧﻪ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﺗﺮ ﺍﺳﺖ .

**ﻭﺟﻮﺩ ﻋﻮﺍﻣﻞ ﺯﻳﺮ ﺑﺎﻋﺚ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﺍﺑﺘﻼ ﺑﻪ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﻭ ﻳﺎ ﺗﻜﺮﺍﺭ ﺁﻥ (ﻋﻔﻮﻧﺖ ﻣﻜﺮﺭ ﻳﺎ ﺭﺍﺟﻌﻪ ) ﻣﻲ ﺷﻮﺩ:**

- ﺧﺎﻧﻢ ﻫﺎ

- ﺣﺎﻣﻠﮕﻲ

- ﻳﺎﺋﺴﮕﻲ

- ﺍﻓﺮﺍﺩ ﻣﺴﻦ

- ﻣﺼﺮﻑ ﻛﻢ ﻣﺎﻳﻌﺎﺕ

- ﺍﺩﺭﺍﺭ ﻛﺮﺩﻥ ﺑﺎ ﻓﺎﺻﻠﻪ ﻱ ﺯﻳﺎﺩ ﻭ ﻃﻮﻻﻧﻲ ﻭ ﻋﺪﻡ ﺩﻓﻊ ﺑﻪ ﻣﻮﻗﻊ ﺍﺩﺭﺍﺭ ﻫﻨﮕﺎﻡ ﺍﺣﺴﺎﺱ ﻧﻴﺎﺯ ﺑﻪ ﺩﻓﻊ

- ﺳﻄﺢ ﭘﺎﻳﻴﻦ ﺑﻬﺪﺍﺷﺖ ﻭ ﻋﺪﻡ ﺭﻋﺎﻳﺖ ﻣﻨﺎﺳﺐ ﺍﺻﻮﻝ ﺑﻬﺪﺍﺷﺘﻲ

- ﺷﺴﺘﺸﻮﻱ ﻏﻠﻂ ﻧﺎﺣﻴﻪ ﻱ ﺗﻨﺎﺳﻠﻲ ﭘﺲ ﺍﺯ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﻭ ﻣﺪﻓﻮﻉ (ﺑﻮﻳﮋﻩ ﺩﺭ ﺧﺎﻧﻢ ﻫﺎ ﺟﻬﺖ ﺷﺴﺘﺸﻮ ﺑﺎﻳﺪ ﺍﺯ ﺳﻤﺖ ﺟﻠﻮ ﺑﻪ ﻋﻘﺐ ﺑﺎﺷﺪ ﺗﺎ ﺁﻟﻮﺩﮔﻲ - ﻣﺪﻓﻮﻋﻲ ﺑﻪ ﻣﺠﺮﺍﻱ ﺍﺩﺭﺍﺭ ﻣﻨﺘﺸﺮ ﻧﺸﻮﺩ )

- ﺍﻓﺮﺍﺩ ﺩﺍﺭﺍﻱ ﺳﻮﻧﺪ ﻳﺎ ﻟﻮﻟﻪ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ

- ﺍﺧﺘﻼﻻﺕ ﺳﺎﺧﺘﻤﺎﻧﻲ ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ

- ﻫﺮ ﻋﺎﻣﻠﻲ ﻛﻪ ﺑﺎﻋﺚ ﺍﻧﺴﺪﺍﺩ ﺩﺭ ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﺷﻮﺩ ﻣﺜﻞ ﺳﻨﮓ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ

- ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺰﻣﻦ ﺯﻣﻴﻨﻪ ﺍﻱ ﻣﺜﻞ ﺩﻳﺎﺑﺖ

- ﺍﺑﺘﻼ ﺑﻪ ﻋﻮﺍﻣﻞ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﻳﺎ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻳﻲ ﻛﻪ ﺑﺎﻋﺚ ﺿﻌﻒ، ﻧﻘﺺ ﻳﺎ ﺳﺮﻛﻮﺏ ﺳﻴﺴﺘﻢ ﺍﻳﻤﻨﻲ ﺑﺪﻥ ﺷﻮﺩ

- ﺍﺧﺘﻼﻻﺗﻲ ﻛﻪ ﺑﺎﻋﺚ ﻧﺎﺗﻮﺍﻧﻲ ﺩﺭ ﺗﺨﻠﻴﻪ ﻱ ﻛﺎﻣﻞ ﺍﺩﺭﺍﺭ ﻣﻲ ﺷﻮﺩ ﻣﺜﻞ: ﺑﺰﺭﮔﻲ ﻏﺪﻩ ﭘﺮﻭﺳﺘﺎﺕ ﺩﺭ ﺁﻗﺎﻳﺎﻥ ﻭ ﭼﺴﺒﻨﺪﮔﻲ ﻫﺎﻱ ﺭﺣﻤﻲ ﻭ ﻟﮕﻨﻲ ﺩﺭ ﺧﺎﻧﻢ ﻫﺎ

**ﻋﻼﺋﻢ ﺍﺑﺘﻼ ﺑﻪ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ :**

1 - ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﻫﻨﮕﺎﻡ ﺍﺩﺭﺍﺭ ﻛﺮﺩﻥ / ﺗﻜﺮﺭ ﺍﺩﺭﺍﺭ / ﺍﺣﺴﺎﺱ ﻓﻮﺭﻳﺖ ﺩﺭ ﺩﻓﻊ ﺍﺩﺭﺍﺭ

2 - ﺍﺣﺴﺎﺱ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺍﺩﺭﺍﺭ ﺩﺭ ﻣﺜﺎﻧﻪ ﭘﺲ ﺍﺯ ﺗﺨﻠﻴﻪ ﻱ ﺍﺩﺭﺍﺭ / ﻗﻄﺮﻩ ﻗﻄﺮﻩ ﺍﺩﺭﺍﺭ ﻛﺮﺩﻥ / ﺑﻲ ﺍﺧﺘﻴﺎﺭﻱ ﺍﺩﺭﺍﺭ/ ﺷﺐ ﺍﺩﺭﺍﺭﻱ

3 - ﻛﺪﺭ ﻭ ﻏﻴﺮ ﺷﻔﺎﻑ ﺷﺪﻥ ﻳﺎ ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﺍﺩﺭﺍﺭ / ﺑﺪ ﺑﻮ ﺷﺪﻥ ﺍﺩﺭﺍﺭ / ﺧﻮﻥ ﺩﺭ ﺍﺩﺭﺍﺭ

4 - ﺍﺣﺴﺎﺱ ﺳﻨﮕﻴﻨﻲ ﻭ ﻓﺸﺎﺭ ﺩﺭ ﻟﮕﻦ ﻭ ﭘﺎﻳﻴﻦ ﺷﻜﻢ / ﺩﺭﺩ ﻛﻤﺮ ﻭ ﭘﻬﻠﻮ ﻭ ﻛﺸﺎﻟﻪ ﻱ ﺭﺍﻥ

5 - ﺧﺎﺭﺵ ﻧﺎﺣﻴﻪ ﻱ ﺗﻨﺎﺳﻠﻲ ﻳﺎ ﺗﺮﺷﺢ ﭼﺮﻛﻲ ﺍﺯ ﻣﺠﺮﺍﻱ ﺍﺩﺭﺍﺭﻱ ﺩﺭ ﺁﻗﺎﻳﺎﻥ

6 - ﺗﺐ ( ﺍﺯ ﺗﺐ ﺧﻔﻴﻒ ﺗﺎ ﺗﺐ ﻭ ﻟﺮﺯ ﺷﺪﻳﺪ ﻣﻲ ﺗﻮﺍﻧﺪ ﻣﺘﻐﻴﺮ ﺑﺎﺷﺪ )

7 - ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ / ﺍﺳﻬﺎﻝ / ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ

8 - ﺍﺣﺴﺎﺱ ﺿﻌﻒ ﻭ ﺧﺴﺘﮕﻲ / ﮔﻴﺠﻲ ﻭ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ (ﺩﺭ ﺍﻓﺮﺍﺩ ﻣﺴﻦ )

ﺍﺯ ﺍﻧﺠﺎ ﻛﻪ ﺍﻳﻦ ﻋﻼﺋﻢ ﺩﺭ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﺩﻳﮕﺮﻱ ﺑﻪ ﺟﺰ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﻧﻴﺰ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﻧﺪ، ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯﺍﻳﻦ ﻋﻼﺋﻢ ﺣﺘﻲ ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﻗﺒﻠﻲ ﺍﺑﺘﻼ ﺑﻪ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﺩﺍﺭﻳﺪ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ ﺗﺎ ﻫﻤﻪ ﻱ ﺗﺸﺨﻴﺺ ﻫﺎﻱ ﺍﺣﺘﻤﺎﻟﻲ ﺑﺮﺭﺳﻲ ﺷﻮﺩ

**ﺗﺸﺨﻴﺺ :**

- ﺗﺸﺨﻴﺺ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﻣﻌﻤﻮﻻ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ، ﻭﺟﻮﺩ ﻋﻼﺋﻢ، ﻣﻌﺎﻳﻨﺎﺕ ﺑﺎﻟﻴﻨﻲ،ﻭﺟﻮﺩ ﻋﻮﺍﻣﻞ ﺧﻄﺮ ﻭ ﺳﺎﺑﻘﻪ ﻱ ﻗﺒﻠﻲ ﺍﺑﺘﻼ ﺑﻪ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﺍﺳﺖ .

- ﻣﻤﻜﻦ ﺍﺳﺖ ﭘﺰﺷﻚ ﺑﺮﺍﻱ ﺗﺎﻳﻴﺪ ﺗﺸﺨﻴﺺ ﻭ ﺭﺩ ﻛﺮﺩﻥ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺯﻣﺎﻳﺶ ﺍﺩﺭﺍﺭ(ﺍﺯ ﻧﻈﺮ ﺑﺮﺭﺳﻲ ﻭﺟﻮﺩ ﺧﻮﻥ، ﻗﻨﺪ، ﭘﺮﻭﺗﺌﻴﻦ، ﻋﻔﻮﻧﺖ) ﻭ ﺑﺮﺭﺳﻲ ﻣﻴﻜﺮﻭﺑﻲ ﻳﺎ ﻫﻤﺎﻥ ﻛﺸﺖ ﺍﺩﺭﺍﺭ ( ﺑﻪ ﺧﺼﻮﺹ ﺑﺮﺍﻱ ﺗﻌﻴﻴﻦ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻣﻮﺛﺮ ﻭ ﻣﻨﺎﺳﺐ) ﺩﺭﺧﻮﺍﺳﺖ ﻛﻨﺪ .

- ﮔﺎﻫﻲ 2-1 ﻫﻔﺘﻪ ﭘﺲ ﺍﺯ ﭘﺎﻳﺎﻥ ﺩﺭﻣﺎﻥ ﻭ ﺑﻬﺒﻮﺩ ﻋﻼﺋﻢ، ﭘﺰﺷﻚ ﺁﺯﻣﺎﻳﺶ ﺍﺩﺭﺍﺭ ﻣﺠﺪﺩ ﺩﺭﺧﻮﺍﺳﺖ ﻣﻲ ﻛﻨﺪ ﺗﺎ ﺍﻃﻤﻴﻨﺎﻥ ﺣﺎﺻﻞ ﺷﻮﺩ ﻛﻪ ﺁﻟﻮﺩﮔﻲ ﻣﻴﻜﺮﻭﺑﻲ ﻛﺎﻣﻼ ﺑﺮﻃﺮﻑ ﺷﺪﻩ ﺍﺳﺖ، ﺍﻳﻦ ﻛﺎﺭ ﺑﻪ ﻭﻳﮋﻩ ﺩﺭ ﺯﻧﺎﻥ ﺣﺎﻣﻠﻪ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺍﻓﺮﺍﺩﻱ ﻛﻪ ﺑﻪ ﻃﻮﺭ ﻣﻜﺮﺭ ﺩﭼﺎﺭ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﻣﻲ ﺷﻮﻧﺪ ﻳﺎ ﻋﻼﺋﻢ ﻋﻔﻮﻧﺖ ﺁﻧﻬﺎ ﭘﺲ ﺍﺯ 2 ﻫﻔﺘﻪ ﻛﺎﻣﻼ ﺑﺮﻃﺮﻑ ﻧﺸﺪﻩ ﺍﺳﺖ ﺍﻫﻤﻴﺖ ﺯﻳﺎﺩﻱ ﺩﺍﺭﺩ .

- ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺍﻧﺠﺎﻡ ﺁﺯﻣﺎﻳﺶ ﺧﻮﻥ،ﻛﺸﺖ ﺍﺩﺭﺍﺭ ﻭ ﺭﻭﺵ ﻫﺎﻱ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﻣﺜﻞ ﺳﻮﻧﻮﮔﺮﺍﻓﻲ ﻳﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺩﺭ ﺑﺴﻴﺎﺭﻱ ﺍﺯ ﻣﻮﺍﺭﺩ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ ﻻﺯﻡ ﻧﻴﺴﺖ ﻭ ﺗﺼﻤﻴﻢ ﮔﻴﺮﻱ ﺩﺭ ﻣﻮﺭﺩ ﻟﺰﻭﻡ ﺍﻧﺠﺎﻡ ﺁﻥ ﻓﻘﻂ ﺑﺮ ﻋﻬﺪﻩ ﻱ ﭘﺰﺷﻚ ﻣﻲ ﺑﺎﺷﺪ (ﻣﺜﻼ ﺩﺭ ﺍﻓﺮﺍﺩﻱ ﻛﻪ ﺩﭼﺎﺭ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺍﺩﺭﺍﺭﻱ ﻣﻜﺮﺭ ﻣﻲ ﺷﻮﻧﺪ ﻳﺎ ﺩﺭ ﻣﻮﺍﺭﺩﻱ ﻛﻪ ﺷﻚ ﺑﻪ ﻭﺟﻮﺩ ﺍﺧﺘﻼﻝ ﺳﺎﺧﺘﻤﺎﻧﻲ ﺩﺭ ﺩﺳﺘﮕﺎﻩ ﺍﺩﺭﺍﺭﻱ ﻳﺎ ﻭﺟﻮﺩ ﻳﻚ ﻋﺎﻣﻞ ﺍﻧﺴﺪﺍﺩ ﺟﺮﻳﺎﻥ ﺍﺩﺭﺍﺭ ﻣﺎﻧﻨﺪ ﺳﻨﮓ ﻭﺟﻮﺩ ﺩﺍﺭﺩ)، ﺩﺭ ﺍﻳﻦ ﻣﻮﺭﺩ ﺑﻪ ﺗﺼﻤﻴﻢ ﭘﺰﺷﻚ ﺧﻮﺩ ﺍﻋﺘﻤﺎﺩ ﻛﻨﻴﺪ .

- ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺁﺯﻣﺎﻳﺶ ﺍﺩﺭﺍﺭ ﺑﺮﺍﻱ ﺷﻤﺎ ﺩﺭﺧﻮﺍﺳﺖ ﺷﺪﻩ ﺍﺳﺖ ﺑﺮﺍﻱ ﻧﻤﻮﻧﻪ ﮔﻴﺮﻱ ﺻﺤﻴﺢ ﺑﺎﻳﺪ ﺍﺑﺘﺪﺍ ﻧﺎﺣﻴﻪ ﻱ ﺗﻨﺎﺳﻠﻲ ﺭﺍ ﺑﻪ ﺧﻮﺑﻲ ﻭ ﺍﺯ ﺟﻠﻮ ﺑﻪ ﻋﻘﺐ ﺑﺸﻮﻳﻴﺪ ﻭ ﺑﻪ ﺁﺭﺍﻣﻲ ﺧﺸﻚ ﻧﻤﺎﻳﻴﺪ، ﺷﺮﻭﻉ ﺑﻪ ﺍﺩﺭﺍﺭ ﻛﺮﺩﻥ ﻧﻤﻮﺩﻩ ﻭ ﺍﺑﺘﺪﺍﻱ ﺍﺩﺭﺍﺭ ﺧﻮﺩ ﺭﺍ ﺩﻭﺭ ﺑﺮﻳﺰﻳﺪ ﻭ ﺍﺯ ﻭﺳﻂ ﺟﺮﻳﺎﻥ ﺍﺩﺭﺍﺭ ﺷﺮﻭﻉ ﺑﻪ ﺟﻤﻊ ﺁﻭﺭﻱ ﺁﻥ ﺩﺭ ﻇﺮﻑ ﺁﺯﻣﺎﻳﺶ ﻛﻨﻴﺪ.

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺁﺏ ﺯﻳﺎﺩ ﺑﻨﻮﺷﻴﺪ، ﺟﺮﻳﺎﻥ ﺯﻳﺎﺩ ﺍﺩﺭﺍﺭ ﺑﺎﻋﺚ ﺷﺴﺘﻪ ﺷﺪﻥ ﻣﻴﻜﺮﻭﺏ ﻫﺎ ﺍﺯ ﺩﺍﺧﻞ ﻣﺠﺎﺭﻱ ﺍﺩﺭﺍﺭﻱ ﻣﻲ ﺷﻮﺩ .

.2 ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺩﺍﺭﻭ ﺭﺍ ﺩﻗﻴﻘﺎ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ ﻭ ﺣﺘﻤﺎ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﺗﺎ ﭘﺎﻳﺎﻥ ﻛﺎﻣﻞ ﻛﻨﻴﺪ، ﺍﻳﻦ ﺯﻣﺎﻥ ﻣﻌﻤﻮﻻ 7-3 ﺭﻭﺯ ﺍﺳﺖ ﻭﻟﻲ ﺩﺭ ﻣﻮﺭﺩ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺷﺪﻳﺪ ﻛﻪ ﻛﻠﻴﻪ ﻫﺎ ﺭﺍ ﺩﺭﮔﻴﺮ ﻣﻲ ﻛﻨﺪ 10 - 14 ﺭﻭﺯ ﺍﺩﺍﻣﻪ ﻣﻲ ﻳﺎﺑﺪ

ﻣﺼﺮﻑ ﻏﻠﻂ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻫﺎ ﺑﺎﻋﺚ ﻣﻘﺎﻭﻡ ﺷﺪﻥ ﻣﻴﻜﺮﻭﺏ ﻫﺎ،ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﻣﻴﻜﺮﻭﺏ ﻫﺎ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﺗﻜﺮﺍﺭ ﻋﻔﻮﻧﺖ ﺩﺭ ﺁﻳﻨﺪﻩ ﻣﻲ ﺷﻮﺩ .

.4 ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﺍﺭﻭﻫﺎﻳﻲ ﺑﺮﺍﻱ ﺑﻬﺒﻮﺩ ﺳﻮﺯﺵ ﻭ ﺩﺭﺩ ﻫﻨﮕﺎﻡ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺑﺎﺷﺪ (ﻣﺜﻞ ﻓﻨﺎﺯﻭﭘﺮﻳﺪﻳﻦ)، ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺑﻪ ﻃﻮﺭ ﻃﺒﻴﻌﻲ ﺑﺎﻋﺚ ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﻭ ﺭﻧﮕﻲ ﺷﺪﻥ ﺍﺩﺭﺍﺭ ﺷﻮﻧﺪ، ﺩﺭ ﺍﻳﻦ ﺻﻮﺭﺕ ﻧﮕﺮﺍﻥ ﻧﺒﺎﺷﻴﺪ ﻭ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﺭﺍ ﺍﺩﺍﻣﻪ ﺩﻫﻴﺪ .

.5 ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﺗﺎ ﺑﺪﻥ ﺷﻤﺎ ﻗﺪﺭﺕ ﻛﺎﻓﻲ ﺑﺮﺍﻱ ﻣﺒﺎﺭﺯﻩ ﺑﺎ ﻣﻴﻜﺮﻭﺏ ﻫﺎ ﺭﺍ ﺩﺍﺷﺘﻪ ﺑﺎﺷﺪ .

.6 ﺍﺯ ﺍﻧﺠﺎﻡ ﻭﺭﺯﺵ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﺎﻧﻲ ﺯﻳﺎﺩ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺑﺮﺧﻲ ﻋﻼﺋﻢ ﻣﺜﻞ ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﺷﺪﻩ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺑﺎ ﺍﻓﺰﺍﻳﺶ ﻣﻴﺰﺍﻥ ﺗﻌﺮﻳﻖ ﺑﺎﻋﺚ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ﻣﻴﺸﻮﺩ .

.7 ﻧﻮﺷﻴﺪﻥ ﺯﻳﺎﺩ ﻗﻬﻮﻩ، ﻧﺴﻜﺎﻓﻪ ﻭ ﺳﺎﻳﺮ ﻧﻮﺷﻴﺪﻧﻲ ﻫﺎﻱ ﺣﺎﻭﻱ ﻛﺎﻓﺌﻴﻦ ﺯﻳﺎﺩ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ، ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎ ﺗﺤﺮﻳﻚ ﻣﺜﺎﻧﻪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﻋﻼﺋﻢ ﺷﻮﺩ .

.8 ﺍﺯ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺍﻧﻮﺍﻉ ﺷﻜﻼﺕ،ﻏﺬﺍﻫﺎﻱ ﺗﻨﺪ ﻭ ﭘﺮﺍﺩﻭﻳﻪ ﻭ ﻧﻮﺷﻴﺪﻧﻲ ﻫﺎﻱ ﮔﺎﺯﺩﺍﺭ (ﻣﺜﻞ ﻧﻮﺷﺎﺑﻪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.9 ﻣﻴﻮﻩ ﻫﺎ ﻭ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﺗﺮﺵ ﻭ ﺣﺎﻭﻱ ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﻣﺜﻞ ﻣﺮﻛﺒﺎﺕ ﻭ ﺁﺏ ﭘﺮﺗﻘﺎﻝ ﺑﻴﺸﺘﺮ ﻣﺼﺮﻑ ﻛﻨﻴﺪ .

.10 ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ ﺩﺭﺩ ﻳﺎ ﺗﺐ ﺑﻬﺘﺮ ﺍﺳﺖ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﻭ ﺗﺮﻛﻴﺒﺎﺕ ﺁﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.11 ﻛﻴﺴﻪ ﻱ ﺁﺏ ﮔﺮﻡ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﮔﺮﻡ ﺑﺎﻋﺚ ﺗﺴﻜﻴﻦ ﺩﺭﺩ ﺷﻜﻢ ﻭ ﭘﻬﻠﻮﻫﺎ ﻣﻲ ﺷﻮﺩ .

.12 ﺍﺩﺭﺍﺭ ﺧﻮﺩ ﺭﺍ ﻧﮕﻪ ﻧﺪﺍﺭﻳﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺍﺣﺴﺎﺱ ﻧﻴﺎﺯ ﺑﻪ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﺳﺮﻳﻌﺎ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺍﻧﺠﺎﻡ ﺩﺍﺩﻩ ﻭ ﻣﺜﺎﻧﻪ ﻱ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺗﺨﻠﻴﻪ ﻛﻨﻴﺪ .

.13 ﺍﮔﺮ ﺍﺣﺘﻤﺎﻻ ﺑﺎﺭﺩﺍﺭ ﻫﺴﺘﻴﺪ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺑﺪﻫﻴﺪ (ﺣﺘﻲ ﺍﮔﺮ ﻣﻄﻤﺌﻦ ﻧﻴﺴﺘﻴﺪ )، ﭼﻮﻥ ﻧﻪ ﺗﻨﻬﺎ ﻣﺼﺮﻑ ﺑﻌﻀﻲ ﺍﺯ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻫﺎ ﺩﺭ ﺩﻭﺭﺍﻥ ﺑﺎﺭﺩﺍﺭﻱ ﺧﻄﺮﻧﺎﻙ ﺍﺳﺖ،ﺑﻠﻜﻪ ﺩﺭ ﻃﻮﻝ ﺑﺎﺭﺩﺍﺭﻱ ﻧﻴﺎﺯ ﺑﻪ ﺑﺮﺭﺳﻲ ﻭ ﻣﺮﺍﻗﺒﺖ ﻭﻳﮋﻩ ﺧﻮﺍﻫﻴﺪ ﺩﺍﺷﺖ .

.14 ﻣﺼﺮﻑ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺩﺭ ﺧﺎﻧﻢ ﻫﺎ ﮔﺎﻫﻲ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﻗﺎﺭﭼﻲ ﺯﻧﺎﻧﻪ ﺷﻮﺩ ، ﺑﻨﺎ ﺑﺮ ﺍﻳﻦ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺧﺎﺭﺵ ﺷﺪﻳﺪ ﻭ ﺗﺮﺷﺢ ﺳﻔﻴﺪ ﺭﻧﮓ ﺩﺭ ﻃﻮﻝ ﻣﺼﺮﻑ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﻧﻜﻨﻴﺪﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺍﺭﻭﻫﺎﻱ ﺩﻳﮕﺮﻱ ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﺑﺮﺍﻱ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻼ ﺩﺍﺭﻭﻫﺎﻱ ﻗﻠﺒﻲ ﻳﺎ ﺭﻗﻴﻖ ﻛﻨﻨﺪﻩ ﻱ ﺧﻮﻥ ) ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺩﻫﻴﺪ ﭼﻮﻥ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﻧﺎﺳﺎﺯﮔﺎﺭ ﺑﺎﺷﺪ، ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﻧﺤﻮﻩ ﻱ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﺭﺍ ﺗﻐﻴﻴﺮ ﻧﺪﻫﻴﺪ .

.16 ﺍﮔﺮ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺯﻣﺎﻳﺶ ﺍﺩﺭﺍﺭ ﻳﺎ ﺳﻮﻧﻮﮔﺮﺍﻓﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺑﺮﮔﻪ ﻱ ﻧﺘﻴﺠﻪ ﺁﻥ ﺭﺍ ﺩﻭﺭ ﻧﻴﻨﺪﺍﺯﻳﺪ،ﭼﻮﻥ ﺩﺭ ﺻﻮﺭﺕ ﻣﺰﻣﻦ ﺷﺪﻥ ﻳﺎ ﺗﻜﺮﺍﺭ ﻋﻔﻮﻧﺖ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﺑﻪ ﺍﻳﻦ ﻧﺘﺎﻳﺞ ﺑﺮﺍﻱ ﻣﻘﺎﻳﺴﻪ ﻧﻴﺎﺯ ﺍﺳﺖ .

.17 ﻣﻌﻤﻮﻻ ﻋﻼﺋﻢ 2-1 ﺭﻭﺯ ﺑﻌﺪ ﺍﺯ ﺁﻏﺎﺯ ﺩﺭﻣﺎﻥ ﺷﺮﻭﻉ ﺑﻪ ﻛﺎﻫﺶ ﻭ ﺑﻬﺒﻮﺩ ﻣﻲ ﻛﻨﻨﺪ .

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﻋﺪﻡ ﺑﻬﺒﻮﺩ ﻋﻼﺋﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺁﻥ ﭘﺲ ﺍﺯ 2 ﺭﻭﺯ ﺩﺭﻣﺎﻥ

- ﺑﺮﻭﺯ ﻋﻼﺋﻢ ﺟﺪﻳﺪ ﻭ ﺍﺿﺎﻓﻪ ﺷﺪﻥ ﺑﻪ ﻋﻼﺋﻢ ﻗﺒﻠﻲ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﭘﻬﻠﻮﻫﺎ ﻭ ﻛﻤﺮ

- ﺑﺮﻭﺯ ﻳﺎ ﺗﺸﺪﻳﺪ ﺗﺐ ﻭ ﻟﺮﺯ ﻳﺎ ﺍﺩﺍﻣﻪ ﻱ ﺗﺐ ﭘﺲ ﺍﺯ 2 ﺭﻭﺯ ﺍﺯ ﺷﺮﻭﻉ ﺩﺭﻣﺎﻥ ﺑﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﺷﺪﻳﺪ

- ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺧﻮﺭﺩﻥ ﻳﺎ ﻧﻮﺷﻴﺪﻥ

- ﺑﻲ ﺣﺎﻟﻲ ﻭ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

- ﻋﺪﻡ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﭘﺲ ﺍﺯ 2 ﻫﻔﺘﻪ

- ﺑﺮﻭﺯ ﺑﺜﻮﺭﺍﺕ ﻭ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ ﻣﺜﻞ ﻛﻬﻴﺮ ﻛﻪ ﻣﻲ ﺗﻮﺍﻧﺪ ﻧﺸﺎﻧﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺑﻪ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺑﺎﺷﺪ

**ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﺩﺭ ﺁﻳﻨﺪﻩ ﺑﻪ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

- ﺣﺠﻢ ﺯﻳﺎﺩﻱ ﺍﺯ ﻣﺎﻳﻌﺎﺕ ﺑﻨﻮﺷﻴﺪ، ﺭﻭﺯﺍﻧﻪ ﺣﺪﺍﻗﻞ 10-8 ﻟﻴﻮﺍﻥ ﺁﺏ ﺑﻨﻮﺷﻴﺪ 8-6( ﻟﻴﻮﺍﻥ ﺩﺭ ﻃﻮﻝ ﺭﻭﺯ ﻭ 2-1 ﻟﻴﻮﺍﻥ ﭘﻴﺶ ﺍﺯ ﺧﻮﺍﺏ)، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﻲ ﺯﻳﺎﺩ ﺩﺍﺭﻳﺪ ﻳﺎ ﺩﺭ ﺁﺏ ﻭ ﻫﻮﺍﻱ ﮔﺮﻡ ﻫﺴﺘﻴﺪ ﻧﻴﺎﺯ ﺑﻪ ﻣﺎﻳﻌﺎﺕ ﺍﻓﺰﺍﻳﺶ ﻣﻲ ﻳﺎﺑﺪ، ﻧﺸﺎﻧﻪ ﻱ ﻛﺎﻓﻲ ﺑﻮﺩﻥ ﻣﺼﺮﻑ ﺁﺏ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﺷﻔﺎﻑ ﻭ ﺭﻭﺷﻦ ( ﺑﻲ ﺭﻧﮓ ﻳﺎ ﺯﺭﺩ ﺭﻭﺷﻦ ) ﻭ ﺣﺪﺍﻗﻞ ﻳﻚ ﻧﻮﺑﺖ ﺑﻴﺪﺍﺭ ﺷﺪﻥ ﺑﺮﺍﻱ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﺩﺭ ﻃﻮﻝ ﺷﺐ ﺍﺳﺖ

- ﺑﻼﻓﺎﺻﻠﻪ ﭘﺲ ﺍﺯ ﺍﺣﺴﺎﺱ ﻧﻴﺎﺯ ﺑﻪ ﺩﻓﻊ ﻭ ﭘﺮ ﺷﺪﻥ ﻣﺜﺎﻧﻪ ﺍﺩﺭﺍﺭ ﻛﻨﻴﺪ ﻭ ﺍﺩﺭﺍﺭ ﺧﻮﺩ ﺭﺍ ﺑﺮﺍﻱ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ﻧﮕﻪ ﻧﺪﺍﺭﻳﺪ .

- ﭘﺲ ﺍﺯ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﻭ ﻣﺪﻓﻮﻉ، ﻧﺎﺣﻴﻪ ﻱ ﺗﻨﺎﺳﻠﻲ ﺭﺍ ﺍﺯ ﺟﻠﻮ ﺑﻪ ﺳﻤﺖ ﻋﻘﺐ ﺑﺸﻮﻳﻴﺪ ﺗﺎ ﺁﻟﻮﺩﮔﻲ ﻣﺪﻓﻮﻋﻲ ﺑﻪ ﻣﺠﺮﺍﻱ ﺍﺩﺭﺍﺭ ﻣﻨﺘﻘﻞ ﻧﺸﻮﺩ ( ﺩﺭ ﺧﺎﻧﻢ ﻫﺎ ).

- ﺑﺮﺍﻱ ﺷﺴﺘﺸﻮﻱ ﻧﺎﺣﻴﻪ ﻱ ﺗﻨﺎﺳﻠﻲ ﺍﺯ ﺻﺎﺑﻮﻥ ﻫﺎ ﻭ ﺷﻮﻳﻨﺪﻩ ﻫﺎﻱ ﻣﻌﻄﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﺩﺭ ﻭﺍﻥ ﺣﺎﻭﻱ ﻛﻒ ﺯﻳﺎﺩ ﺑﺮﺍﻱ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ﻧﻨﺸﻴﻨﻴﺪ .

- ﺍﺯ ﺷﻮﻳﻨﺪﻩ ﻫﺎﻱ ﺑﻬﺪﺍﺷﺘﻲ ﺯﻧﺎﻧﻪ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ .

- ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻼﺋﻢ ﻋﻔﻮﻧﺖ ﺩﺳﺘﮕﺎﻩ ﺗﻨﺎﺳﻠﻲ ﺯﻧﺎﻧﻪ ( ﺗﺮﺷﺢ ﻭ ﺧﺎﺭﺵ ) ﺣﺘﻤﺎ ﺑﻪ ﻣﺘﺨﺼﺺ ﺯﻧﺎﻥ ﻣﺮﺍﺟﻌﻪ ﻭ ﻫﺮ ﭼﻪ ﺳﺮﻳﻊ ﺗﺮ ﺁﻥ ﺭﺍ ﺩﺭﻣﺎﻥ ﻛﻨﻴﺪ .

- ﻟﺒﺎﺱ ﺯﻳﺮ ﻛﺎﻣﻼ ﻧﺨﻲ ﺑﭙﻮﺷﻴﺪ .

- ﻟﺒﺎﺱ ﺯﻳﺮ ﺗﻨﮓ ﻭ ﭼﺴﺒﺎﻥ ﻧﭙﻮﺷﻴﺪ .

- ﺑ ﻪ ﺧﺎﻧﻢ ﻫﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺍﺯ ﭘﻮﺷﻴﺪﻥ ﺷﻠﻮﺍﺭﻫﺎﻱ ﺗﻨﮓ ﻭ ﭼﺴﺒﺎﻥ ( ﺑﻪ ﺧﺼﻮﺹ ﺷﻠﻮﺍﺭﻫﺎﻱ ﺟﻴﻦ ) ﺑﻪ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ﻭ ﻳﺎ ﻫﻨﮕﺎﻡ ﺍﺳﺘﺮﺍﺣﺖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻨﺪ .

- ﺭژﻳﻢ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺍﺯ ﺑﺮﻭﺯ ﻳﺒﻮﺳﺖ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﺪ، ﻳﺒﻮﺳﺖ ﻣﺰﻣﻦ ﺑﺎ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ ﺑﺎﻋﺚ ﺗﺨﻠﻴﻪ ﻱ ﻧﺎﻛﺎﻣﻞ ﻣﺜﺎﻧﻪ ﻣﻲ ﺷﻮﺩ .

- ﻣﻴﻮﻩ ﻫﺎ ﻭ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﺗﺮﺵ ﻣﺜﻞ ﻣﺮﻛﺒﺎﺕ، ﻗﺮﻩ ﻗﻮﺭﺕ، ﻟﻴﻤﻮ ﺗﺮﺵ ﻣﻴﻞ ﻛﻨﻴﺪ، ﺍﻳﻦ ﻣﻮﺍﺩ ﺑﺎ ﺍﺳﻴﺪﻱ ﻛﺮﺩﻥ ﺍﺩﺭﺍﺭ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺷﺎﻧﺲ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺭﺍ ﻛﺎﻫﺶ ﺩﻫﻨﺪ ﻫﺮﭼﻨﺪ ﺍﺛﺮ ﻗﻄﻌﻲ ﺁﻥ ﺍﺛﺒﺎﺕ ﻧﺸﺪﻩ ﺍﺳﺖ .

- ﺍﮔ ﺮ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺰﻣﻦ ﻣﺎﻧﻨﺪ ﺩﻳﺎﺑﺖ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﻨﺠﺮ ﺑﻪ ﺿﻌﻒ ﺳﻴﺴﺘﻢ ﺍﻳﻤﻨﻲ ﻣﺒﺘﻼ ﻫﺴﺘﻴﺪ ﻭ ﻳﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺳﺮﻛﻮﺏ ﻛﻨﻨﺪﻩ ﻱ ﺳﻴﺴﺘﻢ ﺍﻳﻤﻨﻲ (ﻣﺜﻞ ﻛﻮﺭﺗﻮﻥ ﺧﻮﺭﺍﻛﻲ) ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ، ﺩﺭ ﺻﻮﺭﺕ ﺍﺑﺘﻼ ﺑﻪ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ، ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺗﻜﺮﺍﺭ ﻋﻔﻮﻧﺖ ﻳﺎ ﻣﺰﻣﻦ ﺷﺪﻥ ﺁﻥ ﺑﺎ ﭘﺰﺷﻚ ﻣﺘﺨﺼﺺ ﻣﺸﻮﺭﺕ ﻛﻨﻴﺪ ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻳﺎ ﻗﻄﻊ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺧﻮﺩ ﻧﻜﻨﻴﺪ

- ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭼﻨﺪﻳﻦ ﺳﺎﻝ ﻗﺒﻞ ﻳﺎﺋﺴﻪ ﺷﺪﻩ ﺍﻳﺪ ﻭ ﺑﻪ ﻃﻮﺭ ﻣﻜﺮﺭ ﺩﭼﺎﺭ ﻋﻼﺋﻢ ﺍﺩﺭﺍﺭﻱ ﻣﺜﻞ ﺳﻮﺯﺵ ﻭ ﺗﻜﺮﺭ ﺍﺩﺭﺍﺭ ﻣﻲ ﺷﻮﻳﺪ ﺑﻪ ﻣﺘﺨﺼﺺ ﺯﻧﺎﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ، ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﺑﺎ ﺗﺠﻮﻳﺰ ﭘﻤﺎﺩﻫﺎﻱ ﺯﻧﺎﻧﻪ ﻫﻮﺭﻣﻮﻧﻲ (ﺍﺳﺘﺮﻭژﻥ ﻭﺍژﻳﻨﺎﻝ) ﺍﻳﻦ ﻋﻼﺋﻢ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﻨﺪ.

- ﺑﺮﺧﻲ ﺍﺯ ﺧﺎﻧﻢ ﻫﺎ ﺍﻏﻠﺐ ﺍﻭﻗﺎﺕ ﺩﭼﺎﺭ ﺁﻟﻮﺩﮔﻲ ﻣﻴﻜﺮﻭﺑﻲ ﺍﺩﺭﺍﺭ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﻋﻼﺋﻢ ﺍﺩﺭﺍﺭﻱ ﻫﺴﺘﻨﺪ،ﻭﺟﻮﺩ ﺍﻳﻦ ﺣﺎﻟﺖ ﺑﺎﻳﺪ ﭘﻴﺶ ﺍﺯ ﺑﺎﺭﺩﺍﺭﻱ ﻳﺎ ﺩﺭ ﺍﻭﻟﻴﻦ ﻓﺮﺻﺖ ﭘﺲ ﺍﺯ ﺷﺮﻭﻉ ﺑﺎﺭﺩﺍﺭﻱ ﻣﺸﺨﺺ ﻭ ﺩﺭﻣﺎﻥ ﺷﻮﺩ ﺗﺎ ﺍﺩﺭﺍﺭ ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺁﻟﻮﺩﮔﻲ ﻣﻴﻜﺮﻭﺑﻲ ﭘﺎﻙ ﮔﺮﺩﺩ، ﺍﮔﺮ ﻗﺼﺪ ﺑﺎﺭﺩﺍﺭﻱ ﺩﺍﺭﻳﺪ ﺩﺭ ﺍﻳﻦ ﻣﻮﺭﺩ ﺑﺎ ﭘﺰﺷﻚ ﺧﻮﺩ ﻣﺸﻮﺭﺕ ﻭ ﺁﺯﻣﺎﻳﺶ ﺍﺩﺭﺍﺭ ﻻﺯﻡ ﺭﺍ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ

- ﺗﺮﺷﺢ ﺯﻳﺎﺩ ﻭ ﺧﺎﺭﺵ ﺷﺪﻳﺪ ﻣﺠﺮﺍﻱ ﺍﺩﺭﺍﺭﻱ ﺁﻗﺎﻳﺎﻥ ﺍﻏﻠﺐ ﻧﺸﺎﻧﻪ ﻱ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺟﻨﺴﻲ ﺍﺳﺖ ﻭ ﺩﺭ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﻪ ﭘﺰﺷﻚ ﻣﺘﺨﺼﺺ ﻛﻠﻴﻪ ﻭﻣﺠﺎﺭﻱ ﺍﺩﺭﺍﺭﻱ (ﺍﻭﺭﻭﻟﻮژﻳﺴﺖ) ﻣﺮﺍﺟﻌﻪ ﻭ ﺩﺭﻣﺎﻥ ﻛﺎﻣﻞ ﺍﻧﺠﺎﻡ ﮔﻴﺮﺩ، ﮔﺎﻫﻲ ﺩﺭ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﺑﺮﺭﺳﻲ ﻭ ﺩﺭﻣﺎﻥ ﻫﻤﺴﺮ ﻓﺮﺩ ﻧﻴﺰ ﻭﺟﻮﺩ ﺩﺍﺭﺩ.

- ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺎ ﻭﺟﻮﺩ ﺭﻋﺎﻳﺖ ﻣﻮﺍﺭﺩ ﻓﻮﻕ ﺑﻪ ﻃﻮﺭ ﻣﻜﺮﺭ ﺩﭼﺎﺭ ﻋﻔﻮﻧﺖ ﺍﺩﺭﺍﺭﻱ ﻣﻲ ﺷﻮﻳﺪ ﺑﻪ ﻣﺘﺨﺼﺺ ﺟﺮﺍﺣﻲ ﻛﻠﻴﻪ ﻭ ﻣﺠﺎﺭﻱ ﺍﺩﺭﺍﺭﻱ (ﺍﻭﺭﻭﻟﻮژﻳﺴﺖ) ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ ﺗﺎ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺑﻴﺸﺘﺮ ﺍﻧﺠﺎﻡ ﻭ ﻋﻠﺖ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺭﺍﺟﻌﻪ ﻣﺸﺨﺺ ﺷﻮﺩ.

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﻣﺮﺍﻗﺒﺖ ﺍﺯ ﺯﺧﻢ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ................................................ ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ﺁﺳﻴﺐ ﺑﺎ .................................. ﺩﭼﺎﺭ ﺯﺧﻢ ﺑﺎﺯ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ............................... ﺷﺪﻩ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﺯﺧﻢ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﻣﺮﺍﺟﻌﻪ ﺩﺍﺭﺍﻱ ﻭﻳﮋﮔﻲ ﻫﺎﻱ ﺯﻳﺮ ﺑﻮﺩﻩ ﺍﺳﺖ :

□ ﻟﺒﻪ ﻫﺎﻱ ﺻﺎﻑ ﻭ ﻣﻨﻈﻢ □ ﻛﻨﺎﺭﻩ ﻫﺎﻱ ﻧﺎﻣﻨﻈﻢ

□ ﻛﻨﺪﻩ ﺷﺪﻥ ﻛﺎﻣﻞ ﻭ ﻛﻮﺗﺎﻩ ﺷﺪﻥ ﭘﻮﺳﺖ □ ﻟﻪ ﺷﺪﮔﻲ ﻭ ﺗﺨﺮﻳﺐ ﺑﺎﻓﺘﻲ

□ ﺗﻤﻴﺰ ﺑﺪﻭﻥ ﺁﻟﻮﺩﮔﻲ □ ﺁﻟﻮﺩﮔﻲ ﺑﺎ ﺧﺎﻙ، ﻣﻮﺍﺩ ﺯﺍﻳﺪ، ﻣﻮﺍﺩ ﺻﻨﻌﺘﻲ، ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ

□ ﻭﺟﻮﺩ ﺟﺴﻢ ﺧﺎﺭﺟﻲ ﻣﺎﻧﻨﺪ ﺧﺮﺩﻩ ﺷﻴﺸﻪ، ﺑﺮﺍﺩﻩ ﻫﺎﻱ ﻓﻠﺰ ﻳﺎ ﭼﻮﺏ ﻭ .... ﺩﺍﺧﻞ ﺯﺧﻢ

□ﺧﻮﻧﺮﻳﺰﻱ ﻓﻌﺎﻝ

□ ﺧﻮﻧﺮﻳﺰﻱ ﻣﺤﺪﻭﺩ ﻳﺎ ﺗﺮﺷﺢ ﺧﻮﻧﺎﺑﻪ ﺍﻱ

□ ﺑﺪﻭﻥ ﺧﻮﻧﺮﻳﺰﻱ

ﺑﻨﺎ ﺑﺮ ﺍﻳﻦ :

□ ﺯﺧﻢ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺑﺨﻴﻪ ﻧﺪﺍﺷﺘﻪ ﺍﺳﺖ ﻭ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺧﻮﺩﺑﺨﻮﺩ ﺗﺮﻣﻴﻢ ﺧﻮﺍﻫﺪ ﺷﺪ .

□ ﺯﺧﻢ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺑﺨﻴﻪ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺗﺼﻤﻴﻢ ﺑﻪ ﺷﺴﺘﺸﻮ ﻭ ﭘﺎﻧﺴﻤﺎﻥ ﺯﺧﻢ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻭ ﺑﺨﻴﻪ ﻱ ﺁﻥ ﭘﺲ ﺍﺯ ............ ﺭﻭﺯ ﮔﺮﻓﺘﻪ ﺷﺪﻩ ﺍﺳﺖ

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻭﺿﻌﻴﺖ ﺯﺧﻢ ﺑﺪﻭﻥ ﺩﺭ ﻧﻈﺮ ﮔﺮﻓﺘﻦ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ، ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻣﻨﺎﺳﺐ ﺑﺎ ﻭﺟﻮﺩ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻧﺎﻣﺸﺨﺺ ﻳﺎ ﻗﺪﻳﻤﻲ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻭ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ، ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ .

ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﻳﻦ ﻛﻪ ﺯﺧﻢ ﻓﻘﻂ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﭘﻮﺳﺘﻲ ﺷﺪﻩ ﺍﺳﺖ ﻭ ﺳﺎﻳﺮ ﻣﻌﺎﻳﻨﺎﺕ ﻃﺒﻴﻌﻲ ﻭ ﺳﺎﻟﻢ ﺑﻮﺩﻩ ﺍﻧﺪ ﻭ ﻧﻴﺰ ﺯﺧﻢ ﻛﺎﻣﻼ ﺑﺮﺭﺳﻲ ﻭ ﭘﺎﻛﺴﺎﺯﻱ ﺷﺪﻩ ﺍﺳﺖ، ﻧﻴﺎﺯ ﺑﻪ ﺟﺮﺍﺣﻲ ﻳﺎ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

1 - ﺑﺨﻴﻪ ﻛﺮﺩﻥ ﺑﺮﺍﻱ ﺯﺧﻢ ﻫﺎﻳﻲ ﺑﻪ ﻛﺎﺭ ﻣﻲ ﺭﻭﺩ ﻛﻪ ﻭﺳﻴﻊ ﺑﻮﺩﻩ ﻳﺎ ﻟﺒﻪ ﻫﺎﻱ ﺁﻥ ﺍﺯ ﻫﻢ ﺩﻭﺭ ﺑﺎﺷﻨﺪ ﻳﺎ ﻛﻨﺎﺭﻩ ﻫﺎﻱ ﺯﺧﻢ ﻧﺎﻣﻨﻈﻢ ﻭ ﻧﺎ ﻫﻤﻮﺍﺭ ﻳﺎ ﺩﭼﺎﺭ ﻟﻪ ﺷﺪﮔﻲ ﻭ ﺗﺨﺮﻳﺐ ﭘﻮﺳﺖ ﺑﺎﺷﻨﺪ ﻭ ﻳﺎ ﺯﺧﻢ ﺁﻥ ﻗﺪﺭ ﻋﻤﻴﻖ ﺑﻮﺩﻩ ﻛﻪ ﻛﻞ ﺿﺨﺎﻣﺖ ﭘﻮﺳﺖ ﺭﺍ ﺩﺭ ﺑﺮ ﮔﺮﻓﺘﻪ ﺑﺎﺷﺪ، ﻛﻪ ﺗﺸﺨﻴﺺ ﺁﻥ ﺗﻨﻬﺎ ﺑﺎ ﭘﺰﺷﻚ ﺧﻮﺍﻫﺪ ﺑﻮﺩ ﻭ ﺩﺭ ﻏﻴﺮ ﺍﻳﻦ ﺻﻮﺭﺕ ﺯﺧﻢ ﻧﻴﺎﺯ ﺑﻪ ﺑﺨﻴﻪ ﻧﺨﻮﺍﻫﺪ ﺩﺍﺷﺖ، ﺩﺭ ﺍﻳﻦ ﻣﻮﺭﺩ ﺑﻪ ﺗﺼﻤﻴﻢ ﭘﺰﺷﻚ ﺍﻋﺘﻤﺎﺩ ﻛﻨﻴﺪ ﻭ ﻧﮕﺮﺍﻥ ﻧﺒﺎﺷﻴﺪ .

2 - ﻫﺮﭼﻨﺪ ﺑﺴﻴﺎﺭﻱ ﺍﺯ ﺯﺧﻢ ﻫﺎ ﺑﺎ ﺷﺮﺍﻳﻂ ﺑﺎﻻ ﻫﻢ ﺍﺣﺘﻤﺎﻻ ﺑﺪﻭﻥ ﺑﺨﻴﻪ ﺯﺩﻥ ﺩﺭ ﻫﺮ ﺻﻮﺭﺕ ﺑﻬﺒﻮﺩ ﺧﻮﺍﻫﻨﺪ ﻳﺎﻓﺖ ﺍﻣﺎ ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﺑﺨﻴﻪ ﺯﺩﻥ ﺑﺎﻋﺚ ﺧﻮﺍﻫﺪ ﺷﺪ ﺯﺧﻢ ﺳﺮﻳﻊ ﺗﺮ ﺑﻬﺒﻮﺩ ﻳﺎﻓﺘﻪ ﻭ ﻛﻤﺘﺮ ﺩﭼﺎﺭ ﻋﻮﺍﺭﺿﻲ ﻣﺎﻧﻨﺪﻋﻔﻮﻧﺖ ﺷﻮﺩ ﻭ ﭘﺲ ﺍﺯ ﺑﻬﺒﻮﺩﻱ ﻣﺤﻞ ﺯﺧﻢ ﺩﭼﺎﺭ ﺑﺪﺷﻜﻠﻲ ﻧﺸﺪﻩ ﻭ ﺯﺧﻢ، ﺟﻮﺷﮕﺎﻩ ﻳﺎ ﺍﺳﻜﺎﺭ (ﺟﺎﻱ ﺯﺧﻢ) ﻛﻮﭼﻜﺘﺮﻱ ﺑﺮ ﺟﺎﻱ ﻣﻲ ﮔﺬﺍﺭﺩ .

3 - ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﺗﺎ 24 ﺳﺎﻋﺖ ﻛﺎﻣﻼ ﺧﺸﻚ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺍﻳﻦ ﺯﻣﺎﻥ ﺩﺭ ﻣﻮﺭﺩ ﺑﺨﻴﻪ ﻫﺎﻱ ﻗﺎﺑﻞ ﺟﺬﺏ ﺑﻴﺸﺘﺮ ﺍﺳﺖ ﻭ ﺯﻣﺎﻥ ﺩﻗﻴﻖ ﺁﻥ ﺭﺍ ﭘﺰﺷﻚ ﺑﻪ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﮔﻔﺖ .

4 - ﺑﺨﻴﻪ ﻫﺎﻱ ﻏﻴﺮ ﻗﺎﺑﻞ ﺟﺬﺏ ﺭﺍ ﭘﺲ ﺍﺯ 24 ﺳﺎﻋﺖ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﺋﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺁﻧﻬﺎ ﺭﺍ ﺑﻪ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ﺩﺭ ﺁﺏ ﻏﻮﻃﻪ ﻭﺭ ﻧﻜﻨﻴﺪ ( ﻣﺜﻼ ﺩﺭ ﻭﺍﻥ ﺣﻤﺎﻡ، ﺍﺳﺘﺨﺮ،....) ﭼﻮﻥ ﺗﻤﺎﺱ ﺯﻳﺎﺩ ﺑﺎ ﺁﺏ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺳﺮﻋﺖ ﺑﻬﺒﻮﺩ ﺯﺧﻢ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ .

5 - ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﺑﻼﻓﺎﺻﻠﻪ ﺑﺎ ﻣﻼﻳﻤﺖ ﺧﺸﻚ ﻛﻨﻴﺪ، ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﻳﻚ ﭘﺎﺭﭼﻪ ﻱ ﻧﺨﻲ ﺳﺒﻚ ﻭ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻛﻪ ﻓﻘﻂ ﺑﻪ ﺍﻳﻦ ﻛﺎﺭ ﺍﺧﺘﺼﺎﺹ ﺩﺍﺩﻩ ﺍﻳﺪ ﻳﺎ ﮔﺎﺯ ﺍﺳﺘﺮﻳﻞ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﭘﻨﺒﻪ ﻳﺎ ﺩﺳﺘﻤﺎﻝ ﻛﺎﻏﺬﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺧﺸﻚ ﻛﺮﺩﻥ ﻧﺒﺎﻳﺪ ﭘﺎﺭﭼﻪ ﺭﺍ ﺭﻭﻱ ﺯﺧﻢ ﺑﻪ ﺳﺨﺘﻲ ﺑﻜﺸﻴﺪ ﻭ ﻓﻘﻂ ﺍﺯ ﺣﺮﻛﺎﺕ ﺿﺮﺑﻪ ﺍﻱ ﻣﻼﻳﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

6 - ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺭﻭﻱ ﺯﺧﻢ ﺭﺍ ﺑﺎ ﻳﻚ ﻻﻳﻪ ﻱ ﻧﺎﺯﻙ ﭘﻤﺎﺩ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ (ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ) ﺑﭙﻮﺷﺎﻧﻴﺪ. (ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﮔﻮﺵ ﭘﺎﻙ ﻛﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ

7- ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺍﻟﻜﻞ، ﺑﺘﺎﺩﻳﻦ، ﺁﺏ ﺍﻛﺴﻴﮋﻧﻪ، ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻨﺪﻩ، ﻛﺮﻡ ﻫﺎﻱ ﺁﺭﺍﻳﺸﻲ ﻳﺎ ﻧﺮﻡ ﻛﻨﻨﺪﻩ، ﺭﻭﻏﻦ ﻫﺎﻱ ﻣﻌﻄﺮ ﻳﺎ ﭘﻤﺎﺩﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ ﺭﻭﻱ ﺯﺧﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﻣﻮﺍﺩ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﭘﻮﺳﺖ، ﺑﺮﻭﺯ ﺣﺴﺎﺳﻴﺖ ، ﻋﻔﻮﻧﺖ ﻭ ﺗﺎﺧﻴﺮ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺧﻮﺍﻫﻨﺪ ﺷﺪ .

8 - ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺯﺧﻢ ﺷﻤﺎ ﭘﺎﻧﺴﻤﺎﻥ ﺷﺪﻩ ﺍﺳﺖ ﺣﺘﻤﺎ ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﺑﻪ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺯﺧﻢ ﺭﺍ ﭘﻮﺷﻴﺪﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ (ﻣﻌﻤﻮﻻ 1 ﻫﻔﺘﻪ)، ﺩﺭﺍﻳﻦ ﺻﻮﺭﺕ ﺣﺪﺍﻗﻞ 48 ﺳﺎﻋﺖ ﭘﺎﻧﺴﻤﺎﻥ ﺭﺍ ﺑﻪ ﺷﻜﻞ ﺍﻭﻟﻴﻪ ﺣﻔﻆ ﻛﺮﺩﻩ ﻭ ﺳﭙﺲ ﺑﻌﺪ ﺍﺯ ﻫﺮ ﺑﺎﺭ ﺷﺴﺘﺸﻮﻱ ﺯﺧﻢ ﺁﻥ ﺭﺍ ﺑﺎ ﻳﻚ ﭘﺎﻧﺴﻤﺎﻥ ﺳﺒﻚ ﺑﭙﻮﺷﺎﻧﻴﺪ .

9 - ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﻫﻤﻪ ﻱ ﺯﺧﻢ ﻫﺎ ﻧﻴﺎﺯ ﺑﻪ ﭘﺎﻧﺴﻤﺎﻥ ﻧﺪﺍﺭﻧﺪ ﻭ ﻣﻤﻜﻦ ﺍﺳﺖ ﺯﺧﻢ ﺷﻤﺎ ( ﺑﻪ ﺧﺼﻮﺹ ﺯﺧﻢ ﻫﺎﻱ ﭘﻮﺳﺖ ﺳﺮ ﻭ ﺻﻮﺭﺕ ) ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺣﺘﻲ ﺑﺨﻴﻪ ﺯﺩﻥ ﺑﺪﻭﻥ ﭘﺎﻧﺴﻤﺎﻥ ﺭﻫﺎ ﺷﻮﺩ، ﺩﺭ ﺍﻳﻦ ﺻﻮﺭﺕ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﭘﻮﺷﺎﻧﺪﻥ ﺯﺧﻢ ﺑﺎ ﭘﺎﻧﺴﻤﺎﻥ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻧﻜﻨﻴﺪ .

10 -ﺯﺧﻢ ﻫﺎﻱ ﭘﻮﺳﺘﻲ ﺍﻏﻠﺐ ﺑﺎ ﻧﺦ ﻫﺎﻱ ﻏﻴﺮ ﻗﺎﺑﻞ ﺟﺬﺏ ﺑﺨﻴﻪ ﻣﻲ ﺷﻮﻧﺪ، ﺯﻣﺎﻥ ﺩﻗﻴﻖ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﻪ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﮔﻔﺖ، ﺑﺨﻴﻪ ﻫﺎﻱ ﺻﻮﺭﺕ ﻣﻌﻤﻮﻻ 6-3 ﺭﻭﺯ ﻭ ﺑﺨﻴﻪ ﻫﺎﻱ ﭘﻮﺳﺖ ﺳﺮ ﻭ ﺍﻧﺪﺍﻡ ﻫﺎ 14-7 ﺭﻭﺯ ﺑﻌﺪ ﻛﺸﻴﺪﻩ ﻣﻲ ﺷﻮﻧﺪ .

11 -ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﻲ ﻳﺎ ﻭﺭﺯﺵ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻳﺎ ﺿﺮﺑﻪ ﺑﻪ ﻣﺤﻞ ﺯﺧﻢ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 2-1ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﭼﻮﻥ ﺍﮔﺮ ﺩﻭﺑﺎﺭﻩ ﺑﻪ ﻫﻤﺎﻥ ﻣﺤﻞ ﻗﺒﻠﻲ ﺿﺮﺑﻪ ﻭﺍﺭﺩ ﺷﻮﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﺑﺨﻴﻪ ﻫﺎ ﻳﺎ ﺑﺎﺯ ﺷﺪﻥ ﺩﻭﺑﺎﺭﻩ ﻱ ﺯﺧﻢ ﺷﻮﺩ .

12 -ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ ﻣﻤﻜﻦ ﺍﺳﺖ ﺭﻭﻱ ﺯﺧﻢ ﺑﺎ ﻳﻚ ﻟﺨﺘﻪ ﻳﺎ ﺩﻟﻤﻪ ﭘﻮﺷﻴﺪﻩ ﺷﻮﺩ ﻭ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺑﻌﺪ ﺗﻮﺩﻩ ﻱ ﮔﻮﺷﺘﻲ ﺻﻮﺭﺗﻲ ﺭﻧﮕﻲ ﺗﺸﻜﻴﻞ ﺧﻮﺍﻫﺪ ﺷﺪ، ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﻳﻦ ﺑﺎﻓﺖ ﻫﺎ ﺭﺍ ﺩﺳﺘﻜﺎﺭﻱ ﻳﺎ ﺟﺪﺍ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﺯﺧﻢ ﻭ ﺑﺎﺯ ﺷﺪﻥ ﻣﺠﺪﺩ ﻭ ﺧﻮﻧﺮﻳﺰﻱ ﺁﻥ ﺧﻮﺍﻫﺪ ﺷﺪ ﻭ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺭﺍ ﺑﻪ ﺗﺎﺧﻴﺮ ﻣﻲ ﺍﻧﺪﺍﺯﺩ، ﭼﺮﺍ ﻛﻪ ﺗﺸﻜﻴﻞ ﺍﻳﻦ ﺑﺎﻓﺖ ﻫﺎ ﺑﺨﺸﻲ ﺍﺯ ﻣﺮﺍﺣﻞ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺍﺳﺖ ﻭ ﺑﻪ ﻣﺮﻭﺭ ﺍﺯ ﻛﻨﺎﺭﻩ ﻫﺎ ﺑﺎ ﺑﺎﻓﺖ ﻃﺒﻴﻌﻲ ﺟﺎﻳﮕﺰﻳﻦ ﻣﻲ ﺷﻮﺩ .

13 -ﺷﻜﻞ ﻧﻬﺎﻳﻲ ﭘﻮﺳﺖ ﺩﺭ ﺟﺎﻱ ﺯﺧﻢ 12-6 ﻣﺎﻩ ﺑﻌﺪ ﻛﺎﻣﻼ ﻣﺸﺨﺺ ﺧﻮﺍﻫﺪ ﺷﺪ ﻭ ﺩﺭ ﺍﻳﻦ ﻣﺪﺕ ﻣﻤﻜﻦ ﺍﺳﺖ ﻣﺤﻞ ﺯﺧﻢ ﺗﻴﺮﻩ ﺗﺮ ﻭ ﺑﺮﺟﺴﺘﻪ ﺗﺮ ﺍﺯ ﭘﻮﺳﺖ ﻃﺒﻴﻌﻲ ﺑﺎﺷﺪ،ﺩﺭ ﺍﻳﻦ ﺩﻭﺭﻩ ﺍﺳﺘﺤﻜﺎﻡ ﻭ ﻗﺪﺭﺕ ﭘﻮﺳﺖ ﻛﻤﺘﺮ ﺍﺯ ﺣﺎﻟﺖ ﻃﺒﻴﻌﻲ ﺧﻮﺍﻫﺪ ﺑﻮﺩ ﻭ ﺩﺭ ﺑﺮﺍﺑﺮ ﺿﺮﺑﻪ ﻫﺎﻱ ﻣﺸﺎﺑﻪ ﺁﺳﻴﺐ ﭘﺬﻳﺮﺗﺮ ﺍﺳﺖ .

14 -ﺍﺛﺮ ﺑﺨﺸﻲ ﭘﻤﺎﺩﻫﺎ، ﻛﺮﻡ ﻫﺎ،ﺩﺍﺭﻭﻫﺎﻱ ﮔﻴﺎﻫﻲ، ژﻝ ﻫﺎ ﻭ ﻣﺤﻠﻮﻝ ﻫﺎﻳﻲ ﻛﻪ ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺑﺪ ﺷﻜﻠﻲ ﺟﺎﻱ ﺯﺧﻢ ﺗﺒﻠﻴﻎ ﻣﻲﺷﻮﻧﺪ ﺗﺎ ﻛﻨﻮﻥ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﻭ ﻗﻄﻌﻲ ﺍﺛﺒﺎﺕ ﻧﺸﺪﻩ ﺍﺳﺖ .

15 - ﻣﻤﻜﻦ ﺍﺳﺖ ﺗﺎ ﻣﺪﺗﻲ ﺩﭼﺎﺭ ﺑﻲ ﺣﺴﻲ ﻳﺎ ﮔﺰﮔﺰ ﺷﺪﻥ ﻳﺎ ﺍﺣﺴﺎﺱ ﻓﺸﺎﺭ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ ﺑﺎﺷﻴﺪ ﻛﻪ ﻃﺒﻴﻌﻲ ﺑﻮﺩﻩ ﻭ ﺑﺎ ﺗﺮﻣﻴﻢ ﻛﺎﻣﻞ ﻣﺤﻞ ﺯﺧﻢ ﺍﺯ ﺑﻴﻦ ﺧﻮﺍﻫﺪ ﺭﻓﺖ ﻫﺮ ﭼﻨﺪ ﮔﺎﻫﻲ 6 ﻣﺎﻩ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ، ﺑﺮﺍﻱ ﺑﻬﺒﻮﺩ ﺁﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﭘﻮﺳﺖ ﺭﺍ ﺑﻪ ﺁﺭﺍﻣﻲ ﻣﺎﺳﺎژ ﺩﻫﻴﺪ .

16 - ﺧﺎﺭﺵ ﺧﻔﻴﻒ ﺯﺧﻢ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ ﻃﺒﻴﻌﻲ ﺍﺳﺖ، ﺩﺭ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﺍﺯ ﺧﺎﺭﺍﻧﺪﻥ ﺯﺧﻢ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻓﻘﻂ ﭘﻮﺳﺖ ﺭﺍ ﻣﺎﺳﺎژ ﺩﻫﻴﺪ

17- ﺗﺮﺷﺢ ﺧﻔﻴﻒ ﺑﻪ ﺻﻮﺭﺕ ﻣﺎﻳﻊ ﺯﺭﺩ ﻛﻢ ﺭﻧﮓ، ﺭﻗﻴﻖ ﻭ ﺁﺑﻜﻲ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﺍﺯ ﺯﺧﻢ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

18 - ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﺧﻔﻴﻒ ﺩﺭ ﻣﺤﻞ ﺯﺧﻢ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺭﻓﻊ ﺁﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﺁﺳﭙﻴﺮﻳﻦ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﺧﻮﻧﺮﻳﺰﻱ ﺷﻮﻧﺪ .

19 -ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﻛﺎﻣﻞ ﻛﻨﻴﺪ.

20 -ﭘﺲ ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﭘﺎﻧﺴﻤﺎﻥ ﻭ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺗﺎ ﺯﻣﺎﻥ ﺗﺮﻣﻴﻢ ﻛﺎﻣﻞ ﭘﻮﺳﺖ ﻣﺤﻞ ﺯﺧﻢ، ﺑﺎﻳﺪ ﺁﻥ ﺭﺍ ﺍﺯ ﻧﻮﺭ ﺧﻮﺭﺷﻴﺪ ﻣﺤﺎﻓﻈﺖ ﻛﻨﻴﺪ،ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺿﺪ ﺁﻓﺘﺎﺏ ﻳﺎ ﻛﻼﻩ ﻭ ﻟﺒﺎﺱ ﭘﻮﺷﻴﺪﻩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

21 -ﺩﺭ ﻣﻮﺍﺭﺩ ﺑﺮﻳﺪﮔﻲ ﻭ ﺯﺧﻢ ﻫﺎﻱ ﺍﻧﮕﺸﺖ ﻣﻌﻤﻮﻻ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﻣﻲ ﺷﻮﺩ ﭼﺮﺍ ﻛﻪ ﺑﻲ ﺣﺮﻛﺘﻲ ﺑﺎﻋﺚ ﻣﺤﺎﻓﻈﺖ ﺍﺯ ﺯﺧﻢ،ﻛﺎﻫﺶ ﻓﺸﺎﺭ ﻭﺍﺭﺩ ﺑﺮ ﺁﻥ ﻭ ﺗﺴﺮﻳﻊ ﺭﻭﻧﺪ ﺑﻬﺒﻮﺩ ﻣﻲ ﺷﻮﺩ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺗﻞ ﮔﻴﺮﻱ ﺷﺪﻩ ﺍﺳﺖ ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺗﺮﻣﻴﻢ ﺍﻭﻟﻴﻪ ﻱ ﺯﺧﻢ ﺣﻔﻆ ﻛﻨﻴﺪ .

22 -ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺍﺯ ﺍﻧﺪﺍﻡ ﺷﻤﺎ ﻛﻪ ﺩﭼﺎﺭ ﺯﺧﻢ ﺷﺪﻩ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ( ﺭﺍﺩﻳﻮﮔﺮﺍﻓﻲ ) ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﻧﺰﺩ ﺧﻮﺩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﭼﻮﻥ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺿﻲ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﺟﻬﺖ ﻣﻘﺎﻳﺴﻪ ﺑﻪ ﺁﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺷﺪ .

23 -ﻭﺟﻮﺩ ﺍﻳﻦ ﺯﺧﻢ ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ ﺍﻣﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺗﺎ ﺯﻣﺎﻥ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺍﺯ ﻣﻴﻮﻩ ﻫﺎ،ﺳﺒﺰﻳﺠﺎﺕ ﻭ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﺳﺮﺷﺎﺭ ﺍﺯ ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﻣﺜﻞ ﻣﺮﻛﺒﺎﺕ، ﻟﻴﻤﻮ ﺗﺮﺵ، ﮔﻮﺟﻪ ﻓﺮﻧﮕﻲ، ﺗﻮﺕ ﻓﺮﻧﮕﻲ، ﺁﺏ ﻟﻴﻤﻮ ﻭ ﺁﺏ ﭘﺮﺗﻘﺎﻝ ﺑﻴﺸﺘﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﺑﺎﻋﺚ ﺳﺮﻳﻊ ﺗﺮ ﺷﺪﻥ ﺭﻭﻧﺪ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﻭ ﺑﻬﺒﻮﺩ ﻣﻲ ﺷﻮﺩ، ﻫﻢ ﭼﻨﻴﻦ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻗﺮﺹ ﻫﺎ ﻳﺎ ﻣﻜﻤﻞ ﻫﺎﻱ ﺣﺎﻭﻱ ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﺭﻭﺯﺍﻧﻪ ﻳﻚ ﻧﻮﺑﺖ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

24 - ﺭﻭﺯﺍﻧﻪ ﺯﺧﻢ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﻧﻈﺮ ﺑﺮﻭﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﺑﺮﺭﺳﻲ ﻛﻨﻴﺪ :

- ﺗﻮﺭﻡ ﻭ ﻗﺮﻣﺰﻱ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

- ﻭﺿﻌﻴﺖ ﺗﺮﺷﺤﺎﺕ

- ﺧﻮﻧﺮﻳﺰﻱ

- ﺧﻄﻮﻁ ﻗﺮﻣﺰ ﺭﻧﮓ ﺑﺮﺟﺴﺘﻪ ﺍﻃﺮﺍﻑ ﺯﺧﻢ

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺁﺳﻴﺐ ﻳﺎ ﭘﺎﺭﮔﻲ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺑﺎﺯ ﺷﺪﻥ ﻣﺠﺪﺩ ﺯﺧﻢ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻣﺤﻞ ﺯﺧﻢ

- ﺗﻮﺭﻡ ﻳﺎ ﻗﺮﻣﺰﻱ ﻣﺤﻞ ﺯﺧﻢ

- ﺧﺮﻭﺝ ﭼﺮﻙ ﻳﺎ ﺗﺮﺷﺤﺎﺕ ﺳﺒﺰ ﺭﻧﮓ ﺍﺯ ﺯﺧﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺗﺮﺷﺤﺎﺕ ﺍﻭﻟﻴﻪ

- ﺍﺳﺘﺸﻤﺎﻡ ﺑﻮﻱ ﺑﺪ ﺍﺯ ﺯﺧﻢ

- ﺧﻮﻧﺮﻳﺰﻱ ﻣﺠﺪﺩ ﺯﺧﻢ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭘﺲ ﺍﺯ -10 15ﺩﻗﻴﻘﻪ ﻓﺸﺎﺭ ﻣﺪﺍﻭﻡ ﺭﻭﻱ ﻣﺤﻞ ﺯﺧﻢ ﻣﺘﻮﻗﻒ ﻧﺸﻮﺩ

- ﺑﺮﻭﺯ ﺧﻄﻮﻁ ﻗﺮﻣﺰ ﺭﻧﮓ ﺑﺮﺟﺴﺘﻪ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

- ﻣﺤﺪﻭﺩﻳﺖ ﺣﺮﻛﺖ ﺩﺭ ﺍﻧﮕﺸﺘﺎﻥ ﻳﺎ ﻣﻔﺎﺻﻞ ﻧﺰﺩﻳﻚ ﺑﻪ ﺯﺧﻢ

- ﺑﺮﻭﺯ ﺗﺐ

- ﺑﺮﺟﺴﺘﻪ ﻭ ﺩﺭﺩﻧﺎﻙ ﺷﺪﻥ ﻏﺪﻩ ﻫﺎﻱ ﻟﻨﻔﻲ ﺯﻳﺮ ﺑﻐﻞ، ﮔﺮﺩﻥ ﻳﺎ ﻛﺸﺎﻟﻪ ﻱ ﺭﺍﻥ (ﻧﺰﺩﻳﻚ ﺑﻪ ﻣﺤﻞ ﺯﺧﻢ )

**ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺩﺭ ﻣﻮﺭﺩ ﺗﻌﻮﻳﺾ ﭘﺎﻧﺴﻤﺎﻥ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

- ﺭﻭﺯﺍﻧﻪ ﺣﺪﺍﻗﻞ 1 ﺑﺎﺭ ﭘﺎﻧﺴﻤﺎﻥ ﺭﺍ ﺗﻌﻮﻳﺾ ﻛﻨﻴﺪ. (ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺑﻪ ﻳﻚ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ، ﺩﺭ ﻏﻴﺮ ﺍﻳﻦ ﺻﻮﺭﺕ ﺩﺭ ﻣﻨﺰﻝ ﻣﺮﺍﺣﻞ ﺯﻳﺮ ﺭﺍ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ .)

- ﺩﺭ ﺻﻮﺭﺕ ﺧﻴﺲ ﺷﺪﻥ ، ﻛﺜﻴﻒ ﺷﺪﻥ، ﺁﻟﻮﺩﮔﻲ ﺑﻪ ﺗﺮﺷﺢ ﻳﺎ ﺧﻮﻧﺎﺑﻪ ﻫﻢ ﻧﻴﺎﺯ ﺑﻪ ﺗﻌﻮﻳﺾ ﭘﺎﻧﺴﻤﺎﻥ ﺧﻮﺍﻫﻴﺪ ﺩﺍﺷﺖ .

- ﭘﻴﺶ ﺍﺯ ﺗﻌﻮﻳﺾ ﭘﺎﻧﺴﻤﺎﻥ ﻭﺳﺎﻳﻞ ﻻﺯﻡ ﺷﺎﻣﻞ: ﺩﺳﺘﻜﺶ، ﮔﺎﺯ، ﺑﺎﻧﺪ، ﭼﺴﺐ، ﭘﻤﺎﺩ ﻭ ﻛﻴﺴﻪ ﻱ ﭘﻼﺳﺘﻴﻜﻲ ﺭﺍ ﺁﻣﺎﺩﻩ ﻛﻨﻴﺪ

- ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﺁﺏ ﻭ ﺻﺎﺑﻮﻥ ﺑﻪ ﺧﻮﺑﻲ ﺑﺸﻮﻳﻴﺪ.

- ﺗﺮﺟﻴﺤﺎ ﺍﺯ ﺩﺳﺘﻜﺶ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ. ( ﻧﻴﺎﺯﻱ ﺑﻪ ﺍﺳﺘﺮﻳﻞ ﺑﻮﺩﻥ ﺁﻥ ﻧﻴﺴﺖ )

- ﭘﺎﻧﺴﻤﺎﻥ ﻛﻬﻨﻪ ﺭﺍ ﺑﻪ ﺁﺭﺍﻣﻲ ﻭ ﻣﻼﻳﻤﺖ ﻭ ﺑﺪﻭﻥ ﺣﺮﻛﺖ ﺳﺮﻳﻊ ﻭ ﻧﺎﮔﻬﺎﻧﻲ ﺍﺯ ﺭﻭﻱ ﺯﺧﻢ ﺑﺮﺩﺍﺭﻳﺪ ﻭ ﭼﻨﺎﻥ ﭼﻪ ﺩﺭ ﺍﺛﺮ ﺧﺸﻚ ﺷﺪﻥ ﺗﺮﺷﺤﺎﺕ ﺑﻪ ﺯﺧﻢ ﭼﺴﺒﻴﺪﻩ ﺍﺳﺖ ﺁﻥ ﺭﺍ ﻛﻤﻲ ﻣﺮﻃﻮﺏ ﻛﻨﻴﺪ .

- ﭘﺎﻧﺴﻤﺎﻥ ﻗﺒﻠﻲ ﺭﺍ ﺩﺭ ﻛﻴﺴﻪ ﻱ ﭘﻼﺳﺘﻴﻜﻲ ﺿﺨﻴﻢ ﮔﺬﺍﺷﺘﻪ، ﺩﺭﺏ ﺁﻥ ﺭﺍ ﻛﺎﻣﻼ ﻣﺤﻜﻢ ﺑﺒﻨﺪﻳﺪ ﻭ ﺩﻭﺭ ﺑﻴﻨﺪﺍﺯﻳﺪ .

- ﺑﺮﺍﻱ ﺷﺴﺘﺸﻮﻱ ﺯﺧﻢ ﻓﻘﻂ ﺍﺯ ﺁﺏ ﻭ ﺻﺎﺑﻮﻥ ( ﺑﺪﻭﻥ ﺑﻮ) ﻳﺎ ﻣﺤﻠﻮﻝ ﺷﺴﺘﺸﻮﻱ ﻧﻤﻜﻲ ( ﺳﺮﻡ ﺷﺴﺘﺸﻮ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

- ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﺯﺧﻢ ﻛﺎﻣﻼ ﺧﺸﻚ ﻧﺸﺪﻩ ﻭ ﺩﺍﺭﺍﻱ ﺗﺮﺷﺢ ﻭ ﺭﻃﻮﺑﺖ ﺍﺳﺖ، ﺑﻬﺘﺮ ﺍﺳﺖ ﻫﻨﮕﺎﻡ ﺗﻌﻮﻳﺾ ﭘﺎﻧﺴﻤﺎﻥ ﻳﻚ ﻋﺪﺩ ﮔﺎﺯ ﻭﺍﺯﻟﻴﻦ ﺭﻭﻱ ﺯﺧﻢ ﺑﮕﺬﺍﺭﻳﺪ ﻭ ﺳﭙﺲ ﺯﺧﻢ ﺭﺍ ﭘﺎﻧﺴﻤﺎﻥ ﻛﻨﻴﺪ ﺗﺎ ﻣﺎﻧﻊ ﺍﺯ ﭼﺴﺒﻴﺪﻥ ﺑﺎﻧﺪ ﺑﻪ ﺯﺧﻢ ﺷﻮﺩ،ﺑﺴﺘﻪ ﻫﺎﻱ ﮔﺎﺯ ﻭﺍﺯﻟﻴﻦ ﺭﺍ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﺭﺍﺣﺘﻲ ﺍﺯ ﺩﺍﺭﻭﺧﺎﻧﻪ ﻫﺎ ﺗﻬﻴﻪ ﻛﻨﻴﺪ.

- ﺑﺎﻧﺪ ﺭﺍ ﺭﻭﻱ ﻣﺤﻞ ﺯﺧﻢ ﮔﺮﻩ ﻧﺰﻧﻴﺪ .

- ﭼﺴﺐ ﻫﺎ ﺭﺍ ﻳﻚ ﺩﻭﺭ ﻛﺎﻣﻞ ﺑﻪ ﺩﻭﺭ ﺍﻧﺪﺍﻡ ﻧﭙﻴﭽﻴﺪ ﺗﺎ ﻣﺤﻜﻢ ﺑﻮﺩﻥ ﺁﻥ ﻣﺎﻧﻊ ﺧﻮﻧﺮﺳﺎﻧﻲ ﻣﻨﺎﺳﺐ ﻧﺸﻮﺩ. (ﻧﻴﻢ ﺩﻭﺭ ﻛﺎﻓﻲ ﺍﺳﺖ ﻭ ﺑﺎﺯ ﻧﺨﻮﺍﻫﺪ ﺷﺪ )

- ﭘﺲ ﺍﺯ ﭘﺎﻳﺎﻥ ﻛﺎﺭ ﻣﺠﺪﺩﺍ ﺩﺳﺖ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺧﻮﺑﻲ ﺑﺸﻮﻳﻴﺪ.

ﺑﺎ ﺭﻋﺎﻳﺖ ﻛﻠﻴﻪ ﻱ ﻣﻮﺍﺭﺩ ﻓﻮﻕ ﺯﺧﻢ ﺷﻤﺎ ﺩﭼﺎﺭ ﻋﺎﺭﺿﻪ ﻧﺨﻮﺍﻫﺪ ﺷﺪ ﻭ ﺑﻪ ﺯﻭﺩﻱ ﺗﺮﻣﻴﻢ ﻣﻲ ﺷﻮﺩ. ﺟﻬﺖ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ............... ﺭﻭﺯ ﺩﻳﮕﺮ ﺑﻪ ﻳﻚ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﻣﺮﺍﻗﺒﺖ ﺍﺯ ﮔﭻ ﻭ ﺁﺗﻞ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ....................................................... ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ﺿﺮﺑﻪ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﺍﻧﺪﺍﻡ ﺷﺪﻩ ﺍﻳﺪ ﻭ ﭘﺲ ﺍﺯ ﺑﺮﺭﺳﻲ ﻫﺎ ﺑﺎ ﺗﺸﺨﻴﺺ :

ﺷﻜﺴﺘﮕﻲ ﺍﺳﺘﺨﻮﺍﻥ □ ﻣﻮ ﺑﺮﺩﺍﺷﺘﻦ ﻳﺎ ﺿﺮﺏ ﺩﻳﺪﮔﻲ ﺍﺳﺘﺨﻮﺍﻥ □ ﺿﺮﺏ ﺩﻳﺪﮔﻲ ﻣﻔﺼﻞ □ ﺁﺳﻴﺐ ﺑﺎﻓﺖ ﻧﺮﻡ □

ﭘﺰﺷﻚ ﺑﺮﺍﻱ ﺷﻤﺎ ﮔﭻ □ / ﺁﺗﻞ □ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺖ ﻛﻪ ﺍﺯ ﺍﻧﺪﺍﻡ ﺷﻤﺎ ﺗﺎ ﻫﻨﮕﺎﻡ ﺑﻬﺒﻮﺩﻱ ﻣﺤﺎﻓﻈﺖ ﻣﻲ ﻛﻨﺪ ﻭ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﺷﻤﺎ ﻣﻲ ﺷﻮﺩ. ﮔﭻ/ ﺁﺗﻞ ﺑﺎﻋﺚ ﺣﻔﺎﻇﺖ ﺍﺳﺘﺨﻮﺍﻥ/ ﻣﻔﺼﻞ/ ﻋﻀﻼﺕ ﺷﺪﻩ ﻭ ﺍﺯ ﺗﻮﺭﻡ ﻭ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﺟﻠﻮﮔﻴﺮﻱ ﻣﻲ ﻛﻨﺪ، ﺁﺗﻞ ﺍﺳﺘﺤﻜﺎﻡ ﻭ ﻣﺤﺎﻓﻈﺖ ﻛﻤﺘﺮﻱ ﻧﺴﺒﺖ ﺑﻪ ﮔﭻ ﺩﺍﺭﺩ ﻭ ﻣﻌﻤﻮﻻ ﺑﺮﺍﻱ ﻣﻮﺍﺭﺩﻱ ﻏﻴﺮ ﺍﺯ ﺷﻜﺴﺘﮕﻲ ﺍﺳﺘﺨﻮﺍﻥ ﺑﻪ ﻛﺎﺭ ﻣﻲ ﺭﻭﺩ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺗﻞ ﮔﻴﺮﻱ ﺷﺪﻩ ﺍﺳﺖ،ﻧﺤﻮﻩ ﻱ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﺑﺮ ﺍﺳﺎﺱ ﻧﻈﺮ ﭘﺰﺷﻚ :

ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﻭ ﻛﺎﻣﻞ □ ﺩﺭ ﻃﻮﻝ ﺭﻭﺯ ﻭ ﺑﻴﺪﺍﺭﻱ □ ﻓﻘﻂ ﺩﺭ ﻃﻮﻝ ﺷﺐ □ ﻫﻨﮕﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻭ ﻛﺎﺭ □ ﺩﺭ ﺣﺪ ﺗﺤﻤﻞ □ ﺭﻭﺯﺍﻧﻪ 5-4 ﺑﺎ ﻧﻮﺑﺖ ﺑﺎﺯ ﻛﺮﺩﻥ ﻛﻮﺗﺎﻩ ﻣﺪﺕ □ ﻣﻲ ﺑﺎﺷﺪ .

ﮔﭻ/ ﺁﺗﻞ ﻳﻚ ﭘﻮﺷﺶ ﻣﺤﺎﻓﻆ ﺳﺨﺖ ﻭ ﻣﺤﻜﻢ ﺍﺳﺖ ﻛﻪ ﺑﺮ ﺭﻭﻱ ﻳﻚ ﻻﻳﻪ ﻧﺮﻡ ﭘﻨﺒﻪ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻪ ﻭ ﻛﺎﻣﻼً ﺷﻜﻞ ﺍﻧﺪﺍﻡ ﺭﺍ ﺑﻪ ﺧﻮﺩ ﻣﻲ ﮔﻴﺮﺩ، ﮔﺎﻫﻲ ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ ﺗﻮﺭﻡ ﺷﺪﻳﺪ ﺍﻭﻟﻴﻪ، ﺩﺭ ﺍﺑﺘﺪﺍ ﺁﺗﻞ ﺑﻨﺪﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻭ ﭘﺲ ﺍﺯ ﭼﻨﺪ ﺭﻭﺯ ﺑﺎ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﺍﻧﺪﺍﻡ، ﮔﭻ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﻣﻲ ﺷﻮﺩ ﭼﻮﻥ ﻛﻪ ﺁﺗﻞ ﻛﺎﻣﻼ ﺩﻭﺭ ﺗﺎ ﺩﻭﺭ ﺍﻧﺪﺍﻡ ﺭﺍ ﻧﻤﻲ ﮔﻴﺮﺩ ﻭ ﻣﺜﻞ ﻳﻚ ﻧﻴﻤﻪ ﮔﭻ ﻋﻤﻞ ﻣﻲ ﻛﻨﺪ. ﻫﺮ ﭼﻨﺪ ﺗﺠﻮﻳﺰ ﮔﭻ / ﺁﺗﻞ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺮﺍﻱ ﺷﻤﺎ ﺧﻮﺷﺎﻳﻨﺪ ﻧﺒﺎﺷﺪ ﺍﻣﺎ ﺟﻬﺖ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﻭ ﻣﻮﻓﻖ ﺑﻪ ﺩﺳﺘﻮﺭﺍﺕ ﭘﺰﺷﻚ ﻋﻤﻞ ﻛ .ﻨﻴﺪ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

1 - ﺯﻣﺎﻥ ﺧﺸﻚ ﺷﺪﻥ ﮔﭻ ﺑﻪ ﻧﻮﻉ ﺁﻥ ﺑﺴﺘﮕﻲ ﺩﺍﺭﺩ. ﮔﭻ ﻫﺎﻱ ﻣﻌﻤﻮﻟﻲ (ﭘﻮﺩﺭﻱ) ﻣﻌﻤﻮﻻً -24 48 ﺳﺎﻋﺖ ﻭ ﮔﭻ ﻫﺎﻱ ﻓﺎﻳﺒﺮ ﮔﻼﺱ (ﺷﺒﻴﻪ ﭘﻼﺳﺘﻴﻚ) ﺣﺪﺍﻛﺜﺮ 12-2 ﺳﺎﻋﺖ ﺑﻌﺪ ﻛﺎﻣﻼً ﺧﺸﻚ ﻣﻲ ﺷﻮﻧﺪ

- ﺗﺎ ﺯﻣﺎﻥ ﺧﺸﻚ ﺷﺪﻥ ﻛﺎﻣﻞ ﻃﺒﻖ ﻣﻮﺍﺭﺩ ﺑﺎﻻ، ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺭﺍﻩ ﺭﻓﺘﻦ ، ﺗﻜﻴﻪ ﻛﺮﺩﻥ ﻳﺎ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﮔﭻ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﭼﺮﺍ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﻻﻳﻪ ﻫﺎﻱ ﻋﻤﻘﻲ ﮔﭻ ﻭ ﻋﺪﻡ ﻛﺎﺭﺁﻳﻲ ﺁﻥ ﺷﺪﻩ ﻭ ﻣﻴﺰﺍﻥ ﻓﺸﺎﺭ ﻭﺍﺭﺩ ﺑﺮ ﺍﻧﺪﺍﻡ ﻭ ﺗﻌﺎﺩﻝ ﺁﻥ ﺑﺮ ﻫﻢ ﻣﻲ ﺧﻮﺭﺩ ﻛﻪ ﻣﻲ ﺗﻮﺍﻧﺪ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﺑﻴﺸﺘﺮ ﻭ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺍﺳﺘﺨﻮﺍﻥ ﺷﻮﺩ .

3 - ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﮔﭻ ﺭﺍ ﺧﻴﺲ ﻳﺎ ﻣﺮﻃﻮﺏ ﻧﻜﻨﻴﺪ، ﻫﺮ ﭼﻨﺪ ﻗﺎﺑﻠﻴﺖ ﺧﻴﺲ ﺷﺪﻥ ﺑﻪ ﻧﻮﻉ ﮔﭻ ﺑﺴﺘﮕﻲ ﺩﺍﺭﺩ ﻭﻟﻲ ﺍﮔﺮ ﮔﭻ ﺿﺪ ﺁﺏ ﺑﺎﺷﺪ ﺣﺘﻤﺎ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﻪ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﮔﻔﺖ. ﺩﺭﻏﻴﺮ ﺍﻳﻦ ﺻﻮﺭﺕ ﮔﭻ ﺭﺍ ﺑﻪ ﺩﻭﺭ ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺭﻃﻮﺑﺖ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺣﺘﻲ ﮔﭻ ﻫﺎﻱ ﺿﺪ ﺁﺏ ﻫﻢ ﻣﻌﻤﻮﻻ ﻋﺎﻳﻖ ﻛﺎﻣﻞ ﻧﺒﻮﺩﻩ ﻭ ﺩﺭ ﺑﺮﺧﻮﺭﺩ ﺑﺎ ﺁﺏ ﻭ ﺭﻃﻮﺑﺖ ﻛﺎﻣﻼ ﺍﺣﺘﻴﺎﻁ ﻛﻨﻴﺪ .

4 - ﭘﻴﺶ ﺍﺯ ﺣﻤﺎﻡ ﻛﺮﺩﻥ ﻳﻚ ﺣﻮﻟﻪ ﺭﺍ ﺑﻪ ﺩﻭﺭ ﻟﺒﻪ ﻱ ﺑﺎﻻﻱ ﮔﭻ ﺑﭙﻴﭽﻴﺪ (ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺁﻥ ﺭﺍ ﺩﺍﺧﻞ ﻓﻀﺎﻱ ﮔﭻ ﻧﻜﻨﻴﺪ) ﺳﭙﺲ ﻳﻚ ﺭﻭﻛﺶ ﭘﻼﺳﺘﻴﻜﻲ ﺭﺍ ﻛﺎﻣﻼً ﺭﻭﻱ ﮔﭻ ﻛﺸﻴﺪﻩ ﻭ ﺍﻧﺘﻬﺎﻱ ﺁﻥ ﺭﺍ ﻣﺎﻧﻨﺪ ﻳﻚ ﻛﻴﺴﻪ ﻣﺤﻜﻢ ﺑﺒﻨﺪﻳﺪ ﻭ ﺩﺭ ﻫﻨﮕﺎﻡ ﺣﻤﺎﻡ ﻛﺮﺩﻥ ﺍﻧﺪﺍﻡ ﮔﭻ ﮔﺮﻓﺘﻪ ﺭﺍ ﺑﺎ ﻭﺟﻮﺩ ﭘﻮﺷﺶ ﭘﻼﺳﺘﻴﻜﻲ ﺧﺎﺭﺝ ﺍﺯ ﺟﺮﻳﺎﻥ ﻣﺴﺘﻘﻴﻢ ﺁﺏ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻭ ﺩﺭ ﺁﺏ ﻏﻮﻃﻪ ﻭﺭ ﻧﻜﻨﻴﺪ .

5 - ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ ﻭ ﻳﺎ ﺗﻤﺎﺱ ﮔﭻ ﺑﺎ ﺑﺎﺭﺍﻥ ﻭ ﺑﺮﻑ ﻭ ﻳﺦ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

6 - ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﮔﭻ ﺑﻪ ﻫﺮ ﻋﻠﺘﻲ ﺧﻴﺲ ﺷﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺁﻥ ﺭﺍ ﺑﺎ ﺟﺮﻳﺎﻥ ﻫﻮﺍ ﺑﻮﺳﻴﻠﻪ ﻱ ﺳﺸﻮﺍﺭ (ﺩﺳﺘﮕﺎﻩ ﺧﺸﻚ ﻛﻦ ) ﻣﻮ ﺧﺸﻚ ﻛﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﻓﻘﻂ ﺍﺯ ﺑﺎﺩ ﺧﻨﻚ ﺩﺳﺘﮕﺎﻩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺁﻥ ﺭﺍ ﺭﻭﻱ ﺩﺭﺟﻪ ﻱ ﮔﺮﻡ ﻳﺎ ﺩﺍﻍ ﻗﺮﺍﺭ ﻧﺪﻫﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﺳﻮﺧﺘﮕﻲ ﭘﻮﺳﺖ ﺯﻳﺮ ﮔﭻ ﻣﻲ ﮔﺮﺩﺩ، ﻫﻤﭽﻨﻴﻦ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻳﻚ ﺩﺳﺘﮕﺎﻩ ﻣﻜﻨﺪﻩ ﻣﺎﻧﻨﺪ ﺟﺎﺭﻭﺑﺮﻗﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻛﻪ ﺑﺎﻋﺚ ﻣﻜﺶ ﻭ ﺧﺮﻭﺝ ﻫﻮﺍﻱ ﻣﺮﻃﻮﺏ ﺍﺯ ﺩﺍﺧﻞ ﮔﭻ ﻣﻲ ﮔﺮﺩﺩ. ﭼﻨﺎﻥ ﭼﻪ ﻓﻘﻂ ﺳﻄﺢ ﺧﺎﺭﺟﻲ ﮔﭻ ﺍﻧﺪﻛﻲ ﻣﺮﻃﻮﺏ ﺷ ﺪﻩ ﻭ ﺍﻃﻤﻴﻨﺎﻥ ﺩﺍﺭﻳﺪ ﻛﻪ ﺁﺏ ﺑﻪ ﺩﺍﺧﻞ ﺁﻥ ﻧﻔﻮﺫ ﻧﻜﺮﺩﻩ ﺍﺳﺖ ﻳﻚ ﺣﻮﻟﻪ ﺿﺨﻴﻢ ﺑﺎ ﻗﺪﺭﺕ ﺟﺬﺏ ﺁﺏ ﺑﺎﻻ ﺑﻪ ﺩﻭﺭ ﺁﻥ ﭘﻴﭽﻴﺪ. ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﻨﺒﻪ ﻫﺎﻱ ﺩﺍﺧﻞ ﮔﭻ ﺧﻴﺲ ﺷﺪ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎً ﺍﻗﺪﺍﻡ ﺑﻪ ﺧﺎﺭﺝ ﻛﺮﺩﻥ ﺁﻧﻬﺎ ﻧﻜﻨﻴﺪ ﻭ ﺟﻬﺖ ﺗﻌﻮﻳﺾ ﮔﭻ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

7 - ﺍﻧﺪﺍﻡ ﺁﺳﻴﺐ ﺩﻳﺪﻩ ﻣﻌﻤﻮﻻً ﺩﺭ ﻃﻮﻝ ﭼﻨﺪ ﺭﻭﺯ ﺍﻭﻝ ﭘﺲ ﺍﺯ ﮔﭻ ﮔﺮﻓﺘﻦ ﺩﭼﺎﺭ ﺗﻮﺭﻡ ﺧﻔﻴﻒ ﺗﺎ ﻣﺘﻮﺳﻂ ﻣﻲ ﺷﻮﺩ ﻭ ﺑﺎﻋﺚ ﺍﺣﺴﺎﺱ ﺗﻨﮕﻲ ﺧﻔﻴﻒ ﺩﺭ ﮔﭻ ﻣﻲ ﺷﻮﺩ، ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﺑﻪ ﻭﻳﮋﻩ ﺩﺭ ﻃﻮﻝ 48 ﺳﺎﻋﺖ ﺍﻭﻟﻴﻪ ﺑﺎﻳﺪ ﺍﻧﺪﺍﻡ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺑﺎﻻ ﻗﺮﺍﺭ ﮔﻴﺮﺩ ﻭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺁﻭﻳﺰﺍﻥ ﻧﺸﺪﻩ ﻭ ﻳﺎ ﻓﺸﺎﺭ ﺑﺮﺁﻥ ﻭﺍﺭﺩ ﻧﺸﻮﺩ، ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﺍﻧﺪﺍﻡ ﺷﻤﺎ ﺑﺎﻳﺪ ﺑﺎﻻﺗﺮ ﺍﺯ ﺳﻄﺢ ﻗﻠﺐ ﻗﺮﺍﺭ ﮔﻴﺮﺩ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺩﺭﺍﺯ ﺑﻜﺸﻴﺪ ﻭ ﺍﻧﺪﺍﻡ ﮔﭻ ﮔﺮﻓﺘﻪ ﺷﺪﻩ ﺭﺍ ﺑﺮ ﺭﻭﻱ ﭼﻨﺪ ﻋﺪﺩ ﺑﺎﻟﺶ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﺑﺎﻟﺶ ﻫﺎ ﺭﺍ ﻓﻘﻂ ﺯﻳﺮ ﺯﺍﻧﻮ ﻳﺎ ﺁﺭﻧﺞ ﻧﮕﺬﺍﺭﻳﺪ ﺑﻠﻜﻪ ﺑﻪ ﺷﻜﻠﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﻛﻞ ﻗﺴﻤﺖ ﮔﭻ ﮔﺮﻓﺘﻪ ﺷﺪﻩ ﺑﺮ ﺭﻭﻱ ﺁﻥ ﺗﻜﻴﻪ ﻛﻨﺪ، ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺁﻳﻨﺪﻩ ﺑﺎﻳﺪ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﻫﻨﮕﺎﻡ ﺷﺐ ﻭ ﺍﺳﺘﺮﺍﺣﺖ ﻭ ﻫﻤﭽﻨﻴﻦ ﺗﺎ ﺣﺪ ﻣﻤﻜﻦ ﺩﺭ ﻃﻮﻝ ﺭﻭﺯ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ ﺗﺎ ﺍﻧﺪﺍﻡ ﺩﭼﺎﺭ ﺗﻮﺭﻡ ﻭ ﻛﺎﻫﺶ ﺟﺮﻳﺎﻥ ﺧﻮﻥ ﻧﺸﻮﺩ .

8 - ﺑﺮﺍﻱ ﺑﻬﺒﻮﺩﻱ ﺟﺮﻳﺎﻥ ﺧﻮﻥ، ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﻫﺮ 1-5/0 ﺳﺎﻋﺖ ﭼﻨﺪ ﺑﺎﺭ ﺍﻧﮕﺸﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺗﻜﺎﻥ ﺩﻫﻴﺪ ﻭ ﺧﻢ ﻭ ﺭﺍﺳﺖ ﻛﻨﻴﺪ، ﺭﻭﺯﻫﺎﻱ ﺑﻌﺪ ﻧﻴﺰ ﺗﺎ ﺟﺎﻳﻲ ﻛﻪ ﺍﻣﻜﺎﻥ ﺩﺍﺭﺩ ﺑﻪ ﻃﻮﺭ ﻣﺮﺗﺐ ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ ﻭ ﺭﻭﺯﺍﻧﻪ ﭼﻨﺪﻳﻦ ﺑﺎﺭ ﻋﻀﻼﺕ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ ﻛﻪ ﺩﺍﺧﻞ ﮔﭻ ﻗﺮﺍﺭ ﺩﺍﺭﻧﺪ ﺭﺍ ﻣﻨﻘﺒﺾ ﻛﻨﻴﺪ ﺗﺎ ﺩﭼﺎﺭ ﺿﻌﻒ ﺷﺪﻳﺪ ﻧﺸﻮﻧﺪ. ﺑﻬﺘﺮ ﺍﺳﺖ ﺭﻭﺯﺍﻧﻪاﻧﮕﺸﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﻧﻈﺮ ﺭﻧﮓ ﻭ ﺩﻣﺎ ﺑﺮﺭﺳﻲ ﻛﻨﻴﺪ ﻭ ﻣﻄﻤﺌﻦ ﺷﻮﻳﺪ ﻛﻪ ﺩﭼﺎﺭ ﻛﺒﻮﺩﻱ / ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﻳﺎ ﺳﺮﺩﻱ ﻧﺸﺪﻩ ﺑﺎﺷﻨﺪ .

9 - ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﺭ ﺍﺛﺮ ﺁﺳﻴﺐ ﺑﻪ ﺍﺳﺘﺨﻮﺍﻥ ﻳﺎ ﺑﺎﻓﺖ ﻧﺮﻡ ﻭ ﻫﻤﭽﻨﻴﻦ ﺗﻮﺭﻡ ﺍﻧﺪﺍﻡ، ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻛﻪ ﺩﺭ ﺍﻳﻦ ﺻﻮﺭﺕ ﻣﻴﺘﻮﺍﻧﻴﺪ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻭ ﻣﺴﻜﻦ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ / ﺑﺮﻭﻓﻦ/ ژﻟﻮﻓﻦ/ ﻧﺎﭘﺮﻭﻛﺴﻦ/ ﻣﻔﻨﺎﻣﻴﻚ ﺍﺳﻴﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻭ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺩﻳﮕﺮﻱ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺖ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﻫﻤﺎﻥ ﺭﺍ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﻨﻴﺪ

10 -ﺍﮔﺮ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﺩﺭ ﺍﺛﺮ ﺗﻮﺭﻡ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻛﺮﺩﻳﺪ ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺁﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﺑﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻳﻚ ﻛﻴﺴﻪ ﻱ ﺣﺎﻭﻱ ﻳﺦ ﻳﺎ ﻳﻚ ﺑﺴﺘﻪ ﻱ ﺳﺒﺰﻱ ﻳﺎ ﺣﺒﻮﺑﺎﺕ ﻳﺦ ﺯﺩﻩ ﻭ ﻳﺎ ﻛﻤﭙﺮﺱ ﻫﺎﻱ ﻳﺦ ﺁﻣﺎﺩﻩ ﻱ ﻣﻮﺟﻮﺩ ﺩﺭ ﺩﺍﺭﻭﺧﺎﻧﻪ ﻫﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ. ﻫﺮ 3-2 ﺳﺎﻋﺖ 1 ﺑﺎﺭ ﺑﻪ ﻣﺪﺕ -20 15 ﺩﻗﻴﻘﻪ ﺁﻥ ﺭﺍ ﺭﻭﻱ ﮔﭻ ﺑﮕﺬﺍﺭﻳﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﻳﺦ ﺑﺎ ﭘﻮﺳﺖ ﺗﻤﺎﺱ ﻧﺪﺍﺷﺘﻪ ﺑﺎﺷﺪ ﻭ ﻫﻤﭽﻨﻴﻦ ﺑﻬﺘﺮ ﺍﺳﺖ ﺍﺯ ﻳﻚ ﭘﺎﺭﭼﻪ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﻣﺤﺎﻓﻆ ﺑﻴﻦ ﻳﺦ ﻭ ﮔﭻ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﺗﺎ ﻣﺎﻧﻊ ﺧﻴﺲ ﺷﺪﻥ ﮔﭻ ﺷﻮﺩ .

11 -ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺧﻔﻴﻒ ﺩﺭ ﭘﻮﺳﺖ ﺯﻳﺮ ﮔﭻ ﻳﻚ ﻋﺎﺭﺿﻪ ﻱ ﺷﺎﻳﻊ ﺍﺳﺖ، ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺧﺎﺭﺵ ﻫﺮﮔﺰ ﻫﻴﭻ ﮔﻮﻧﻪ ﺟﺴﻢ ﻳﺎ ﻭﺳﻴﻠﻪ ﺍﻱ ﺭﺍ ﺟﻬﺖ ﺧﺎﺭﺵ ﻭﺍﺭﺩ ﮔﭻ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﺯﺧﻤﻲ ﺷﺪﻥ ﻭ ﺁﺳﻴﺐ ﭘﻮﺳﺖ ﺧﻮﺍﻫﺪ ﺷﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺟﻬﺖ ﺑﻬﺒﻮﺩﻱ ﺍﺯ ﺑﺎﺩ ﺧﻨﻚ ﺳﺸﻮﺍﺭ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻫﻤﭽﻨﻴﻦ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯﺩﺍﺭﻭﻫﺎﻱ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ ﻭ ﺿﺪ ﺣﺴﺎﺳﻴﺖ ﻣﻌﻤﻮﻟﻲ ﻣﺎﻧﻨﺪ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ، ﻫﻴﺪﺭﻭﻛﺴﻲ ﺯﻳﻦ، ﻟﻮﺭﺍﺗﺎﺩﻳﻦ ﻭ ﺳﺘﻴﺮﻳﺰﻳﻦ ﻧﻴﺰ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

12 -ﭼﻨﺎﻧﭽﻪ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﻣﺪﺍﻭﻡ ﻭ ﺩﻟﺨﻮﺍﻩ ﺁﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺁﺗﻞ ﺧﻮﺩ ﺭﺍ ﻫﻤﻮﺍﺭﻩ ﺑﺴﺘﻪ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻣﮕﺮ ﺁﻥ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺍﺟﺎﺯﻩ ﻱ ﺑﺎﺯ ﻛﺮﺩﻥ ﺁﻥ ﺭﺍ ﺩﺭ ﻣﻮﺍﻗﻊ ﺧﺎﺹ ﻣﺎﻧﻨﺪ ﺷﺐ ﻫﺎ ﺑﺮﺍﻱ ﺧﻮﺍﺏ ﻭ ﻳﺎ ﻫﻨﮕﺎﻡ ﺣﻤﺎﻡ ﻛﺮﺩﻥ ﺩﺍﺩﻩ ﺑﺎﺷﺪ .

13 -ﺑﻬﺘﺮ ﺍﺳﺖ ﺭﻭﺯﺍﻧﻪ ﺑﺎ ﺗﺐ ﮔﻴﺮ ﺩﻣﺎﻱ ﺑﺪﻥ ﺧﻮﺩ ﺭﺍ ﻛﻨﺘﺮﻝ ﻛﻨﻴﺪ .

**ﺟﻬﺖ ﻛﺴﺐ ﺑﻬﺘﺮﻳﻦ ﻧﺘﻴﺠﻪ ﻭ ﭘﻴﺸﮕﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﻫﺮﮔﻮﻧﻪ ﻣﺸﻜﻞ ﻳﺎ ﻋﺎﺭﺿﻪ ﺩﺭ ﺍﺭﺗﺒﺎﻁ ﺑﺎ ﮔﭻ/ ﺁﺗﻞ ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

1 - ﮔﭻ/ ﺁﺗﻞ ﺧﻮﺩ ﺭﺍ ﺗﻤﻴﺰ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻭ ﺍﺯ ﻭﺭﻭﺩ ﻫﺮﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺯﺍﻳﺪ ﻭ ﺁﻟﻮﺩﮔﻲ ﺑﻪ ﺩﺍﺧﻞ ﺁﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﻏﺬﺍ ﺧﻮﺭﺩﻥ ﺭﻭﻱ ﺁﻥ ﺭﺍ ﺑﭙﻮﺷﺎﻧﻴﺪ .

2 - ﺑﻬﺪﺍﺷﺖ ﻗﺴﻤﺖ ﻫﺎﻱ ﺧﺎﺭﺝ ﮔﭻ ﺭﺍ ﺭﻋﺎﻳﺖ ﻛﻨﻴﺪ، ﻧﺎﺧﻦ ﻫﺎ ﺭﺍ ﻛﻮﺗﺎﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻭ ﺭﻭﺯﺍﻧﻪ ﭼﻨﺪﻳﻦ ﻧﻮﺑﺖ ﺍﺯ ژﻝ ﻫﺎ ﻳﺎ ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺿﺪ ﻋﻔﻮﻧﻲ ﻛﻨﻨﺪﻩ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺷﺴﺘﺸﻮ ﺑﺎ ﺁﺏ ﻧﺪﺍﺭﻧﺪ ﺑﺮﺍﻱ ﺷﺴﺘﻦ ﺍﻧﮕﺸﺘﺎﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

3 - ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﻭ ﻣﺼﺮﻑ ﻫﺮﮔﻮﻧﻪ ﭘﻮﺩﺭ (ﻣﺎﻧﻨﺪ ﭘﻮﺩﺭ ﺑﭽﻪ)، ﻛﺮﻡ، ﭘﻤﺎﺩ، ﻟﻮﺳﻴﻮﻥ، ﺭﻭﻏﻦ ﻳﺎ ﻋﻄﺮ ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ ﺍﻃﺮﺍﻑ ﮔﭻ ﻳﺎ ﺩﺍﺧﻞ ﺁﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﭼﻮﻥ ﺍﻳﻦ ﻣﻮﺍﺩ ﺩﺭ ﺩﺍﺧﻞ ﮔﭻ ﺟﻤﻊ ﻣﻲ ﺷﻮﺩ ﻭ ﺑﺎﻋﺚ ﺁﻟﻮﺩﮔﻲ ﻭ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ.

4- ﻫﻴﭻ ﺟﺴﻤﻲ ﺭﺍ ﻭﺍﺭﺩ ﮔﭻ ﻧﻜﻨﻴﺪ (ﻣﺜﻼ ﺍﺷﻴﺎء ﺗﻴﺰ ﻭ ﺑﺎﺭﻳﻚ ﺑﺮﺍﻱ ﺭﻓﻊ ﺧﺎﺭﺵ) ﭼﺮﺍ ﻛﻪ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﭘﻮﺳﺖ ﻭ ﻫﻤﭽﻨﻴﻦ ﺑﻪ ﻫﻢ ﺭﻳﺨﺘﮕﻲ ﻻﻳﻪ ﻱ ﭘﻨﺒﻪ ﺍﻱ ﺩﺍﺧﻞ ﮔﭻ ﻣﻲ ﺷﻮﺩ.

5 - ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﭘﻨﺒﻪ ﻫﺎﻱ ﺩﺍﺧﻞ ﮔﭻ ﺭﺍ ﺧﺎﺭﺝ ﻧﻜﺮﺩﻩ ﻭ ﻳﺎ ﺑﻪ ﺁﻥ ﺍﺿﺎﻓﻪ ﻧﻜﻨﻴﺪ.

6 - ﺗﺎ ﺯﻣﺎﻥ ﺧﺸﻚ ﺷﺪﻥ ﻛﺎﻣﻞ ﺍﺯ ﻧﻮﺷﺘﻦ ﻳﺎ ﺍﻣﻀﺎء ﻛﺮﺩﻥ ﺭﻭﻱ ﮔﭻ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﭘﺲ ﺍﺯ ﺁﻥ ﻧﻴﺰ ﺗﻨﻬﺎ ﺍﺯ ﻗﻠﻢ ﻫﺎﻱ ﺑﺎﺭﻳﻚ ﻳﺎ ﻣﺎژﻳﻚ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺭﻧﮓ ﻫﺎﻱ ﻏﻠﻴﻆ ﻳﺎ ﺭﻭﻏﻨﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﻳﺎ ﮔﭻ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺭﻧﮓ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﺑﺴﺘﻪ ﺷﺪﻥ ﻛﻠﻴﻪ ﻱ ﻣﻨﺎﻓﺬ ﮔﭻ ﻭ ﻗﻄﻊ ﺗﻨﻔﺲ ﭘﻮﺳﺖ ﺯﻳﺮ ﺁﻥ ﻣﻲ ﺷﻮﺩ.

7 - ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﮔﭻ ﺑﺎﻋﺚ ﺧﺮﺍﺷﻴﺪﮔﻲ ﺭﻭﻱ ﭘﻮﺳﺖ ﺷﺪﻩ ﺍﺳﺖ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎً ﺍﻗﺪﺍﻡ ﺑﻪ ﻛﻮﺗﺎﻩ ﻛﺮﺩﻥ ﻟﺒﻪ ﻫﺎﻱﮔﭻ ﻳﺎ ﺑﺎﺯ ﻛﺮﺩﻥ ﮔﭻ ﻧﻜﻨﻴﺪ.

8 - ﺍﺯ ﺍﻧﺠﺎﻡ ﻫﺮﮔﻮﻧﻪ ﻭﺭﺯﺵ ﻭ ﺭﺍﻧﻨﺪﮔﻲ ﺑﺎ ﮔﭻ/ ﺁﺗﻞ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

9 - ﺍﺯ ﻭﺍﺭﺩ ﻛﺮﺩﻥ ﺿﺮﺑﻪ ﻫﺎﻱ ﺳﺨﺖ ﻭ ﺳﻨﮕﻴﻦ ﻛﻪ ﺍﺣﺘﻤﺎﻻً ﺑﺎﻋﺚ ﺷﻜﺴﺘﻦ / ﺗﺮﻙ ﺧﻮﺭﺩﻥ/ ﺳﻮﺭﺍﺥ ﺷﺪﻥ/ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﮔﭻ / ﺁﺗﻞ ﻣﻲ ﺷﻮﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

10 -ﺍﺯ ﺗﻤﺎﺱ ﮔﭻ ﺑﺎ ﺁﺏ ﻭ ﺭﻃﻮﺑﺖ ﺑﻪ ﻫﺮ ﺷﻜﻞ، ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

11 -ﮔﭻ / ﺁﺗﻞ ﺭﺍ ﺩﻭﺭ ﺍﺯ ﻣﻨﺎﺑﻊ ﺣﺮﺍﺭﺗﻲ ﻭ ﺷﻌﻠﻪ ﻭ ﺁﺗﺶ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﭼﺮﺍ ﻛﻪ ﭘﻨﺒﻪ ﻫﺎﻱ ﺁﻥ (ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﻣﻮﺭﺩ ﺁﺗﻞ) ﺑﻪ ﺭﺍﺣﺘﻲ ﺷﻌﻠﻪ ﻭﺭ ﻣﻲ ﺷﻮﺩ.

12 -ﺁﺗﻞ ﺭﺍ ﻧﺰﺩﻳﻚ ﺑﻪ ﻣﻨﺎﺑﻊ ﺣﺮﺍﺭﺗﻲ (ﺷﻌﻠﻪ، ﺑﺨﺎﺭﻱ، ﻧﻮﺭ ﺁﻓﺘﺎﺏ ﻣﺴﺘﻘﻴﻢ) ﻗﺮﺍﺭ ﻧﺪﻫﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﻧﺮﻡ ﺷﺪﻥ ﻭ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺁﻥ ﻣﻲ ﺷﻮﺩ ﻭ ﺍﺛﺮﮔﺬﺍﺭﻱ ﻣﻄﻠﻮﺏ ﺁﻥ ﺍﺯ ﺑﻴﻦ ﻣﻲ ﺭﻭﺩ.

13 -ﺁﺳﻴﺐ ﻓﻌﻠﻲ، ﻣﺤﺪﻭﺩﻳﺖ ﺩﺭ ﺭژﻳﻢ ﻏﺬﺍﻳﻲ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻣﺎﻧﻨﺪ ﻗﺒﻞ ﻏﺬﺍﻫﺎﻱ ﻣﻌﻤﻮﻟﻲ ﺧﻮﺩ ﺭﺍ ﻣﻴﻞ ﻧﻤﺎﻳﻴﺪ ﺍﻣﺎ ﭼﻨﺎﻧﭽﻪ ﮔﭻ/ ﺁﺗﻞ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﺎﻧﻲ ﺷﻤﺎ ﻧﺴﺒﺖ ﺑﻪ ﻗﺒﻞ ﺷﺪﻩ ﺍﺳﺖ ﺑﺎ ﺗﻨﻈﻴﻢ ﺭژﻳﻢ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺍﺯ ﺍﺿﺎﻓﻪ ﻭﺯﻥ ﻭ ﺑﺮﻭﺯ ﭼﺎﻗﻲ ﻧﺎﮔﻬﺎﻧﻲ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴ .ﺪ

14 -ﻫﺮﮔﺰ ﺑﺮ ﺭﻭﻱ ﮔﭻ ﺭﺍﻩ ﻧﺮﻭﻳﺪ ﻭ ﺣﺘﻤﺎ ﺍﺯ ﻋﺼﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍً ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪ ﻭ ﻣﺪﺍﻭﻡ ﻛﻪ ﺑﻪ ﻣﺴﻜﻦ ﻫﺎﻱ ﻣﻌﻤﻮﻟﻲ (ﺣﺪﺍﻛﺜﺮ 2 ﻧﻮﺑﺖ ﺍﺳﺘﻔﺎﺩﻩ) ﭘﺎﺳﺦ ﻧﺪﻫﺪ .

- ﺗﺸﺪﻳﺪ ﻳﺎ ﺗﺪﺍﻭﻡ ﺗﻮﺭﻡ ﻛﻪ ﺑﺎ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﻭ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﺑﻬﺒﻮﺩ ﻧﻴﺎﻓﺘﻪ ﻭ ﺑﺎﻋﺚ ﺍﺣﺴﺎﺱ ﺗﻨﮕﻲ ﻭ ﻓﺸﺎﺭ ﺩﺍﺋﻤﻲ ﮔﭻ ﺑﺮ ﺭﻭﻱ ﺍﻧﺪﺍﻡ .ﺷﻮﺩ

- ﻋﺪﻡ ﺍﻣﻜﺎﻥ ﺣﺮﻛﺖ ﺩﺍﺩﻥ ﻳﺎ ﺧﻢ ﻭ ﺭﺍﺳﺖ ﻛﺮﺩﻥ ﺍﻧﮕﺸﺘﺎﻥ

- ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﻏﻴﺮ ﻃﺒﻴﻌﻲ (ﻛﺒﻮﺩﻱ - ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ) ﻳﺎ ﺳﺮﺩﻱ ﺍﻧﮕﺸﺘﺎﻥ

- ﺍﺣﺴﺎﺱ ﺑﻲ ﺣﺴﻲ/ ﺧﻮﺍﺏ ﺭﻓﺘﻦ/ ﮔﺰ ﮔﺰ ﻛﺮﺩﻥ ﺍﻧﮕﺸﺘﺎﻥ

- ﺑﺮﻭﺯ ﺯﺧﻢ ﻳﺎ ﺧﺮﺍﺵ ﻳﺎ ﺗﺎﻭﻝ ﺩﺭ ﭘﻮﺳﺖ ﺯﻳﺮ ﻳﺎ ﺍﻃﺮﺍﻑ ﮔﭻ

- ﺍﺳﺘﻌﻤﺎﻝ ﺑﻮﻱ ﺑﺪ ﻳﺎ ﺧﺮﻭﺝ ﺗﺮﺷﺢ (ﺁﺑﻜﻲ/ ﭼﺮﻛﻲ/ ﺧﻮﻧﻲ) ﺍﺯ ﺯﻳﺮ ﮔﭻ

- ﺑﺮﻭﺯ ﺗﺐ ﻳﺎ ﺗﻨﮕﻲ ﻧﻔﺲ ﻳﺎ ﺗﻐﻴﻴﺮ ﻭﺿﻌﻴﺖ ﻫﻮﺷﻴﺎﺭﻱ (ﮔﻴﺠﻲ، ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ) ﻳﺎ ﺗﭙﺶ ﻗﻠﺐ

- ﺷﻜﺴﺘﻦ ﻳﺎ ﺗﺮﻙ ﺧﻮﺭﺩﻥ ﻳﺎ ﺳﻮﺭﺍﺥ ﺷﺪﻥ ﮔﭻ

- ﺧﺮﻭﺝ ﻳﺎ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻳﺎ ﺑﻪ ﻫﻢ ﺭﻳﺨﺘﮕﻲ ﻻﻳﻪ ﻱ ﭘﻨﺒﻪ ﺍﻱ ﺩﺍﺧﻞ ﮔﭻ

- ﺧﻴﺲ ﺷﺪﻥ ﮔﭻ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﺑﺎ ﺭﻭﺵ ﻫﺎﻱ ﮔﻔﺘﻪ ﺷﺪﻩ ﻗﺎﺑﻞ ﺧﺸﻚ ﺷﺪﻥ ﻧﺒﺎﺷﺪ

- ﺧﻮﻧﺮﻳﺰﻱ ﺍﺯ ﺩﺍﺧﻞ ﮔﭻ

- ﺩﺭﺩ ﻭ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﺩﺍﺧﻞ ﮔﭻ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﻧﺘﻮﺍﻧﻴﺪ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ ﺣﺮﻛﺖ ﺩﻫﻴﺪ

- ﺍﺣﺴﺎﺱ ﺳﻮﺯﺵ ﻳﺎ ﮔﺮﻣﻲ ﻣﺪﺍﻭﻡ ﭘﻮﺳﺖ ﺯﻳﺮ ﮔﭻ

- ﻗﺮﻣﺰﻱ ﻭ ﺍﻟﺘﻬﺎﺏ ﭘﻮﺳﺖ ﺯﻳﺮ ﺁﺗﻞ ﻛﻪ ﺑﻴﺶ ﺍﺯ 20 ﺩﻗﻴﻘﻪ ﺑﻌﺪ ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﺁﺗﻞ (ﻣﺜﻼً ﻫﻨﮕﺎﻡ ﺧﻮﺍﺏ ﻳﺎ ﺣﻤﺎﻡ) ﺑﺎﻗﻲ ﺑﻤﺎﻧﺪ

- ﻭﺭﻭﺩ ﻧﺎﺧﻮﺍﺳﺘﻪ ﻫﺮﮔﻮﻧﻪ ﺟﺴﻢ ﻳﺎ ﻣﺎﺩﻩ ﺍﻱ ﺑﻪ ﺩﺍﺧﻞ ﮔﭻ

- ﺳﺴﺖ ﺷﺪﻥ ﻳﺎ ﮔﺸﺎﺩ ﺷﺪﻥ ﮔﭻ ﻧﺴﺒﺖ ﺑﻪ ﻗﺒﻞ

- ﺍﺣﺴﺎﺱ ﺗﻨﮕﻲ ﻭ ﻓﺸﺎﺭ ﺩﺍﺋﻤﻲ ﻛﻪ ﺑﻌﺪ ﺍﺯ 3-2 ﺭﻭﺯ ﺍﻭﻝ ﻫﻤﭽﻨﺎﻥ ﺑﺎﻗﻲ ﺑﻤﺎﻧﺪ ﻭ ﻳﺎ ﺑﺎﻋﺚ ﺩﺭﺩ ﻭ ﻣﺤﺪﻭﺩﻳﺖ ﺣﺮﻛﺎﺕ ﺷﻮﺩ

**ﭘﻴﮕﻴﺮﻱ ﻭ ﭘﺎﻳﺎﻥ ﺩﺭﻣﺎﻥ :**

- ﺻﺒﻮﺭ ﺑﺎﺷﻴﺪ، ﺩﺭﻣﺎﻥ ﺑﺎ ﮔﭻ / ﺁﺗﻞ ﻣﺪﺕ ﺯﻳﺎﺩﻱ ﻃﻮﻝ ﺧﻮﺍﻫﺪ ﻛﺸﻴﺪ ( . ﻣﻌﻤﻮﻻً 6-2 ﻫﻔﺘﻪ )

- ﺑﺮﺍﻱ ﻣﺮﺍﺟﻌﺎﺕ ﺑﻌﺪﻱ ﻭ ﭘﻴﮕﻴﺮﻱ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻋﻼﺋﻢ ﺧﻄﺮ ﺫﻛﺮ ﺷﺪﻩ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ ﺑﻪ ﺩﺭﻣﺎﻧﮕﺎﻩ ﻳﺎ ﻣﺘﺨﺼﺺ ﺍﺭﺗﻮﭘﺪﻱ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻣﺮﺍﺟﻌﻪ ﻱ ﻣﺠﺪﺩ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ

- ﺯﻣﺎﻥ ﺩﻗﻴﻖ ﺑﺎﺯ ﻛﺮﺩﻥ ﮔﭻ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻗﺎﺑﻞ ﭘﻴﺶ ﺑﻴﻨﻲ ﻧﻴﺴﺖ ﻭ ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺑﺎﻳﺪ ﺗﺤﺖ ﻧﻈﺮ ﺑﻮﺩﻩ ﻭ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﻫﺎﻱ ﺁﻳﻨﺪﻩ، ﻣﻴﺰﺍﻥ ﭘﺎﺳﺦ ﺑﻪ ﺩﺭﻣﺎﻥ ﻭ ﺯﻣﺎﻥ ﭘﺎﻳﺎﻥ ﺩﺭﻣﺎﻥ ﻣﺸﺨﺺ ﻣﻲ ﺷﻮﺩ .

- ﻫﺮﮔﺰ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﺑﺎﺯ ﻛﺮﺩﻥ ﻭ ﺧﺎﺭﺝ ﻛﺮﺩﻥ ﮔﭻ ﻧﻜﻨﻴﺪ ﻭ ﺑﻪ ﺩﺭﻣﺎﻧﮕﺎﻩ ﻳﺎ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻣﺠﻬﺰ ﺑﻪ ﻭﺳﺎﻳﻞ ﻻﺯﻡ ﺟﻬﺖ ﺍﻧﺠﺎﻡ ﺍﻳﻦ ﻛﺎﺭ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

- ﺑﺮﺍﻱ ﺑﺎﺯ ﻛﺮﺩﻥ ﮔﭻ ﺍﺯ ﺍﺭﻩ ﻫﺎﻱ ﻣﺨﺼﻮﺹ ﺍﺳﺘﻔﺎﺩﻩ ﻣﻲ ﺷﻮﺩ ﻛﻪ ﻓﻘﻂ ﻟﺮﺯﺵ ﺍﻳﺠﺎﺩ ﻣﻲ ﻛﻨﺪ، ﻫﻨﮕﺎﻡ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ، ﺷﻤﺎ ﺻﺪﺍ ﻭ ﻟﺮﺯﺵ ﺍﻳﺠﺎﺩ ﺷﺪﻩ ﺭﺍ ﺍﺣﺴﺎﺱ ﺧﻮﺍﻫﻴﺪ ﻛﺮﺩ ﻭ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﺣﺴﺎﺱ ﮔﺮﻣﺎ ﺑﻪ ﭘﻮﺳﺘﺘﺎﻥ ﻣﻨﺘﻘﻞ ﺷﻮﺩ ﺍﻣﺎ ﻫﺮﮔﺰ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﻭ ﺯﺧﻤﻲ ﺷﺪﻥ ﭘﻮﺳﺖ ﻧﺸﺪﻩ ﻭ ﻫﻴﭻ ﮔﻮﻧﻪ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻧﺨﻮﺍﻫﺪ ﺩﺍﺷﺖ، ﻧﮕﺮﺍﻥ ﻧﺒﺎﺷﻴﺪ .

- ﭘﺲ ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﮔﭻ، ﻣﻌﻤﻮﻻ ﭘﻮﺳﺖ ﺯﻳﺮ ﺁﻥ ﺧﺸﻚ، ﭼﺮﻭﻛﻴﺪﻩ، ﻧﺎﺯﻙ ﻭ ﺯﺭﺩﺭﻧﮓ ﺷﺪﻩ ﻭ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﭼﺎﺭ ﭘﻮﺳﺘﻪ ﺭﻳﺰﻱ ﺷﻮﺩ، ﺍﻳﻦ ﺣﺎﻟﺖ ﻧﺒﺎﻳﺪ ﺑﺎﻋﺚ ﻧﮕﺮﺍﻧﻲ ﺷﻤﺎ ﺷﻮﺩ. ﺍﻳﻦ ﻻﻳﻪ ﻱ ﺳﻠﻮﻝ ﻫﺎﻱ ﻣﺮﺩﻩ ﺍﺳﺖ ﻛﻪ ﺑﻪ ﺯﻭﺩﻱ ﺑﺎﺯﺳﺎﺯﻱ ﻣﻲ ﺷﻮﺩ، ﺍﺯ ﺗﺤﺮﻳﻚ ﻭ ﺳﺎﻳﻴﺪﻥ ﺁﻥ ﻭ ﺷﺴﺘﺸﻮﻱ ﺯﻳﺎﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﭼﻮﻥ ﭘﻮﺳﺖ ﺩﺭ ﺍﻳﻦ ﻣﺮﺣﻠﻪ ﺑﺴﻴﺎﺭ ﺣﺴﺎﺱ ﺍﺳﺖ .

- ﭘﺲ ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﮔﭻ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﻧﺪﺍﻡ ﺷﻤﺎ ﻻﻏﺮ ﻭ ﻋﻀﻼﺕ ﺿﻌﻴﻒ ﺷﺪﻩ ﺑﺎﺷﻨﺪ ﻭ ﺩﭼﺎﺭ ﮔﺮﻓﺘﮕﻲ ﻭ ﻟﺮﺯﺵ ﺷﻮﻧﺪ، ﺍﻳﻦ ﻣﺴﺎﻟﻪ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﻳﻨﻜﻪ ﻋﻀﻼﺕ ﭼﻨﺪ ﻫﻔﺘﻪ ﺍﺳﺘﻔﺎﺩﻩ ﻧﺸﺪﻩ ﺍﻧﺪ ﻃﺒﻴﻌﻲ ﺍﺳﺖ ﻭ ﺑﺎ ﺗﻤﺮﻳﻨﺎﺗﻲ ﻛﻪ ﭘﺰﺷﻚ ﺑﻪ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﮔﻔﺖ ﺑﻪ ﺯﻭﺩﻱ ﺑﻪ ﺷﻜﻞ ﻭ ﻗﺪﺭﺕ ﺍﻭﻟﻴﻪ ﺑﺎﺯ ﻣﻲ ﮔﺮﺩﺩ .

- ﻫﺮ ﭼﻨﺪ ﺑﻬﺒﻮﺩ ﺁﺳﻴﺐ ﻭ ﺗﺮﻣﻴﻢ ﺍﺳﺘﺨﻮﺍﻥ ﺑﻪ ﻋﻮﺍﻣﻞ ﻣﺨﺘﻠﻔﻲ ﻣﺎﻧﻨﺪ ﺳﻦ، ﺟﻨﺲ، ﺗﻐﺬﻳﻪ، ﻣﻴﺰﺍﻥ ﺍﺳﺘﺮﺍﺣﺖ، ﻗﺪﺭﺕ ﺩﻓﺎﻉ ﺑﺪﻥ ﻭ... ﺑﺴﺘﮕﻲ ﺩﺍﺭﺩ ﺍﻣﺎ ﺟﻬﺖ ﭘﻴﮕﻴﺮﻱ ﻫﺎ ﺑﻪ ﺯﻣﺎﻥ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :

1 - ﺗﺎﺭﻳﺦ ﻣﺮﺍﺟﻌﻪ ﻭ ﺍﻧﺠﺎﻡ ﮔﭻ ﮔﻴﺮﻱ: .........................

2 - ﻣﺮﺍﺟﻌﻪ ﺑﻪ ﺩﺭﻣﺎﻧﮕﺎﻩ ﺍﺭﺗﻮﭘﺪﻱ ﺟﻬﺖ ﭘﻴﮕﻴﺮﻱ : ........................ . ﺭﻭﺯ ﺑﻌﺪ

3 - ﺯﻣﺎﻥ ﺍﺣﺘﻤﺎﻟﻲ ﺑﺎﺯ ﻛﺮﺩﻥ ﮔﭻ: ........................ ﻫﻔﺘﻪ ﻱ ﺑﻌﺪ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺳﺮﺩﺭﺩ ﺗﻨﺸﻲ ( ﻋﺼﺒﻲ)**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ....................................................... ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺍﺑﺘﻼ ﺑﻪ ﺳﺮ ﺩﺭﺩ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺷﺮﺡ ﺣﺎﻝ ﻭ ﻋﻼﻳﻢ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﻣﺮﺍﺟﻌﻪ، ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻋﻠﺖ ﺯﻣﻴﻨﻪ ﺍﻱ ﻣﻬﻢ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﺧﻄﺮﻧﺎﻙ ﻭ ﺷﺪﻳﺪﻱ ﺑﺮﺍﻱ ﺳﺮﺩﺭﺩ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺷﺘﻪ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﻧﺪﺍﺭﻳﺪ، ﺑﻨﺎ ﺑﺮﺍﻳﻦ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻭ ﺷﺮﺡ ﺣﺎﻝ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮ ﻃﺒﻴﻌﻲ ﺩﺭ ﺁﻥ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

ﺳﺮﺩﺭﺩ ﻳﻚ ﻭﺍژﻩ ﻱ ﻛﻠﻲ ﻭ ﻋﻤﻮﻣﻲ ﺳﺖ ﻛﻪ ﺷﺎﻣﻞ ﻣﺠﻤﻮﻋﻪ ﻱ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻥ، ﺻﻮﺭﺕ، ﭼﺸﻢ ﻫﺎ ﻭ ﺳﺮ ( ﺩﺍﺧﻞ ﺟﻤﺠﻤﻪ، ﻋﻀﻼﺕ ﻳﺎ ﭘﻮﺳﺖ ﺳﺮ ) ﻣﻲ ﺷﻮﺩ. ﺳﺮﺩﺭﺩ ﺍﺯ ﺷﻜﺎﻳﺎﺕ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﺩﺭ ﻣﻴﺎﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﭘﺰﺷﻜﺎﻥ ﻭ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻣﻲ ﺑﺎﺷﺪ ﻭ -50 75% ﺍﻓﺮﺍﺩ ﺟﻮﺍﻥ ﺣﺪﺍﻗﻞ ﻳﻚ ﺑﺎﺭ ﺩﺭ ﻣﺎﻩ ﺣﻤﻠﻪ ﻱ ﺳﺮﺩﺭﺩ ﺭﺍ ﺗﺠﺮﺑﻪ ﻣﻲ ﻛﻨﻨﺪ.ﻫﺮ ﭼﻨﺪ ﮔﺎﻫﻲ ﺳﺮﺩﺭﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﻧﺎﺷﻲ ﺍﺯ ﻋﻠﻞ ﻣﻬﻢ ﻭ ﻳﺎ ﺧﻄﺮﻧﺎﻛﻲ ﻣﺜﻞ ﺍﻓﺰﺍﻳﺶ ﺷﺪﻳﺪ ﻓﺸﺎﺭ ﺧﻮﻥ، ﺧﻮﻧﺮﻳﺰﻱ ﻳﺎ ﺗﻮﺩﻩ ﻫﺎﻱ ﺩﺍﺧﻞ ﻓﻀﺎﻱ ﺟﻤﺠﻤﻪ ﻳﺎ ﻋﻔﻮﻧﺖ ﺩﺳﺘﮕﺎﻩ ﻋﺼﺒﻲ ﺑﺎﺷﺪ ﺍﻣﺎ ﺍﻳﻦ ﻋﻠﻞ ﺷﻴﻮﻉ ﺑﺴﻴﺎﺭ ﻛﻤﻲ ﺩﺍﺭﻧﺪ ﻭ ﺑﻪ ﻃﻮﺭ ﻣﻌﻤﻮﻝ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﻧﺪ. ﻫﻢ ﭼﻨﻴﻦ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﻧﺎﺣﻴﻪ ﻱ ﺳﺮ ﻭ ﮔﺮﺩﻥ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﭼﺸﻢ ﻫﺎ، ﺳﻴﻨﻮﺱ ﻫﺎ ﻭ ﺩﻧﺪﺍﻥ ﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺍﻳﺠﺎﺩ ﺳﺮﺩﺭﺩ ﻧﻤﺎﻳﻨﺪ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﺻﻮﺭﺕ، ﮔﻮﻧﻪ ﻫﺎ ﻭ ﺩﺭ ﺍﻃﺮﺍﻑ ﻋﻀﻮ ﻣﺒﺘﻼ ﺷﺪﺕ ﺑﻴﺸﺘﺮﻱ ﺩﺍﺭﺩ. ﺍﻏﻠﺐ ﺳﺮﺩﺭﺩﻫﺎ ﻧﺎﺷﻲ ﺍﺯ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﻭ ﺍﺧﺘﻼﻻﺕ ﻋﺮﻭﻗﻲ ﺑﻮﺩﻩ ﻭ ﺩﺭ ﻳﻜﻲ ﺍﺯ ﺳﻪ ﮔﺮﻭﻩ ﺷﺎﻳﻊ ﺯﻳﺮ ﻗﺮﺍﺭ ﺩﺍﺭﻧﺪ :

ﺳﺮﺩﺭﺩﻫﺎﻱ ﺗﻨﺸﻲ ( ﻋﺼﺒﻲ ) ﻣﻴﮕﺮﻥ ﺳﺮﺩﺭﺩ ﺧﻮﺷﻪ ﺍﻱ

ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺟﻬﺖ ﺷﻤﺎ ﺍﺯ ﻣﻴﺎﻥ ﻣﻮﺍﺭﺩ ﺑﺎﻻ ﺗﺸﺨﻴﺺ **ﺳﺮﺩﺭﺩ ﺗﻨﺸﻲ** ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ، ﻛﻪ ﺩﺭ ﺍﺩﺍﻣﻪ ﺑﻪ ﺗﻮﺿﻴﺢ ﺁﻥ ﭘﺮﺩﺍﺧﺘﻪ ﻣﻲ ﺷﻮﺩ .

**ﺳﺮ ﺩﺭﺩ ﺗﻨﺸﻲ**

ﺳﺮﺩﺭﺩ ﻧﺎﺷﻲ ﺍﺯ ﮔﺮﻓﺘﮕﻲ ﻭ ﺳﻔﺘﻲ ﻋﻀﻼﺕ ﺳﺮ، ﺻﻮﺭﺕ، ﮔﺮﺩﻥ ﻭ ﺷﺎﻧﻪ ﻫﺎ ﺑﻮﺩﻩ ﻛﻪ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﻧﻮﻉ ﺳﺮﺩﺭﺩ ﺑﻮﻳﮋﻩ ﺩﺭ ﻣﻴﺎﻥ ﺍﻓﺮﺍﺩ ﺟﻮﺍﻥ ﻭ ﻣﻴﺎﻧﺴﺎﻝ ﻣﻲ ﺑﺎﺷﺪ ، ﺩﺭ ﺍﻛﺜﺮﻳﺖ ﻣﻮﺍﺭﺩ ﺣﺘﻲ ﺑﺪﻭﻥ ﺩﺭﻣﺎﻥ ﺧﻮﺩ ﺑﺨﻮﺩ ﺑﻬﺒﻮﺩ ﻳﺎﻓﺘﻪ ﻭ ﻋﺎﺭﺿﻪ ﻱ ﺟﺪﻱ ﻭ ﺧﻄﺮﻧﺎﻛﻲ ﺑﺪﻧﺒﺎﻝ ﻧﺪﺍﺭﺩ. ﺍﻳﻦ ﺳﺮﺩﺭﺩﻫﺎ ﻣﻌﻤﻮﻻ ﺑﺎ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ، ﺍﺳﺘﺮﺱ ﻭ ﺧﺴﺘﮕﻲ ﺍﻳﺠﺎﺩ ﻳﺎ ﺗﺸﺪﻳﺪ ﺷﺪﻩ ﻭ ﺍﺯ ﻛﻤﺘﺮ ﺍﺯ 1ﺳﺎﻋﺖ ﺗﺎ ﭼﻨﺪ ﺭﻭﺯ ﺍﺩﺍﻣﻪ ﻣﻲ ﻳﺎﺑﺪ ﻭ ﻣﻤﻜﻦ ﺍﺳﺖ ﭼﻨﺪﻳﻦ ﺑﺎﺭ ﺩﺭ ﻣﺎﻩ ﺗﻜﺮﺍﺭ ﺷﻮﻧﺪ،ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻴﺶ ﺍﺯ 15 ﺭﻭﺯ ﺩﺭ ﻣﺎﻩ ﻣﺒﺘﻼ ﺑﻪ ﺳﺮﺩﺭﺩ ﻣﻲ ﺷﻮﻳﺪ ﺑﻪ ﺳﺮﺩﺭﺩ ﺗﻨﺸﻲ ﻣﺰﻣﻦ ﺩﭼﺎﺭ ﻫﺴﺘﻴﺪ، ﻫﻨﮕﺎﻡ ﺑﺮﻭﺯ ﺳﺮﺩﺭﺩ ﺗﻨﺸﻲ ﺍﻏﻠﺐ ﻋﻼﻳﻢ ﺯﻳﺮ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﻧﺪ :

- ﺩﺭﺩ ﻣﺪﺍﻭﻡ، ﻓﺸﺎﺭﻧﺪﻩ، ﺑﺪﻭﻥ ﺿﺮﺑﺎﻥ ﻭ ﺍﻏﻠﺐ ﺩﻭﻃﺮﻓﻪ

- ﺍﺣﺴﺎﺱ ﻓﺸﺎﺭ ﻭ ﺳﻨﮕﻴﻨﻲ ﺩﻭﺭ ﺗﺎ ﺩﻭﺭ ﺳﺮ

- ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺩﺭ ﺷﻘﻴﻘﻪ ﻫﺎ، ﻓﻚ، ﮔﺮﺩﻥ ﻭ ﺷﺎﻧﻪ ﻫﺎ

- ﺍﺧﺘﻼﻝ ﺧﻮﺍﺏ ﻭ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺑﻪ ﺧﻮﺍﺏ ﺭﻓﺘﻦ

- ﺍﺧﺘﻼﻝ ﺩﺭ ﺗﻤﺮﻛﺰ

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﺑﺎ ﺧﺴﺘﮕﻲ ﺫﻫﻨﻲ ﻳﺎ ﺟﺴﻤﻲ، ﺳﺮ ﻭ ﺻﺪﺍ، ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ

- ﻋﺪﻡ ﻭﺟﻮﺩ ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﻣﻜﺮﺭ

- ﻋﺪﻡ ﺍﻳﺠﺎﺩ ﺍﺧﺘﻼﻝ ﻳﺎ ﻧﺎﺗﻮﺍﻧﻲ ﺩﺭ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻌﻤﻮﻟﻲ ﻭ ﺳﺒﻚ ﻣﺎﻧﻨﺪ ﺭﺍﻩ ﺭﻓﺘﻦ ﻳﺎ ﭘﺎﻳﻴﻦ ﻭ ﺑﺎﻻ ﺭﻓﺘﻦ ﺍﺯ ﭘﻠﻪ ﻫﺎ

**ﺗﺸﺨﻴﺺ :**

ﺗﺸﺨﻴﺺ ﺳﺮﺩﺭﺩﻫﺎﻱ ﺗﻨﺸﻲ ﺍﻏﻠﺐ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ، ﻋﻼﻳﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﻓﻴﺰﻳﻜﻲ ﺻﻮﺭﺕ ﻣﻲ ﮔﻴﺮﺩ ﻭ ﺑﻪ ﻧﺪﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺗﺴﺖ ﻫﺎﻱ ﺗﺸﺨﻴﺼﻲ ﻳﺎ ﺭﻭﺵ ﻫﺎﻱ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺧﻮﺍﻫﺪ ﺷﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻧﻤﺎﻳﻴﺪ :**

.1 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﺧﻮﺭﺍﻛﻲ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ، ﺁﺳﭙﻴﺮﻳﻦ، ﺑﺮﻭﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻳﺎ ژﻟﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.2 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺭﺍ ﻣﺼﺮﻑ ﻛﻨﻴﺪ ﻭ ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻫﻢ ﺯﻣﺎﻥ ﺩﺍﺭﻭﻫﺎﻱ ﻣﺴﻜﻦ ﺍﺯ ﺍﻧﻮﺍﻉ ﻣﺨﺘﻠﻒ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.3 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﺑﺮﺍﻱ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ ﺟﻬﺖ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﻣﺎﻥ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

4. ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺑﻴﺶ ﺍﺯ ﺣﺪ ﺩﺍﺭﻭﻫﺎﻱ ﻣﺴﻜﻦ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﻭﺍﺑﺴﺘﮕﻲ ﺩﺭ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﺷﺪ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﻣﺼﺮﻑ ﺁﻥ ﺩﭼﺎﺭﻋﻮﺩ ﺳﺮﺩﺭﺩ ﺧﻮﺍﻫﻴﺪ ﺷﺪ. ﺑﻨﺎﺑﺮﺍﻳﻦ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻣﺴﻜﻦ ﺑﻴﺶ ﺍﺯ 3 ﺭﻭﺯ ﺩﺭ ﻫﻔﺘﻪ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﻨﻴﺪ .

.5 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺩﺍﺭﻭﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺁﺳﭙﻴﺮﻳﻦ، ﺑﺮﻭﻓﻦ ﻭ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻧﺎﺭﺍﺣﺘﻲ ﻫﺎﻱ ﻛﻠﻴﻮﻱ ﻭ ﮔﻮﺍﺭﺷﻲ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﺧﻮﻧﺮﻳﺰﻱ ﻣﻌﺪﻩ ﻣﻲ ﺷﻮﺩ.

.6 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺩﺭ ﻛﻮﺩﻛﺎﻥ ﻭ ﻧﻮﺟﻮﺍﻧﺎﻥ ﺍﺯ ﺁﺳﭙﻴﺮﻳﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.7 ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﻭ ﺧﻮﺍﺏ ﻣﻨﻈﻢ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻭ ﺩﺭ ﺳﺎﻋﺎﺕ ﻣﺸﺨﺺ ﺑﻪ ﺭﺧﺘﺨﻮﺍﺏ ﺑﺮﻭﻳﺪ ( 10-8 ﺳﺎﻋﺖ ﺩﺭ ﺷﺒﺎﻧﻪ ﺭﻭﺯ )

.8 ﺩﺭ ﻳﻚ ﺍﺗﺎﻕ ﺁﺭﺍﻡ،ﺧﻨﻚ، ﺧﻠﻮﺕ ﻭ ﺗﺎﺭﻳﻚ ﺍﺳﺘﺮﺍﺣﺖ ﻛﻨﻴﺪ .

.9 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺟﺴﻤﺎﻧﻲ ﻭ ﻓﻴﺰﻳﻜﻲ ﺣﺪﺍﻗﻞ ﺑﻪ ﻣﺪﺕ 24 ﺳﺎﻋﺖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.10 ﻋﻀﻼﺕ ﮔﺮﺩﻥ ﻭ ﺷﺎﻧﻪ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻣﺎﺳﺎژ ﺩﻫﻴﺪ .

.11 ﺩﻭﺵ ﺁﺏ ﮔﺮﻡ ﺑﮕﻴﺮﻳﺪ .

.12 ﺍﺯ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﻭ ﻛﻤﭙﺮﺱ ﮔﺮﻡ ﺑﺮ ﺭﻭﻱ ﭘﻴﺸﺎﻧﻲ ﻭ ﻋﻀﻼﺕ ﮔﺮﺩﻥ ﺑﻪ ﻃﻮﺭ ﻣﺘﻨﺎﻭﺏ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.13 ﺍﺯ ﺭﻭﺵ ﻫﺎﻱ ﻛﻨﺘﺮﻝ ﺍﺳﺘﺮﺱ ﻣﺜﻞ ﻳﻮﮔﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﺗﺎ ﺍﺿﻄﺮﺍﺏ ﻭ ﺍﺳﺘﺮﺱ ﺷﻤﺎ ﻛﺎﻫﺶ ﻳﺎﺑﺪ .

.14 ﺍﺯ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.15 ﻭﺭﺯﺵ ﻫﺎﻱ ﺳﺒﻚ ﻭ ﻣﻼﻳﻢ ﻫﻮﺍﺯﻱ ﺑﻪ ﻃﻮﺭ ﻣﻨﻈﻢ ﻭ ﺣﺪﺍﻗﻞ 3 ﻧﻮﺑﺖ ﺩﺭ ﻫﻔﺘﻪ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ ( ﻣﺜﻞ ﭘﻴﺎﺩﻩ ﺭﻭﻱ )

.16 ﺩﺭ ﻳﻚ ﺟﺪﻭﻝ ﺗﺎﺭﻳﺨﭽﻪ ﻱ ﺳﺮﺩﺭﺩﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺛﺒﺖ ﻛﻨﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺗﺎﺭﻳﺦ ﺑﺮﻭﺯ ﻭ ﻃﻮﻝ ﻣﺪﺗﻲ ﻛﻪ ﺳﺮﺩﺭﺩ ﺩﺍﺷﺘﻪ ﺍﻳﺪ، ﻛﺎﺭﻫﺎﻳﻲ ﻛﻪ ﺩﺭ ﺁﻥ ﺭﻭﺯ ﺧﺎﺹ ﺍﻧﺠﺎﻡ ﺩﺍﺩﻩ ﻭ ﻏﺬﺍﻫﺎﻳﻲ ﻛﻪ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﺍﻳﺪ ﻭ ﻣﻴﺰﺍﻥ ﺧﻮﺍﺏ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱﻣﺨﺘﻠﻒ ﺧﻮﺩ ﺭﺍ ﺑﻨﻮﻳﺴﻴﺪ ﺗﺎ ﭘﺲ ﺍﺯ ﻣﺪﺗﻲ ﻣﺸﺨﺺ ﺷﻮﺩ ﭼﻪ ﻋﻮﺍﻣﻠﻲ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻳﺎ ﺑﻬﺒﻮﺩ ﺳﺮﺩﺭﺩ ﺩﺭ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﺷﺪ ﺍﻳﻦ ﺟﺪﻭﻝ ﺑﻪ ﺷﻤﺎ ﻭ ﭘﺰﺷﻚ ﻣﻌﺎﻟﺠﺘﺎﻥ ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﻭ ﺩﺭﻣﺎﻥ ﺳﺮﺩﺭﺩ ﻛﻤﻚ ﺧﻮﺍﻫﺪ ﻛﺮﺩ.

.17 ﻋﻠﻞ ﺯﻳﺮ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ، ﺗﺸﺪﻳﺪ ﻳﺎ ﺗﻜﺮﺍﺭ ﺣﻤﻼﺕ ﺳﺮﺩﺭﺩﻫﺎﻱ ﺗﻨﺸﻲ ﺷﻮﻧﺪ ﻛﻪ ﭘﺮﻫﻴﺰ ﺍﺯ ﺁﻧﻬﺎ ﺑﺎﻋﺚ ﻛﻨﺘﺮﻝ ﺳﺮﺩﺭﺩ ﻭ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﺩﻭﺑﺎﺭﻩ ﻱ ﺁﻥ ﺧﻮﺍﻫﺪ ﺷﺪ :

* ﺍﺳﺘﺮﺱ، ﺍﺿﻄﺮﺍﺏ ﻳﺎ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ
* ﺍﻓﺴﺮﺩﮔﻲ
* ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﺑﺪﻧﻲ ﺑﺮﺍﻱ ﻣﺪﺕ ﻃﻮﻻﻧﻲ
* ﺗﻤﺮﻛﺰ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺮ ﺭﻭﻱ ﻣﻮﻧﻴﺘﻮﺭ ﻛﺎﻣﭙﻴﻮﺗﺮ ﻳﺎ ﻣﻴﻜﺮﻭﺳﻜﻮپ (ﺑﺪﻭﻥ ﺗﻐﻴﻴﺮ ﻭﺿﻌﻴﺖ ﻳﺎ ﺍﻧﺠﺎﻡ ﺣﺮﻛﺎﺕ ﻛﺸﺸﻲ ﻣﺘﻨﺎﻭﺏ )
* ﻓﻌﺎﻟﻴﺖ ﺷﺪﻳﺪ ﻭ ﺳﻨﮕﻴﻦ ﺟﺴﻤﻲ ﻳﺎ ﺫﻫﻨﻲ
* ﺣﻤﻞ ﻛﻴﻒ ﻳﺎ ﻛﻮﻟﻪ ﭘﺸﺘﻲ ﺳﻨﮕﻴﻦ
* ﺧﻮﺍﺑﻴﺪﻥ ﺑﺴﻴﺎﺭ ﻛﻢ ﻳﺎ ﺑﺴﻴﺎﺭ ﺯﻳﺎﺩ ﻭ ﺑﻲ ﻧﻈﻤﻲ ﻫﺎﻱ ﺧﻮﺍﺏ
* ﻏﺬﺍ ﺧﻮﺭﺩﻥ ﻛﻢ ﻭ ﻧﺎﻛﺎﻓﻲ ﻳﺎ ﺭژﻳﻢ ﻫﺎﻱ ﺍﻓﺮﺍﻃﻲ ﻛﺎﻫﺶ ﻭﺯﻥ
* ﻏﺬﺍﻫﺎﻱ ﭼﺮﺏ ﻭ ﺳﻨﮕﻴﻦ ﻭ ﺣﺠﻴﻢ
* ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﻣﻮﺍﺩ ﺣﺎﻭﻱ ﻛﺎﻓﺌﻴﻦ ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻗﻬﻮﻩ ﻭ ﻧﺴﻜﺎﻓﻪ
* ﻣﺼﺮﻑ ﺍﻟﻜﻞ
* ﺳﻴﮕﺎﺭ ﻛﺸﻴﺪﻥ ﻳﺎ ﺩﺭ ﻣﻌﺮﺽ ﺩﻭﺩ ﺳﻴﮕﺎﺭ ﺑﻮﺩﻥ
* ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﺷﻠﻮﻍ ﻭ ﭘﺮ ﺳﺮ ﻭ ﺻﺪﺍ
* ﺩﻧﺪﺍﻥ ﻗﺮﻭﭼﻪ
* ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﻭﻳﺮﻭﺳﻲ
* ﺿﺮﺑﻪ ﻫﺎﻱ ﺧﻔﻴﻒ ﺑﻪ ﺳﺮ
* ﺗﻤﺎﺷﺎﻱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺗﻠﻮﻳﺰﻳﻮﻥ ﻳﺎ ﺗﻤﺎﺷﺎﻱ ﺗﻠﻮﻳﺰﻳﻮﻥ ﺩﺭ ﺭﺧﺘﺨﻮﺍﺏ
* ﻋﻴﻮﺏ ﺍﻧﻜﺴﺎﺭﻱ ﭼﺸﻢ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻋﻴﻨﻚ ﻃﺒﻲ ( ﺿﻌﻒ ﻗﺪﺭﺕ ﺑﻴﻨﺎﻳﻲ ﻳﺎ ﻋﺪﻡ ﻫﻤﺎﻫﻨﮕﻲ ﻋﻀﻼﺕ ﭼﺸﻤﻲ )
* ﻣﺼﺮﻑ ﻛﻢ ﻣﺎﻳﻌﺎﺕ ﻭ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ
* ﻣﺼﺮﻑ ﺍﻓﺮﺍﻃﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻭ ﻭﺍﺑﺴﺘﮕﻲ ﺑﻪ ﺁﻧﻬﺎ
* ﻏﺬﺍﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ: ﺍﻧﻮﺍﻉ ﺍﺩﻭﻳﻪ، ﺷﻜﻼﺕ، ﻏﺬﺍﻫﺎﻱ ﺣﺎﻭﻱ ﻣﻮﺍﺩ ﻧﮕﻬﺪﺍﺭﻧﺪﻩ ﻣﺜﻞ ﻛﻨﺴﺮﻭﻫﺎ ﻭ ﺳﻮﺳﻴﺲ ﻭ ﻛﺎﻟﺒﺎﺱ، ﺁﺟﻴﻞ ﺷﻮﺭ،ﭘﻴﺎﺯ ﺧﺎﻡ، ﺳﺮﻛﻪ ﻗﺮﻣﺰ ﻭ ﺍﻧﻮﺍﻉ ﺳﺲ ﻫﺎ

ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﭘﺰﺷﻚ ﻳﺎ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ:

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪﻱ ﻛﻪ ﻣﺸﺎﺑﻪ ﺣﻤﻼﺕ ﻗﺒﻠﻲ ﻧﺒﺎﺷﺪ

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﻋﺪﻡ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﺩﺭ ﻃﻮﻝ 24 ﺳﺎﻋﺖ

- ﺑﺮﻭﺯ ﻧﺎﮔﻬﺎﻧﻲ ﺳﺮﺩﺭﺩ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪﻱ ﻛﻪ ﺗﺎﻛﻨﻮﻥ ﻣﺸﺎﺑﻪ ﺁﻥ ﺭﺍ ﺗﺠﺮﺑﻪ ﻧﻜﺮﺩﻩ ﺍﻳﺪ

- ﺳﺮﺩﺭﺩﻱ ﻛﻪ ﻣﻨﺠﺮ ﺑﻪ ﺑﻴﺪﺍﺭ ﺷﺪﻥ ﺍﺯ ﺧﻮﺍﺏ ﺷﻮﺩ

- ﺍﻓﺰﺍﻳﺶ ﺗﻨﺎﻭﺏ ﺣﻤﻼﺕ ﺳﺮﺩﺭﺩ

- ﺳﺮﺩﺭﺩ ﻧﺎﺷﻲ ﺍﺯ ﺿﺮﺑﻪ

- ﺑﺮﻭﺯ ﺍﻭﻟﻴﻦ ﺣﻤﻠﻪ ﻱ ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﺳﻦ ﺑﺎﻻﻱ 50 ﺳﺎﻝ

- ﺍﻳﺠﺎﺩ ﺍﺧﺘﻼﻝ ﺩﺭ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻌﻤﻮﻟﻲ ﻭ ﺭﻭﺯﺍﻧﻪ

- ﺑﺮﻭﺯ ﺗﻬﻮﻉ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ ﻣﻜﺮﺭ

ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ

- ﺳﻔﺘﻲ ﻳﺎ ﺩﺭﺩﻧﺎﻛﻲ ﺣﺮﻛﺎﺕ ﮔﺮﺩﻥ

- ﺿﻌﻒ ﻳﺎ ﺑﻲ ﺣﺴﻲ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﻓﻠﺞ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺍﺧﺘﻼﻝ ﺗﻜﻠﻢ

- ﺑﺮﻭﺯ ﺗﺸﻨﺞ

- ﺍﺧﺘﻼﻝ ﺗﻌﺎﺩﻝ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

- ﺑﺮﻭﺯ ﺑﺜﻮﺭﺍﺕ ﻳﺎ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ

- ﺗﻐﻴﻴﺮﺍﺕ ﺑﻴﻨﺎﻳﻲ، ﺗﺎﺭﻱ ﺩﻳﺪ ﻳﺎ ﺩﻭﺑﻴﻨﻲ

- ﺩﺭﺩ، ﻗﺮﻣﺰﻱ ﻭ ﺍﺷﻚ ﺭﻳﺰﺵ ﺷﺪﻳﺪ ﻳﻜﻲ ﺍﺯ ﭼﺸﻢ ﻫﺎ

- ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻣﺮﺗﺒﻂ ﺑﺎ ﺩﺍﺭﻭﻫﺎ

- ﻋﺪﻡ ﭘﺎﺳﺦ ﻣﻨﺎﺳﺐ ﺑﻪ ﺩﺍﺭﻭﻫﺎ ﻭ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﺩ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺳﺮﺩﺭﺩ ﻣﻴﮕﺮﻧﻲ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ....................................................... ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺍﺑﺘﻼ ﺑﻪ ﺳﺮ ﺩﺭﺩ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺷﺮﺡ ﺣﺎﻝ ﻭ ﻋﻼﻳﻢ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﻣﺮﺍﺟﻌﻪ، ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻋﻠﺖ ﺯﻣﻴﻨﻪ ﺍﻱ ﻣﻬﻢ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﺧﻄﺮﻧﺎﻙ ﻭ ﺷﺪﻳﺪﻱ ﺑﺮﺍﻱ ﺳﺮﺩﺭﺩ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺷﺘﻪ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﻧﺪﺍﺭﻳﺪ، ﺑﻨﺎ ﺑﺮﺍﻳﻦ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻭ ﺷﺮﺡ ﺣﺎﻝ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮ ﻃﺒﻴﻌﻲ ﺩﺭ ﺁﻥ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

ﺳﺮﺩﺭﺩ ﻳﻚ ﻭﺍژﻩ ﻱ ﻛﻠﻲ ﻭ ﻋﻤﻮﻣﻲ ﺳﺖ ﻛﻪ ﺷﺎﻣﻞ ﻣﺠﻤﻮﻋﻪ ﻱ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻥ، ﺻﻮﺭﺕ، ﭼﺸﻢ ﻫﺎ ﻭ ﺳﺮ ( ﺩﺍﺧﻞ ﺟﻤﺠﻤﻪ، ﻋﻀﻼﺕ ﻳﺎ ﭘﻮﺳﺖ ﺳﺮ ) ﻣﻲ ﺷﻮﺩ. ﺳﺮﺩﺭﺩ ﺍﺯ ﺷﻜﺎﻳﺎﺕ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﺩﺭ ﻣﻴﺎﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﭘﺰﺷﻜﺎﻥ ﻭ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻣﻲ ﺑﺎﺷﺪ ﻭ -50 75% ﺍﻓﺮﺍﺩ ﺟﻮﺍﻥ ﺣﺪﺍﻗﻞ ﻳﻚ ﺑﺎﺭ ﺩﺭ ﻣﺎﻩ ﺣﻤﻠﻪ ﻱ ﺳﺮﺩﺭﺩ ﺭﺍ ﺗﺠﺮﺑﻪ ﻣﻲ ﻛﻨﻨﺪ.ﻫﺮ ﭼﻨﺪ ﮔﺎﻫﻲ ﺳﺮﺩﺭﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﻧﺎﺷﻲ ﺍﺯ ﻋﻠﻞ ﻣﻬﻢ ﻭ ﻳﺎ ﺧﻄﺮﻧﺎﻛﻲ ﻣﺜﻞ ﺍﻓﺰﺍﻳﺶ ﺷﺪﻳﺪ ﻓﺸﺎﺭ ﺧﻮﻥ، ﺧﻮﻧﺮﻳﺰﻱ ﻳﺎ ﺗﻮﺩﻩ ﻫﺎﻱ ﺩﺍﺧﻞ ﻓﻀﺎﻱ ﺟﻤﺠﻤﻪ ﻳﺎ ﻋﻔﻮﻧﺖ ﺩﺳﺘﮕﺎﻩ ﻋﺼﺒﻲ ﺑﺎﺷﺪ ﺍﻣﺎ ﺍﻳﻦ ﻋﻠﻞ ﺷﻴﻮﻉ ﺑﺴﻴﺎﺭ ﻛﻤﻲ ﺩﺍﺭﻧﺪ ﻭ ﺑﻪ ﻃﻮﺭ ﻣﻌﻤﻮﻝ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﻧﺪ ﻫﻢ ﭼﻨﻴﻦ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﻧﺎﺣﻴﻪ ﻱ ﺳﺮ ﻭ ﮔﺮﺩﻥ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﭼﺸﻢ ﻫﺎ، ﺳﻴﻨﻮﺱ ﻫﺎ ﻭ ﺩﻧﺪﺍﻥ ﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺍﻳﺠﺎﺩ ﺳﺮﺩﺭﺩ ﻧﻤﺎﻳﻨﺪ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﺻﻮﺭﺕ، ﮔﻮﻧﻪ ﻫﺎ ﻭ ﺩﺭ ﺍﻃﺮﺍﻑ ﻋﻀﻮ ﻣﺒﺘﻼ ﺷﺪﺕ ﺑﻴﺸﺘﺮﻱ ﺩﺍﺭﺩ. ﺍﻏﻠﺐ ﺳﺮﺩﺭﺩﻫﺎ ﻧﺎﺷﻲ ﺍﺯ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﻭ ﺍﺧﺘﻼﻻﺕ ﻋﺮﻭﻗﻲ ﺑﻮﺩﻩ ﻭ ﺩﺭ ﻳﻜﻲ ﺍﺯ ﺳﻪ ﮔﺮﻭﻩ ﺷﺎﻳﻊ ﺯﻳﺮ ﻗﺮﺍﺭ ﺩﺍﺭﻧﺪ :

ﺳﺮﺩﺭﺩﻫﺎﻱ ﺗﻨﺸﻲ ( ﻋﺼﺒﻲ ) ﻣﻴﮕﺮﻥ ﺳﺮﺩﺭﺩ ﺧﻮﺷﻪ ﺍﻱ

ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺟﻬﺖ ﺷﻤﺎ ﺍﺯ ﻣﻴﺎﻥ ﻣﻮﺍﺭﺩ ﺑﺎﻻ ﺗﺸﺨﻴﺺ **ﺳﺮﺩﺭﺩ ﻣﻴﮕﺮﻧﻲ** ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ، ﻛﻪ ﺩﺭ ﺍﺩﺍﻣﻪ ﺑﻪ ﺗﻮﺿﻴﺢ ﺁﻥ ﭘﺮﺩﺍﺧﺘﻪ ﻣﻲ ﺷﻮﺩ

**ﺳﺮﺩﺭﺩ ﻣﻴﮕﺮﻧﻲ**

ﺳﺮﺩﺭﺩ ﻣﻴﮕﺮﻧﻲ ﻧﺎﺷﻲ ﺍﺯ ﻧﻮﻋﻲ ﺍﺧﺘﻼﻝ ﻋﺮﻭﻗﻲ ﺩﺭ ﺭﮔﻬﺎﻱ ﻣﻐﺰ ﻭ ﭘﻮﺳﺖ ﺳﺮ ﺍﺳﺖ ﻛﻪ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﻧﻘﺶ ژﻧﺘﻴﻚ ﻭ ﺳﺎﺑﻘﻪ ﻱ ﻓﺎﻣﻴﻠﻲ ﻣﺜﺒﺖ ﺩﺭ ﺍﺑﺘﻼ ﺑﻪ ﺁﻥ ﺑﺎﺭﺯ ﺑﻮﺩﻩ ﻭ ﻳﻚ ﺑﻴﻤﺎﺭﻱ ﺷﺎﻳﻊ ﺑﻮﻳﮋﻩ ﺩﺭ ﻣﻴﺎﻥ ﺯﻧﺎﻥ ﺟﻮﺍﻥ ﻭﻣﻴﺎﻧﺴﺎﻝ ﻣﻲ ﺑﺎﺷﺪ. ﺍﺿﻄﺮﺍﺏ، ﻓﺸﺎﺭ ﻋﺼﺒﻲ ﻭ ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﺑﺮﻭﺯ ﺳﺮﺩﺭﺩ ﺷﺪﻩ ﻭ ﻫﺮ ﺣﻤﻠﻪ ﻱ ﺁﻥ ﻣﻌﻤﻮﻻ 4 ﺳﺎﻋﺖ ﺗﺎ 3 ﺭﻭﺯ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ ﻭ ﻣﻌﻤﻮﻻ ﺑﺎﻋﺚ ﺍﺧﺘﻼﻝ ﺩﺭ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺭﻭﺯﻣﺮﻩ ﻣﻲ ﺷﻮﺩ. ﻫﻨﮕﺎﻡ ﺑﺮﻭﺯ ﺳﺮﺩﺭﺩ ﻣﻴﮕﺮﻧﻲ ﺍﻏﻠﺐ ﻋﻼﻳﻢ ﺯﻳﺮ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﻧﺪ :

- ﺩﺭﺩ ﺷﺪﻳﺪ ﻭ ﺿﺮﺑﺎﻥ ﺩﺍﺭ

- ﺩﺭﺩ ﺍﻏﻠﺐ ﻳﻚ ﻃﺮﻓﻪ ﺑﺎ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﺩﺭ ﺳﻤﺖ ﻣﻘﺎﺑﻞ ﺩﺭ ﺣﻤﻼﺕ ﺑﻌﺪﻱ

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ

- ﺣﺴﺎﺳﻴﺖ ﺑﻪ ﻧﻮﺭ ﻭ ﺻﺪﺍ ﻭ ﻋﺪﻡ ﺗﺤﻤﻞ ﺁﻥ ( ﺗﺮﺱ ﺍﺯ ﻧﻮﺭ – ﺗﺮﺱ ﺍﺯ ﺻﺪﺍ )

- ﻋﺪﻡ ﺗﺤﻤﻞ ﺑﻮﻫﺎﻱ ﺷﺪﻳﺪ ﻭ ﻣﺨﺘﻠﻒ

- ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﻲ ﻭ ﻓﻴﺰﻳﻜﻲ

- ﺍﺣﺴﺎﺱ ﺿﻌﻒ ﻭ ﺧﺴﺘﮕﻲ ﻭ ﻧﺎﺧﻮﺷﻲ

- ﺗﺤﺮﻳﻚ ﭘﺬﻳﺮﻱ

- ﺁﺑﺮﻳﺰﺵ ﺑﻴﻨﻲ ﻳﺎ ﺍﺷﻚ ﺭﻳﺰﺵ

- ﻭﺟﻮﺩ ﺍﻭﺭﺍ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ( ﻳﻚ ﻋﻼﻣﺖ ﻫﺸﺪﺍﺭ ﻭ ﭘﻴﺶ ﺁﮔﻬﻲ ﻛﻪ ﻣﻌﻤﻮﻻ -15 30 ﺩﻗﻴﻘﻪ ﻗﺒﻞ ﺍﺯ ﺷﺮﻭﻉ ﺳﺮﺩﺭﺩ ﺭﺥ ﻣﻲ ﺩﻫﺪ ﻭ ﻓﺮﺩ ﺁﮔﺎﻩ ﻣﻲ ﺷﻮﺩ ﻛﻪ ﺑﻪ ﺯﻭﺩﻱ ﺩﭼﺎﺭ ﺳﺮﺩﺭﺩ ﻣﻲ ﺷﻮﺩ ﻭ ﻣﻌﻤﻮﻻ ﻳﻚ ﻧﺸﺎﻧﻪ ﻱ ﺑﻴﻨﺎﻳﻲ، ﺷﻨﻮﺍﻳﻲ ﻳﺎ ﺑﻮﻳﺎﻳﻲ ﺍﺳﺖ ) ﻣﺜﻞ: ﺗﺎﺭﻱ ﻳﺎ ﻛﺎﻫﺶ ﺩﻳﺪ، ﺩﻭﺑﻴﻨﻲ، ﺍﺣﺴﺎﺱ ﻭﺟﻮﺩ ﻧﻮﺭ ﻳﺎ ﺫﺭﺍﺕ ﺩﺭﺧﺸﺎﻥ ﻳﺎ ﺟﺰﻗﻪ ﺯﺩﻥ ﺟﻠﻮﻱ ﭼﺸﻤﺎﻥ،ﺍﺣﺴﺎﺱ ﺣﺮﻛﺖ ﺍﺟﺴﺎﻡ ﻣﻘﺎﺑﻞ ﭼﺸﻤﺎﻥ، ﺑﻲ ﺣﺴﻲ ﺻﻮﺭﺕ ﻳﺎ ﻟﺐ ﻫﺎ ﻭ ﮔﻮﻧﻪ ﻫﺎ، ﺍﺣﺴﺎﺱ ﺑﻮﻫﺎﻱ ﺧﺎﺹ ﻳﺎ ﻧﺎﺧﻮﺷﺎﻳﻨﺪ

ﺗﺸﺨﻴﺺ ﺳﺮﺩﺭﺩﻫﺎﻱ ﻣﻴﮕﺮﻧﻲ ﺍﻏﻠﺐ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ، ﻋﻼﻳﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﻓﻴﺰﻳﻜﻲ ﺻﻮﺭﺕ ﻣﻲ ﮔﻴﺮﺩ ﻭ ﺑﻪ ﻧﺪﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺗﺴﺖ ﻫﺎﻱ ﺗﺸﺨﻴﺼﻲ ﻣﺎﻧﻨﺪ ﻳﺎ ﺭﻭﺵ ﻫﺎﻱ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺧﻮﺍﻫﺪ ﺷﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺑﺮﺍﻱ ﺩﺭﻣﺎﻥ ﺳﺮ ﺩﺭﺩﻫﺎﻱ ﻣﻴﮕﺮﻧﻲ ﻃﻴﻒ ﻭﺳﻴﻌﻲ ﺍﺯ ﺩﺍﺭﻭﻫﺎ ﻣﻮﺟﻮﺩ ﺍﺳﺖ ﻛﻪ ﺍﺛﺮﺑﺨﺸﻲ ﺁﻧﻬﺎ ﺩﺭ ﺍﻓﺮﺍﺩ ﻣﺨﺘﻠﻒ ﻣﺘﻔﺎﻭﺕ ﺍﺳﺖ ﻭ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺎ ﺍﺛﺮﺑﺨﺸﻲ ﻭﻳﮋﻩ ﺗﺎﻳﻴﺪ ﻧﺸﺪﻩ ﺍﺳﺖ

2. ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺩﺭ ﺍﺑﺘﺪﺍ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﺧﻮﺭﺍﻛﻲ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ، ﺁﺳﭙﻴﺮﻳﻦ، ﺑﺮﻭﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻳﺎ ژﻟﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.3 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺳﺮﺩﺭﺩ ﺷﻤﺎ ﺑﺎ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﺑﻬﺒﻮﺩ ﻧﻤﻲ ﻳﺎﺑﺪ ﺟﻬﺖ ﺗﺠﻮﻳﺰ ﺩﺍﺭﻭﻫﺎﻱ ﺗﺨﺼﺼﻲ ﻭﻳﮋﻩ ﻱ ﺩﺭﻣﺎﻥ ﻣﻴﮕﺮﻥ (ﻣﺎﻧﻨﺪ ﺗﺮﻳﭙﺘﺎﻥ ﻫﺎ ) ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

.4 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺍﻗﺪﺍﻡ ﺑﻪ ﺷﺮﻭﻉ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺗﺨﺼﺼﻲ ﻭﻳﮋﻩ ﻱ ﻣﻴﮕﺮﻥ ﻛﻪ ﺑﺮﺍﻱ ﺳﺎﻳﺮ ﺍﻓﺮﺍﺩ ﻣﺜﻼ ﺍﻋﻀﺎﻱ ﺧﺎﻧﻮﺍﺩﻩ ﺗﺎﻥ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ، ﻧﻜﻨﻴﺪ.

.5 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺎﺭﺩﺍﺭ ﺑﻮﺩﻩ ﻳﺎ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺰﻣﻦ ﻗﻠﺒﻲ – ﻋﺮﻭﻗﻲ ﻣﺒﺘﻼ ﻫﺴﺘﻴﺪ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺩﻫﻴﺪ ﭼﻮﻥ ﺩﺭ ﺍﻳﻦ ﺷﺮﺍﻳﻂ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﻣﻴﮕﺮﻥ ﺑﺎ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻛﻲ ﻫﻤﺮﺍﻩ ﺧﻮﺍﻫﺪ ﺑﻮﺩ.

.6 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺭﺍ ﻣﺼﺮﻑ ﻛﻨﻴﺪ ﻭ ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻫﻢ ﺯﻣﺎﻥ ﺩﺍﺭﻭﻫﺎﻱ ﻣﺴﻜﻦ ﺍﺯ ﺍﻧﻮﺍﻉ ﻣﺨﺘﻠﻒ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.7 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﺑﺮﺍﻱ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ ﺟﻬﺖ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﻣﺎﻥ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.8 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺑﻴﺶ ﺍﺯ ﺣﺪ ﺩﺍﺭﻭﻫﺎﻱ ﻣﺴﻜﻦ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﻭﺍﺑﺴﺘﮕﻲ ﺩﺭ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﺷﺪ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﻣﺼﺮﻑ ﺁﻥ ﺩﭼﺎﺭﻋﻮﺩ ﺳﺮﺩﺭﺩ ﺧﻮﺍﻫﻴﺪ ﺷﺪ .

.9 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺩﺍﺭﻭﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺁﺳﭙﻴﺮﻳﻦ، ﺑﺮﻭﻓﻦ ﻭ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻧﺎﺭﺍﺣﺘﻲ ﻫﺎﻱ ﻛﻠﻴﻮﻱ ﻭ ﮔﻮﺍﺭﺷﻲ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﺧﻮﻧﺮﻳﺰﻱ ﻣﻌﺪﻩ ﻣﻲ ﺷﻮﺩ.

.10 ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺧﻮﺭﺍﻛﻲ ﺿﺪ ﺗﻬﻮﻉ ﻣﺎﻧﻨﺪ ﻣﺘﻮﻛﻠﻮﭘﺮﺍﻣﻴﺪ ﻳﺎ ﺍﻧﺪﺍﻧﺴﺘﺮﻭﻥ (ﺩﻣﻴﺘﺮﻭﻥ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ. (ﺣﺪﺍﻛﺜﺮ 3 ﺑﺎﺭ ﺩﺭ ﺭﻭﺯ )

.11 ﺩﺭ ﻳﻚ ﺍﺗﺎﻕ ﺁﺭﺍﻡ، ﺧﻠﻮﺕ، ﺧﻨﻚ ﻭ ﻛﺎﻣﻼ ﺗﺎﺭﻳﻚ ﺍﺳﺘﺮﺍﺣﺖ ﻛﻨﻴﺪ.

.12 ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﻭ ﺧﻮﺍﺏ ﻣﻨﻈﻢ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻭ ﺩﺭ ﺳﺎﻋﺎﺕ ﻣﺸﺨﺺ ﺑﻪ ﺭﺧﺘﺨﻮﺍﺏ ﺑﺮﻭﻳﺪ ( 10-8 ﺳﺎﻋﺖ ﺩﺭ ﺷﺒﺎﻧﻪ ﺭﻭﺯ )

.13 ﺍﺯ ﺣﻀﻮﺭ ﺩﺭ ﻣﺤﻴﻂ ﻫﺎﻳﻲ ﺑﺎ ﻧﻮﺭ ﻭ ﺻﺪﺍﻱ ﺯﻳﺎﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.14 ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺑﻮﻫﺎﻱ ﻣﺨﺘﻠﻒ ﻣﺎﻧﻨﺪ ﺍﻧﻮﺍﻉ ﻋﻄﺮ ﻳﺎ ﺑﻮﻱ ﻏﺬﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.15 ﺍﺯ ﺗﻤﺎﺷﺎﻱ ﺗﻠﻮﻳﺰﻳﻮﻥ ﻭ ﻣﻄﺎﻟﻌﻪ ﻛﺮﺩﻥ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.16 ﺍﺯ ﻛﺎﺭ ﻛﺮﺩﻥ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ ﻳﺎ ﺍﻧﺠﺎﻡ ﺑﺎﺯﻱ ﻫﺎﻱ ﻛﺎﻣﭙﻴﻮﺗﺮﻱ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.17 ﻛﻴﺴﻪ ﻱ ﻳﺦ ﻳﺎ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﺑﺮ ﺭﻭﻱ ﻣﻨﺎﻃﻖ ﺩﺭﺩﻧﺎﻙ ﺳﺮ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.18 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻓﻴﺰﻳﻜﻲ ﻭ ﺫﻫﻨﻲ ﺳﻨﮕﻴﻦ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﺩﺭﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺑﻪ ﺍﺳﺘﺮﺍﺣﺖ ﺑﭙﺮﺩﺍﺯﻳﺪ.

.19 ﺍﺯ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.20 ﻫﻨﮕﺎﻡ ﺑﺮﻭﺯ ﺣﻤﻼﺕ ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ

21. ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺍﻭﻟﻴﻦ ﻋﻼﻳﻢ ﻳﺎ ﻧﺸﺎﻧﻪ ﻫﺎﻱ ﻫﺸﺪﺍﺭ (ﺍﻭﺭﺍ) ﺑﺮﻭﺯ ﺳﺮﺩﺭﺩ، ﻛﺎﺭ ﻭ ﻓﻌﺎﻟﻴﺖ ﺧﻮﺩ ﺭﺍ ﻣﺘﻮﻗﻒ ﻛﺮﺩﻩ، ﻃﺒﻖ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺑﺎﻻ ﺑﻪ ﺍﺳﺘﺮﺍﺣﺖ ﺑﭙﺮﺩﺍﺯﻳﺪ ﻭ ﺩﺍﺭﻭﻱ ﻫﻤﻴﺸﮕﻲ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﻫﻤﺎﻥ ﻣﺮﺍﺣﻞ ﺍﺑﺘﺪﺍﻳﻲ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.22 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻣﻴﺰﺍﻥ ﺗﻜﺮﺍﺭ ﺣﻤﻼﺕ ﺳﺮﺩﺭﺩ ﺷﻤﺎ ﺩﺭ ﻣﺎﻩ ﺑﻪ ﺍﻧﺪﺍﺯﻩ ﺍﻱ ﺳﺖ ﻛﻪ ﺑﺎﻋﺚ ﻣﺨﺘﻞ ﺷﺪﻥ ﺯﻧﺪﮔﻲ ﺭﻭﺯﻣﺮﻩ ﻱ ﺷﻤﺎ ﺷﺪﻩ ﺍﺳﺖ، ﺟﻬﺖ ﺗﺠﻮﻳﺰ ﺩﺍﺭﻭﻫﺎﻱ ﭘﻴﺶ ﮔﻴﺮﺍﻧﻪ ﺑﻪ ﻣﺘﺨﺺ ﻣﻐﺰ ﻭ ﺍﻋﺼﺎﺏ ( ﻧﻮﺭﻭﻟﻮژﻳﺴﺖ ) ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

.23 ﭼﻨﺎﻥ ﭼﻪ ﻫﺮ ﻣﺎﻩ ﻫﻨﮕﺎﻡ ﻗﺎﻋﺪﮔﻲ ﺩﭼﺎﺭ ﺣﻤﻠﻪ ﻱ ﻣﻴﮕﺮﻥ ﻣﻲ ﺷﻮﻳﺪ ( ﻛﻪ ﻧﺎﺷﻲ ﺍﺯ ﺗﻐﻴﻴﺮ ﻭ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺭﻣﻮﻥ ﻫﺎﻱ ﺯﻧﺎﻧﻪ ﺍﺳﺖ ) ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺍﺯ 2 ﺭﻭﺯ ﻗﺒﻞ ﺍﺯ ﺷﺮﻭﻉ ﺧﻮﻧﺮﻳﺰﻱ ﺍﺯ ﻣﺴﻜﻦ ﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺑﺮﻭﻓﻦ ﻳﺎ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﭘﺎﺳﺦ ﺑﻪ ﺍﻳﻦ ﺩﺭﻣﺎﻥ ﺟﻬﺖ ﺗﺠﻮﻳﺰ ﺗﺮﻛﻴﺒﺎﺕ ﻫﻮﺭﻣﻮﻧﻲ ﺟﺎﻳﮕﺰﻳﻦ ﺑﻪ ﻣﺘﺨﺼﺺ ﺯﻧﺎﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

.24 ﺍﮔﺮ ﺍﺯ ﻗﺮﺹ ﻫﺎﻱ ﺿﺪ ﺑﺎﺭﺩﺍﺭﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻣﻲ ﻛﻨﻴﺪ ﺟﻬﺖ ﺗﻐﻴﻴﺮ ﺭﻭﺵ ﻛﻨﺘﺮﻝ ﺑﺎﺭﻭﺭﻱ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﻭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﻳﺎ ﺗﻐﻴﻴﺮ ﺭﻭﺵ ﻣﺬﻛﻮﺭ ﻛﻪ ﻣﻨﺠﺮ ﺑﻪ ﺑﺎﺭﺩﺍﺭﻱ ﻧﺎﺧﻮﺍﺳﺘﻪ ﺧﻮﺍﻫﺪ ﺷﺪ ﻧﻜﻨﻴﺪ.

.25 ﺩﺭ ﻓﻮﺍﺻﻞ ﺑﻴﻦ ﺣﻤﻼﺕ ﺑﻪ ﻭﺭﺯﺵ ﻫﺎﻱ ﻫﻮﺍﺯﻱ،ﻣﻼﻳﻢ ﻭ ﻣﻨﻈﻢ ﺣﺪﺍﻗﻞ 3 ﻧﻮﺑﺖ ﺩﺭ ﻫﻔﺘﻪ ﻫﺮ ﺑﺎﺭ ﺣﺪﺍﻗﻞ 30 ﺩﻗﻴﻘﻪ ﺑﭙﺮﺩﺍﺯﻳﺪ، ﻫﻨﮕﺎﻡ ﻛﺎﺭ ﻛﺮﺩﻥ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ ﻳﺎ ﻣﻴﻜﺮﻭﺳﻜﻮپ ﻭﺿﻌﻴﺖ ﺑﺪﻥ ﻭ ﮔﺮﺩﻥ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻣﺘﻨﺎﻭﺏ ﺗﻐﻴﻴﺮ ﺩﺍﺩﻩ ﻭ ﺣﺮﻛﺎﺕ ﻛﺸﺸﻲ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ ﻭ ﻋﻀﻼﺕ ﮔﺮﺩﻥ ﻭ ﺷﺎﻧﻪ ﻫﺎ ﺭﺍ ﭘﺲ ﺍﺯ ﺍﻧﺠﺎﻡ ﻛﺎﺭﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻣﺎﺳﺎژ ﺑﺪﻫﻴﺪ.

.26 ﺍﺛﺮ ﺑﺨﺸﻲ ﻫﻴﭻ ﻳﻚ ﺍﺯ ﺩﺍﺭﻭﻫﺎ ﻭ ﺗﺮﻛﻴﺒﺎﺕ ﮔﻴﺎﻫﻲ ﺩﺭ ﺩﺭﻣﺎﻥ ﻣﻴﮕﺮﻥ ﺍﺛﺒﺎﺕ ﻧﺸﺪﻩ ﺍﺳﺖ، ﻫﻢ ﭼﻨﻴﻦ ﺍﻳﻦ ﺗﺮﻛﻴﺒﺎﺕ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺩﻳﮕﺮﻱ ﻛﻪ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ ﺗﺪﺍﺧﻞ ﺩﺍﺷﺘﻪ ﻭ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻛﻲ ﺷﻮﺩ.

.27 ﺩﺭ ﻳﻚ ﺟﺪﻭﻝ ﺗﺎﺭﻳﺨﭽﻪ ﻱ ﺳﺮﺩﺭﺩﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺛﺒﺖ ﻛﻨﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺗﺎﺭﻳﺦ ﺑﺮﻭﺯ ﻭ ﻃﻮﻝ ﻣﺪﺗﻲ ﻛﻪ ﺳﺮﺩﺭﺩ ﺩﺍﺷﺘﻪ ﺍﻳﺪ، ﻛﺎﺭﻫﺎﻳﻲ ﻛﻪ ﺩﺭ ﺁﻥ ﺭﻭﺯ ﺧﺎﺹ ﺍﻧﺠﺎﻡ ﺩﺍﺩﻩ ﻭ ﻏﺬﺍﻫﺎﻳﻲ ﻛﻪ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﺍﻳﺪ ﻭ ﻣﻴﺰﺍﻥ ﺧﻮﺍﺏ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﺧﻮﺩ ﺭﺍ ﺑﻨﻮﻳﺴﻴﺪ ﺗﺎ ﭘﺲ ﺍﺯ ﻣﺪﺗﻲ ﻣﺸﺨﺺ ﺷﻮﺩ ﭼﻪ ﻋﻮﺍﻣﻠﻲ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻳﺎ ﺑﻬﺒﻮﺩ ﺳﺮﺩﺭﺩ ﺩﺭ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﺷﺪ ﺍﻳﻦ ﺟﺪﻭﻝ ﺑﻪ ﺷﻤﺎ ﻭ ﭘﺰﺷﻚ ﻣﻌﺎﻟﺠﺘﺎﻥ ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﻭ ﺩﺭﻣﺎﻥ ﺳﺮﺩﺭﺩ ﻛﻤﻚ ﺧﻮﺍﻫﺪ ﻛﺮﺩ .

.28 ﻋﻠﻞ ﺯﻳﺮ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ، ﺗﺸﺪﻳﺪ ﻳﺎ ﺗﻜﺮﺍﺭ ﺣﻤﻼﺕ ﺳﺮﺩﺭﺩﻫﺎﻱ ﻣﻴﮕﺮﻧﻲ ﺷﻮﻧﺪ ﻛﻪ ﭘﺮﻫﻴﺰ ﺍﺯ ﺁﻧﻬﺎ ﺑﺎﻋﺚ ﻛﻨﺘﺮﻝ ﺳﺮﺩﺭﺩ ﻭ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﺩﻭﺑﺎﺭﻩ ﻱ ﺁﻥ ﺧﻮﺍﻫﺪ ﺷﺪ :

* ﺍﺳﺘﺮﺱ، ﺍﺿﻄﺮﺍﺏ،ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ ﻭ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ ﻭ ﺍﺣﺴﺎﺳﻲ ( ﻣﻬﻢ ﺗﺮﻳﻦ ﻋﺎﻣﻞ )
* ﺍﻓﺴﺮﺩﮔﻲ
* ﻗﺎﻋﺪﮔﻲ
* ﻣﺼﺮﻑ ﻗﺮﺹ ﻫﺎﻱ ﺟﻠﻮﮔﻴﺮﻱ ﺍﺯ ﺑﺎﺭﺩﺍﺭﻱ
* ﻓﻌﺎﻟﻴﺖ ﺷﺪﻳﺪ ﻭ ﺳﻨﮕﻴﻦ ﺟﺴﻤﻲ ﻳﺎ ﺫﻫﻨﻲ
* ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ
* ﺧﻮﺍﺑﻴﺪﻥ ﺑﺴﻴﺎﺭ ﻛﻢ ﻭ ﺑﻲ ﻧﻈﻤﻲ ﻫﺎﻱ ﺧﻮﺍﺏ
* ﻏﺬﺍ ﺧﻮﺭﺩﻥ ﻛﻢ ﻭ ﻧﺎﻛﺎﻓﻲ ﻳﺎ ﺭژﻳﻢ ﻫﺎﻱ ﺍﻓﺮﺍﻃﻲ ﻛﺎﻫﺶ ﻭﺯﻥ
* ﻏﺬﺍﻫﺎﻱ ﭼﺮﺏ ﻭ ﺳﻨﮕﻴﻦ ﻭ ﺣﺠﻴﻢ
* ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﻣﻮﺍﺩ ﺣﺎﻭﻱ ﻛﺎﻓﺌﻴﻦ ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻗﻬﻮﻩ ﻭ ﻧﺴﻜﺎﻓﻪ ﻳﺎ ﻗﻄﻊ ﻧﺎﮔﻬﺎﻧﻲ ﻣﺼﺮﻑ ﺁﻥ
* ﻣﺼﺮﻑ ﺍﻟﻜﻞ
* ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ ﻳﺎ ﺍﺳﺘﺸﻤﺎﻡ ﺩﻭﺩ ﺳﻴﮕﺎﺭ
* ﻋﺪﻡ ﻣﺼﺮﻑ ﻣﻨﻈﻢ ﻭ ﺑﻪ ﻣﻮﻗﻊ ﺩﺍﺭﻭﻫﺎﻱ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺑﺮﺍﻱ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﺣﻤﻼﺕ ﻣﻴﮕﺮﻥ
* ﻗﻄﻊ ﻣﺼﺮﻑ ﻧﺎﮔﻬﺎﻧﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺍﺿﻄﺮﺍﺏ ﻣﺜﻞ ﭘﺮﻭﭘﺮﺍﻧﻮﻟﻮﻝ
* ﻣﺼﺮﻑ ﺍﻓﺮﺍﻃﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻭ ﻭﺍﺑﺴﺘﮕﻲ ﺑﻪ ﺁﻧﻬﺎ
* ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﺷﻠﻮﻍ ﻭ ﭘﺮ ﺳﺮ ﻭ ﺻﺪﺍ
* ﺿﺮﺑﻪ ﻫﺎﻱ ﺧﻔﻴﻒ ﺑﻪ ﺳﺮ
* ﺗﻤﺎﺷﺎﻱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺗﻠﻮﻳﺰﻳﻮﻥ ﻳﺎ ﻣﻮﻧﻴﺘﻮﺭ ﻛﺎﻣﭙﻴﻮﺗﺮ
* ﻣﺼﺮﻑ ﻛﻢ ﻣﺎﻳﻌﺎﺕ ﻭ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ( ﺑﻮﻳﮋﻩ ﻫﻨﮕﺎﻡ ﻓﻌﺎﻟﻴﺖ )
* ﻏﺬﺍﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ: ﺍﻧﻮﺍﻉ ﺍﺩﻭﻳﻪ، ﺷﻜﻼﺕ، ﻏﺬﺍﻫﺎﻱ ﺣﺎﻭﻱ ﻣﻮﺍﺩ ﻧﮕﻬﺪﺍﺭﻧﺪﻩ ﻣﺜﻞ ﻛﻨﺴﺮﻭﻫﺎ ﻭ ﺳﻮﺳﻴﺲ ﻭ ﻛﺎﻟﺒﺎﺱ،ﺟﮕﺮ ﻣﺮﻍ، ﺑﺴﺘﻨﻲ، ﻣﺎﻳﻮﻧﺰ، ﻣﻴﻮﻩ ﻫﺎﻱ ﺗﺮﺵ، ﻣﻮﺯ، ﺑﺎﺩﻣﺠﺎﻥ، ﮔﻮﺟﻪ ﻭ ﻓﺮﺁﻭﺭﺩﻩ ﻫﺎﻱ ﺁﻥ، ﺗﺮﺷﻲ ﺟﺎﺕ، ﺁﺟﻴﻞ ﺷﻮﺭ، ﺳﺮﻛﻪ ﻗﺮﻣﺰ، ﺷﻴﺮﻳﻦ ﻛﻨﻨﺪﻩ ﻫﺎﻱ ﻣﺼﻨﻮﻋﻲ (ﺁﺳﭙﺎﺭﺗﺎﻡ ﻭ ﺳﺎﺧﺎﺭﻳﻦ )، ﭼﻴﭙﺲ، ﭘﻔﻚ ﻭ ﺍﻧﻮﺍﻉ ﺳﺲ ﻫﺎ

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﭘﺰﺷﻚ ﻳﺎ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﻋﺪﻡ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﺩﺭ ﻃﻮﻝ 24 ﺳﺎﻋﺖ

- ﺑﺮﻭﺯ ﺗﻬﻮﻉ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ ﻣﻜﺮﺭ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﻗﺎﺩﺭ ﺑﻪ ﺧﻮﺭﺩﻥ ﻭ ﺁﺷﺎﻣﻴﺪﻥ ﻧﺒﺎﺷﻴﺪ

- ﺑﺮﻭﺯ ﺷﻜﻞ ﺟﺪﻳﺪﻱ ﺍﺯ ﺳﺮﺩﺭﺩ ﻳﺎ ﺑﺮﻭﺯ ﻧﺎﮔﻬﺎﻧﻲ ﺳﺮﺩﺭﺩ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪﻱ ﻛﻪ ﺗﺎﻛﻨﻮﻥ ﻣﺸﺎﺑﻪ ﺁﻥ ﺭﺍ ﺗﺠﺮﺑﻪ ﻧﻜﺮﺩﻩ ﺍﻳﺪ

- ﺳﺮﺩﺭﺩﻱ ﻛﻪ ﻣﻨﺠﺮ ﺑﻪ ﺑﻴﺪﺍﺭ ﺷﺪﻥ ﺍﺯ ﺧﻮﺍﺏ ﺷﻮﺩ

- ﺍﻓﺰﺍﻳﺶ ﺗﻨﺎﻭﺏ ﺣﻤﻼﺕ ﺳﺮﺩﺭﺩ

- ﺳﺮﺩﺭﺩ ﻧﺎﺷﻲ ﺍﺯ ﺿﺮﺑﻪ

- ﺑﺮﻭﺯ ﺍﻭﻟﻴﻦ ﺣﻤﻠﻪ ﻱ ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﺳﻦ ﺑﺎﻻﻱ 50 ﺳﺎﻝ

- ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ

- ﺳﻔﺘﻲ ﻳﺎ ﺩﺭﺩﻧﺎﻛﻲ ﺣﺮﻛﺎﺕ ﮔﺮﺩﻥ

- ﺿﻌﻒ ﻳﺎ ﺑﻲ ﺣﺴﻲ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﻓﻠﺞ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺍﺧﺘﻼﻝ ﺗﻜﻠﻢ

- ﺑﺮﻭﺯ ﺗﺸﻨﺞ

- ﺍﺧﺘﻼﻝ ﺗﻌﺎﺩﻝ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

- ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻣﺮﺗﺒﻂ ﺑﺎ ﺩﺍﺭﻭﻫﺎ

- ﻋﺪﻡ ﭘﺎﺳﺦ ﻣﻨﺎﺳﺐ ﺑﻪ ﺩﺍﺭﻭﻫﺎ ﻭ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﺩ ﻳﺎ ﺗﻜﺮﺍﺭ ﺯﻳﺎﺩ ﺣﻤﻼﺕ ﺩﺭﺩ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺳﺮﺩﺭﺩ ﺧﻮﺷﻪ ﺍﻱ (ﻛﻼﺳﺘﺮ)**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ...................................................... ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺍﺑﺘﻼ ﺑﻪ ﺳﺮ ﺩﺭﺩ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺷﺮﺡ ﺣﺎﻝ ﻭ ﻋﻼﻳﻢ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﻣﺮﺍﺟﻌﻪ، ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻋﻠﺖ ﺯﻣﻴﻨﻪ ﺍﻱ ﻣﻬﻢ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﺧﻄﺮﻧﺎﻙ ﻭ ﺷﺪﻳﺪﻱ ﺑﺮﺍﻱ ﺳﺮﺩﺭﺩ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺷﺘﻪ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﻧﺪﺍﺭﻳﺪ، ﺑﻨﺎ ﺑﺮﺍﻳﻦ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻭ ﺷﺮﺡ ﺣﺎﻝ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮ ﻃﺒﻴﻌﻲ ﺩﺭ ﺁﻥ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

ﺳﺮﺩﺭﺩ ﻳﻚ ﻭﺍژﻩ ﻱ ﻛﻠﻲ ﻭ ﻋﻤﻮﻣﻲ ﺳﺖ ﻛﻪ ﺷﺎﻣﻞ ﻣﺠﻤﻮﻋﻪ ﻱ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻥ، ﺻﻮﺭﺕ، ﭼﺸﻢ ﻫﺎ ﻭ ﺳﺮ ( ﺩﺍﺧﻞ ﺟﻤﺠﻤﻪ، ﻋﻀﻼﺕ ﻳﺎ ﭘﻮﺳﺖ ﺳﺮ ) ﻣﻲ ﺷﻮﺩ. ﺳﺮﺩﺭﺩ ﺍﺯ ﺷﻜﺎﻳﺎﺕ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﺩﺭ ﻣﻴﺎﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﭘﺰﺷﻜﺎﻥ ﻭ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻣﻲ ﺑﺎﺷﺪ ﻭ -50 75% ﺍﻓﺮﺍﺩ ﺟﻮﺍﻥ ﺣﺪﺍﻗﻞ ﻳﻚ ﺑﺎﺭ ﺩﺭ ﻣﺎﻩ ﺣﻤﻠﻪ ﻱ ﺳﺮﺩﺭﺩ ﺭﺍ ﺗﺠﺮﺑﻪ ﻣﻲ ﻛﻨﻨﺪ.ﻫﺮ ﭼﻨﺪ ﮔﺎﻫﻲ ﺳﺮﺩﺭﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﻧﺎﺷﻲ ﺍﺯ ﻋﻠﻞ ﻣﻬﻢ ﻭ ﻳﺎ ﺧﻄﺮﻧﺎﻛﻲ ﻣﺜﻞ ﺍﻓﺰﺍﻳﺶ ﺷﺪﻳﺪ ﻓﺸﺎﺭ ﺧﻮﻥ، ﺧﻮﻧﺮﻳﺰﻱ ﻳﺎ ﺗﻮﺩﻩ ﻫﺎﻱ ﺩﺍﺧﻞ ﻓﻀﺎﻱ ﺟﻤﺠﻤﻪ ﻳﺎ ﻋﻔﻮﻧﺖ ﺩﺳﺘﮕﺎﻩ ﻋﺼﺒﻲ ﺑﺎﺷﺪ ﺍﻣﺎ ﺍﻳﻦ ﻋﻠﻞ ﺷﻴﻮﻉ ﺑﺴﻴﺎﺭ ﻛﻤﻲ ﺩﺍﺭﻧﺪ ﻭ ﺑﻪ ﻃﻮﺭ ﻣﻌﻤﻮﻝ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﻧﺪ. ﻫﻢ ﭼﻨﻴﻦ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﻧﺎﺣﻴﻪ ﻱ ﺳﺮ ﻭ ﮔﺮﺩﻥ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﭼﺸﻢ ﻫﺎ، ﺳﻴﻨﻮﺱ ﻫﺎ ﻭ ﺩﻧﺪﺍﻥ ﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺍﻳﺠﺎﺩ ﺳﺮﺩﺭﺩ ﻧﻤﺎﻳﻨﺪ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﺻﻮﺭﺕ، ﮔﻮﻧﻪ ﻫﺎ ﻭ ﺩﺭ ﺍﻃﺮﺍﻑ ﻋﻀﻮ ﻣﺒﺘﻼ ﺷﺪﺕ ﺑﻴﺸﺘﺮﻱ ﺩﺍﺭﺩ. ﺍﻏﻠﺐ ﺳﺮﺩﺭﺩﻫﺎ ﻧﺎﺷﻲ ﺍﺯ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﻭ ﺍﺧﺘﻼﻻﺕ ﻋﺮﻭﻗﻲ ﺑﻮﺩﻩ ﻭ ﺩﺭ ﻳﻜﻲ ﺍﺯ ﺳﻪ ﮔﺮﻭﻩ ﺷﺎﻳﻊ ﺯﻳﺮ ﻗﺮﺍﺭ ﺩﺍﺭﻧﺪ :

ﺳﺮﺩﺭﺩﻫﺎﻱ ﺗﻨﺸﻲ ( ﻋﺼﺒﻲ ) ﻣﻴﮕﺮﻥ ﺳﺮﺩﺭﺩ ﺧﻮﺷﻪ ﺍﻱ

ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺟﻬﺖ ﺷﻤﺎ ﺍﺯ ﻣﻴﺎﻥ ﻣﻮﺍﺭﺩ ﺑﺎﻻ ﺗﺸﺨﻴﺺ **ﺳﺮﺩﺭﺩ ﺧﻮﺷﻪ ﺍﻱ ( ﻛﻼﺳﺘﺮ )** ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ، ﻛﻪ ﺩﺭ ﺍﺩﺍﻣﻪ ﺑﻪ ﺗﻮﺿﻴﺢ ﺁﻥ ﭘﺮﺩﺍﺧﺘﻪ ﻣﻲ شود

**ﺳﺮ ﺩﺭﺩ ﺧﻮﺷﻪ ﺍﻱ**

ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺷﺪﻳﺪ،ﺳﻮﺯﺷﻲ ﻭ ﺗﻴﺰ ﻳﻚ ﻃﺮﻓﻪ ﺩﺭ ﺳﺮ ﻭ ﺻﻮﺭﺕ، ﺷﻘﻴﻘﻪ ﻭ ﺍﻃﺮﺍﻑ ﭼﺸﻢ ﻫﻤﺮﺍﻩ ﺑﺎ ﻗﺮﻣﺰﻱ ﻭ ﺍﺷﻚ ﺭﻳﺰﺵ ﺷﺪﻳﺪ ﭼﺸﻢ ﻭ ﺁﺑﺮﻳﺰﺵ ﺑﻴﻨﻲ ﺩﺭ ﻫﻤﺎﻥ ﺳﻤﺖ ﻣﺒﺘﻼ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭ ﻧﻴﻤﻪ ﻫﺎﻱ ﺷﺐ ﺭﺥ ﺩﺍﺩﻩ ﻭ ﺑﺎﻋﺚ ﺑﻴﺪﺍﺭ ﺷﺪﻥ ﺍﺯ ﺧﻮﺍﺏ ﻫﻤﺮﺍﻩ ﺑﺎ ﺍﺿﻄﺮﺍﺏ ﺷﺪﻳﺪ ﻣﻲ ﺷﻮﺩ، ﺣﻤﻼﺕ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﺭ ﻃﻮﻝ ﺷﺒﺎﻧﻪ ﺭﻭﺯ ﭼﻨﺪﻳﻦ ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﺷﻮﻧﺪ ﻛﻪ ﻫﺮ ﻧﻮﺑﺖ ﺍﻏﻠﺐ 10-5ﺩﻗﻴﻘﻪ ﻭ ﮔﺎﻩ ﺗﺎ 30 ﺩﻗﻴﻘﻪ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ، ﻣﻌﻤﻮﻻ ﺳﺮﺩﺭﺩﻫﺎ ﺩﺭ ﺩﻭﺭﻩ ﻫﺎﻱ ﭼﻨﺪ ﻫﻔﺘﻪ ﺗﺎ ﭼﻨﺪ ﻣﺎﻩ ﻋﻮﺩ ﻛﺮﺩﻩ ﻭ ﺑﺎﻋﺚ ﺑﻲ ﻧﻈﻤﻲ ﺩﺭ ﺑﺮﻧﺎﻣﻪ ﻱ ﺯﻧﺪﮔﻲ ﻣﻌﻤﻮﻝ ﻓﺮﺩ ﻣﻲ ﮔﺮﺩﺩ، ﺳﭙﺲ ﺑﺮﺍﻱ ﻣﺪﺗﻲ ﻧﺎﻣﺸﺨﺺ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﻨﺪ. ﻣﻌﻤﻮﻻ ﺍﻳﻦ ﺳﺮﺩﺭﺩ ﺩﺭ ﻣﺮﺩﺍﻥ ﺷﻴﻮﻉ ﺑﻴﺸﺘﺮﻱ ﺩﺍﺭﺩ .

**ﺗﺸﺨﻴﺺ :**

ﺗﺸﺨﻴﺺ ﺍﻳﻦ ﻧﻮﻉ ﺳﺮﺩﺭﺩ ﺍﻏﻠﺐ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ ﻭ ﻋﻼﻳﻢ ﺧﻮﺍﻫﺪ ﺑﻮﺩ ﻭ ﺑﻪ ﻧﺪﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺗﺴﺖ ﻫﺎﻱ ﺗﺸﺨﻴﺼﻲ ﻳﺎ ﺭﻭﺵ ﻫﺎﻱ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺧﻮﺍﻫﺪ ﺑﻮﺩ .

**ﻋﻮﺍﻣﻞ ﺯﻳﺮ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻳﺎ ﺗﺸﺪﻳﺪ ﺁﻥ ﻣﻲ ﺷﻮﻧﺪ ﻛﻪ ﺑﺎ ﻛﻨﺘﺮﻝ ﻭ ﭘﺮﻫﻴﺰ ﺍﺯ ﺁﻧﻬﺎ ﻣﻲ ﺗﻮﺍﻥ ﺍﺯ ﺑﺮﻭﺯ ﺁﻥ ﭘﻴﺶ ﮔﻴﺮﻱ ﻛﺮﺩ :**

- ﻣﺼﺮﻑ ﺍﻟﻜﻞ

- ﺑﻲ ﻧﻈﻤﻲ ﻭ ﺍﺧﺘﻼﻻﺕ ﺧﻮﺍﺏ

- ﺍﺧﺘﻼﻻﺕ ﺗﻨﻔﺴﻲ ﻭ ﻛﺎﻫﺶ ﺍﻛﺴﻴﮋﻥ ﺩﺭ ﻃﻮﻝ ﺧﻮﺍﺏ

- ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ ﺟﺴﻤﻲ ﻳﺎ ﺫﻫﻨﻲ

- ﺍﺳﺘﺮﺱ ﺯﻳﺎﺩ، ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ ﻭ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ ﻭ ﺍﺣﺴﺎﺳﻲ ﺷﺪﻳﺪ

- ﺩﺍﺭﻭﻫﺎﻱ ﮔﺸﺎﺩ ﻛﻨﻨﺪﻩ ﻱ ﻋﺮﻭﻕ ﻣﺜﻞ ﻧﻴﺘﺮﻭﮔﻠﻴﺴﻴﺮﻳﻦ ( ﻗﺮﺹ ﺯﻳﺮ ﺯﺑﺎﻧﻲ )

- ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺳﻴﮕﺎﺭ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﻋﻮﺍﻣﻞ ﺍﻳﺠﺎﺩ ﺗﻨﺶ ﻭ ﺍﺳﺘﺮﺱ ﻭ ﻓﺸﺎﺭ ﻋﺼﺒﻲ ﺭﺍ ﺷﻨﺎﺳﺎﻳﻲ ﻛﺮﺩﻩ ﻭ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺁﻧﻬﺎ ﺩﻭﺭﻱ ﻛﻨﻴﺪ

2 . ﻳﻚ ﺑﺮﻧﺎﻣﻪ ﻱ ﺧﻮﺍﺏ ﻣﻨﻈﻢ ﺟﻬﺖ ﭘﺮﻫﻴﺰ ﺍﺯ ﺑﻲ ﻧﻈﻤﻲ ﻫﺎﻱ ﺧﻮﺍﺏ ﺗﻨﻈﻴﻢ ﻧﻤﺎﻳﻴﺪ ( ﺣﺪﺍﻗﻞ 8 ﺳﺎﻋﺖ ﺧﻮﺍﺏ ﺩﺭ ﺷﺒﺎﻧﻪ ﺭﻭﺯ، ﺩﺭ ﺳﺎﻋﺖ ﻣﺸﺨﺺ ﺑﻪ ﺭﺧﺘﺨﻮﺍﺏ ﺭﻓﺘﻦ )

.3 ﺳﻴﮕﺎﺭ ﻛﺸﻴﺪﻥ ﻭ ﻣﺼﺮﻑ ﺍﻟﻜﻞ ﺭﺍ ﺗﺮﻙ ﻛﺮﺩﻩ ﻳﺎ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺭﺍ ﻛﺎﻫﺶ ﺩﻫﻴﺪ.

.4 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺭﺍ ﻣﺼﺮﻑ ﻛﻨﻴﺪ ﻭ ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻫﻢ ﺯﻣﺎﻥ ﺩﺍﺭﻭﻫﺎﻱ ﻣﺴﻜﻦ ﺍﺯ ﺍﻧﻮﺍﻉ ﻣﺨﺘﻠﻒ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.5 ﺣﻤﻼﺕ ﺩﺭﺩ ﻣﻌﻤﻮﻻ ﺑﻪ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﻌﻤﻮﻟﻲ ﭘﺎﺳﺦ ﻣﻨﺎﺳﺐ ﻧﻤﻲ ﺩﻫﻨﺪ ﺑﻨﺎﺑﺮﺍﻳﻦ ﺟﻬﺖ ﺗﻜﻤﻴﻞ ﺩﺭﻣﺎﻥ ﻭ ﺗﺠﻮﻳﺰ ﺩﺍﺭﻭﻫﺎﻱ ﻻﺯﻡ ﺑﺮﺍﻱ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﺣﻤﻼﺕ ﺑﻪ ﻣﺘﺨﺼﺺ ﻣﻐﺰ ﻭ ﺍﻋﺼﺎﺏ ( ﻧﻮﺭﻭﻟﻮژﻳﺴﺖ ) ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

.6 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺫﺍﺭﻭﻫﺎﻱ ﺧﺎﺻﻲ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﺑﺮﺍﻱ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ ( ﻣﺜﻼ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻗﻠﺒﻲ – ﻋﺮﻭﻗﻲ ) ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﻧﻜﺮﺩﻩ ﻭ ﺑﺮﺍﻱ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﻣﺎﻥ ﺑﺎ ﭘﺰﺷﻚ ﺧﻮﺩ ﻣﺸﻮﺭﺕ ﻛﻨﻴﺪ.

.7 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻓﻴﺰﻳﻜﻲ ﻭ ﺫﻫﻨﻲ ﺳﻨﮕﻴﻦ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﺩﻭﺭﻩ ﺍﻱ ﺣﻤﻼﺕ ﺩﺭﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺑﻪ ﺍﺳﺘﺮﺍﺣﺖ ﺑﭙﺮﺩﺍﺯﻳﺪ.

.8 ﺍﺯ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.9 ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺩﺭ ﺍﺗﺎﻕ ﻫﺎﻱ ﺑﺴﻴﺎﺭ ﮔﺮﻡ ﻳﺎ ﺑﺪﻭﻥ ﺗﻬﻮﻳﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.10 ﻫﻨﮕﺎﻡ ﺑﺮﻭﺯ ﺣﻤﻼﺕ ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪﻱ ﻛﻪ ﻣﺸﺎﺑﻪ ﺣﻤﻼﺕ ﻗﺒﻠﻲ ﻧﺒﺎﺷﺪ

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﻋﺪﻡ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﺩﺭ ﻃﻮﻝ 24 ﺳﺎﻋﺖ

- ﺑﺮﻭﺯ ﻧﺎﮔﻬﺎﻧﻲ ﺳﺮﺩﺭﺩ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪﻱ ﻛﻪ ﺗﺎﻛﻨﻮﻥ ﻣﺸﺎﺑﻪ ﺁﻥ ﺭﺍ ﺗﺠﺮﺑﻪ ﻧﻜﺮﺩﻩ ﺍﻳﺪ

- ﺳﺮﺩﺭﺩﻱ ﻛﻪ ﻣﻨﺠﺮ ﺑﻪ ﺑﻴﺪﺍﺭ ﺷﺪﻥ ﺍﺯ ﺧﻮﺍﺏ ﺷﻮﺩ

- ﺍﻓﺰﺍﻳﺶ ﺗﻨﺎﻭﺏ ﺣﻤﻼﺕ ﺳﺮﺩﺭﺩ

- ﺳﺮﺩﺭﺩ ﻧﺎﺷﻲ ﺍﺯ ﺿﺮﺑﻪ

- ﺑﺮﻭﺯ ﺍﻭﻟﻴﻦ ﺣﻤﻠﻪ ﻱ ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﺳﻦ ﺑﺎﻻﻱ 50 ﺳﺎﻝ

- ﺍﻳﺠﺎﺩ ﺍﺧﺘﻼﻝ ﺩﺭ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻌﻤﻮﻟﻲ ﻭ ﺭﻭﺯﺍﻧﻪ

- ﺑﺮﻭﺯ ﺗﻬﻮﻉ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ ﻣﻜﺮﺭ

- ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ

- ﺳﻔﺘﻲ ﻳﺎ ﺩﺭﺩﻧﺎﻛﻲ ﺣﺮﻛﺎﺕ ﮔﺮﺩﻥ

- ﺿﻌﻒ ﻳﺎ ﺑﻲ ﺣﺴﻲ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﻓﻠﺞ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺍﺧﺘﻼﻝ ﺗﻜﻠﻢ

- ﺑﺮﻭﺯ ﺗﺸﻨﺞ

- ﺍﺧﺘﻼﻝ ﺗﻌﺎﺩﻝ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

- ﺑﺮﻭﺯ ﺑﺜﻮﺭﺍﺕ ﻳﺎ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ

- ﺗﻐﻴﻴﺮﺍﺕ ﺑﻴﻨﺎﻳﻲ، ﺗﺎﺭﻱ ﺩﻳﺪ ﻳﺎ ﺩﻭﺑﻴﻨﻲ

- ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻣﺮﺗﺒﻂ ﺑﺎ ﺩﺍﺭﻭﻫﺎ

- ﻋﺪﻡ ﭘﺎﺳﺦ ﻣﻨﺎﺳﺐ ﺑﻪ ﺩﺍﺭﻭﻫﺎ ﻭ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﺩ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺳﺮﮔﻴﺠﻪ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ........................................................ ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺍﺣﺴﺎﺱ ﺳﺮﮔﻴﺠﻪ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺷﺮﺡ ﺣﺎﻝ ﻭ ﻋﻼﻳﻢ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﻣﺮﺍﺟﻌﻪ، ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻋﻠﺖ ﺯﻣﻴﻨﻪ ﺍﻱ ﻣﻬﻢ ﻳﺎ ﺧﻄﺮﻧﺎﻙ ﻭ ﺷﺪﻳﺪﻱ ﺑﺮﺍﻱ ﺳﺮﮔﻴﺠﻪ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺷﺘﻪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ.

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻭ ﺷﺮﺡ ﺣﺎﻝ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﻳﺎ ﺍﻡ ﺁﺭﺁﻱ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮ ﻃﺒﻴﻌﻲ ﺩﺭ ﺁﻥ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻡ ﺁﺭﺁﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮ ﻃﺒﻴﻌﻲ ﺩﺭ ﺁﻥ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

ﺳﺮﮔﻴﺠﻪ ﻳﻚ ﻭﺍژﻩ ﻱ ﻛﻠﻲ ﻭ ﻋﻤﻮﻣﻲ ﺳﺖ ﻛﻪ ﺍﻏﻠﺐ ﺑﻪ ﻛﻠﻴﻪ ﻱ ﺣﺎﻻﺕ ﻧﺎﺧﻮﺷﺎﻳﻨﺪﻱ ﻛﻪ ﻓﺮﺩ ﺑﺎ ﺍﻳﺠﺎﺩ ﺁﻧﻬﺎ ﺍﺣﺴﺎﺱ ﻋﺪﻡ ﺗﻌﺎﺩﻝ ﻭ ﺍﻣﻜﺎﻥ ﺳﻘﻮﻁ ﻭ ﺯﻣﻴﻦ ﺧﻮﺭﺩﻥ ﻣﻲ ﻛﻨﺪ،ﮔﻔﺘﻪ ﻣﻲ ﺷﻮﺩ ﻭ ﺷﺎﻣﻞ ﻣﺠﻤﻮﻋﻪ ﻱ ﻭﺿﻌﻴﺖ ﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺳﺒﻜﻲ ﺳﺮ، ﺳﻴﺎﻫﻲ ﺭﻓﺘﻦ ﭼﺸﻢ ﻫﺎ، ﭼﺮﺧﺶ ﺳﺮ، ﭼﺮﺧﺶ ﻣﺤﻴﻂ ﻭ ﺍﺗﺎﻕ، ﺍﺣﺴﺎﺱ ﺣﺮﻛﺖ ﺍﺟﺴﺎﻡ ﻳﺎ ﻣﺤﻴﻂ ﺍﻃﺮﺍﻑ، ﺗﺎﺑﻴﺪﻥ ، ﭘﺮﺗﺎﺏ ﺷﺪﻥ، ﺳﺮ ﺧﻮﺭﺩﻥ ﻭ ﺧﺎﻟﻲ ﻳﺎ ﮔﻮﺩ ﺷﺪﻥ ﺯﻳﺮ ﭘﺎ ﻣﻲ ﺷﻮﺩ، ﺍﻣﺎ ﺳﺮﮔﻴﺠﻪ ﻱ ﺣﻘﻴﻘﻲ ﻓﻘﻂ ﺷﺎﻣﻞ ﺍﺣﺴﺎﺱ ﭼﺮﺧﻴﺪﻥ ﺧﻮﺩ ﻓﺮﺩ ﻳﺎ ﭼﺮﺧﺶ ﻣﺤﻴﻂ ﺍﻃﺮﺍﻑ ﻣﻲ ﺑﺎﺷﺪ، ﻛﻪ ﻧﺎﺷﻲ ﺍﺯ ﺑﺮﻭﺯ ﻧﻮﻋﻲ ﺍﺧﺘﻼﻝ ﺩﺭ ﺳﻴﺴﺘﻢ ﻋﺼﺒﻲ ﻳﺎ ﮔﻮﺵ ﺩﺍﺧﻠﻲ ﺍﺳﺖ ﻛﻪ ﺩﺭ ﺍﻳﻦ ﻣﻴﺎﻥ ﻋﻠﻞ ﻣﺮﺑﻮﻁ ﺑﻪ ﮔﻮﺵ ﺩﺍﺧﻠﻲ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﻫﺴﺘﻨﺪ، ﺍﻣﺎ ﻣﻌﻤﻮﻻ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻛﻲ ﺑﻪ ﺩﻧﺒﺎﻝ ﻧﺪﺍﺭﻧﺪ. ﺿﺰﺑﻪ ﻫﺎﻱ ﺳﺮ ﻭ ﺣﻤﻼﺕ ﻣﻴﮕﺮﻥ ﻧﻴﺰ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﻣﻨﺠﺮ ﺑﻪ ﺍﻳﺠﺎﺩ ﺳﺮﮔﻴﺠﻪ ﺷﻮﻧﺪ .

ﻋﻠﻞ ﺯﻳﺮ ﻧﻴﺰ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺍﻳﺠﺎﺩ ﺳﺒﻜﻲ ﺳﺮ ﻭ ﺣﺎﻻﺕ ﺷﺒﻴﻪ ﺑﻪ ﺳﺮﮔﻴﺠ (ﻪ ﺑﺪﻭﻥ ﺍﺣﺴﺎﺱ ﭼﺮﺧﺶ) ﻛﻨﻨﺪ ﻛﻪ ﺑﺎ ﺭﻓﻊ ﺍﻳﻦ ﻋﻮﺍﻣﻞ، ﺣﺎﻟﺖ ﻓﻮﻕ ﻛﺎﻣﻼ ﺑﺮﻃﺮﻑ ﻣﻲ ﺷﻮﺩ :

- ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ( ﻧﺎﺷﻲ ﺍﺯ ﺍﺳﻬﺎﻝ، ﺍﺳﺘﻔﺮﺍﻍ، ﺗﺐ ﻭ ﺳﺎﻳﺮ ﻋﻠﻞ )

- ﺍﺳﺘﺮﺱ، ﺍﺿﻄﺮﺍﺏ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ – ﺭﻭﺍﻧﻲ

- ﺍﻓﺴﺮﺩﮔﻲ

- ﺑﻲ ﻧﻈﻤﻲ ﺿﺮﺑﺎﻥ ﻗﻠﺐ

- ﺣﺴﺎﺳﻴﺖ ﺑﻪ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ

- ﺑﺮﺧﻲ ﻣﺴﻤﻮﻣﻴﺖ ﻫﺎ

- ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻭﻳﺮﻭﺳﻲ ﻣﺎﻧﻨﺪ ﺳﺮﻣﺎﺧﻮﺭﺩﮔﻲ ﻳﺎ ﺁﻧﻔﻠﻮﺍﻧﺰﺍ

- ﺗﻨﻔﺲ ﻫﺎﻱ ﺳﺮﻳﻊ ﻭ ﻛﻮﺗﺎﻩ ﻳﺎ ﺑﺴﻴﺎﺭ ﻋﻤﻴﻖ

- ﻣﺼﺮﻑ ﺳﻴﮕﺎﺭ، ﺗﻨﺒﺎﻛﻮ، ﺍﻟﻜﻞ

- ﻛﻤﺒﻮﺩ ﺍﻛﺴﻴﮋﻥ

- ﻛﻢ ﺧﻮﻧﻲ

- ﺧﻮﻧﺮﻳﺰﻱ

- ﻛﺎﻫﺶ ﻟﺤﻈﻪ ﺍﻱ ﻓﺸﺎﺭ ﺧﻮﻥ

- ﺍﻓﺖ ﻗﻨﺪ ﺧﻮﻥ

- ﺳﻨﺪﺭﻡ ﻗﺒﻞ ﺍﺯ ﻗﺎﻋﺪﮔﻲ ﻭ ﻗﺎﻋﺪﮔﻲ

- ﺑﺎﺭﺩﺍﺭﻱ

- ﺑﻌﻀﻲ ﺍﺯ ﺩﺍﺭﻭﻫﺎ ( ﻣﺜﻞ ﺩﺍﺭﻭﻫﺎﻱ ﺍﺩﺭﺍﺭﺁﻭﺭ، ﺁﺭﺍﻡ ﺑﺨﺶ ﻫﺎ ﻭ ﺩﺍﺭﻭﻫﺎﻱ ﺭﻭﺍﻧﭙﺰﺷﻜﻲ )

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺗﺸﺨﻴﺺ .................................................. ﺑﻪ ﻋﻨﻮﺍﻥ ﻋﻠﺖ ﺳﺮﮔﻴﺠﻪ ﻱ ﺷﻤﺎ ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ ﻛﻪ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﻳﻦ ﺗﺸﺨﻴﺺ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺭﻳﺪ.

ﺳﺮﮔﻴﺠﻪ ﺍﻏﻠﺐ ﺑﻪ ﺷﻜﻞ ﺣﻤﻠﻪ ﺍﻱ ﺭﺥ ﻣﻲ ﺩﻫﺪ ﺍﻣﺎ ﻃﻮﻝ ﻣﺪﺕ ﺣﻤﻼﺕ ﻭ ﻣﻴﺰﺍﻥ ﺗﻜﺮﺍﺭ ﻳﺎ ﺗﻨﺎﻭﺏ ﺁﻧﻬﺎ ﻣﻲ ﺗﻮﺍﻧﺪ ﺑﺴﻴﺎﺭ ﻣﺘﻔﺎﻭﺕ ﺑﺎﺷﺪ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﻳﻚ ﺣﻤﻠﻪ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﺯ ﭼﻨﺪ ﺛﺎﻧﻴﻪ ﺗﺎ ﭼﻨﺪﻳﻦ ﺳﺎﻋﺖ ﻳﺎ ﺣﺘﻲ ﺭﻭﺯ ﻃﻮﻝ ﺑﻜﺸﺪ. ﺍﺣﺴﺎﺱ ﺳﺮﮔﻴﺠﻪ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎ ﺣﺮﻛﺎﺕ ﺳﺮ، ﺗﻐﻴﻴﺮ ﻭﺿﻌﻴﺖ ﺑﺪﻥ (ﻧﺸﺴﺘﻦ، ﺍﻳﺴﺘﺎﺩﻥ ﻳﺎ ﺧﻮﺍﺑﻴﺪﻥ )، ﺣﺮﻛﺖ ﻛﺮﺩﻥ ﻭ ﺭﺍﻩ ﺭﻓﺘﻦ، ﺳﺮﻓﻪ ﻭ ﻋﻄﺴﻪ ﺗﺸﺪﻳﺪ ﺷﻮﺩ. ﻋﻼﻳﻢ ﺯﻳﺮ ﮔﺎﻫﻲ ﻫﻤﺮﺍﻩ ﺑﺎ ﺳﺮﮔﻴﺠﻪ ﻭ ﺑﻪ ﺻﻮﺭﺕ ﮔﺬﺭﺍ ﺍﻳﺠﺎﺩ ﻣﻲ ﺷﻮﻧﺪ :

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ

- ﺳﺮﺩﺭﺩ ﺧﻔﻴﻒ

- ﺣﺴﺎﺳﻴﺖ ﺑﻪ ﻧﻮﺭ ﻳﺎ ﺻﺪﺍ

- ﺗﺎﺭﻱ ﺩﻳﺪ

- ﺗﻌﺮﻳﻖ

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ

- ﺗﭙﺶ ﻗﻠﺐ

- ﺻﺪﺍﻱ ﺳﻮﺕ ﻳﺎ ﺯﻧﮓ ﺩﺭ ﮔﻮﺵ / ﻭﺯﻭﺯ ﮔﻮﺵ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺣﻤﻼﺕ ﺳﺮﮔﻴﺠﻪ ﻱ ﺷﻤﺎ ﻣﻤﻜﻦ ﺍﺳﺖ ﺗﺎ ﭼﻨﺪ ﻣﺎﻩ ﺍﺩﺍﻣﻪ 6-3( ﻣﺎﻩ ) ﻳﺎﻓﺘﻪ ﻭ ﺭﻭﺯﺍﻧﻪ ﭼﻨﺪﻳﻦ ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﺷﻮﺩ ﺍﻣﺎ ﻣﻌﻤﻮﻻ ﭘﺲ ﺍﺯ -10 15 ﺭﻭﺯ ﺑﻬﺒﻮﺩﻱ ﻧﺴﺒﻲ ﺭﺥ ﻣﻲ ﺩﻫﺪ ﻭ ﻗﺎﺩﺭ ﺑﻪ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻌﻤﻮﻝ ﻭ ﺭﻭﺯﻣﺮﻩ ﻱ ﺧﻮﺩ ﺧﻮﺍﻫﻴﺪ ﺑﻮﺩ.

.2 ﺳﺮﮔﻴﺠﻪ ﻣﻌﻤﻮﻻ ﺑﺎ ﺗﻐﻴﻴﺮ ﺣﺎﻟﺖ ﺑﺪﻥ ﻭ ﻳﺎ ﺧﻮﺍﺑﻴﺪﻥ ﺑﻪ ﻳﻚ ﺳﻤﺖ ﻣﺸﺨﺺ (ﮔﻮﺵ ﺩﺭﮔﻴﺮ ﺑﻴﻤﺎﺭﻱ) ﺗﺸﺪﻳﺪ ﻣﻲ ﺷﻮﺩ ﺑﻨﺎﺑﺮﺍﻳﻦ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﻪ ﺍﻳﻦ ﺳﻤﺖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.3 ﻫﻨﮕﺎﻡ ﺧﻮﺍﺏ ﺳﺮ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﺑﺎﻻ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ( ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ 2 ﺑﺎﻟﺶ )

.4 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﻛﻨﺘﺮﻝ ﺳﺮﮔﻴﺠﻪ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺗﺠﻮﻳﺰ ﻛﺮﺩﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﺸﺨﺺ ﻣﺼﺮﻑ ﻛﻨﻴﺪ ﻭ ﺷﺨﺼﺎ ﺑﺪﻭﻥ ﻧﻈﺮ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ( ﺑﻮﻳﮋﻩ ﺑﻪ ﺻﻮﺭﺕ ﻳﻚ ﺑﺎﺭﻩ ﻭ ﻧﺎﮔﻬﺎﻧﻲ ) ﻧﻜﻨﻴﺪ.

.5 ﺩﺭ ﺷﺮﺍﻳﻄﻲ ﻛﻪ ﺑﻪ ﺩﺍﺭﻭﻱ ﺿﺪ ﺳﺮﮔﻴﺠﻪ ﻱ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺩﺳﺘﺮﺳﻲ ﻧﺪﺍﺭﻳﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ ﻣﺎﻧﻨﺪ ﺩﻳﻔﻦ ﻫﻴﺪﺭﺍﻣﻴﻦ ﻳﺎ ﺩﻳﻤﻦ ﻫﻴﺪﺭﻳﻨﺎﺕ ( ﻗﺮﺹ ﺳﻔﺮ ﺍﺳ) ﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.6 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺧﻮﺭﺍﻛﻲ ﻣﺎﻧﻨﺪ ﻣﺘﻮﻛﻠﻮﭘﺮﺍﻣﻴﺪ، ﭘﺮﻭﻣﺘﺎﺯﻳﻦ ﻳﺎ ﺍﻧﺪﺍﻧﺴﺘﺮﻭﻥ (ﺩﻣﻴﺘﺮﻭﻥ ، )ﺣﺪﺍﻛﺜﺮ 3 ﺑﺎﺭ ﺩﺭ ﺭﻭﺯ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.7 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﺑﺮﺍﻱ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ ﺟﻬﺖ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﻣﺎﻥ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.8 ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺍﻓﺮﺍﻃﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺧﻮﺍﺏ ﺁﻭﺭ ﻭ ﺁﺭﺍﻡ ﺑﺨﺶ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.9 ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﺣﺎﻟﺖ ﻧﺎﮔﻬﺎﻧﻲ (ﻣﺜﻼ ﺍﺯ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ﺑﻪ ﺍﻳﺴﺘﺎﺩﻩ ) ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.10 ﻫﻨﮕﺎﻡ ﺑﺮﺧﺎﺳﺘﻦ ﺍﺯ ﺭﺧﺘﺨﻮﺍﺏ ﺍﺑﺘﺪﺍ ﺑﺮﺍﻱ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﺑﻨﺸﻴﻨﻴﺪ ﺳﭙﺲ ﺑﺮﺧﻴﺰﻳﺪ.

.11 ﺍﺯ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻦ ﺩﺭ ﺍﺭﺗﻔﺎﻉ ﺑﺎﻻ ﻣﺎﻧﻨﺪ ﺻﻌﻮﺩ ﺍﺯ ﻧﺮﺩﺑﺎﻥ ﻳﺎ ﭼﻬﺎﺭﭘﺎﻳﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.12 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺳﺮ ﻳﺎ ﺑﺎﺯﻭﻫﺎ ﺩﺍﺭﺩ (ﻣﺜﻞ ﺁﻭﻳﺰﺍﻥ ﻛﺮﺩﻥ ﭘﺮﺩﻩ ﻳﺎ ﺗﻌﻮﻳﺾ ﻻﻣﭗ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

3 ﺍﺯ ﺧﻢ ﻛﺮﺩﻥ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﺳﺮﻳﻊ ﺳﺮ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﭘﺎﻳﻴﻦ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﺳﺮ ﺑﺮﺍﻱ ﻣﺪﺕ ﻃﻮﻻﻧﻲ (ﻣﺜﻼ ﺑﺮﺍﻱ ﺗﻤﻴﺰ ﻛﺮﺩﻥ ﺯﻣﻴﻦ ) ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.14 ﻫﻨﮕﺎﻣﻲ ﻛﻪ ﺩﺭ ﻣﻨﺰﻝ ﺗﻨﻬﺎ ﻫﺴﺘﻴﺪ ﺍﺯ ﺭﻓﺘﻦ ﺑﻪ ﺣﻤﺎﻡ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.15 ﻫﻨﮕﺎﻡ ﺗﻨﻬﺎﻳﻲ ﺩﺭ ﻣﻨﺰﻝ ﻫﻤﻮﺍﺭﻩ ﮔﻮﺷﻲ ﺗﻠﻔﻦ ﻳﺎ ﺗﻠﻔﻦ ﻫﻤﺮﺍﻩ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺩﺳﺘﺮﺱ ﻭ ﻧﺰﺩﻳﻚ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.16 ﻛﻔﺶ ﻫﺎﻱ ﺭﺍﺣﺖ ﻭ ﺑﺪﻭﻥ ﭘﺎﺷﻨﻪ ﺑﭙﻮﺷﻴﺪ.

.17 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻗﺎﺩﺭ ﺑﻪ ﺣﻔﻆ ﺗﻌﺎﺩﻝ ﺧﻮﺩ ﻧﺒﻮﺩﻩ ﻭ ﻫﻨﮕﺎﻡ ﺭﺍﻩ ﺭﻓﺘﻦ ﺩﭼﺎﺭ ﺯﻣﻴﻦ ﺧﻮﺭﺩﮔﻲ ﻣﻲ ﺷﻮﻳﺪ ﺍﺯ ﺭﺍﻩ ﺭﻓﺘﻦ ﺯﻳﺎﺩ ﻭ ﻏﻴﺮ ﺿﺮﻭﺭﻱ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﻫﻨﮕﺎﻡ ﺭﺍﻩ ﺭﻓﺘﻦ ﺍﺯ ﻛﻨﺎﺭ ﺩﻳﻮﺍﺭﻫﺎ ﺣﺮﻛﺖ ﻧﻤﺎﻳﻴﺪ، ﻫﻢ ﭼﻨﻴﻦ ﺑﻬﺘﺮ ﺍﺳﺖ ﺍﺯ ﻋﺼﺎ ﻳﺎ ﻭﺍﻛﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.18 ﻫﻨﮕﺎﻡ ﺑﺎﺭﻧﺪﮔﻲ ﻳﺎ ﻳﺨﺒﻨﺪﺍﻥ ﺍﺯ ﻣﻨﺰﻝ ﺧﺎﺭﺝ ﻧﺸﻮﻳﺪ.

.19 ﺍﺯ ﻭﺳﺎﻳﻞ ﺑﺎﺯﻱ ﭼﺮﺧﺸﻲ ﻳﺎ ﭘﺮ ﺷﺘﺎﺏ ﻣﺎﻧﻨﺪ ﺍﻧﻮﺍﻉ ﭼﺮﺥ ﻓﻠﻚ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.20 ﺍﺯ ﻣﺼﺮﻑ ﻏﺬﺍﻫﺎﻱ ﺷﻮﺭ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.21 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﺣﺪﺍﻗﻞ ﺑﻪ ﻣﺪﺕ 2 ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.22 ﺍﺯ ﺣﻀﻮﺭ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ( ﺣﺮﻛﺖ ﻣﺪﺍﻭﻡ ) ﺩﺭ ﺍﺗﻮﻣﺒﻴﻞ ﻳﺎ ﺍﺗﻮﺑﻮﺱ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.23 ﻫﻨﮕﺎﻡ ﺣﻀﻮﺭ ﺩﺭ ﺍﺗﻮﻣﺒﻴﻞ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﻣﻄﺎﻟﻌﻪ ﻧﻜﻨﻴﺪ.

.24 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺳﻔﺮﻫﺎﻱ ﻫﻮﺍﻳﻲ ﻃﻮﻻﻧﻲ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.25 ﻫﻨﮕﺎﻡ ﭘﻴﺎﺩﻩ ﺭﻭﻱ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﻪ ﺗﻨﻬﺎﻳﻲ ﺍﺯ ﻋﺮﺽ ﺧﻴﺎﺑﺎﻥ ﻋﺒﻮﺭ ﻧﻜﻨﻴﺪ.

.26 ﺍﺯ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.27 ﻋﻮﺍﻣﻞ ﺍﻳﺠﺎﺩ ﺗﻨﺶ ﻭ ﺍﺳﺘﺮﺱ ﻭ ﻓﺸﺎﺭ ﻋﺼﺒﻲ ﺭﺍ ﺷﻨﺎﺳﺎﻳﻲ ﻛﺮﺩﻩ ﻭ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺁﻧﻬﺎ ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

.28 ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﻭ ﺧﻮﺍﺏ ﻣﻨﻈﻢ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻭ ﺩﺭ ﺳﺎﻋﺎﺕ ﻣﺸﺨﺺ ﺑﻪ ﺭﺧﺘﺨﻮﺍﺏ ﺑﺮﻭﻳﺪ ( 10-8 ﺳﺎﻋﺖ ﺩﺭ ﺷﺒﺎﻧﻪ ﺭﻭﺯ )

.29 ﺍﺯ ﺗﻤﺎﺷﺎﻱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺗﻠﻮﻳﺰﻳﻮﻥ، ﻛﺎﺭ ﻛﺮﺩﻥ ﺯﻳﺎﺩ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ ﻳﺎ ﺍﻧﺠﺎﻡ ﺑﺎﺯﻱ ﻫﺎﻱ ﻛﺎﻣﭙﻴﻮﺗﺮﻱ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.30 ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ، ﻛﻮﻫﻨﻮﺭﺩﻱ ، ﺍﻧﺠﺎﻡ ﻭﺭﺯﺵ ﻫﺎ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺑﺪﻧﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.31 ﺍﺯ ﺣﻀﻮﺭ ﺩﺭ ﻣﺤﻴﻂ ﻫﺎﻳﻲ ﺑﺎ ﻧﻮﺭﻫﺎﻱ ﺷﺪﻳﺪ، ﺭﻧﮕﻲ ﻭ ﻣﺘﻐﻴﺮ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.32 ﺍﺯ ﻣﺼﺮﻑ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.33 ﺑﺮﻧﺎﻣﻪ ﻱ ﻏﺬﺍﻳﻲ ﻣﻨﻈﻢ ﻭ ﻛﺎﻣﻞ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻭ ﺍﺯ ﮔﺮﺳﻨﮕﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.34 ﻣﺎﻳﻌﺎﺕ ﻛﺎﻓﻲ ﺑﻨﻮﺷﻴﺪ ﺗﺎ ﺩﭼﺎﺭ ﻛﻢ ﺁﺑﻲ ﻧﺸﻮﻳﺪ.

.35 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺗﻜﺮﺍﺭ ﺯﻳﺎﺩ ﺣﻤﻼﺕ ﺩﺭ ﺭﻭﺯ ﻳﺎ ﺷﺪﺕ ﺁﻥ ﺑﻪ ﮔﻮﻧﻪ ﺍﻳﺴﺖ ﻛﻪ ﺑﺎﻋﺚ ﺍﺧﺘﻼﻝ ﺩﺭ ﺯﻧﺪﮔﻲ ﺭﻭﺯﻣﺮﻩ ﻭ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺍﺟﺘﻤﺎﻋﻲ ﺗﺎﻥ ﻣﻲ ﮔﺮﺩﺩ، ﻫﻢ ﭼﻨﻴﻦ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺲ ﺍﺯ ﮔﺬﺷﺖ 3-2 ﻫﻔﺘﻪ ﻫﻴﭻ ﮔﻮﻧﻪﺑﻬﺒﻮﺩﻱ ﺩﺭ ﺳﻴﺮ ﺑﺮﻭﺯ ﺣﻤﻼﺕ ﺍﻳﺠﺎﺩ ﻧﺸﺪﻩ ﺍﺳﺖ ﻭ ﻳﺎ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻛﺎﻫﺶ ﺷﻨﻮﺍﻳﻲ ﻫﻤﺮﺍﻩ ﺑﺎ ﺍﺣﺴﺎﺱ ﺷﻨﻴﺪﻥ ﺻﺪﺍﻱ ﺳﻮﺕ ﺩﺭ ﮔﻮﺵ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﺑﻪ ﻣﺘﺨﺼﺺ ﮔﻮﺵ ﻭ ﺣﻠﻖ ﻭﺑﻴﻨﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﻟﺰﻭﻡ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ (ﻣﺎﻧﻨﺪ ﺗﺴﺖ ﺷﻨﻮﺍﻳﻲ ﺳﻨﺠﻲ ) ﺍﻧﺠﺎﻡ ﮔﻴﺮﺩ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﺑﺮﻭﺯ ﺟﺪﻳﺪ ﻭ ﻧﺎﮔﻬﺎﻧﻲ ﺳﺮﺩﺭﺩ

- ﺗﺐ 38 ﺩﺭﺟﻪ ﻳﺎ ﺑﻴﺸﺘﺮ

- ﺍﺧﺘﻼﻝ ﺩﻳﺪ ﻳﺎ ﺩﻭﺑﻴﻨﻲ

- ﺍﺧﺘﻼﻝ ﺗﻜﻠﻢ / ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺻﺤﺒﺖ ﻛﺮﺩﻥ / ﺳﻨﮕﻴﻨﻲ ﺯﺑﺎﻥ

- ﺿﻌﻒ، ﺑﻲ ﺣﺴﻲ ﻳﺎ ﻓﻠﺞ ﻫﺮ ﻳﻚ ﺍﺯ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺑﺮﻭﺯ ﺗﺸﻨﺞ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ

- ﺑﻴﻬﻮﺷﻲ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

- ﺩﺭﺩ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﺷﺪﻳﺪ ﻭ ﺗﻌﺮﻳﻖ ﺳﺮﺩ

- ﺍﺳﺘﻔﺮﺍﻍ ﻫﺎﻱ ﻣﻜﺮﺭ ﻭ ﺷﺪﻳﺪ

- ﺳﺎﺑﻘﻪ ﻱ ﺳﻜﺘﻪ ﻱ ﻣﻐﺰﻱ

- ﺳﺎﺑﻘﻪ ﻱ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺰﻣﻦ ﻣﺎﻧﻨﺪ ﻓﺸﺎﺭ ﺧﻮﻥ ﻭ ﺩﻳﺎﺑﺖ

- ﺳﻦ ﺑﺎﻻﻱ 60 ﺳﺎﻝ

- ﺿﺮﺑﻪ ﺑﻪ ﺳﺮ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﮔﻮﺵ ﻳﺎ ﺧﺮﻭﺝ ﺗﺮﺷﺤﺎﺕ ﭼﺮﻛﻲ ﺍﺯ ﮔﻮﺵ

- ﺍﺣﺴﺎﺱ ﺳﺮﮔﻴﺠﻪ ﻱ ﻣﺪﺍﻭﻡ ﻭ ﺩﺍﺋﻢ ( ﻏﻴﺮ ﺣﻤﻠﻪ ﺍﻱ )

- ﺗﺸﺪﻳﺪ ﻋﻼﻳﻢ ﻳﺎ ﻋﺪﻡ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﭘﺲ ﺍﺯ 2 ﻫﻔﺘﻪ ﺩﺭﻣﺎﻥ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺧﻮﻧﺮﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ (ﺧﻮﻥ ﺩﻣﺎﻍ)**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺁﻗﺎﻱ / ﺧﺎﻧﻢ .................................................... ﺷﻤﺎ ﺩﭼﺎﺭ ﺧﻮﻥ ﺭﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ (ﺧﻮﻥ ﺩﻣﺎﻍ) ﺷﺪﻩ ﺍﻳﺪ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ ﻛﻪ ﭘﺲ ﺍﺯ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﻻﺯﻡ ﻭ ﺍﻧﺠﺎﻡ ﺍﻗﺪﺍﻣﺎﺕ ﺩﺭﻣﺎﻧﻲ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻛﻨﺘﺮﻝ ﻋﻼﻳﻢ ﻭ ﻗﻄﻊ ﺧﻮﻥ ﺭﻳﺰﻱ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ. ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺩﺭﻣﺎﻥ ﻫﺎ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﺑﺪﻭﻥ ﻧﻴﺎﺯ ﺑﻪ ﺗﺎﻣﭙﻮﻥ ﻭ ﭘﺎﻧﺴﻤﺎﻥ ﺧﻮﻥ ﺭﻳﺰﻱ ﻣﺘﻮﻗﻒ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻴﺰﺍﻥ ﺧﻮﻥ ﺭﻳﺰﻱ، ﺗﺎﻣﭙﻮﻥ ﻭ ﭘﺎﻧﺴﻤﺎﻥ ﺑﻴﻨﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ .

ﻫﻨﮕﺎﻣﻲ ﻛﻪ ﻓﺮﺩﻱ (ﺑﻪ ﺧﺼﻮﺹ ﻛﻮﺩﻛﺎﻥ) ﺩﭼﺎﺭ ﺧﻮﻥ ﺭﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ ﻣﻲ ﺷﻮﺩ ﺑﺮﺍﻱ ﺧﻮﺩ ﺷﺨﺺ ﻭ ﺧﺎﻧﻮﺍﺩﻩ ﺍﺵ ﻧﺎﺭﺍﺣﺖ ﻛﻨﻨﺪﻩ ﻭ ﺁﺯﺍﺭ ﺩﻫﻨﺪﻩ ﺑﻮﺩﻩ ﻭ ﺑﺎﻋﺚ ﻧﮕﺮﺍﻧﻲ ﻣﻲ ﺷﻮﺩ، ﺍﻣﺎ ﺧﻮﻥ ﺩﻣﺎﻍ ﻳﻚ ﻋﺎﺭﺿﻪ ﻱ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﺍﺳﺖ ﻛﻪ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺷﺪﻳﺪ ﻭ ﺧﻄﺮﻧﺎﻙ ﻧﻴﺴﺖ ﻭ ﺑﻴﺸﺘﺮ ﺍﻓﺮﺍﺩ ﺣﺪﺍﻗﻞ ﻳﻚ ﺑﺎﺭ ﺩﺭ ﺯﻧﺪﮔﻲ ﺧﻮﺩ ﺁﻥ ﺭﺍ ﺗﺠﺮﺑﻪ ﻣﻲ ﻛﻨﻨﺪ.

ﺧﻮﻥ ﺭﻳﺰﻱ ﻫﺎ ﺑﻪ 2 ﮔﺮﻭﻩ ﺍﺻﻠﻲ ﺗﻘﺴﻴﻢ ﻣﻲ ﺷﻮﻧﺪ :

* ﺧﻮﻥ ﺭﻳﺰﻱ ﻗﺪﺍﻣﻲ(ﺟﻠﻮﻳﻲ): ﺍﻳﻦ ﻧﻮﻉ ﺧﻮﻥ ﺭﻳﺰﻱ ﻛﻪ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﺑﻮﺩﻩ ﻭ ﺑﺴﻴﺎﺭ ﺯﻳﺎﺩ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﺩ ﻧﺎﺷﻲ ﺍﺯ ﺁﺳﻴﺐ ﺭگ ﻫﺎﻱ ﻗﺴﻤﺖ ﻫﺎﻱ ﺟﻠﻮﻳﻲ ﺣﻔﺮﻩ ﻫﺎﻱ ﺑﻴﻨﻲ ﺍﺳﺖ .
* ﺧﻮﻥ ﺭﻳﺰﻱ ﺧﻠﻔﻲ (ﻋﻘﺒﻲ): ﺍﻳﻦ ﻧﻮﻉ ﺧﻮﻥ ﺭﻳﺰﻱ ﺑﻪ ﻧﺪﺭﺕ ﺍﺗﻔﺎﻕ ﻣﻲ ﺍﻓﺘﺪ ﻭ ﺩﺭ ﺁﻥ ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﺭ ﻗﺴﻤﺖ ﻫﺎﻱ ﻋﻘﺒﻲ ﺑﻴﻨﻲ ﺑﺎﻋﺚ ﻭﺭﻭﺩ ﺧﻮﻥ ﺑﻪ ﺣﻠﻖ ﻣﻲ ﺷﻮﺩ .

**ﺧﻮﻥ ﺭﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ ﻋﻠﺖ ﻫﺎﻱ ﮔﺴﺘﺮﺩﻩ ﺍﻱ ﺩﺍﺭﺩ، ﻣﺎﻧﻨﺪ :**

1. ﺗﻐﻴﻴﺮﺍﺕ ﺁﺏ ﻭ ﻫﻮﺍﻳﻲ :

* ﺧﺸﻜﻲ ﺷﺪﻳﺪ ﻫﻮﺍ - ﺍﺭﺗﻔﺎﻉ ﺯﻳﺎﺩ
* ﮔﺮﻣﺎﻱ ﺑﺴﻴﺎﺭ ﺯﻳﺎﺩ - ﻫﻮﺍﻱ ﺑﺴﻴﺎﺭ ﺳﺮﺩ
* ﺩﻭﺩ ﻭ ﻏﺒﺎﺭ ﻏﻠﻴﻆ - ﺑﺨﺎﺭ ﻫﺎﻱ ﺷﻴﻤﻴﺎﻳﻲ

1. آﺳﻴﺐ ﻫﺎ ﻭ ﺟﺮﺍﺣﺎﺕ ﺑﻴﻨﻲ :

* ﺩﺳﺖ ﻛﺎﺭﻱ ﻛﺮﺩﻥ ﺩﺍﺧﻞ ﺑﻴﻨﻲ - ﺗﺨﻠﻴﻪ ﻱ ﺑﻴﻨﻲ ﺑﺎ ﻓﺸﺎﺭ ﺯﻳﺎﺩ
* ﺿﺮﺑﻪ ﺑﻪ ﺑﻴﻨﻲ

1. ﻣﺸﻜﻼﺕ ﺟﺴﻤﻲ ﺯﻣﻴﻨﻪ ﺍﻱ ﻭ ﺑﻴﻤﺎﺭﻱ ﻫﺎ :

* ﺍﻧﺤﺮﺍﻑ ﺷﺪﻳﺪ ﺗﻴﻐﻪ ﻱ ﺑﻴﻨﻲ
* ﺳﺮﻣﺎ ﺧﻮﺭﺩﮔﻲ ﻣﻜﺮﺭ،ﺣﺴﺎﺳﻴﺖ، ﺁﺑﺮﻳﺰﺵ، ﺳﻴﻨﻮﺯﻳﺖ، ﻋﻄﺴﻪ ﻱ ﻣﻜﺮﺭ
* ﺧﺸﻜﻲ ﻣﺨﺎﻁ - ﺳﺎﺑﻘﻪ ﻱ ﻓﺸﺎﺭ ﺧﻮﻥ ﺑﺎﻻ
* ﻓﺸﺎﺭ ﻫﺎﻱ ﺭﻭﺍﻧﻲ/ﻋﺎﻃﻔﻲ - ﻓﻌﺎﻟﻴﺖ ﺷﺪﻳﺪ ﺟﺴﻤﻲ/ﻓﻴﺰﻳﻜﻲ
* ﺑﺮﺧﻲ ﺍﺯ ﻣﺸﻜﻼﺕ ﻛﺒﺪ ﻭ ﻛﻠﻴﻪ - ﺍﺧﺘﻼﻻﺕ ﺍﻧﻌﻘﺎﺩ ﺧﻮﻥ (ﻣﺎﻧﻨﺪ ﻫﻤﻮﻓﻴﻠﻲ )

1. ﺩﺍﺭﻭﻫﺎ :

* ﺩﺍﺭﻭ ﻫﺎﻱ ﻣﻮﺛﺮ ﺑﺮ ﺍﻧﻌﻘﺎﺩ ﺧﻮﻥ (ﺭﻗﻴﻖ ﻛﻨﻨﺪﻩ ﻱ ﺧﻮﻥ) ﻣﺜﻞ: ﺁﺳﭙﻴﺮﻳﻦ، ﻭﺍﺭﻓﺎﺭﻳﻦ، ﻫﭙﺎﺭﻳﻦ، ﭘﻼﻭﻳﻜﺲ، ﺑﺮﻭﻓﻦ
* ﺩﺍﺭﻭ ﻫﺎﻱ ﺿﺪ ﺳﺮﻣﺎ ﺧﻮﺭﺩﮔﻲ ﻭ ﺿﺪ ﺣﺴﺎﺳﻴﺖ (ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ) ﺑﺎ ﺍﺛﺮ ﺧﺸﻚ ﻛﻨﻨﺪﮔﻲ ﻣﺨﺎﻁ ﺑﻴﻨﻲ
* ﺍﺳﺘﻔﺎﺩﻩ ﻧﺎ ﻣﻨﺎﺳﺐ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ (ﺍﺳﭙﺮﻱ - ﭘﻮﺩﺭ) ﺍﺳﺘﻨﺸﺎﻗﻲ ﺩﺍﺧﻞ ﺑﻴﻨﻲ ﻣﺜﻞ ﺍﺳﭙﺮﻱ ﻫﺎﻱ ﺑﻴﻨﻲ ﺿﺪ ﺣﺴﺎﺳﻴﺖ ﻳﺎ ﻛﻮﺭﺗﻮﻥ

**ﻋﻼﻭﻩ ﺑﺮ ﺧﻮﻥ ﺭﻳﺰﻱ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﻌﻀﻲ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻧﻴﺰ ﺩﺭ ﺑﺮﺧﻲ ﺍﺯ ﺍﻓﺮﺍﺩ ﺩﻳﺪﻩ ﺷﻮﺩ :**

- ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﺑﻴﻨﻲ

- ﺳﺮ ﺩﺭﺩ

- ﺗﻬﻮﻉ - ﺳﺮ ﮔﻴﺠﻪ ﻭ ﺳﺒﻜﻲ ﺳﺮ

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ

ﺩﺭ ﻫﻨﮕﺎﻡ ﺑﺮﻭﺯ ﺧﻮﻥ ﺩﻣﺎﻍ (ﺧﻮﻥ ﺭﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ) ﻣﻬﻢ ﺗﺮﻳﻦ ﻧﻜﺘﻪ، ﻧﺤﻮﻩ ﻱ ﺑﺮﺧﻮﺭﺩ ﺑﺎ ﺁﻥ ﺍﺳﺖ ﭼﻮﻥ ﺩﺭ ﺑﺴﻴﺎﺭﻱ ﺍﺯ ﻣﻮﺍﺭﺩ ﺑﺎ ﺍﻧﺠﺎﻡ ﺍﻗﺪﺍﻣﺎﺕ ﺣﻤﺎﻳﺘﻲ ﺍﻭﻟﻴﻪ ﺩﺭ ﻣﻨﺰﻝ ﻣﻲ ﺗﻮﺍﻥ ﺧﻮﻥ ﺭﻳﺰﻱ ﺭﺍ ﻛﻨﺘﺮﻝ ﻛﺮﺩ، ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺧﻮﻥ ﺩﻣﺎﻍ ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :

* + ﺧﻮﻧﺴﺮﺩ ﺑﺎﺷﻴﺪ ﻭ ﺁﺭﺍﻣﺶ ﺧﻮﺩ ﺭﺍ ﺣﻔﻆ ﻛﻨﻴﺪ .
  + ﺑﻪ ﺻﻮﺭﺕ ﻛﺎﻣﻼ ﺻﺎﻑ ﺭﻭﻱ ﺻﻨﺪﻟﻲ ﺑﻨﺸﻴﻨﻴﺪ ( ﻳﺎ ﺍﮔﺮ ﺍﺣﺴﺎﺱ ﺿﻌﻒ ﻭ ﺳﺮ ﮔﻴﺠﻪ ﻧﺪﺍﺭﻳﺪ، ﺑﺎﻳﺴﺘﻴﺪ) ﻭ ﺳﺮ ﺧﻮﺩ ﺭﺍ ﻛﻤﻲ ﺑﻪ ﺟﻠﻮ ﺧﻢ ﻛﻨﻴﺪ .
  + ﺍﺯ ﺧﻢ ﻛﺮﺩﻥ ﺳﺮ ﺑﻪ ﻋﻘﺐ ﻭ ﺑﺎﻻ ﺧﻮﺩ ﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻳﺎ ﺩﺭﺍﺯ ﻧﻜﺸﻴﺪ، ﺍﻳﻦ ﻛﺎﺭﻫﺎ ﺑﺎﻋﺚ ﻣﻲ ﺷﻮﺩ ﺧﻮﻥ ﺑﻪ ﺟﺎﻱ ﺧﺮﻭﺝ ﺍﺯ ﺑﻴﻨﻲ، ﺍﺯ ﻋﻘﺐ ﻭﺍﺭﺩ ﺣﻠﻖ ﺷﺪﻩ ﻭ ﺑﺎﻋﺚ ﺗﻬﻮﻉ / ﺍﺳﺘﻔﺮﺍﻍ ﻳﺎ ﺳﺎﻳﺮ ﻋﻮﺍﺭﺽ ﺷﻮﺩ.
  + ﻳﻚ ﻇﺮﻑ (ﻣﺎﻧﻨﺪ ﻛﺎﺳﻪ ﻱ ﺑﺰﺭگ) ﻣﻘﺎﺑﻞ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﺗﺎ ﺧﻮﻥ ﺩﺭﻭﻥ ﺁﻥ ﺗﺨﻠﻴﻪ ﺷﻮﺩ.
  + ﺳﻌﻲ ﻛﻨﻴﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﺩﺭ ﺑﻴﻨﻲ ﺧﻮﺩ ﺑﺪﻣﻴﺪ ﺗﺎ ﺧﻮﻧﻲ ﻛﻪ ﺩﺍﺧﻞ ﺣﻔﺮﻩ ﻱ ﺑﻴﻨﻲ ﺟﻤﻊ ﻭ ﺍﺣﺘﻤﺎﻻ ﻟﺨﺘﻪ ﺷﺪﻩ ﺍﺳﺖ ﺗﺨﻠﻴﻪ ﺷﻮﺩ، ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺧﻮﻥ ﻭ ﻟﺨﺘﻪ ﻫﺎﻱ ﺩﺍﺧﻞ ﺑﻴﻨﻲ ﺑﺎﻋﺚ ﺍﻧﺴﺪﺍﺩ ﻣﺴﻴﺮ ﺗﻨﻔﺲ ﻭ ﻋﻮﺍﺭﺽ ﺑﻌﺪﻱ ﺧﻮﺍﻫﺪ ﺷﺪ.
  + ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺟﺴﺎﻣﻲ ﻣﺎﻧﻨﺪ ﺩﺳﺘﻤﺎﻝ ﻛﺎﻏﺬﻱ، ﺩﺳﺘﻤﺎﻝ ﭘﺎﺭﭼﻪ ﺍﻱ، ﭘﻨﺒﻪ ﻭ.... ﺭﺍ ﻭﺍﺭﺩ ﺣﻔﺮﻩ ﻱ ﺑﻴﻨﻲ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﻪ ﻣﺤﻞ ﺁﺳﻴﺐ ﺭگ ﻭ ﺧﻮﻥ ﺭﻳﺰﻱ ﺑﺮﺧﻮﺭﺩ ﻛﺮﺩﻩ ﻭ ﺧﻮﻥ ﺭﻳﺰﻱ ﺭﺍ ﺗﺸﺪﻳﺪ ﻛﻨﺪ.
  + ﺑﺮﺍﻱ ﻛﻨﺘﺮﻝ ﺧﻮﻥ ﺭﻳﺰﻱ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻓﺸﺎﺭ ﻣﺴﺘﻘﻴﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺑﺎ ﺍﻧﮕﺸﺖ ﺷﺴﺖ ﻭ ﺍﺷﺎﺭﻩ، ﻣﻴﺎﻧﻪ ﻱ ﺑﻴﻨﻲ ﺭﺍ ﺩﺭ ﺑﺎﻻﺗﺮﻳﻦ ﻗﺴﻤﺖ ﻧﺮﻡ ﺁﻥ ﺩﻗﻴﻘﺎ ﭘﺎﻳﻴﻦ ﭘﻞ ﺍﺳﺘﺨﻮﺍﻧﻲ ﺑﻴﻨﻲ ﻓﺸﺎﺭ ﺩﻫﻴﺪ. (ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﻗﺴﻤﺖ ﺳﺨﺖ ﻭ ﺍﺳﺘﺨﻮﺍﻧﻲ ﺑﻴﻨﻲ ﻫﻴﭻ ﻓﺎﻳﺪﻩ ﺍﻱ ﻧﺪﺍﺭﺩ)
  + ﺑﻪ ﻣﺪﺕ ﺣﺪﺍﻗﻞ 10 ﺩﻗﻴﻘﻪ ﺑﻴﻨﻲ ﺭﺍ ﻓﺸﺎﺭ ﺩﻫﻴﺪ (ﺑﺮﺍﻱ ﻛﻮﺩﻛﺎﻥ 5 ﺩﻗﻴﻘﻪ)، ﺣﺘﻤﺎ ﺍﺯ ﺳﺎﻋﺖ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﺗﺎ ﺑﺘﻮﺍﻧﻴﺪ ﺯﻣﺎﻥ ﺭﺍ ﺩﻗﻴﻖ ﻣﺤﺎﺳﺒﻪ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺍﻳﻦ ﻣﺪﺕ ﻓﺸﺎﺭ ﺭﺍ ﺛﺎﺑﺖ ﻧﮕﻪ ﺩﺍﺭﻳﺪ.
  + ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺧﻮﻥ ﺭﻳﺰﻱ ﻛﻨﺘﺮﻝ ﻧﺸﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻣﺠﺪﺩﺍ ﺑﻴﻨﻲ ﺭﺍ ﺑﺮﺍﻱ 10-5 ﺩﻗﻴﻘﻪ ﻓﺸﺎﺭ ﺩﻫﻴﺪ ﻳﺎ ﺍﺯ ﻛﻤﭙﺮﺱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ -.
  + ﻳﻚ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺭﺍ ﺑﺮﺍﻱ ﻣﺪﺕ 15 ﺩﻗﻴﻘﻪ ﺭﻭﻱ ﺑﻴﻨﻲ (ﺍﺯﭘﻞ ﺑﻴﻨﻲ ﺑﻪ ﭘﺎﻳﻴﻦ) ﻳﺎ ﮔﻮﻧﻪ ﻫﺎ ﻭ ﻟﺐ ﺑﺎﻻﻳﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ (ﺍﻳﻦ ﻛﺎﺭ ﺿﺮﻭﺭﻱ ﻧﻴﺴﺖ ﻭ ﺍﺛﺮ ﻛﺎﻣﻼ ﺍﺛﺒﺎﺕ ﺷﺪﻩ ﺍﻱ ﻧﺪﺍﺭﺩ ﺍﻣﺎ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﻣﻔﻴﺪ ﺑﺎﺷﺪ ﻭ ﺍﺣﺴﺎﺱ ﺑﻬﺘﺮﻱ ﺩﺭ ﻓﺮﺩ ﺍﻳﺠﺎﺩ ﻛﻨﺪ.) ﻣﺮﺍﻗﺐ ﺑﺎﺷ ﻴﺪ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺑﺮ ﺭﻭﻱ ﭼﺸﻢ ﻫﺎ ﻗﺮﺍﺭ ﻧﮕﻴﺮﺩ ﻭ ﺍﺯ ﮔﺬﺍﺷﺘﻦ ﻣﺴﺘﻘﻴﻢ ﻛﻴﺴﻪﻱ ﭘﻼﺳﺘﻴﻜﻲ ﺣﺎﻭﻱ ﻳﺦ ﺑﺮﺭﻭﻱ ﭘﻮﺳﺖ ﺻﻮﺭﺕ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ (ﺩﻭﺭ ﻛﻴﺴﻪ ﻳﻚ ﭘﻮﺷﺶ ﭘﺎﺭﭼﻪ ﺍﻱ ﺑﭙﻴﭽﻴﺪ).
  + ﺑﺎ ﺍﻧﺠﺎﻡ ﻣﺮﺍﺣﻞ ﺑﺎﻻ ﺑﺎﻳﺪ ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﺭ ﻣﺠﻤﻮﻉ ﺩﺭ ﻛﻤﺘﺮ ﺍﺯ 30 ﺩﻗﻴﻘﻪ ﻛﻨﺘﺮﻝ ﻭ ﻗﻄﻊ ﺷﻮﺩ ﻭﻟﻲ ﺍﮔﺮ ﺑﻴﺶ ﺍﺯ 30ﺩﻗﻴﻘﻪ ﻃﻮﻝ ﺑﻜﺸﺪ ﺑﻪ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.
  + ﭘﺲ ﺍﺯ ﻗﻄﻊ ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺲ ﺍﺯ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﻭﺑﺎﺭﻩ ﺑﺮﻭﺯ ﻧﻜﺮﺩ، ﺩﺍﺧﻞ ﺣﻔﺮﻩ ﻱ ﺑﻴﻨﻲ ﺭﺍ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺎ ﺁﺏ ﻧﻤﻚ ﻭ ﻳﺎ ﺩﺭ ﺻﻮﺭﺕ ﺩﺳﺘﺮﺳﻲ ﺑﺎ ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﻧﻤﻜﻲ (ﺳﺮﻡ ﺷﺴﺘﺸﻮ)، ﺑﺸﻮﻳﻴﺪ ﺗﺎ ﺧﻮﻥ ﻭ ﻟﺨﺘﻪ ﻫﺎﻱ ﺧﺸﻚ ﺷﺪﻩ ﭘﺎﻛﺴﺎﺯﻱ ﺷﻮﻧﺪ.( ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺩﺍﺧﻞ ﺑﻴﻨﻲ ﺭﺍ ﺩﺳﺘﻜﺎﺭﻱ ﻧﻜﻨﻴﺪ. )
  + ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺁﻳﻨﺪﻩ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﺮﺍﻱ ﺟﻠﻮﮔﻴﺮﻱ ﺍﺯ ﺧﺸﻚ ﺷﺪﻥ ﻣﺨﺎﻁ ﺑﻴﻨﻲ ﻭ ﺧﻮﻥ ﺭﻳﺰﻱ ﻣﺠﺪﺩ ﺍﺯ ﻳﻚ ﭼﺮﺏ ﻛﻨﻨﺪﻩ ﻱ ﻣﻼﻳﻢ ﻣﺜﻞ ﻭﺍﺯﻟﻴﻦ ﺑﻬﺪﺍﺷﺘﻲ ﻳﺎ ﭘﻤﺎﺩ ﻭﻳﺘﺎﻣﻴﻦ ﺁ ﺑﺮﺍﻱ ﭼﺮﺏ ﻛﺮﺩﻥ ﺩﺍﺧﻞ ﺣﻔﺮﻩ ﻱ ﺑﻴﻨﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

ﻫﻨﮕﺎﻡ ﺍﺑﺘﻼ ﺑﻪ ﺧﻮﻥ ﺭﻳﺰﻱ ﺑﻴﻨﻲ، ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ ﻫﺮ ﻛﺪﺍﻡ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﺑﻪ ﭘﺰﺷﻚ ﻳﺎ ﺍﻭﺭژﺍﻧﺲ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﺑﺮﺍﻱ ﺑﺮﺭﺳﻲ ﻭ ﺩﺭﻣﺎﻥ ﺧﻮﻥ ﺭﻳﺰﻱ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :

- ﺧﻮﻥ ﺭﻳﺰﻱ ﺷﺪﻳﺪ ﻛﻪ ﭘﺲ ﺍﺯ 30 ﺩﻗﻴﻘﻪ ﺑﺎ ﺍﻧﺠﺎﻡ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﻓﻮﻕ ﻣﺘﻮﻗﻒ ﻧﺸﻮﺩ .

- ﻧﺎ ﺗﻮﺍﻧﻲ ﺩﺭ ﻧﻔﺲ ﻛﺸﻴﺪﻥ ﻣﻨﺎﺳﺐ ﻭ ﺳﺨﺘﻲ ﺗﻨﻔﺲ

- ﺍﺣﺴﺎﺱ ﺿﻌﻒ ﻭ ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ ﻳﺎ ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ ﻳﺎ ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﺷﺪﻳﺪ

- ﺳﺮ ﺩﺭﺩ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺳﺎﺑﻘﻪ ﻱ ﺟﺮﺍﺣﻲ ﺍﺧﻴﺮ ﺑﻴﻨﻲ

- ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﺭ ﺍﺛﺮ ﺿﺮﺑﻪ ﺑﻪ ﺳﺮ ﻭ ﺻﻮﺭﺕ

- ﻭﺭﻭﺩ ﺧﻮﻥ ﺑﻪ ﺣﻠﻖ ﻭ ﺍﺣﺴﺎﺱ ﺗﻬﻮﻉ

- ﺷﻴﻤﻲ ﺩﺭﻣﺎﻧﻲ

- ﺧﻮﻥ ﺭﻳﺰﻱ ﺷﺪﻳﺪ ﻭ ﻫﻢ ﺯﻣﺎﻥ ﺍﺯ ﻫﺮ ﺩﻭ ﺳﻮﺭﺍﺥ ﺑﻴﻨﻲ

- ﺳﺎﺑﻘﻪ ﻱ ﻓﺸﺎﺭ ﺧﻮﻥ ﺑﺎﻻ ﻳﺎ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺰﻣﻦ ﻛﻠﻴﻮﻱ / ﻛﺒﺪﻱ / ﺧﻮﻧﻲ

- ﺧﺮﻭﺝ ﺑﺎ ﺷﺘﺎﺏ ﺧﻮﻥ ﺑﻪ ﺷﻜﻞ ﺟﻬﺸﻲ ﺍﺯ ﺑﻴﻨﻲ

- ﺷﺮﻭﻉ ﻣﺼﺮﻑ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺍﻧﻌﻘﺎﺩ ﻣﺜﻞ ﻭﺍﺭﻓﺎﺭﻳﻦ ﻳﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺟﺪﻳﺪ ﻫﻢ ﺯﻣﺎﻥ ﺑﺎ ﻣﺼﺮﻑ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ

ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﺟﻬﺖ ﻣﺮﺍﺟﻌﻪ ﺑﻪ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻫﺮﮔﺰ ﺧﻮﺩﺗﺎﻥ ﺩﺭ ﺣﺎﻟﻲ ﻛﻪ ﺩﭼﺎﺭ ﺧﻮﻥ ﺭﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ ﻫﺴﺘﻴﺪ ﺍﻗﺪﺍﻡ ﺑﻪ ﺭﺍﻧﻨﺪﮔﻲ ﻧﻜﻨﻴﺪ ﻭ ﻧﻴﺰ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ ﺑﻴﻤﺎﺭﺳﺘﺎﻧﻲ ﻓﺎﺻﻠﻪ ﻱ ﺯﻳﺎﺩﻱ ﺩﺍﺭﻳﺪ ﺟﻬﺖ ﻣﺮﺍﺟﻌﻪ ﺣﺘﻤﺎ ﺑﺎ ﺷﻤﺎﺭﻩ ﺗﻠﻔﻦ 115 (ﺍﻭﺭژﺍﻧﺲ ﺷﻬﺮ) ﺗﻤﺎﺱ ﺑﮕﻴﺮﻳﺪ ﺗﺎ ﺩﺭ ﻃﻮﻝ ﻣﺴﻴﺮ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺩﺭ ﺁﻣﺒﻮﻻﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻧﺠﺎﻡ ﺷﻮﺩ ﻭ ﺩﭼﺎﺭ ﻋﻮﺍﺭﺽ ﺧﻮﻥ ﺭﻳﺰﻱ ﺷﺪﻳﺪ ﻧﺸﻮﻳﺪ.

ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﻭﺿﻌﻴﺖ ﺧﻮﻥ ﺭﻳﺰﻱ ﺑﺮﺭﺳﻲ ﻣﻲ ﺷﻮﺩ ﻭ ﭘﺲ ﺍﺯ ﺍﻗﺪﺍﻣﺎﺕ ﻻﺯﻡ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺧﻮﻥ ﺭﻳﺰﻱ ﻛﻨﺘﺮﻝ ﺷﺪﻩ ﻭ ﻋﻮﺍﺭﺽ ﺧﺎﺻﻲ ﻫﻤﺮﺍﻩ ﻧﺪﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﺑﺪﻭﻥ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ، ﺗﺮﺧﻴﺺ ﺧﻮﺍﻫﻴﺪ ﺷﺪ (ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺎﻣﭙﻮﻥ ﻭ ﭘﺎﻧﺴﻤﺎﻥ ﺑﻴﻨﻲ ﺍﻧﺠﺎﻡ ﺷﻮﺩ )

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

- ﺗﺮﻣﻴﻢ ﻛﺎﻣﻞ ﻋﺮﻭﻕ ﺁﺳﻴﺐ ﺩﻳﺪﻩ ﺣﺪﻭﺩ 2 ﻫﻔﺘﻪ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ ﻭ ﺩﺭ ﺍﻳﻦ ﻣﺪﺕ ﺍﺣﺘﻤﺎﻝ ﭘﺎﺭﮔﻲ ﻭ ﺧﻮﻥ ﺭﻳﺰﻱ ﻣﺠﺪﺩ ﺍﺯ ﻫﻤﺎﻥ ﻣﺤﻞ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎﻳﺪ ﺍﺯ ﺍﻧﺠﺎﻡ ﻛﺎﺭﻫﺎﻳﻲ ﻛﻪ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﻳﺎ ﺁﺳﻴﺐ ﻣﺠﺪﺩ ﺷﻮﻧﺪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

- ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ 24 ﺳﺎﻋﺖ ﺍﻭﻝ ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻣﻞ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ،ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺯﻳﺮ ﺳﺮ ﺧﻮﺩ ﺭﺍ ﻛﻤﻲ ﺑﺎﻻ ﺑﻴﺎﻭﺭﻳﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﻫﻤﻮﺍﺭﻩ ﺳﺮ ﺷﻤﺎ ﺑﺎﻻ ﺗﺮ ﺍﺯ ﻗﻠﺐ ﻗﺮﺍﺭ ﮔﻴﺮﺩ. (ﺣﺪﻭﺩ 30 ﺩﺭﺟﻪ )

- ﺁﺭﺍﻡ ﺑﺎﺷﻴﺪ ﻭ ﺗﺎ ﻳﻚ ﻫﻔﺘﻪ ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺟﺴﻤﺎﻧﻲ ﻳﺎ ﺣﺮﻛﺎﺕ ﻧﺎﮔﻬﺎﻧﻲ ﻭ ﺳﺮﻳﻊ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ. (ﻣﺎﻧﻨﺪ ﻭﺭﺯﺵ، ﺩﻭﻳﺪﻥ، ﺧﻢ ﻭ ﺭﺍﺳﺖ ﺷﺪﻥ ﺑﻪ ﺟﻠﻮ، ﺧﻢ ﻛﺮﺩﻥ ﺳﺮ، ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﺑﺎﺭﻫﺎﻱ ﺑﻴﺶ ﺍﺯ 5 ﻛﻴﻠﻮﮔﺮﻡ ﻭ....)

- ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ ﺭﺍ ﺍﻓﺰﺍﻳﺶ ﺩﻫﻴﺪ ﻭ ﺑﻪ ﻣﻴﺰﺍﻥ ﻛﺎﻓﻲ ﺁﺏ ﺑﻨﻮﺷﻴﺪ.

- ﭼﻨﺎﻥ ﭼﻪ ﺑﺮﺍﻱ ﻛﻨﺘﺮﻝ ﺧﻮﻥ ﺭﻳﺰﻱ ﺗﺎﻣﭙﻮﻥ ﺑﻴﻨﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﻭ ﺑﻪ ﻫﻴﭻ ﻋﻠﺘﻲ ﺍﻗﺪﺍﻡ ﺑﻪ ﺧﺎﺭﺝ ﻛﺮﺩﻥ، ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻳﺎ ﺩﺳﺖ ﻛﺎﺭﻱ ﺁ ﻥ ﻧﻜﻨﻴﺪ ﻭ ﺩﺭ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﻪ ﺷﻤﺎ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺍﺳﺖ ﺟﻬﺖ ﺧﺎﺭﺝ ﻛﺮﺩﻥ ﺁﻥ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ. (ﻣﻌﻤﻮﻻ 5-3 ﺭﻭﺯ ﺑﻌﺪ)

- ﺩﺭ ﻃﻮﻝ 2 ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺍﺯ ﺗﺨﻠﻴﻪ ﻱ ﺑﻴﻨﻲ ﺑﺎ ﻓﺸﺎﺭ ﺯﻳﺎﺩ (ﻓﻴﻦ ﻛﺮﺩﻥ) ﻛﺎﻣﻼ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻄﺴﻪ، ﺩﻫﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎﺯ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ.

- ﺗﺎ ﻳﻚ ﻫﻔﺘﻪ ﺍﺯ ﺣﻤﺎﻡ ﻛﺮﺩﻥ ﺑﺎ ﺁﺏ ﺩﺍﻍ، ﺣﻀﻮﺭ ﺩﺭ ﻣﺤﻴﻂ ﻫﺎﻳﻲ ﺑﺎ ﺑﺨﺎﺭ ﺁﺏ ﺩﺍﻍ ﻣﺜﻞ ﺳﻮﻧﺎ ﻳﺎ ﺍﺳﺘﺨﺮ ﺁﺏ ﮔﺮﻡ ﻭ ﻣﺼﺮﻑ ﻏﺬﺍﻫﺎ ﻭ ﻣﺎﻳﻌﺎﺕ ﺩﺍﻍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺍﺯ ﻣﺼﺮﻑ ﻧﻮﺷﻴﺪﻧﻲ ﻫﺎﻱ ﮔﺎﺯﺩﺍﺭ، ﻣﻮﺍﺩ ﺩﺍﺭﺍﻱ ﻛﺎﻓﺌﻴﻦ ﺯﻳﺎﺩ ﻣﺜﻞ ﻗﻬﻮﻩ ﻭ ﺳﻴﮕﺎﺭ ﻛﺸﻴﺪﻥ ﺗﺎ ﻳﻚ ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺭﻭﺯ ﺑﻌﺪ ﺍﺯ ﺗﺮﺧﻴﺺ ﺑﻪ ﻣﺤﻞ ﻛﺎﺭ ﻳﺎ ﺗﺤﺼﻴﻞ ﺧﻮﺩ ﺑﺮﻭﻳﺪ، ﻣﺸﺮﻭﻁ ﺑﺮ ﺍﻳﻦ ﻛﻪ ﺍﺯ ﻓﻌﺎﻟﻴﺖ ﺯﻳﺎﺩ ﺟﺴﻤﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺭﻭﺯﺍﻧﻪ 4-2 ﻧﻮﺑﺖ ﺩﺍﺧﻞ ﺣﻔﺮﻩ ﻫﺎﻱ ﺑﻴﻨﻲ ﺭﺍ ﺑﺎ ﺁﺏ ﻧﻤﻚ ﻳﺎ ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺷﺴﺘﺸﻮﻱ ﻧﻤﻜﻲ (ﺳﺮﻡ) ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺸﻮﻳﻴﺪ. (ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻴﻨﻲ ﺷﻤﺎ ﭘﺎﻧﺴﻤﺎﻥ ﺷﺪﻩ ﺍﺳﺖ ﭘﺲ ﺍﺯ ﺧﺮﻭﺝ ﺗﺎﻣﭙﻮﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ.)

- ﻫﻮﺍ ﻱ ﻣﻨﺰﻝ ﻭ ﺍﺗﺎﻕ ﺧﻮﺍﺏ ﺧﻮﺩ ﺭﺍ ﻣﺮﻃﻮﺏ ﻭ ﺧﻨﻚ ﻧﮕﻪ ﺩﺍﺭﻳﺪ. (ﺑﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻳﻚ ﻇﺮﻑ ﺁﺏ ﻳﺎ ﺩﺳﺘﮕﺎﻩ ﻫﺎﻱ ﺑﺨﺎﺭ ﺳﺎﺯ ﺳﺮﺩ ﻳﺎ ﻣﺮﻃﻮﺏ ﻛﻨﻨﺪﻩ ﻱ ﻫﻮﺍ )

- ﭼﻨﺎﻥ ﭼﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺣﺘﻤﺎ ﺩﺍﺭﻭﻫﺎ ﺭﺍ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﻛﺎﻣﻞ ﻛﻨﻴﺪ.

- ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺩﺍﺭﻭﻱ ﺿﺪ ﺩﺭﺩ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﺁﺳﭙﺮﻳﻦ ﻭ ﺑﺮﻭﻓﻦ ﺑﻪ ﻫﻴﭻ ﻋﻨﻮﺍﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

- ﺍﮔﺮ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺍﻧﻌﻘﺎﺩ ﻣﺜﻞ ﻭﺍﺭﻓﺎﺭﻳﻦ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﻭ ﻣﺸﻮﺭﺕ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺁﻥ ﻧﻜﻨﻴﺪ.

- ﺍﺯ ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﺑﺴﻴﺎﺭ ﮔﺮﻡ ﻳﺎ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ ﻏﻠﻴﻆ ﻭ ﻳﺎ ﺗﻤﺎﺱ ﺑﺎ ﺑﺨﺎﺭ ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻭ ﺳﻮﺯﺍﻧﻨﺪﻩ (ﻣﺎﻧﻨﺪ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﻱ ﺍﺳﻴﺪﻱ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ، ﻟﻴﻜﻦ ﺑﻬﺘﺮ ﺍﺳﺖ ﺭژﻳﻢ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺩﭼﺎﺭ ﻳﺒﻮﺳﺖ ﻧﺸﻮﻳﺪ.

- ﺩﺭ ﻃﻮﻝ 3-2 ﺭﻭﺯ ﺍﻭﻝ ( ﺑﻪ ﻭﻳﮋﻩ ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ ﺗﺎﻣﭙﻮﻥ) ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﭼﺎﺭ ﺳﺮ ﺩﺭﺩ ﺧﻔﻴﻒ، ﺗﻬﻮﻉ، ﺧﺸﻜﻲ ﺩﻫﺎﻥ، ﺍﺣﺴﺎﺱ ﻃﻌﻢ ﺗﻠﺦ ﻳﺎ ﻓﻠﺰﻱ ﺩﺭ ﺩﻫﺎﻥ، ﻋﺪﻡ ﺩﺭﻙ ﺑﻮ ﻭ ﻣﺰﻩ ﻭ ﺁﺏ ﺭﻳﺰﺵ ﺍﺯ ﭼﺸﻢ ﻫﺎ ﺷﻮﻳﺪ ﻛﻪ ﻧﮕﺮﺍﻥ ﻛﻨﻨﺪﻩ ﻧﻴﺴﺖ.

- ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﺩﺍﺭﻭﻫﺎﻱ ﺍﺳﺘﻨﺸﺎﻗﻲ ﺩﺍﺧﻞ ﺑﻴﻨﻲ ﺗﺎ 2 ﻫﻔﺘﻪ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﻭ ﺑﺎ ﻣﺸﻮﺭﺕ ﭘﺰﺷﻚ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﺷﻜﻞ ﻫﺎﻱ ﺩﺍﺭﻭﻳﻲ ﺩﻳﮕﺮ ﺑﻪ ﻋﻨﻮﺍﻥ ﺟﺎﻳﮕﺰﻳﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

- ﺍﺯ ﺧﻴﺲ ﻛﺮﺩﻥ ﺗﺎﻣﭙﻮﻥ ﻭﭘﺎﻧﺴﻤﺎﻥ ﺑﻴﻨﻲ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺳﺮ ﺩﺭﺩ ﺷﺪﻳﺪ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺗﻜﺮﺍﺭ ﺧﻮﻥ ﺭﻳﺰﻱ ﻛﻪ ﺑﺎ ﺭﻭﺵ ﻫﺎﻱ ﮔﻔﺘﻪ ﺷﺪﻩ ﺩﺭ ﺍﺑﺘﺪﺍ ﻛﻨﺘﺮﻝ ﻧﺸﻮﺩ.

- ﺗﻬﻮﻉ ﺷﺪﻳﺪ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ

- ﺧﻮﻥ ﺭﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ ﺑﻪ ﺳﻤﺖ ﺣﻠﻖ

- ﺍﺷﻜﺎﻝ ﺩﺭ ﺗﻨﻔﺲ ﻭ ﺳﺨﺖ ﻧﻔﺲ ﻛﺸﻴﺪﻥ

- ﺑﺮﻭﺯ ﺗﺐ

- ﺧﺎﺭﺝ ﺷﺪﻥ، ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻳﺎ ﺧﻴﺲ ﺷﺪﻥ ﺗﺎﻣﭙﻮﻥ ﻭ ﭘﺎﻧﺴﻤﺎﻥ

ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺧﻮﻥ ﺭﻳﺰﻱ ﺑﻴﻨﻲ ﺩﺭ ﺁﻳﻨﺪﻩ ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :

- ﻫﻮﺍﻱ ﻣﻨﺰﻝ ﻭ ﺍﺗﺎﻕ ﺧﻮﺩ ﺭﺍ ﻣﺮﻃﻮﺏ ﻧﮕﻪ ﺩﺍﺭﻳﺪ .

- ﺍﺯ ﺩﺳﺘﻜﺎﺭﻱ ﻛﺮﺩﻥ ﺑﻴﻨﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻪ ﻃﻮﺭ ﻋﺎﺩﺗﻲ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺍﻧﺠﺎﻡ ﻣﻲ ﺩﻫﻴﺪ ﺗﺎ ﺯﻣﺎﻥ ﺗﺮﻙ ﻛﺎﻣﻞ ﺁﻥ ﻧﺎﺧﻦ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻛﻮﺗﺎﻩ ﻧﮕﺎﻩ ﺩﺍﺭﺑﺪ .

- ﺍﺯ ﺧﺸﻚ ﺷﺪﻥ ﺑﻴﺶ ﺍﺯ ﺍﻧﺪﺍﺯﻩ ﻱ ﻣﺨﺎﻁ ﺑﻴﻨﻲ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ. (ﺷﺴﺘﺸﻮ ﺑﺎ ﺁﺏ ﮔﺮﻡ، ﺁﺏ ﻧﻤﻚ، ﺳﺮﻡ ﻫﺎﻱ ﺷﺴﺘﺸﻮﻱ ﻧﻤﻜﻲ، ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻭﺍﺯﻟﻴﻦ ﻃﺒﻲ ﻭ ﭼﺮﺏ ﻛﻨﻨﺪﻩ ﻫﺎ ﺍﺯ ﺧﺸﻚ ﺷﺪﻥ ﻣﺨﺎﻁ ﺑﻴﻨﻲ ﺟﻠﻮﮔﻴﺮﻱ ﻣﻲ ﻛﻨﺪ.)

- ﺍﺯ ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﺎﻧﻲ ﺩﺭ ﮔﺮﻣﺎ ﻳﺎ ﺳﺮﻣﺎﻱ ﺷﺪﻳﺪ، ﻣﺤﻴﻂ ﻫﺎﻳﻲ ﺑﺎ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ ﺯﻳﺎﺩ ﻳﺎ ﺑﺨﺎﺭ ﻫﺎﻱ ﺷﻴﻤﻴﺎﻳﻲ ﻭ ﻳﺎ ﻫﻮﺍﻱ ﺑﺴﻴﺎﺭ ﺧﺸﻚ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺑﻴﺶ ﺍﺯ ﺍﻧﺪﺍﺯﻩ ﻱ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺣﺴﺎﺳﻴﺖ، ﺿﺪ ﺳﺮﻣﺎ ﺧﻮﺭﺩﮔﻲ، ﺍﺳﭙﺮﻱ ﻫﺎ ﻭ ﭘﻮﺩﺭﻫﺎﻱ ﺍﺳﺘﻨﺸﺎﻗﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺩﺭ ﺻﻮﺭﺕ ﺍﺑﺘﻼ ﺑﻪ ﻓﺸﺎﺭ ﺧﻮﻥ ﺑﺎﻻ ﺩﺍﺭﻭﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻣﻨﻈﻢ ﻭﻛﺎﻣﻞ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

- ﺩﺭ ﺻﻮﺭﺕ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭ ﻫﺎﻱ ﺿﺪ ﺍﻧﻌﻘﺎﺩ ﺧﻮﻥ ﻣﺜﻞ ﻭﺍﺭﻓﺎﺭﻳﻦ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﻳﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻫﻢ ﺯﻣﺎﻥ ﺍﺯ ﻫﺮ ﻧﻮﻉ ﺩﺍﺭﻭﻱ ﺩﻳﮕﺮ ﺑﻪ ﺧﺼﻮﺹ ﺩﺍﺭﻭﻫﺎﻱ ﮔﻴﺎﻫﻲ ﻧﻜﻨﻴﺪ.

- ﺍﺯ ﺳﻴﮕﺎﺭ ﻛﺸﻴﺪﻥ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

**ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﭼﻨﺎنﭼﻪ ﺑﺎ ﺭﻋﺎﻳﺖ ﻛﻠﻴﻪ ﻱ ﻣﻮﺍﺭﺩ ﻓﻮﻕ،ﻫﻢ ﭼﻨﺎﻥ ﺑﻪ ﻃﻮﺭ ﻣﻜﺮﺭ ﺩﭼﺎﺭ ﺧﻮﻥ ﺩﻣﺎﻍ ﻣﻲ ﺷﻮﻳﺪ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﻛﺎﻣﻞ ﻭ ﺗﺸﺨﻴﺺ ﻋﻠﺖ ﺯﻣﻴﻨﻪ ﺍﻱ ﺍﺣﺘﻤﺎﻟﻲ ﺑﻪ ﭘﺰﺷﻚ ﺧﺎﻧﻮﺍﺩﮔﻲ ﺧﻮﺩ ﻳﺎ ﻣﺘﺨﺼﺺ ﮔﻮﺵ ﻭ ﺣﻠﻖ ﻭ ﺑﻴﻨﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.**

وﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺷﻜﺴﺘﮕﻲ ﺑﻴﻨﻲ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ................................................... ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ... .................................... ﺩﭼﺎﺭ ﺿﺮﺑﻪ ﻭ ﺁﺳﻴﺐ ﺑﻪ ﺑﻴﻨﻲ ﺷﺪﻩ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ. ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺸﺨﻴﺺ ﺷﻜﺴﺘﮕﻲﺑﻴﻨﻲ ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ. ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﺪﻡ ﻭﺟﻮﺩ ﻋﺎﺭﺿﻪ ﻱ ﺧﻄﺮﻧﺎﻙ ﻭ ﻣﻬﻢ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻳﺎ ﻋﻤﻞ ﺟﺮﺍﺣﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯ ﮔﺮﺩﻳﺪ .

ﺷﻜﺴﺘﮕﻲ ﺑﻴﻨﻲ ﻳﻚ ﻋﺎﺭﺿﻪ ﻱ ﺷﺎﻳﻊ ﺩﺭ ﻣﻴﺎﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﺑﻮﻳﮋﻩ ﺟﻮﺍﻧﺎﻥ ﺍﺳﺖ ﻛﻪ ﻣﻌﻤﻮﻻ ﺩﺭ ﺍﺛﺮ ﺍﻧﻮﺍﻉ ﻭﺭﺯﺵ ﻫﺎ، ﺑﺎﺯﻱ، ﺗﺼﺎﺩﻓﺎﺕ، ﺳﻘﻮﻁ ﺍﺯ ﺍﺭﺗﻔﺎﻉ ﻳﺎ ﻧﺰﺍﻉ ﻭ ﺩﺭﮔﻴﺮﻱ ﺍﻳﺠﺎﺩ ﻣﻲ ﺷﻮﺩ ﻭ ﺑﻪ ﺍﻳﺠﺎﺩ ﺷﻜﺴﺘﮕﻲ ﺩﺭ ﺍﺳﺘﺨﻮﺍﻥ ﻫﺎ ﻳﺎ ﻏﻀﺮﻭﻑ ﺑﻴﻨﻲ ﻭ ﻳﺎ ﺗﻴﻐﻪ ﻱ ﻣﻴﺎﻧﻲ ﺑﻴﻨﻲ ﮔﻔﺘﻪ ﻣﻲ ﺷﻮﺩ ﻭ ﻣﻲ ﺗﻮﺍﻧﺪ ﻫﻤﺮﺍﻩ ﺑﺎ ﺟﺎﺑﻪ ﺟﺎﻳﻲ ﻗﻄﻌﺎﺕ ﺑﺎﺷﺪ ﻛﻪ ﺩﺭ ﺍﻳﻦ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺟﺎﺍﻧﺪﺍﺯﻱ ﺧﻮﺍﻫﺪ ﺩﺍﺷﺖ .

□ ﺷﻜﺴﺘﮕﻲ ﺑﻴﻨﻲ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺟﺎﺍﻧﺪﺍﺯﻱ ﻭ ﺁﺗﻞ ﮔﻴﺮﻱ ﻧﺪﺍﺭﺩ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺟﺎﺑﺠﺎﻳﻲ ﻫﻤﺮﺍﻩ ﺑﺎ ﺷﻜﺴﺘﮕﻲ ﺟﺎﺍﻧﺪﺍﺯﻱ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺗﻮﺭﻡ ﺷﺪﻳﺪ ﺑﻴﻨﻲ ﺍﻣﻜﺎﻥ ﺑﺮﺭﺳﻲ ﺑﻴﺸﺘﺮ ﻳﺎ ﺟﺎﺍﻧﺪﺍﺯﻱ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ ﻭ ﺍﻳﻦ ﻛﺎﺭ ﭘﺲ ﺍﺯ ﮔﺬﺷﺖ ﭼﻨﺪ ﺭﻭﺯ ﻭ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﺻﻮﺭﺕ ﺧﻮﺍﻫﺪ ﮔﺮﻓﺖ .

ﻋﻼﻳﻢ :

- ﺩﺭﺩ

- ﺗﻮﺭﻡ ﺑﻴﻨﻲ

- ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻭ ﺧﻤﻴﺪﮔﻲ ﺑﻴﻨﻲ

- ﻛﺒﻮﺩﻱ ﺍﻃﺮﺍﻑ ﺑﻴﻨﻲ ﻳﺎ ﭼﺸﻢ ﻫﺎ

- ﺁﺑﺮﻳﺰﺵ ﺑﻴﻨﻲ

- ﺧﻮﻧﺮﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ

- ﮔﺮﻓﺘﮕﻲ ﺑﻴﻨﻲ

- ﺍﻳﺠﺎﺩ ﺻﺪﺍ ﻫﻨﮕﺎﻡ ﻟﻤﺲ ﻳﺎ ﺗﻜﺎﻥ ﺩﺍﺩﻥ ﺑﻴﻨﻲ

**ﺗﺸﺨﻴﺺ :**

ﺗﺸﺨﻴﺺ ﺷﻜﺴﺘﮕﻲ ﺑﻴﻨﻲ ﺍﻏﻠﺐ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ، ﻋﻼﻳﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺑﺎﻟﻴﻨﻲ ﺍﻧﺠﺎﻡ ﻣﻲ ﮔﻴﺮﺩ ﻭ ﮔﺎﻫﻲ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺭﺍﺩﻳﻮﻟﻮژﻳﻚ ﻧﻴﺰ ﺍﻧﺠﺎﻡ ﻣﻲ ﺷﻮﺩ، ﺍﻣﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺗﻨﻬﺎ ﺯﻣﺎﻧﻲ ﻣﻮﺭﺩ ﻧﻴﺎﺯ ﺍﺳﺖ ﻛﻪ ﺳﺎﻳﺮ ﻗﺴﻤﺖ ﻫﺎﻱ ﺳﺮ ﻳﺎ ﺻﻮﺭﺕ ﻧﻴﺰ ﺁﺳﻴﺐ ﺩﻳﺪﻩ ﺑﺎﺷﻨﺪ .

□ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﻧﺪﺍﺭﻳﺪ .

□ ﺩﺭ ﺭﺍﺩﻳﻮﻟﻮژﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺯ ﺑﻴﻨﻲ ﺷﻤﺎ ﺷﻜﺴﺘﮕﻲ ﺑﻴﻨﻲ ﻣﺸﺨﺺ ﺍﺳﺖ،ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﻣﻤﻜﻦ ﺍﺳﺖ ﻧﻴﺎﺯ ﺑﻪ ﺗﻜﺮﺍﺭ ﺁﻥ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺁﻳﻨﺪﻩ ﻃﺒﻖ ﻧﻈﺮ ﭘﺰﺷﻚ ﻣﺘﺨﺼﺺ ﮔﻮﺵ ﻭ ﺣﻠﻖ ﻭﺑﻴﻨﻲ ﺑﺎﺷﺪ .

□ ﺩﺭ ﺭﺍﺩﻳﻮﻟﻮژﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺯ ﺑﻴﻨﻲ ﺷﻤﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻋﻼﻣﺖ ﺷﻜﺴﺘﮕﻲ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ ﺍﻣﺎ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺑﺎﻟﻴﻨﻲ، ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﺣﺘﻤﺎﻝ ﺁﺳﻴﺐ ﻏﻀﺮﻭﻑ ﺑﻴﻨﻲ ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺗﺮﻣﻴﻢ ﻛﺎﻣﻞ ﺍﺳﺘﺨﻮﺍﻥ ﺑﻴﻨﻲ ﺣﺪﺍﻗﻞ 4-3 ﻫﻔﺘﻪ ﻃﻮﻝ ﺧﻮﺍﻫﺪ ﻛﺸﻴﺪ ﻭ ﺩﺭ ﻃﻮﻝ ﺍﻳﻦ ﺯﻣﺎﻥ ﺑﻴﻨﻲ ﺷﻤﺎ ﻧﺴﺒﺖ ﺑﻪ ﺿﺮﺑﻪ ﻫﺎﻱ ﻣﺠﺪﺩ ﺑﺴﻴﺎﺭ ﺁﺳﻴﺐ ﭘﺬﻳﺮ ﺧﻮﺍﻫﺪ ﺑﻮﺩ .

.2 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﻭ ﺗﺮﻛﻴﺒﺎﺕ ﺁﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺑﻬﺘﺮ ﺍﺳﺖ ﺑﺮﻭﻓﻦ ﻭ ﺁﺳﭙﻴﺮﻳﻦ ﺑﻪ ﺩﻟﻴﻞ ﺑﺎﻻ ﺑﺮﺩﻥ ﺍﺣﺘﻤﺎﻝ ﺧﻮﻧﺮﻳﺰﻱ ﻣﺼﺮﻑ ﻧﺸﻮﺩ .

.3 ﻣﺼﺮﻑ ﺁﺳﭙﻴﺮﻳﻦ ﺩﺭ ﺍﻓﺮﺍﺩ ﺯﻳﺮ 20 ﺳﺎﻝ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺗﻮﺻﻴﻪ ﻧﻤﻲ ﺷﻮﺩ .

.4 ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺳﺮ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﺑﺎﻻ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ( ﺣﺪﺍﻗﻞ ﺍﺯ 2 ﺑﺎﻟﺶ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ).

5. ﺗﻮﺭﻡ ﺑﻴﻨﻲ ﺷﻤﺎ ﺍﺯ ﺭﻭﺯ ﺩﻭﻡ ﺷﺮﻭﻉ ﺑﻪ ﺑﻬﺒﻮﺩ ﺧﻮﺍﻫﺪ ﻛﺮﺩ، ﺍﻣﺎ ﻣﻤﻜﻦ ﺍﺳﺖ 10-7 ﺭﻭﺯ ﺍﺩﺍﻣﻪ ﻳﺎﺑﺪ، ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺁﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ (ﺑﻪ ﺧﺼﻮﺹ 5-4 ﻧﻮﺑﺖ ﺩﺭ ﻃﻮﻝ 24 ﺳﺎﻋﺖ ﺍﻭﻝ ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .ﻳﻚ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺭﺍ ﺑﺮﺍﻱ ﻣﺪﺕ -10 15 ﺩﻗﻴﻘﻪ ﺭﻭﻱ ﺑﻴﻨﻲ (ﺍﺯﭘﻞ ﺑﻴﻨﻲ ﺑﻪ ﭘﺎﻳﻴﻦ) ﻭ ﮔﻮﻧﻪ ﻫﺎ ﻗﺮﺍﺭ ﺩﻫﻴﺪ،ﻣﺮﺍﻗﺐ ﺑﺎﺷﻴﺪ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺑﺮ ﺭﻭﻱ ﭼﺸﻢ ﻫﺎ ﻗﺮﺍﺭ ﻧﮕﻴﺮﺩ.

.6 ﻛﺒﻮﺩﻱ ﺑﻴﻨﻲ ﻭ ﺯﻳﺮ ﭼﺸﻤﺎﻥ ﺑﺮﺍﻱ ﺟﺬﺏ ﻭ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺑﻪ 2-1 ﻫﻔﺘﻪ ﺯﻣﺎﻥ ﻧﻴﺎﺯ ﺩﺍﺭﺩ، ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﺑﺎﻋﺚ ﺗﺴﺮﻳﻊ ﺍﻳﻦ ﺭﻭﻧﺪ ﻧﻴﺰ ﻣﻲ ﺷﻮﺩ.

.7 ﺗﺎ ﻳﻚ ﻫﻔﺘﻪ ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﺎﻧﻲ ﻭ ﻭﺭﺯﺵ ﻫﺎﻱ ﺳﻨﮕﻴﻦ،ﺩﻭﻳﺪﻥ،ﺩﻭﭼﺮﺧﻪ ﺳﻮﺍﺭﻱ، ﺷﻨﺎ ﻭ ﺷﻴﺮﺟﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.8 ﺍﺯ ﺧﻢ ﻭ ﺭﺍﺳﺖ ﺷﺪﻥ ﻭ ﻳﺎ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﺑﺎﺭﻫﺎﻱ ﺳﻨﮕﻴﻦ (ﺑﻴﺶ ﺍﺯ 5 ﻛﻴﻠﻮﮔﺮﻡ ) ﺣﺪﺍﻗﻞ ﺗﺎ ﻳﻚ ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.9 ﺍﺯ ﺍﻧﺠﺎﻡ ﻛﻠﻴﻪ ﻱ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﺩﺭ ﺁﻧﻬﺎ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﺿﺮﺑﻪ ﻱ ﻣﺠﺪﺩ ﺑﻪ ﺑﻴﻨﻲ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺗﺎ 4 ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.10 ﺩﺭ ﺑﺮﺧﻮﺭﺩ ﺑﺎ ﺧﺮﺩﺳﺎﻻﻥ (ﺑﺎﺯﻱ ﻛﺮﺩﻥ، ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﻭ ﺧﻮﺍﺑﻴﺪﻥ ﺩﺭ ﻛﻨﺎﺭ ﺁﻧﻬﺎ ) ﺍﺣﺘﻴﺎﻁ ﻛﻨﻴﺪ، ﭼﻮﻥ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﻪ ﻃﻮﺭ ﺗﺼﺎﺩﻓﻲ ﻭ ﻧﺎﺧﻮﺍﺳﺘﻪ ﺑﻪ ﺑﻴﻨﻲ ﺷﻤﺎ ﺿﺮﺑﻪ ﺑﺰﻧﻨﺪ.

.11 ﺩﺭ ﻃﻮﻝ 2-1 ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺍﺯ ﺗﺨﻠﻴﻪ ﻱ ﺑﻴﻨﻲ ﺑﺎ ﻓﺸﺎﺭ ﺯﻳﺎﺩ (ﻓﻴﻦ ﻛﺮﺩﻥ) ﻛﺎﻣﻼ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻄﺴﻪ، ﺩﻫﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎﺯ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ.

.12 ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ ﺍﻣﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﺮﻧﺎﻣﻪ ﻱ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﮔﻮﻧﻪ ﺍﻱ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺩﭼﺎﺭ ﻳﺒﻮﺳﺖ ﻧﺸﻮﻳﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺍﺯ ﺩﺍﺭﻭﻫﺎ ﻳﺎ ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﻣﻠﻴﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.13 ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺗﺎ 4-3 ﻫﻔﺘﻪ ﺍﺯ ﮔﺬﺍﺷﺘﻦ ﻋﻴﻨﻚ ﺑﺮ ﺭﻭﻱ ﭘﻞ ﺑﻴﻨﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺍﺯ ﻟﻨﺰﻫﺎﻱ ﻃﺒﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.14 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎ، ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻳﺎ ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻳﻲ ﻛﻪ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﺑﺮﻭﺯ ﺳﺮﻓﻪ ﻳﺎ ﻋﻄﺴﻪ ﻣﻲ ﺷﻮﻧﺪ ( ﻣﺜﻞ ﺩﻭﺩ ﻭ ﺑﺨﺎﺭ، ﺍﻧﻮﺍﻉ ﻋﻄﺮ ﻭ ﺍﺳﺎﻧﺲ، ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ، ﺍﻧﻮﺍﻉ ﺍﺩﻭﻳﻪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

15.ﺍﺯ ﻛﺸﻴﺪﻥ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.16 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ( ﻣﺜﻞ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ) ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺩﺍﺭﻭ ﺭﺍ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻭ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻭ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.17 ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﺩﺍﺭﻭﻫﺎﻱ ﺍﺳﺘﻨﺸﺎﻗﻲ ﺩﺍﺧﻞ ﺑﻴﻨﻲ (ﭘﻮﺩﺭ ﻳﺎ ﺍﺳﭙﺮﻱ ) ﺑﻪ ﻣﺪﺕ 2-1 ﻫﻔﺘﻪ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﻭ ﺑﺎ ﻣﺸﻮﺭﺕ ﭘﺰﺷﻚ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﺷﻜﻞ ﻫﺎﻱ ﺩﺍﺭﻭﻳﻲ ﺩﻳﮕﺮ ﺑﻪ ﻋﻨﻮﺍﻥ ﺟﺎﻳﮕﺰﻳﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.18 ﺍﺯ ﺧﻴﺲ ﺷﺪﻥ ﺗﺎﻣﭙﻮﻥ ﻭﭘﺎﻧﺴﻤﺎﻥ ﺑﻴﻨﻲ (ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ ) ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.19 ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 2-1 ﺭﻭﺯ ﺍﻭﻝ ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺍﺯ ﻳﻜﻲ ﺍﺯ ﻧﺰﺩﻳﻜﺎﻥ ﺧﻮﺩ ﺑﺨﻮﺍﻫﻴﺪ ﻭﺿﻌﻴﺖ ﺗﻨﻔﺲ ﺷﻤﺎ ﺭﺍ ﺩﺭ ﻃﻮﻝ ﺧﻮﺍﺏ ﻫﺮ 3-2 ﺳﺎﻋﺖ 1 ﺑﺎﺭ ﺍﺭﺯﻳﺎﺑﻲ ﻛﻨﺪ ﺗﺎ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﻭﺿﻌﻴﺖ ﻣﺎﻧﻨﺪ ﺳﺨﺘﻲ ﻳﺎ ﺗﻨﺪ ﺷﺪﻥ ﻳﺎ ﺻﺪﺍﺩﺍﺭ ﺷﺪﻥ ﺗﻨﻔﺲ ﻫﺎ ﺑﻪ ﺯﻭﺩﻱ ﻣﺸﺨﺺ ﺷﻮﺩ.

.20 ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺩﺳﺘﻜﺎﺭﻱ ﻳﺎ ﻭﺍﺭﺩ ﻛﺮﺩﻥ ﺍﺟﺴﺎﻡ ﻣﺨﺘﻠﻒ ﺑﻪ ﺩﺍﺧﻞ ﺑﻴﻨﻲ ﻳﺎ ﺍﻗﺪﺍﻡ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺟﻬﺖ ﺟﺎﺍﻧﺪﺍﺯﻱ ﻭ ﺗﺼﺤﻴﺢ ﺷﻜﻞ ﺧﺎﺭﺟﻲ ﺑﻴﻨﻲ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.21 ﭼﻨﺎﻥ ﭼﻪ ﺑﺮﺍﻱ ﻛﻨﺘﺮﻝ ﺧﻮﻥ ﺭﻳﺰﻱ ﺗﺎﻣﭙﻮﻥ ﺑﻴﻨﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﻭ ﺑﻪ ﻫﻴﭻ ﻋﻠﺘﻲ ﺍﻗﺪﺍﻡ ﺑﻪ ﺧﺎﺭﺝ ﻛﺮﺩﻥ، ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻳﺎ ﺩﺳﺖ ﻛﺎﺭﻱ ﺁﻥ ﻧﻜﻨﻴﺪ ﻭ ﺩﺭ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﻪ ﺷﻤﺎ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺍﺳﺖ ﺟﻬﺖ ﺧﺎﺭﺝ ﻛﺮﺩﻥ ﺁﻥ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ. (ﻣﻌﻤﻮﻻ 5-3 ﺭﻭﺯ ﺑﻌﺪ)

.22 ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺭﻭﺯ ﺑﻌﺪ ﺍﺯ ﺗﺮﺧﻴﺺ ﺑﻪ ﻣﺤﻞ ﻛﺎﺭ ﻳﺎ ﺗﺤﺼﻴﻞ ﺧﻮﺩ ﺑﺮﻭﻳﺪ، ﻣﺸﺮﻭﻁ ﺑﺮ ﺍﻳﻦ ﻛﻪ ﺍﺯ ﻓﻌﺎﻟﻴﺖ ﺯﻳﺎﺩ ﺟﺴﻤﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺑﺎ ﺍﺣﺘﻴﺎﻁ ﻛﺎﻣﻞ ﻋﻤﻞ ﻛﻨﻴﺪ.

.23 ﺩﺭ ﻫﻨﮕﺎﻡ ﺑﺮﻭﺯ ﺧﻮﻥ ﺩﻣﺎﻍ (ﺧﻮﻥ ﺭﻳﺰﻱ ﺍﺯ ﺑﻴﻨﻲ) ﻣﻬﻢ ﺗﺮﻳﻦ ﻧﻜﺘﻪ، ﻧﺤﻮﻩ ﻱ ﺑﺮ ﺧﻮﺭﺩ ﺑﺎ ﺁﻥ ﺍﺳﺖ ﭼﻮﻥ ﺩﺭ ﺑﺴﻴﺎﺭﻱ ﺍﺯ ﻣﻮﺍﺭﺩ ﺑﺎ ﺍﻧﺠﺎﻡ ﺍﻗﺪﺍﻣﺎﺕ ﺣﻤﺎﻳﺘﻲ ﺍﻭﻟﻴﻪ ﺩﺭ ﻣﻨﺰﻝ ﻣﻲ ﺗﻮﺍﻥ ﺧﻮﻥ ﺭﻳﺰﻱ ﺭﺍ ﻛﻨﺘﺮﻝ ﻛﺮﺩ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺧﻮﻥ ﺩﻣﺎﻍ ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛنید :**

* ﺧﻮﻥ ﺳﺮﺩ ﺑﺎﺷﻴﺪ ﻭ ﺁﺭﺍﻣﺶ ﺧﻮﺩ ﺭﺍ ﺣﻔﻆ ﻛﻨﻴﺪ.
* ﺑﻪ ﺻﻮﺭﺕ ﻛﺎﻣﻼ ﺻﺎﻑ ﺭﻭﻱ ﺻﻨﺪﻟﻲ ﺑﻨﺸﻴﻨﻴﺪ ( ﻳﺎ ﺍﮔﺮ ﺍﺣﺴﺎﺱ ﺿﻌﻒ ﻭ ﺳﺮ ﮔﻴﺠﻪ ﻧﺪﺍﺭﻳﺪ، ﺑﺎﻳﺴﺘﻴﺪ) ﻭ ﺳﺮ ﺧﻮﺩ ﺭﺍ ﻛﻤﻲ ﺑﻪ ﺟﻠﻮ ﺧﻢ ﻛﻨﻴﺪ .
* ﺍﺯ ﺧﻢ ﻛﺮﺩﻥ ﺳﺮ ﺑﻪ ﻋﻘﺐ ﻭ ﺑﺎﻻ ﺧﻮﺩ ﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻳﺎ ﺩﺭﺍﺯ ﻧﻜﺸﻴﺪ، ﺍﻳﻦ ﻛﺎﺭﻫﺎ ﺑﺎﻋﺚ ﻣﻲ ﺷﻮﺩ ﺧﻮﻥ ﺑﻪ ﺟﺎﻱ ﺧﺮﻭﺝ ﺍﺯ ﺑﻴﻨﻲ، ﺍﺯ ﻋﻘﺐ ﻭﺍﺭﺩ ﺣﻠﻖ ﺷﺪﻩ ﻭ ﺑﺎﻋﺚ ﺗﻬﻮﻉ / ﺍﺳﺘﻔﺮﺍﻍ ﻳﺎ ﺳﺎﻳﺮ ﻋﻮﺍﺭﺽ ﻣﻲ ﺷﻮﺩ.
* ﻳﻚ ﻇﺮﻑ (ﻣﺎﻧﻨﺪ ﻛﺎﺳﻪ ﻱ ﺑﺰﺭگ) ﻣﻘﺎﺑﻞ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﺗﺎ ﺧﻮﻥ ﺩﺭﻭﻥ ﺁﻥ ﺗﺨﻠﻴﻪ ﺷﻮﺩ.
* ﺳﻌﻲ ﻛﻨﻴﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﺩﺭ ﺑﻴﻨﻲ ﺧﻮﺩ ﺑﺪﻣﻴﺪ ﺗﺎ ﺧﻮﻧﻲ ﻛﻪ ﺩﺍﺧﻞ ﺣﻔﺮﻩ ﻱ ﺑﻴﻨﻲ ﺟﻤﻊ ﻭ ﺍﺣﺘﻤﺎﻻ ﻟﺨﺘﻪ ﺷﺪﻩ ﺍﺳﺖ ﺗﺨﻠﻴﻪ ﺷﻮﺩ، ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺧﻮﻥ ﻭ ﻟﺨﺘﻪ ﻫﺎﻱ ﺩﺍﺧﻞ ﺑﻴﻨﻲ ﺑﺎﻋﺚ ﺍﻧﺴﺪﺍﺩ ﻣﺴﻴﺮ ﺗﻨﻔﺲ ﻭ ﻋﻮﺍﺭﺽ ﺑﻌﺪﻱ ﺧﻮﺍﻫﺪ ﺷﺪ.
* ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺟﺴﺎﻣﻲ ﻣﺎﻧﻨﺪ ﺩﺳﺘﻤﺎﻝ ﻛﺎﻏﺬﻱ، ﺩﺳﺘﻤﺎﻝ ﭘﺎﺭﭼﻪ ﺍﻱ، ﭘﻨﺒﻪ ﻭ.... ﺭﺍ ﻭﺍﺭﺩ ﺣﻔﺮﻩ ﻱ ﺑﻴﻨﻲ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﻪ ﻣﺤﻞ ﺁﺳﻴﺐ ﺭگ ﻭ ﺧﻮﻥ ﺭﻳﺰﻱ ﺑﺮﺧﻮﺭﺩ ﻛﺮﺩﻩ ﻭ ﺧﻮﻥ ﺭﻳﺰﻱ ﺭﺍ ﺗﺸﺪﻳﺪ ﻛﻨﺪ.
* ﺑﺮﺍﻱ ﻛﻨﺘﺮﻝ ﺧﻮﻥ ﺭﻳﺰﻱ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻓﺸﺎﺭ ﻣﺴﺘﻘﻴﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺑﺎ ﺍﻧﮕﺸﺖ ﺷﺴﺖ ﻭ ﺍﺷﺎﺭﻩ، ﻣﻴﺎﻧﻪ ﻱ ﺑﻴﻨﻲ ﺭﺍ ﺩﺭ ﺑﺎﻻﺗﺮﻳﻦ ﻗﺴﻤﺖ ﻧﺮﻡ ﺁﻥ ﺩﻗﻴﻘﺎ ﭘﺎﻳﻴﻦ ﭘﻞ ﺍﺳﺘﺨﻮﺍﻧﻲ ﺑﻴﻨﻲ ﻓﺸﺎﺭ ﺩﻫﻴﺪ. (ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﻗﺴﻤﺖ ﺳﺨﺖ ﻭ ﺍﺳﺘﺨﻮﺍﻧﻲ ﺑﻴﻨﻲ ﻫﻴﭻ ﻓﺎﻳﺪﻩ ﺍﻱ ﻧﺪﺍﺭﺩ)
* ﺑﻪ ﻣﺪﺕ ﺣﺪﺍﻗﻞ 10 ﺩﻗﻴﻘﻪ ﺑﻴﻨﻲ ﺭﺍ ﻓﺸﺎﺭ ﺩﻫﻴﺪ (ﺑﺮﺍﻱ ﻛﻮﺩﻛﺎﻥ 5 ﺩﻗﻴﻘﻪ)، ﺣﺘﻤﺎ ﺍﺯ ﺳﺎﻋﺖ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﺗﺎ ﺑﺘﻮﺍﻧﻴﺪ ﺯﻣﺎﻥ ﺭﺍ ﺩﻗﻴﻖ ﻣﺤﺎﺳﺒﻪ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺍﻳﻦ ﻣﺪﺕ ﻓﺸﺎﺭ ﺭﺍ ﺛﺎﺑﺖ ﻧﮕﻪ ﺩﺍﺭﻳﺪ.
* ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺧﻮﻥ ﺭﻳﺰﻱ ﻛﻨﺘﺮﻝ ﻧﺸﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻣﺠﺪﺩﺍ ﺑﻴﻨﻲ ﺭﺍ ﺑﺮﺍﻱ 10-5 ﺩﻗﻴﻘﻪ ﻓﺸﺎﺭ ﺩﻫﻴﺪ ﻳﺎ ﺍﺯ ﻛﻤﭙﺮﺱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.
* ﺑﺎ ﺍﻧﺠﺎﻡ ﻣﺮﺍﺣﻞ ﺑﺎﻻ ﺑﺎﻳﺪ ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﺭ ﻣﺠﻤﻮﻉ ﺩﺭ ﻛﻤﺘﺮ ﺍﺯ 30 ﺩﻗﻴﻘﻪ ﻛﻨﺘﺮﻝ ﻭ ﻗﻄﻊ ﺷﻮﺩ ﻭﻟﻲ ﺍﮔﺮ ﺑﻴﺶ ﺍﺯ 30ﺩﻗﻴﻘﻪ ﻃﻮﻝ ﺑﻜﺸﺪ ﺑﺎﻳﺪ ﺑﻪ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻣﺮﺍﺟﻌﻪ ﻛنید.
* ﭘﺲ ﺍﺯ ﻗﻄﻊ ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺲ ﺍﺯ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﺧﻮﻥ ﺭﻳﺰﻱ ﺩﻭﺑﺎﺭﻩ ﺑﺮﻭﺯ ﻧﻜﺮﺩ، ﺩﺍﺧﻞ ﺣﻔﺮﻩ ﻱ ﺑﻴﻨﻲ ﺭﺍ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺎ ﺁﺏ ﻧﻤﻚ ﻭ ﻳﺎ ﺩﺭ ﺻﻮﺭﺕ ﺩﺳﺘﺮﺳﻲ ﺑﺎ ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﻧﻤﻜﻲ (ﺳﺮﻡ ﺷﺴﺘﺸﻮ)، ﺑﺸﻮﻳﻴﺪ ﺗﺎ ﺧﻮﻥ ﻭ ﻟﺨﺘﻪ ﻫﺎﻱ ﺧﺸﻚ ﺷﺪﻩ ﭘﺎﻛﺴﺎﺯﻱ ﺷﻮﻧﺪ.( ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺩﺍﺧﻞ ﺑﻴﻨﻲ ﺭﺍ ﺩﺳﺘﻜﺎﺭﻱ ﻧﻜﻨﻴﺪ )

- ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﭘﺲ ﺍﺯ ﮔﺬﺷﺖ 5-3 ﺭﻭﺯ ﻭ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﺍﻭﻟﻴﻪ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﺑﻪ ﻣﺘﺨﺼﺺ ﮔﻮﺵ ﻭ ﺣﻠﻖ ﻭ ﺑﻴﻨﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﺗﻮﺭﻡ ﻛﻪ ﭘﺲ ﺍﺯ ﮔﺬﺷﺖ 24 ﺳﺎﻋﺖ ﺑﺎ ﺍﻧﺠﺎﻡ ﺭﻭﺵ ﻫﺎﻱ ﻓﻮﻕ ﺑﻬﺒﻮﺩ ﻧﻴﺎﺑﺪ

- ﺑﺮﻭﺯ ﺧﻮﻧﺮﻳﺰﻱ ﺷﺪﻳﺪ ﺍﺯ ﺑﻴﻨﻲ ﻛﻪ ﺑﺎ ﺭﻭﺵ ﻫﺎﻱ ﻓﻮﻕ ﻣﺘﻮﻗﻒ ﻧﺸﻮﺩ

- ﺗﻨﮕﻲ ﻧﻔﺲ ﻳﺎ ﺳﺨﺘﻲ ﺗﻨﻔﺲ ﻳﺎ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﺩﺭ ﻭﺿﻌﻴﺖ ﺗﻨﻔﺲ

- ﺗﻮﺭﻡ ﺗﻴﻐﻪ ﻱ ﻣﻴﺎﻧﻲ ﺑﻴﻨﻲ ﻳﺎ ﻛﺒﻮﺩﻱ ﻭ ﺗﺠﻤﻊ ﺧﻮﻥ ﺩﺭ ﺁﻥ

- ﺍﺣﺴﺎﺱ ﺍﻧﺴﺪﺍﺩ ﺷﺪﻳﺪ ﻭ ﻛﺎﻣﻞ ﻳﻜﻲ ﺍﺯ ﺳﻮﺭﺍﺥ ﻫﺎﻱ ﺑﻴﻨﻲ

- ﺍﺧﺘﻼﻝ ﺩﻳﺪ ﻳﺎ ﺩﻭﺑﻴﻨﻲ

- ﺑﺮﻭﺯ ﻛﺒﻮﺩﻱ ﺷﺪﻳﺪ ﺑﻪ ﺷﻜﻞ ﻳﻚ ﺣﻠﻘﻪ ﺩﻭﺭ ﭼﺸﻢ

- ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ

- ﺗﺮﺷﺢ ﺁﺑﻜﻲ ﻭ ﺷﻔﺎﻑ ﺍﺯ ﺑﻴﻨﻲ ﻳﺎ ﮔﻮﺵ ﻛﻪ ﺑﺎ ﺧﻢ ﻛﺮﺩﻥ ﺳﺮ ﻳﺎ ﺯﻭﺭ ﺯﺩﻥ ﺗﺸﺪﻳﺪ ﺷﻮﺩ

- ﺑﺮﻭﺯ ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ ﻛﻪ ﺑﺎ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﻌﻤﻮﻟﻲ ﺑﻬﺒﻮﺩ ﻧﻴﺎﺑﺪ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﺳﻔﺘﻲ ﮔﺮﺩﻥ

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﻣﻜﺮﺭ

- ﺧﺎﺭﺝ ﺷﺪﻥ، ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻳﺎ ﺧﻴﺲ ﺷﺪﻥ ﺗﺎﻣﭙﻮﻥ ﻭ ﭘﺎﻧﺴﻤﺎﻥ (ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ )

وﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺍﺳﻬﺎﻝ ﻭ ﺍﺳﺘﻔﺮﺍﻍ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ .................. ................................ ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺍﺑﺘﻼ ﺑﻪ ﺍﺳﻬﺎﻝ □/ ﺍﺳﺘﻔﺮﺍﻍ □ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻋﻠﺖ ﻭ ﻳﺎ ﻋﺎﺭﺿﻪ ﻱ ﺧﻄﺮﻧﺎﻙ ﻭ ﻣﻬﻤﻲ ﺑﺮﺍﻱ ﺑﻴﻤﺎﺭﻱ ﺷﻤﺎ ﻣﻄﺮﺡ ﻧﺒﻮﺩﻩ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺷﻤﺎ ﻣﺒﺘﻼ ﺑﻪ ﺍﺳﻬﺎﻝ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﻋﻔﻮﻧﻲ (ﮔﺎﺳﺘﺮﻭﺍﻧﺘﺮﻳﺖ) ﻫﺴﺘﻴﺪ، ﺍﻳﻦ ﻋﻼﻳﻢ ﻧﺎﺷﻲ ﺍﺯ ﺍﻟﺘﻬﺎﺏ ﻣﻌﺪﻩ ﻭ ﺭﻭﺩﻩ ﻫﺎ ﺩﺭ ﺍﺛﺮ ﻋﻔﻮﻧﺖ ﻳﺎ ﻣﺴﻤﻮﻣﻴﺖ ﻏﺬﺍﻳﻲ ﺑﻮﺩﻩ ﻭ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﻋﻠﺖ ﺑﺮﻭﺯ ﺁﻥ ﻭﻳﺮﻭﺱ ﻫﺎ ﻫﺴﺘﻨﺪ، ﻋﻔﻮﻧﺖ ﺑﺎ ﺑﺎﻛﺘﺮﻱ ﻫﺎ ﻳﺎ ﺍﻧﮕﻞ ﻫﺎ ﻫﻢ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺍﺑﺘﻼ ﺑﻪ ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﻭ ﺑﺮﻭﺯ ﺍﺳﻬﺎﻝ، ﺍﺳﺘﻔﺮﺍﻍ ﻳﺎ ﻫﺮ ﺩﻭ ﺷﻮﻧﺪ، ﻫﻢ ﭼﻨﻴﻦ ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﻣﻲ ﺗﻮﺍﻧﺪ ﺑﺎﻋﺚ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ﻭ ﺍﺯ ﺩﺳﺖ ﺭﻓﺘﻦ ﺁﺏ ﻭ ﻧﻤﻚ ﻫﺎﻱ ﺿﺮﻭﺭﻱ ﺑﺪﻥ ﺷﻮﺩ .

ﻋﻼﻳﻢ ﺷﺎﻳﻊ ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﺷﺎﻣﻞ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺍﺳﺖ :

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﻛﻪ ﺍﻏﻠﺐ 2-1 ﺭﻭﺯ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ

- ﺍﺳﻬﺎﻝ ﻛﻪ ﻣﻌﻤﻮﻻ 3-1 ﺭﻭﺯ ﻃﻮﻝ ﻣﻲ ﻛﺸﺪ ﺍﻣﺎ ﻣﻤﻜﻦ ﺍﺳﺖ ﺗﺎ 10 ﺭﻭﺯ ﺍﺩﺍﻣﻪ ﻳﺎﺑﺪ

- ﺗﺐ ﺧﻔﻴﻒ

- ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ

- ﺩﻝ ﭘﻴﭽﻪ ﻭ ﺩﺭﺩ ﺷﻜﻤﻲ

- ﺍﺣﺴﺎﺱ ﺧﺴﺘﮕﻲ

- ﺿﻌﻒ ﻭ ﺩﺭﺩ ﻋﻀﻼﻧﻲ

- ﺍﮔﺮ ﻋﺎﻣﻞ ﺑﻴﻤﺎﺭﻱ ﺑﺎﻛﺘﺮﻱ ﺑﺎﺷﺪ ﺗﺐ ﺷﺪﻳﺪﺗﺮ ﺍﺳﺖ ﻭ ﺍﺳﻬﺎﻝ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎ ﺩﻓﻊ ﻣﺨﺎﻁ ﻳﺎ ﺧﻮﻥ ﻫﻤﺮﺍﻩ ﺑﺎﺷﺪ.

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﺩﺭﻣﺎﻥ ﺗﺨﺼﺼﻲ ﻭ ﻭﻳﮋﻩ ﻧﺪﺍﺷﺘﻪ ﻭ ﺧﻮﺩﺑﺨﻮﺩ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﺪ ﻭ ﻫﺪﻑ ﺍﺻﻠﻲ ﺩﺭﻣﺎﻥ، ﺗﻨﻬﺎ ﻛﻨﺘﺮﻝ ﻋﻼﻳﻢ ﻭ ﺭﻓﻊ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ﺍﺳﺖ .

.2 ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﻭﺍﮔﻴﺮﺩﺍﺭ ﻭ ﻣﺴﺮﻱ ﺍﺳﺖ ﻭ ﺑﻪ ﺭﺍﺣﺘﻲ ﺍﺯ ﻓﺮﺩﻱ ﺑﻪ ﻓﺮﺩ ﺩﻳﮕﺮ ﻣﻨﺘﻘﻞ ﻣﻲ ﺷﻮﺩ .

.3 ﻋﻼﻳﻢ ﻣﻌﻤﻮﻻ 5-3 ﺭﻭﺯ ﺑﻌﺪ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﻨﺪ ﺍﻣﺎ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ 10-7 ﺭﻭﺯ ﻃﻮﻝ ﺑﻜﺸﺪ.

.4 ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺍﺳﻬﺎﻝ ﻭ ﺍﻧﻮﺍﻉ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻫﺎ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﭼﻮﻥ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺪﺗﺮ ﺷﺪﻥ ﻋﻼﻳﻢ ﺷﻮﻧﺪ.

.5 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.6 ﻣﺼﺮﻑ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﻨﻬﺎ ﺯﻣﺎﻧﻲ ﻻﺯﻡ ﺍﺳﺖ ﻛﻪ ﻋﻠﺖ ﺍﺳﻬﺎﻝ ﻣﻴﻜﺮﻭﺑﻲ ﺑﺎﺷﺪ، ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺁﻥ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺩﻗﻴﻖ ﻭ ﺩﺭ ﺯﻣﺎﻥ ﻣﻨﺎﺳﺐ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺑﻪ ﭘﺎﻳﺎﻥ ﺑﺮﺳﺎﻧﻴﺪ.

.7 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺗﻬﻮﻉ / ﺍﺳﺘﻔﺮﺍﻍ ﻣﻲ ﺗﻮﺍﻧﻴﺪ (ﺗﺮﺟﻴﺤﺎ ﺑﺎ ﻧﻈﺮ ﭘﺰﺷﻚ) ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺗﻬﻮﻉ ﻣﺜﻞ ﻣﺘﻮﻛﻠﻮﭘﺮﺍﻣﻴﺪ ﻳﺎ ﺍﻧﺪﺍﻧﺴﺘﺮﻭﻥ (ﺩﻣﻴﺘﺮﻭﻥ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ. (ﺣﺪﺍﻛﺜﺮ ﺳﻪ ﺑﺎﺭ ﺩﺭ ﺭﻭﺯ )

.8 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺁﺳﭙﻴﺮﻳﻦ، ﺑﺮﻭﻓﻦ ﻭ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻣﻌﺪﻩ ﺧﻮﺍﻫﻨﺪ ﺷﺪ، ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺗﻨﻬﺎ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺑﺮﺍﻱ ﺑﻬﺒﻮﺩﻱ ﺩﺭﺩ ﻭ ﺗﺐ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.9 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻪ ﻋﻠﺖ ﺍﺑﺘﻼ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﺩﺍﺭﻭﻳﻲ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻛﻮﺭﺗﻮﻥ، ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﻓﺸﺎﺭ ﺧﻮﻥ ﻳﺎ ﺩﺍﺭﻭﻫﺎﻱ ﻗﻠﺒﻲ ) ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺑﺪﻭﻥ ﻣﺸﻮﺭﺕ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻱ ﺧﻮﺩ ﻧﻜﻨﻴﺪ.

.10 ﺍﮔﺮ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﻣﺒﺘﻼ ﻫﺴﺘﻴﺪ، ﭘﺰﺷﻚ ﻣﻌﺎﻟﺞ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺟﺮﻳﺎﻥ ﺑﮕﺬﺍﺭﻳﺪ.

.11 ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺁﻣﺎﺩﻩ ﻣﺎﻧﻨﺪ ﺍﻭﺁﺭﺍﺱ ( ORS ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ، ﺍﻳﻦ ﺩﺍﺭﻭ ﺑﻪ ﺷﻜﻞ ﭘﻮﺩﺭ ﺑﻪ ﻓﺮﻭﺵ ﻣﻲ ﺭﺳﺪ، ﻫﺮ ﺑﺴﺘﻪ ﭘﻮﺩﺭ ﺭﺍ ﺩﺭ 4 ﻟﻴﻮﺍﻥ ﺁﺏ ﺳﺮﺩ ﺣﻞ ﻭ ﺩﺭ ﺯﻣﺎﻥ ﺗﺸﻨﮕﻲ ﺍﺯ ﺁﻥ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

12. ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﺩﺳﺘﺮﺳﻲ ﺑﻪ ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺁﻣﺎﺩﻩ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﻗﺎﺷﻖ ﭼﺎﻳﺨﻮﺭﻱ ﻧﻤﻚ ﻭ ﻳﻚ ﻗﺎﺷﻖ ﻏﺬﺍﺧﻮﺭﻱ ﺷﻜﺮ ﺭﺍ ﺩﺭ ﭼﻬﺎﺭ ﻟﻴﻮﺍﻥ ﺁﺏ ﺟﻮﺷﻴﺪﻩ ﻱ ﺳﺮﺩ ﺷﺪﻩ ﺣﻞ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﻫﻨﮕﺎﻡ ﺗﺸﻨﮕﻲ ﺍﺯ ﺁﻥ ﺑﻨﻮﺷﻴﺪ.

.13 ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺭﻭﺯﺍﻧﻪ ﻣﻘﺪﺍﺭ ﺯﻳﺎﺩﻱ ﺁﺏ ﻭ ﻣﺎﻳﻌﺎﺕ ﺑﻨﻮﺷﻴﺪ، ﺑﻬﺘﺮ ﺍﺳﺖ ﻫﺮ -15 20 ﺩﻗﻴﻘﻪ ﻣﻘﺪﺍﺭ ﻛﻤﻲ ﺁﺏ ﺑﻨﻮﺷﻴﺪ ﻭ ﺍﺯ ﻣﺼﺮﻑ ﻣﻘﺪﺍﺭ ﺯﻳﺎﺩ ﻣﺎﻳﻌﺎﺕ ﺩﺭ ﻳﻚ ﻧﻮﺑﺖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺍﺯ ﻣﺎﻳﻌﺎﺕ ﻛﺎﻣﻼ ﺳﺮﺩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.14 ﺍﺯ ﻣﺼﺮﻑ ﺷﻴﺮ، ﭼﺎﻱ ﺳﻨﮕﻴﻦ ﻭ ﻧﻮﺷﻴﺪﻧﻲ ﻫﺎﻱ ﺣﺎﻭﻱ ﻛﺎﻓﺌﻴﻦ ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻗﻬﻮﻩ ﻭ ﻧﺴﻜﺎﻓﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.15 ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﺷﺪﻩ ﻭ ﺍﻧﻮﺍﻉ ﻧﻮﺷﺎﺑﻪ ﻫﺎﻱ ﮔﺎﺯﺩﺍﺭ ﻭ ﻧﻮﺷﻴﺪﻧﻲ ﻫﺎﻱ ﺑﺴﻴﺎﺭ ﺷﻴﺮﻳﻦ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺍﺳﻬﺎﻝ ﺧﻮﺍﻫﺪ ﺷﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﻃﺒﻴﻌﻲ ﻭ ﺭﻗﻴﻖ ﻳﺎ ﻧﻮﺷﻴﺪﻧﻲ ﻫﺎﻱ ﺣﺎﻭﻱ ﻧﻌﻨﺎﻉ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.16 ﺍﺯ ﻣﺼﺮﻑ ﺁﺏ ﻫﺎﻳﻲ ﺑﺎ ﻣﻨﺒﻊ ﻏﻴﺮ ﻣﻄﻤﺌﻦ ﻳﺎ ﻧﺎﻣﺸﺨﺺ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.17 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﻣﺴﺎﻓﺮﺕ ﻫﺴﺘﻴﺪ ﺗﻨﻬﺎ ﺍﺯ ﺁﺏ ﻫﺎﻱ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﺷﺪﻩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﻏﻴﺮ ﺍﻳﻦ ﺻﻮﺭﺕ ﺁﺏ ﺭﺍ ﭘﻴﺶ ﺍﺯ ﻣﺼﺮﻑ ﺣﺪﺍﻗﻞ 10 ﺩﻗﻴﻘﻪ ﺑﺠﻮﺷﺎﻧﻴﺪ.

.18 ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﻣﺼﺮﻑ ﻣﺎﻳﻌﺎﺕ ﺑﺎﻋﺚ ﺑﻬﺒﻮﺩ ﺍﺳﻬﺎﻝ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ ﻧﺨﻮﺍﻫﺪ ﺷﺪ ﻭﻟﻲ ﺍﺯ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ﻭ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﺁﻥ ﺟﻠﻮﮔﻴﺮﻱ ﻣﻲ ﻛﻨﺪ.

.19 ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ 2-1 ﺳﺎﻋﺖ ﭘﺲ ﺍﺯ ﺑﺮﻭﺯ ﺍﺳﺘﻔﺮﺍﻍ ﺍﺯ ﺧﻮﺭﺩﻥ ﻭ ﺁﺷﺎﻣﻴﺪﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.20 ﺩﺭ ﺻﻮﺭﺕ ﺍﺣﺴﺎﺱ ﮔﺮﺳﻨﮕﻲ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻏﺬﺍ ﺑﺨﻮﺭﻳﺪ، ﺑﻬﺘﺮ ﺍﺳﺖ ﺩﺭ ﺍﺑﺘﺪﺍ ﺍﺯ ﻏﺬﺍﻫﺎﻱ ﺳﺎﺩﻩ ﻭ ﺧﺸﻚ ﺑﺎ ﺣﺠﻢ ﻛﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺳﻌﻲ ﻛﻨﻴﺪ ﭘﺲ ﺍﺯ 3-2 ﺭﻭﺯ ﺣﺘﻲ ﺩﺭ ﺻﻮﺭﺕ ﺍﺩﺍﻣﻪ ﻱ ﺍﺳﻬﺎﻝ ﺑﻪ ﺭژﻳﻢ ﻏﺬﺍﻳﻲ ﻫﻤﻴﺸﮕﻲ ﺧﻮﺩ ﺑﺮﮔﺮﺩﻳﺪ.

.21 ﺟﻬﺖ ﺷﺮﻭﻉ ﺭژﻳﻢ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺑﺮﻧﺞ ﻳﺎ ﻏﻼﺕ ﭘﺨﺘﻪ ﺷﺪﻩ، ﺳﻴﺐ، ﻣﻮﺯ، ﻧﺎﻥ، ﮔﻮﺷﺖ ﻭ ﺳﺒﺰﻳﺠﺎﺕ ﭘﺨﺘﻪ ﺷﺪﻩ، ﺳﻴﺐ ﺯﻣﻴﻨﻲ ﻭ ﻣﺎﺳﺖ ﺷﻴﺮﻳﻦ (ﺑﺎ ﭼﺮﺑﻲ ﻛﻢ ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻏﺬﺍ ﺭﺍ ﺑﺎ ﺣﺠﻢ ﻛﻢ ﺩﺭ ﻧﻮﺑﺖ ﻫﺎﻱ ﺯﻳﺎﺩ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.22 ﺍﺯ ﻣﺼﺮﻑ ﻏﺬﺍﻫﺎﻱ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﺷﺪﻩ، ﻓﺴﺖ ﻓﻮﺩ،ﺧﺎﻣﻪ،ﻛﺮﻩ، ﻣﺎﻳﻮﻧﺰ، ﺷﻜﻼﺕ، ﻏﺬﺍﻫﺎﻱ ﺑﺴﻴﺎﺭ ﭼﺮﺏ ﻳﺎ ﭘﺮﺍﺩﻭﻳﻪ ﻭ ﺍﻧﻮﺍﻉ ﺳﺲ ﻫﺎ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.23 ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﺧﺎﻡ ﻭ ﭘﺨﺘﻪ ﺭﺍ ﺟﺪﺍ ﻭ ﺩﻭﺭ ﺍﺯ ﻫﻢ ﺗﻬﻴﻪ، ﻧﮕﻬﺪﺍﺭﻱ ﻭ ﺁﻣﺎﺩﻩ ﺳﺎﺯﻱ ﻛﻨﻴﺪ.

24 . ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﺗﺎﺯﻩ ﻭ ﻓﺎﺳﺪ ﺷﺪﻧﻲ ﺭﺍ ﺩﺭ ﻳﺨﭽﺎﻝ ﻧﮕﻬﺪﺍﺭﻱ ﻛﻨﻴﺪ.

.25 ﺗﺎ ﺯﻣﺎﻥ ﺭﻓﻊ ﻋﻼﻳﻢ ﺍﺯ ﺗﻬﻴﻪ ﻭ ﻃﺒﺦ ﻏﺬﺍ ﺑﺮﺍﻱ ﺳﺎﻳﺮﻳﻦ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.26 ﻣﻮﺍﺩﻏﺬﺍﻳﻲ ﻭ ﺳﺒﺰﻳﺠﺎﺕ ﺭﺍ ﺑﻪ ﺷﻜﻞ ﺧﺎﻡ ﻣﺼﺮﻑ ﻧﻜﻨﻴﺪ.

.27 ﮔﻮﺷﺖ ﻭ ﺗﺨﻢ ﻣﺮﻍ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﻃﺒﺦ ﻛﻨﻴﺪ ﻭ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﻣﺼﺮﻑ ﺍﻧﻮﺍﻉ ﮔﻮﺷﺖ ﺑﻪ ﺷﻜﻞ ﻛﺒﺎﺑﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.28 ﺑﻪ ﻣﻴﺰﺍﻥ ﻛﺎﻓﻲ ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻣﻞ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ.

.29 ﺑﻼﻓﺎﺻﻠﻪ ﭘﺲ ﺍﺯ ﺧﻮﺭﺩﻥ ﻏﺬﺍ ﺑﻪ ﺭﺧﺘﺨﻮﺍﺏ ﻧﺮﻭﻳﺪ ﻭ ﺩﺭﺍﺯ ﻧﻜﺸﻴﺪ.

.30 ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺯﻳﺮ ﺳﺮ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﺑﺎﻻ ﺑﻴﺎﻭﺭﻳﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺍﺯ 2 ﺑﺎﻟﺶ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.31 ﺍﺯ ﻓﻌﺎﻟﻴﺖ ﻓﻴﺰﻳﻜﻲ ﻭ ﻭﺭﺯﺵ ﺳﻨﮕﻴﻦ ﺑﻮﻳﮋﻩ ﺩﺭ ﻫﻮﺍﻱ ﮔﺮﻡ ﻛﻪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﻛﻢ ﺁﺑﻲ ﺑﺪﻥ ﻣﻲ ﺷﻮﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.32 ﺍﺯ ﻛﻠﻴﻪ ﻱ ﻋﻮﺍﻣﻠﻲ ﻛﻪ ﺑﺎﻋﺚ ﻧﮕﺮﺍﻧﻲ، ﺍﺳﺘﺮﺱ، ﺍﺿﻄﺮﺍﺏ ﻳﺎ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ – ﺭﻭﺍﻧﻲ ﻣﻴﺸﻮﻧﺪ ﺗﺎ ﺣﺪﺍﻣﻜﺎﻥ ﺩﻭﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.33 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺩﺭﺩ ﺷﻜﻢ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺩﻭﺵ ﺁﺏ ﮔﺮﻡ ﺑﮕﻴﺮﻳﺪ ﻳﺎ ﺷﻜﻢ ﺭﺍ ﮔﺮﻡ ﻛﻨﻴﺪ (ﻛﻤﭙﺮﺱ ﮔﺮﻡ ﺑﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻛﻴﺴﻪ ﻱ ﺁﺏ ﮔﺮﻡ ﻳﺎ ﻳﻚ ﺣﻮﻟﻪ ﻛﻪ ﺁﻥ ﺭﺍ ﺑﻪ ﻛﻤﻚ ﺍﺗﻮ ﻳﺎ ﺳﺸﻮﺍﺭ ﮔﺮﻡ ﻛﺮﺩﻩ ﺍﻳﺪ)

.34 ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺑﻮﻫﺎﻱ ﺗﻨﺪ ﻭ ﺷﺪﻳﺪ ( ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻋﻄﺮ ﻳﺎ ﺍﺩﻭﻳﻪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.35 ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻣﺮﺗﺐ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﻳﻴﺪ، ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺑﻌﺪ ﺍﺯ ﻫﺮﺑﺎﺭ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺳﺘﺸﻮﻳﻲ، ﻗﺒﻞ ﻭ ﺑﻌﺪ ﺍﺯ ﺧﻮﺭﺩﻥ ﻏﺬﺍ، ﻗﺒﻞ ﻭ ﺑﻌﺪ ﺍﺯ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﺣﺘﻤﺎ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ.

.36 ﻛﻠﻴﻪ ﻱ ﻭﺳﺎﻳﻞ ﺷﺨﺼﻲ ﻭ ﺑﻬﺪﺍﺷﺘﻲ ﺍﺯ ﺟﻤﻠﻪ ﺣﻮﻟﻪ، ﺻﺎﺑﻮﻥ ﻭ ﻇﺮﻭﻑ ﻏﺬﺍﺧﻮﺭﻱ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﺑﻘﻴﻪ ﺟﺪﺍ ﻛﻨﻴﺪ.

.37 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺍﺯ ﺻﺎﺑﻮﻥ ﻣﺎﻳﻊ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﻭ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻴﺪ.

.38 ﻧﺎﺧﻦ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﻛﻮﺗﺎﻩ ﻛﻨﻴﺪ.

.39 ﺍﺯ ﺗﻮﺍﻟﺖ ﻫﺎﻱ ﻣﺠﻬﺰ ﺑﻪ ﺳﻴﻔﻮﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺩﺭ ﺻﻮﺭﺕ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺗﻮﺍﻟﺖ ﻓﺮﻧﮕﻲ ﭘﻴﺶ ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺳﻴﻔﻮﻥ ﺩﺭﺏ ﺁﻥ ﺭﺍ ﺑﺒﻨﺪﻳﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻣﻘﺪﺍﺭﻱ ﺻﺎﺑﻮﻥ ﻣﺎﻳﻊ ﻳﺎ ﻣﺎﻳﻊ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻨﺪﻩ ﺩﺭ ﺩﺍﺧﻞ ﻣﺨﺰﻥ ﺳﻴﻔﻮﻥ ﺑﺮﻳﺰﻳﺪ.

.40 ﺩﺳﺘﺸﻮﻳﻲ ﻭ ﺣﻤﺎﻡ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻣﻜﺮﺭ ﺑﺸﻮﻳﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺿﺪ ﻋﻔﻮﻧﻲ ﻧﻤﺎﻳﻴﺪ.

41 . ﺩﺳﺘﮕﻴﺮﻩ ﻱ ﺩﺭﻫﺎ ﺑﻮﻳﮋﻩ ﺩﺭﺏ ﺩﺳﺘﺸﻮﻳﻲ ﻭ ﺣﻤﺎﻡ ﻭ ﺷﻴﺮﻫﺎﻱ ﺁﺏ ﺭﺍ ﺭﻭﺯﺍﻧﻪ 2-1 ﻧﻮﺑﺖ ﺗﻤﻴﺰ ﻭ ﺿﺪﻋﻔﻮﻧﻲ ﻧﻤﺎﻳﻴﺪ.

.42 ﻟﺒﺎﺱ ﻭ ﻣﻠﺤﻔﻪ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﺑﻘﻴﻪ ﺍﻓﺮﺍﺩ ﺟﺪﺍ ﻛﺮﺩﻩ ﻭ ﺑﺎ ﺁﺏ ﻛﺎﻣﻼ ﺩﺍﻍ ﺑﺸﻮﻳﻴﺪ ﻭ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻴﺪ.

.43 ﺗﻤﺎﺱ ﺧﻮﺩ ﺑﺎ ﺣﻴﻮﺍﻧﺎﺕ، ﭘﺮﻧﺪﮔﺎﻥ ﻭ ﻓﻀﻮﻻﺕ ﺁﻧﻬﺎ ﺭﺍ ﻛﺎﻫﺶ ﺩﻫﻴﺪ.

.44 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ ﻭ ﺗﻨﺒﺎﻛﻮ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.45 ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ ﺩﺭ ﺍﺳﺘﺨﺮ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.46 ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺍﺯ ﺗﻤﺎﺱ ﻧﺰﺩﻳﻚ ﺑﺎ ﺩﻳﮕﺮﺍﻥ ﺑﻪ ﺧﺼﻮﺹ ﻛﻮﺩﻛﺎﻥ (ﻣﺜﻼ ﺩﺳﺖ ﺩﺍﺩﻥ، ﺩﺭ ﺁﻏﻮﺵ ﮔﺮﻓﺘﻦ ﻳﺎ ﺑﻮﺳﻴﺪﻥ ) ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

47. 2-1 ﺭﻭﺯ ﭘﺲ ﺍﺯ ﺭﻓﻊ ﻋﻼﻳﻢ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﺪﺭﺳﻪ ﻳﺎ ﻣﺤﻞ ﻛﺎﺭ ﺧﻮﺩ ﺑﺎﺯﮔﺮﺩﻳﺪ.

**ﻫﻨﮕﺎﻡ ﻣﺴﺎﻓﺮﺕ ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

- ﭘﻴﺶ ﺍﺯ ﺳﻔﺮ ﺑﻪ ﻣﻨﺎﻃﻘﻲ ﺑﺎ ﺁﺏ ﻭ ﻫﻮﺍﻱ ﮔﺮﻡ ﻳﺎ ﻣﺮﻃﻮﺏ ﻳﺎ ﻣﻨﺎﻃﻖ ﺷﻠﻮﻍ ﻭ ﭘﺮ ﺍﺯﺩﺣﺎﻡ ﺑﺎ ﺳﻄﺢ ﺑﻬﺪﺍﺷﺖ ﭘﺎﻳﻴﻦ، ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﺮﺩﻩ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﻻﺯﻡ ﻭ ﺩﺍﺭﻭﻫﺎﻱ ﺍﺣﺘﻤﺎﻟﻲ ﺑﺮﺍﻱ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﺍﺳﻬﺎﻝ ﻣﺴﺎﻓﺮﺗﻲ ﺭﺍ ﺩﺭﻳﺎﻓﺖ ﻛﻨﻴﺪ.

- ﺍﺳﻬﺎﻝ ﻣﺴﺎﻓﺮﺗﻲ ﺍﻏﻠﺐ ﻧﺎﺷﻲ ﺍﺯ ﻋﺪﻡ ﺭﻋﺎﻳﺖ ﺑﻬﺪﺍﺷﺖ ﺁﺏ ﻭ ﻏﺬﺍ ﺍﺳﺖ.

- ﺩﺭ ﻃﻮﻝ ﻣﺴﺎﻓﺮﺕ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺁﺏ ﺷﻴﺮ ﺑﺮﺍﻱ ﺁﺷﺎﻣﻴﺪﻥ ﻳﺎ ﺣﺘﻲ ﻣﺴﻮﺍﻙ ﺯﺩﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

- ﻓﻘﻂ ﺍﺯ ﺁﺏ ﻫﺎﻱ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﺷﺪﻩ ﻳﺎ ﺁﺑﻲ ﻛﻪ ﺣﺪﺍﻗﻞ 10 ﺩﻗﻴﻘﻪ ﺟﻮﺷﺎﻧﺪﻩ ﺷﺪﻩ ﺑﺮﺍﻱ ﺁﺷﺎﻣﻴﺪﻥ ﻳﺎ ﺗﻮﻟﻴﺪ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

- ﺍﺯ ﻣﺼﺮﻑ ﺁﺏ ﻳﺎ ﻳﺦ ﺑﺎ ﻣﻨﺒﻊ ﻧﺎﻣﺸﺨﺺ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺍﺯ ﻣﺼﺮﻑ ﺍﻧﻮﺍﻉ ﻧﻮﺷﻴﺪﻧﻲ ﻫﺎﻱ ﮔﻴﺎﻫﻲ ﻳﺎ ﺷﺮﺑﺖ ﻫﺎﻱ ﻣﺤﻠﻲ ﺩﺳﺖ ﺳﺎﺯ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

- ﺟﻬﺖ ﻧﻮﺷﻴﺪﻥ ﺍﻧﻮﺍﻉ ﻣﺎﻳﻌﺎﺕ ﺍﺯ ﻟﻴﻮﺍﻥ ﺷﺨﺼﻲ ﺧﻮﺩ ﻳﺎ ﻟﻴﻮﺍﻥ ﻫﺎﻱ ﻳﻚ ﺑﺎﺭ ﻣﺼﺮﻑ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

- ﺍﺯ ﻣﺼﺮﻑ ﺍﻧﻮﺍﻉ ﺳﺒﺰﻳﺠﺎﺕ ﺧﺎﻡ ﻭ ﺳﺎﻻﺩ ﺩﺭ ﺭﺳﺘﻮﺭﺍﻥ ﻫﺎ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺟﺎﺩﻩ ﻫﺎ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

- ﺍﺯ ﻣﺼﺮﻑ ﺍﻧﻮﺍﻉ ﻏﺬﺍﻫﺎﻱ ﺧﺎﻡ ﻳﺎ ﻧﻴﻤﻪ ﭘﺨﺘﻪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﮔﻮﺷﺖ ﻛﺒﺎﺑﻲ، ﻏﺬﺍﻫﺎﻱ ﺩﺭﻳﺎﻳﻲ ﻭ ﺗﺨﻢ ﻣﺮﻍ) ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

- ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﻏﺬﺍﻫﺎﻳﻲ ﻛﻪ ﺧﻮﺩﺗﺎﻥ ﺗﻬﻴﻪ ﻛﺮﺩﻩ ﺍﻳﺪ ﻳﺎ ﻏﺬﺍﻫﺎﻱ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﺷﺪﻩ ﻭ ﻛﻨﺴﺮﻭﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

- ﺍﺯ ﻣﺼﺮﻑ ﺍﻧﻮﺍﻉ ﻣﺎﻳﻮﻧﺰ ﻭ ﺳﺲ ﻫﺎ ﻱ ﻏﻴﺮ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﻭ ﺑﺎﺯ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺑﺴﺘﻨﻲ ﻭ ﻟﺒﻨﻴﺎﺕ ﻣﺤﻠﻲ ﻭ ﻏﻴﺮ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﻣﺼﺮﻑ ﻧﻜﻨﻴﺪ.

- ﻓﻘﻂ ﺍﺯ ﻣﻴﻮﻩ ﻫﺎﻳﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻛﻪ ﺧﻮﺩﺗﺎﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﭘﻮﺳﺖ ﺁﻥ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺟﺪﺍ ﻛﻨﻴﺪ.

- ﺍﺯ ﺧﺮﻳﺪ ﻣﻮﺍﺩﻏﺬﺍﻳﻲ ﻛﻪ ﺩﺭ ﺧﺎﺭﺝ ﺍﺯ ﻳﺨﭽﺎﻝ ﻧﮕﻬﺪﺍﺭﻱ ﻣﻲ ﺷﻮﻧﺪ ( ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﺷﻴﺮﻳﻨﻲ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﻗﺪﺍﻡ ﺑﻪ ﺧﺮﻳﺪ ﻫﻴﭻ ﮔﻮﻧﻪ ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﺍﺯ ﻓﺮﻭﺷﻨﺪﮔﺎﻥ ﺩﻭﺭﻩ ﮔﺮﺩ، ﺩﺳﺖ ﻓﺮﻭﺵ ﻫﺎ ﻭ ﺩﻛﻪ ﻫﺎﻱ ﻛﻨﺎﺭ ﺧﻴﺎﺑﺎﻥ ﻧﻜﻨﻴﺪ.

- ﺍﺯ ﺷﻜﺎﺭ ﺍﻧﻮﺍﻉ ﺣﻴﻮﺍﻧﺎﺕ، ﭘﺮﻧﺪﮔﺎﻥ ﻭ ﺁﺑﺰﻳﺎﻥ ﻭ ﻣﺼﺮﻑ ﮔﻮﺷﺖ ﺁﻧﻬﺎ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

- ﺍﺯ ﺩﺳﺘﺸﻮﻳﻲ ﻭ ﺗﻮﺍﻟﺖ ﻫﺎﻱ ﻋﻤﻮﻣﻲ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺟﺎﺩﻩ ﻫﺎ ﻭ ﺧﻴﺎﺑﺎﻥ ﻫﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

- ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ ﺩﺭ ﺍﺳﺘﺨﺮﻫﺎ ﻳﺎ ﺳﻮﺍﺣﻞ ﺷﻠﻮﻍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﻫﻤﻮﺍﺭﻩ ﻟﻴﻮﺍﻥ، ﺻﺎﺑﻮﻥ، ﻣﻘﺪﺍﺭ ﻛﺎﻓﻲ ﺩﺳﺘﻤﺎﻝ ﻛﺎﻏﺬﻱ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﻣﺎﺩﻩ ﻱ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻨﺪﻩ ﻱ ﺩﺳﺖ ﻫﻤﺮﺍﻩ ﺧﻮﺩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ.

- ﺍﺯ ﻫﺮ ﻓﺮﺻﺘﻲ ﺑﺮﺍﻱ ﺷﺴﺘﻦ ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﻭ ﺩﻭﺵ ﮔﺮﻓﺘﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

- ﺍﺯ ﺗﻤﺎﺱ ﻧﺰﺩﻳﻚ ﻭ ﺩﺳﺖ ﺩﺍﺩﻥ ﺑﺎ ﺍﻓﺮﺍﺩ ﻧﺎﺷﻨﺎﺱ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﺷﻜﻢ

- ﺑﺮﻭﺯ ﺩﺭﺩ ﺛﺎﺑﺖ ﻭ ﻣﺪﺍﻭﻡ ﺩﺭ ﻳﻚ ﻧﻘﻄﻪ ﻱ ﺧﺎﺹ ﺷﻜﻢ

- ﺑﺪﺗﺮ ﺷﺪﻥ ﻋﻼﻳﻢ ﻭ ﻋﺪﻡ ﭘﺎﺳﺦ ﺑﻪ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ

- ﺑﻬﺘﺮ ﻧﺸﺪﻥ ﻋﻼﻳﻢ ﭘﺲ ﺍﺯ 3 ﺭﻭﺯ

- ﺩﻓﻊ ﺧﻮﻥ ﻫﻤﺮﺍﻩ ﻣﺪﻓﻮﻉ

- ﺩﻓﻊ ﻣﺪﻓﻮﻉ ﺑﻪ ﺭﻧﮓ ﺳﻴﺎﻩ ﺷﺒﻴﻪ ﺑﻪ ﻗﻴﺮ

- ﻭﺟﻮﺩ ﺧﻮﻥ ﺭﻭﺷﻦ ﻳﺎ ﺗﻴﺮﻩ ﺩﺭ ﻣﺤﺘﻮﻳﺎﺕ ﺍﺳﺘﻔﺮﺍﻍ

- ﺗﺐ ﺑﺎﻻ ( ﺑﻴﺶ ﺍﺯ 38,5 ﺩﺭﺟﻪ)

- ﺗﺸﺪﻳﺪ ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﻗﺎﺩﺭ ﺑﻪ ﺧﻮﺭﺩﻥ ﻭ ﺁﺷﺎﻣﻴﺪﻥ ﻧﺒﺎﺷﻴﺪ

- ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ ﺷﺪﻳﺪ ( ﻧﺨﻮﺭﺩﻥ ﻏﺬﺍ ﺣﺪﺍﻗﻞ ﺑﻪ ﻣﺪﺕ 12 ﺳﺎﻋﺖ )

- ﻋﺪﻡ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﺍﺳﻬﺎﻝ ﭘﺲ ﺍﺯ 10 ﺭﻭﺯ

- ﺍﺣﺴﺎﺱ ﺗﺸﻨﮕﻲ ﻭ ﺧﺸﻜﻲ ﺩﻫﺎﻥ ﺷﺪﻳﺪ ﻭ ﻣﺪﺍﻭﻡ

- ﻛﺎﻫﺶ ﺣﺠﻢ ﺍﺩﺭﺍﺭ (ﻋﺪﻡ ﺩﻓﻊ ﺍﺩﺭﺍﺭ ﺩﺭ ﻃﻮﻝ 8 ﺳﺎﻋﺖ) ﻳﺎ ﺗﻴﺮﻩ ﺷﺪﻥ ﺭﻧﮓ ﺍﺩﺭﺍﺭ

- ﻛﺎﻫﺶ ﺷﺪﻳﺪ ﻭﺯﻥ ﺑﺪﻥ

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﺷﺪﻳﺪ

ﺳﺮﮔﻴﺠﻪ ﻭ ﺳﺒﻜﻲ ﺳﺮ

- ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ (ﺑﻴﻬﻮﺷﻲ)

- ﺑﺮﻭﺯ ﻫﺮﮔﻮﻧﻪ ﺿﺎﻳﻌﺎﺕ ﻭ ﺑﺜﻮﺭﺍﺕ ﭘﻮﺳﺘﻲ

- ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ

- ﺩﺭﺩ ﻳﺎ ﺳﻔﺘﻲ ﺣﺮﻛﺎﺕ ﮔﺮﺩﻥ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺗﻨﮕﻲ ﻧﻔﺲ

- ﺗﻌﺮﻳﻖ ﻳﺎ ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﺷﺪﻳﺪ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺩﺭﺩ ﻛﻤﺮ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ................................................... ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺩﺭﺩ ﺣﺎﺩ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﻛﻤﺮ ﻭ ﭘﺸﺖ ﺧﻮﺩ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ .

□ ﺩﺭﺩ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺿﺮﺑﻪ (ﺑﺮﺧﻮﺭﺩ ﺑﺎ ﺟﺴﻢ ﺳﺨﺖ ) ﻳﺎ ﺗﺼﺎﺩﻑ ﺍﻳﺠﺎﺩ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺩﺭﺩ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺣﺮﻛﺖ ﻳﺎ ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﻲ ﻧﺎﮔﻬﺎﻧﻲ،ﻧﺎﻣﻨﺎﺳﺐ ﻭ ﺷﺪﻳﺪ ﻳﺎ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﺑﺎﺭﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺍﻳﺠﺎﺩ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺩﺭﺩ ﻛﻤﺮ ﺷﻤﺎ ﺑﺪﻭﻥ ﻭﺍﺭﺩ ﺷﺪﻥ ﺿﺮﺑﻪ ﻳﺎ ﺁﺳﻴﺐ ﻭ ﻋﻠﺖ ﻣﺸﺨﺼﻲ ﺍﻳﺠﺎﺩ ﺷﺪﻩ ﺍﺳﺖ .

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻓﻌﻠﻲ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﻋﻠﺖ ﻫﺎﻱ ﻣﻬﻢ ﻭ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﺩﺭﺩ ﻛﻤﺮ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺭﺩ ﺷﺪﻩ ﺍﻧﺪ ﻭ ﻓﻌﻼ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻳﺎ ﺍﻧﺠﺎﻡ ﻋﻤﻞ ﺟﺮﺍﺣﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ . ﻛﻤﺮﺩﺭﺩ ﻳﻜﻲ ﺍﺯﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺷﻜﺎﻳﺖ ﻫﺎﻱ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﺍﺳﺖ ﻭ ﺍﻏﻠﺐ ﻣﺮﺩﻡ ﺣﺪﺍﻗﻞ ﻳﻚ ﺑﺎﺭ ﺁﻥ ﺭﺍ ﺗﺠﺮﺑﻪ ﻣﻲ ﻛﻨﻨﺪ، ﻋﻠﺖ ﻫﺎﻱ ﺑﺴﻴﺎﺭ ﻣﺨﺘﻠﻔﻲ ﺑﺮﺍﻱ ﺁﻥ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺍﻣﺎ ﺻﺮﻑ ﻧﻈﺮ ﺍﺯ ﻋﻠﺖ ﺍﻳﺠﺎﺩ ﺩﺭﺩ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺍﻳﻦ ﺩﺭﺩﻫﺎ ﺑﺪﻭﻥ ﻧﻴﺎﺯ ﺑﻪ ﺟﺮﺍﺣﻲ ﻳﺎ ﻣﺪﺍﺧﻼﺕ ﭘﻴﺸﺮﻓﺘﻪ ﻛﺎﻣﻼ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﻨﺪ. ﻛﻤﺮ ﺩﺭﺩ ﻣﻌﻤﻮﻻ ﺩﺭ ﺍﻓﺮﺍﺩ ﻭ ﺷﺮﺍﻳﻂ ﺯﻳﺮ ﺑﻴﺸﺘﺮ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﺩ :

- ﺍﻓﺮﺍﺩ ﻣﺴﻦ

- ﺧﺎﻧﻢ ﻫﺎ

- ﺍﻓﺮﺍﺩ ﺩﺍﺭﺍﻱ ﺍﺿﺎﻓﻪ ﻭﺯﻥ

- ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ

- ﻓﻌﺎﻟﻴﺖ ﻓﻴﺰﻳﻜﻲ ﺷﺪﻳﺪ ﻭ ﺳﻨﮕﻴﻦ

- ﺍﻳﺴﺘﺎﺩﻥ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﻭ ﻣﺪﺍﻭﻡ

- ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﺑﺪﻧﻲ ﺛﺎﺑﺖ ﺑﺮﺍﻱ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ( ﻣﺜﻼ ﻧﺸﺴﺘﻦ ﺯﻳﺎﺩ ﺩﺭ ﻣﺸﺎﻏﻞ ﺍﺩﺍﺭﻱ ﻳﺎ ﻫﻨﮕﺎﻡ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ )

- ﺍﺳﺘﺮﺱ، ﺍﺿﻄﺮﺍﺏ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﺭﻭﺍﻧﻲ – ﻋﺼﺒﻲ

- ﺣﻤﻞ ﺑﺎﺭﻫﺎﻱ ﺳﻨﮕﻴﻦ

- ﺭﺍﻧﻨﺪﮔﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﻭ ﻣﺪﺍﻭﻡ

- ﭘﺮﺵ ﺍﺯ ﺍﺭﺗﻔﺎﻉ ﺯﻳﺎﺩ

- ﭘﻴﺎﺩﻩ ﺭﻭﻱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺪﻭﻥ ﺁﻣﺎﺩﮔﻲ ﻗﺒﻠﻲ ﻳﺎ ﺩﺭ ﺯﻣﻴﻦ ﻧﺎﻫﻤﻮﺍﺭ ﻳﺎ ﺑﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻛﻔﺶ ﻫﺎﻱ ﻧﺎﻣﻨﺎﺳﺐ (ﻛﻔﺶ ﻫﺎﻱ ﺗﻨﮓ ﻳﺎ ﺭﻭﻳﻪ ﻛﻮﺗﺎﻩ ﻳﺎ ﻛﺎﻣﻼ ﺗﺨﺖ ﻳﺎ ﺑﺎ ﭘﺎﺷﻨﻪ ﻫﺎﻱ ﺑﻠﻨﺪ )

- ﻣﺎﻩ ﻫﺎﻱ ﭘﺎﻳﺎﻥ ﺑﺎﺭﺩﺍﺭﻱ

- ﺍﺑﺘﻼ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺰﻣﻦ ﺩﺳﺘﮕﺎﻩ ﺍﺳﺘﺨﻮﺍﻧﻲ – ﻋﻀﻼﻧﻲ ﻣﺎﻧﻨﺪ ﺁﺭﺗﺮﻭﺯ

ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﻋﻠﺖ ﺩﺭﺩﻫﺎﻱ ﻛﻤﺮﻱ ﮔﺮﻓﺘﮕﻲ ﻭ ﺳﻔﺖ ﺷﺪﻥ ﻋﻀﻼﺕ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺍﺧﺘﻼﻻﺕ ﻣﺮﺑﻮﻁ ﺑﻪ ﺩﻳﺴﻚ ﺑﻴﻦ ﻣﻬﺮﻩ ﻫﺎﻱ ﻛﻤﺮﻱ ﺍﺳﺖ .

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ .. ................................ ﺑﻪ ﻋﻨﻮﺍﻥ ﻋﻠﺖ ﺍﺻﻠﻲ ﺩﺭﺩ ﻛﻤﺮ ﺷﻤﺎ ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ .

**ﺗﺸﺨﻴﺺ :**

ﺗﺸﺨﻴﺺ ﻋﻠﺖ ﺩﺭﺩﻫﺎﻱ ﻛﻤﺮﻱ ﺍﻏﻠﺐ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ، ﺳﺎﺑﻘﻪ ﻱ ﻭﺟﻮﺩ ﺿﺮﺑﻪ ﻳﺎ ﺁﺳﻴﺐ، ﻋﻼﻳﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺑﺎﻟﻴﻨﻲ ﺻﻮﺭﺕ ﻣﻲ ﮔﻴﺮﺩ ﻭ ﺗﻨﻬﺎ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ( ﻣﺜﻼ ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ ﺳﺎﺑﻘﻪ ﻱ ﺿﺮﺑﻪ، ﺗﺼﺎﺩﻑ ﺷﺪﻳﺪ ﻳﺎ ﺳﻘﻮﻁ ) ﻳﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺧﻮﺍﻫﺪ ﺑﻮﺩ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻛﻤﺮ ﻧﺪﺍﺭﻳﺪ .

□ ﺍﺯ ﺳﺘﻮﻥ ﻣﻬﺮﻩ ﻫﺎﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﺩﺭ ﺁﻥ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮﻃﺒﻴﻌﻲ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

□ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻛﻤﺮ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ / ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻧﻴﺎﺯ ﺑﻪ ﺍﻗﺪﺍﻡ ﺍﻭﺭژﺍﻧﺴﻲ ﻧﺪﺍﺭﻳﺪ ﻭ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﭼﻨﺪ ﺭﻭﺯ ﺁﻳﻨﺪﻩ ﺑﻪ ﻣﺘﺨﺼﺺ ﺟﺮﺍﺣﻲ ﻣﻐﺰ ﻭ ﺍﻋﺼﺎﺏ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺩﺭﺩ ﻣﻌﻤﻮﻻ ﭘﺲ ﺍﺯ 3-2 ﺭﻭﺯ ﺑﻬﺒﻮﺩ ﻧﺴﺒﻲ ﻣﻲ ﻳﺎﺑﺪ ﺍﻣﺎ ﺍﻏﻠﺐ ﺗﺎ 2 ﻫﻔﺘﻪ ﺍﺩﺍﻣﻪ ﭘﻴﺪﺍ ﻣﻲ ﻛﻨﺪ، ﻫﺮﭼﻨﺪ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺩﺭﺩ ﺑﻪ 6- 4 ﻫﻔﺘﻪ ﺯﻣﺎﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺩﺍﺷﺖ .

.2 ﺍﺯ ﺍﺳﺘﺮﺍﺣﺖ ﻣﺪﺍﻭﻡ ﺩﺭ ﺑﺴﺘﺮ ﺑﻴﺶ ﺍﺯ 2-1 ﺭﻭﺯ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺭﻭﺯﻣﺮﻩ ﻱ ﺧﻮﺩ ﺑﺎﺯﮔﺮﺩﻳﺪ ، ﭼﻮﻥ ﺍﺳﺘﺮﺍﺣﺖ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺎﻋﺚ ﺿﻌﻒ ﻭ ﺧﺸﻜﻲ ﻋﻀﻼﺕ ﻭ ﻃﻮﻻﻧﻲ ﺷﺪﻥ ﺩﻭﺭﻩ ﻱ ﺩﺭﺩ ﻭ ﻧﺎﺗﻮﺍﻧﻲ ﻣﻲ ﺷﻮﺩ (ﺍﻟﺒﺘﻪ ﺍﺯ ﺍﻧﺠﺎﻡ ﺣﺮﻛﺎﺕ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﺮﻳﻊ، ﻧﺎﮔﻬﺎﻧﻲ،ﻃﻮﻻﻧﻲ ﻣﺪﺕ، ﭘﻴﻮﺳﺘﻪ ﻭ ﺷﺪﻳﺪ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻣﺴﺘﻘﻴﻢ ﺑﺮ ﻛﻤﺮ ﻳﺎ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻣﻲ ﺷﻮﻧﺪ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ ).

.3 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﺎﻧﻨﺪ ﺗﺮﻛﻴﺒﺎﺕ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ، ﺑﺮﻭﻓﻦ، ژﻟﻮﻓﻦ ﻭ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺭﺍ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.4 ﺍﮔﺮ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺷﻞ ﻛﻨﻨﺪﻩ ﻱ ﻋﻀﻼﻧﻲ (ﻣﺎﻧﻨﺪ ﻣﺘﻮﻛﺎﺭﺑﺎﻣﻮﻝ ﻳﺎ ﺑﺎﻛﻠﻮﻓﻦ ) ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺩﺍﺭﻭ ﺭﺍ ﻓﻘﻂ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﺗﺠﻮﻳﺰ ﻭ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ، ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺑﻴﺶ ﺍﺯ ﺍﻧﺪﺍﺯﻩ ﻭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﺑﺎﻋﺚ ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺑﺮﻭﺯ ﻧﺎﺭﺍﺣﺘﻲ ﻫﺎﻱ ﮔﻮﺍﺭﺷﻲ ﻭ ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﻣﻌﺪﻩ ﺧﻮﺍﻫﺪ ﺷﺪ.

.5 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ ( ﺍﻧﻮﺍﻉ ﻗﺮﺹ ﻭ ﺁﻣﭙﻮﻝ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻭ ﻣﻬﻤﻲ ﺍﻳﺠﺎﺩ ﻛﻨﻨﺪ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭﻣﺎﻥ ﭘﺬﻳﺮ ﻧﻴﺴﺘﻨﺪ.

.6 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺩﺭﻣﺎﻥ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﺗﺮﻛﻴﺒﺎﺕ ﻛﻮﺭﺗﻮﻥ ﻫﺎ ) ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺁﻥ ﻧﻜﻨﻴﺪ ﻭ ﺟﻬﺖ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﻣﺎﻥ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﻨﻴﺪ.

.7 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﻣﺎﻧﻨﺪ ﺩﻳﺎﺑﺖ، ﭘﻮﻛﻲ ﺍﺳﺘﺨﻮﺍﻥ، ﺁﺭﺗﺮﻭﺯ، ﺍﻧﻮﺍﻉ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻋﻔﻮﻧﻲ، ﻛﻠﻴﻮﻱ ﻭ....... ﻣﺒﺘﻼ ﻫﺴﺘﻴﺪ ﻭﺿﻌﻴﺖ ﺑﻴﻤﺎﺭﻱ ﻭ ﺩﺍﺭﻭﻫﺎﻱ ﻣﺼﺮﻓﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺩﻫﻴﺪ.

.8 ﺩﺭ ﺭﻭﺯ ﺍﻭﻝ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺟﻬﺖ ﺑﻬﺒﻮﺩ ﺩﺭﺩ ﻭ ﺭﻓﻊ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ (ﺑﻮﻳﮋﻩ ﺍﮔﺮ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﻭ ﻛﻤﺮﺩﺭﺩ ﺷﻤﺎ ﺑﺪﻧﺒﺎﻝ ﺿﺮﺑﻪ ﻳﺎ ﺣﺮﻛﺎﺕ ﻧﺎﻣﻨﺎﺳﺐ ﺑﺮﻭﺯ ﻛﺮﺩﻩ ﺍﺳﺖ ). ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺭﺍ ﺑﻪ ﻣﺪﺕ 15 ﺑﺮ ﺭﻭﻱ ﻋﻀﻼﺕ ﭘﺸﺖ ﻭ ﻛﻤﺮ (ﺩﺭ ﺩﻭﻃﺮﻑ ﺳﺘﻮﻥ ﻣﻬﺮﻩ ﻫﺎ ) ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﻫﺮ 4-3 ﺳﺎﻋﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻳﺦ ﺩﺭ ﺗﻤﺎﺱ ﻣﺴﺘﻘﻴﻢ ﺑﺎ ﭘﻮﺳﺖ ﻗﺮﺍﺭ ﻧﮕﻴﺮﺩ ﻭ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﭘﻮﺳﺖ ﻧﺸﻮﺩ، ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺗﻐﻴﻴﺮ ﺭﻧﮓ (ﻛﺒﻮﺩﻱ) ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻳﺦ ﺭﺍ ﻣﺘﻮﻗﻒ ﻛﻨﻴﺪ.

.9 ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺑﻌﺪ ﺍﺯ ﻛﻤﭙﺮﺱ ﮔﺮﻡ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﮔﺮﻡ ﺑﻪ ﺭﻭﺵ ﺑﺎﻻ (ﻫﻨﮕﺎﻡ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﺭﻭﺯﺍﻧﻪ 4 ﻧﻮﺑﺖ ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻳﺎ ﺩﻭﺵ ﺁﺏ ﮔﺮﻡ ﺑﮕﻴﺮﻳﺪ. ﻣﺮﺍﻗﺐ ﺑﺎﺷﻴﺪ ﺍﻳﻦ ﻛﺎﺭ ﻣﻮﺟﺐ ﺳﻮﺧﺘﮕﻲ ﭘﻮﺳﺖ ﺷﻤﺎ ﻧﺸﻮﺩ (ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻗﺮﻣﺰﻱ ﺷﺪﻳﺪ ﭘﻮﺳﺖ، ﺍﺩﺍﻣﻪ ﻱ ﻛﺎﺭ ﺭﺍ ﻣﺘﻮﻗﻒ ﻛﻨﻴﺪ )

10. ماﺳﺎژ ﻋﻀﻼﺕ ﻛﻤﺮ ﻭ ﺷﺎﻧﻪ ﻫﺎ ﺑﻪ ﺧﺼﻮﺹ ﺑﻌﺪ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﮔﺮﻡ ﻭ ﻗﺒﻞ ﻭ ﺑﻌﺪ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﺎﻋﺚ ﺑﻬﺒﻮﺩ ﺩﺭﺩ ﻭ ﺭﻓﻊ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﻧﻲ ﻣﻲ ﺷﻮﺩ.

.11 ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻫﻨﮕﺎﻡ ﻣﺎﺳﺎژ ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﺿﺪ ﺩﺭﺩ، ﺿﺪ ﺍﻟﺘﻬﺎﺏ ﻳﺎ ﺷﻞ ﻛﻨﻨﺪﻩ ﻱ ﻋﻀﻼﻧﻲ ﻣﻮﺿﻌﻲ ﺷﺎﻣﻞ ﺍﻧﻮﺍﻉ ژﻝ، ﻛﺮﻡ، ﭘﻤﺎﺩ، ﺭﻭﻏﻦ ﻭ ﻟﻮﺳﻴﻮﻥ ( ﻣﺜﻞ ﭘﻴﺮﻭﻛﺴﻴﻜﺎﻡ، ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﻳﺎ ﺍﻧﻮﺍﻉ ﻓﺮﺁﻭﺭﺩﻩ ﻫﺎﻱ ﮔﻴﺎﻫﻲ ﻣﺎﻧﻨﺪ ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﻋﺼﺎﺭﻩ ﻱ ﺭﺯﻣﺎﺭﻱ، ﻧﻌﻨﺎﻉ، ﻓﻠﻔﻞ ﻭ..... ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.12 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻫﻢ ﺯﻣﺎﻥ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﻣﻮﺿﻌﻲ ﻭ ﺧﻮﺭﺍﻛﻲ ﻣﺸﺎﺑﻪ ﻣﺎﻧﻨﺪ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﺗﻮﺻﻴﻪ ﻧﻤﻲ ﺷﻮﺩ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﭘﻤﺎﺩﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﻭ ﭘﻴﺮﻭﻛﺴﻴﻜﺎﻡ ﺑﻬﺘﺮ ﺍﺳﺖ ﺗﻨﻬﺎ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺑﻪ ﻋﻨﻮﺍﻥ ﻣﺴﻜﻦ ﺧﻮﺭﺍﻛﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻣﺼﺮﻑ ﻗﺮﺹ ﻫﺎﻱ ﺑﺮﻭﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ، ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﻭ ژﻟﻮﻓﻦ ﻳﺎ ﺷﻴﺎﻑ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.13 ﺑ ﺮﺍﻱ ﺧﻮﺍﺑﻴﺪﻥ ﺍﺯ ﺗﺸﻚ ﻫﺎﻱ ﻣﺤﻜﻢ ﻭ ﺳﺨﺖ ﻛﻪ ﺑﺎ ﺣﺮﻛﺎﺕ ﺑﺪﻥ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻧﻤﻲ ﺩﻫﻨﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺑﺴﺘﺮﻫﺎﻱ ﻧﺮﻡ ﻛﻪ ﺑﻪ ﺷﻜﻞ ﺑﺪﻥ ﺷﻤﺎ ﺩﺭﻣﻲ ﺁﻳﻨﺪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻥ ﻭ ﻛﻤﺮ ﻣﻲ ﺷﻮﻧﺪ.

.14 ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﺮ ﺭﻭﻱ ﺯﻣﻴﻦ ﻳﺎ ﻣﺒﻞ ﺧﻮﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.15 ﻫﻨﮕﺎﻡ ﺍﺳﺘﺮﺍﺣﺖ، ﺑﻪ ﭘﻬﻠﻮ ﻳﺎ ﭘﺸﺖ ﺑﺨﻮﺍﺑﻴﺪ ﻭ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺭﻭﻱ ﺷﻜﻢ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.16 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮ ﺭﻭﻱ ﭘﻬﻠﻮ ﻣﻲ ﺧﻮﺍﺑﻴﺪ ﺩﺳﺖ ﭘﺎﻳﻴﻨﻲ ﺧﻮﺩ ﺭﺍ ﻣﻘﺎﺑﻞ ﺳﻴﻨﻪ ﻱ ﺧﻮﺩ ﺩﺭ ﺟﻠﻮ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﺮ ﺭﻭﻱ ﺩﺳﺖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺩﺭ ﺍﻳﻦ ﺣﺎﻟﺖ ﺑﻬﺘﺮ ﺍﺳﺖ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻛﻤﻲ ﺧﻢ ﻛﺮﺩﻩ ﻭ ﻳﻚ ﺑﺎﻟﺶ ﺑﻴﻦ ﺁﻧﻬﺎ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺑﻪ ﭘﺸﺖ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻣﻲ ﻛﻨﻴﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺑﺎﻟﺶ ﻧﺎﺯﻙ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﺗﺎ ﺷﺪﻩ ﺭﺍ ﺩﺭ ﻗﺴﻤﺖ ﮔﻮﺩ ﻛﻤﺮ ﺧﻮﺩ ﻳﺎ ﺯﻳﺮ ﺯﺍﻧﻮﻫﺎ ﺑﻴﻦ ﺗﺸﻚ ﻭ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.17 ﺯﻳﺮ ﺳﺮ ﺷﻤﺎ ﺑﺎﻳﺪ ﺑﻪ ﺍﻧﺪﺍﺯﻩ ﺍﻱ ﺑﺎﻻ ﺑﺎﺷﺪ ﻛﻪ ﺳﺮ ﻭ ﮔﺮﺩﻧﺘﺎﻥ ﻛﺎﻣﻼ ﻣﺴﺘﻘﻴﻢ ﺩﺭ ﻳﻚ ﺭﺍﺳﺘﺎ ﻭ ﺩﺭ ﺍﻣﺘﺪﺍﺩ ﭘﺸﺖ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺳﺘﻮﻥ ﻣﻬﺮﻩ ﻫﺎ ﻣﺴﺘﻘﻴﻢ ﺑﻮﺩﻩ ﻭ ﮔﺮﺩﻥ ﺑﻪ ﻋﻘﺐ ﻳﺎ ﺟﻠﻮ ﺧﻢ ﻧﺸﺪﻩ ﺑﺎﺷﺪ .

.18 ﺑﺎﻟﺶ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﮔﻮﻧﻪ ﺍﻱ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﺷﻴﺐ ﻣﻼﻳﻤﻲ ﺑﺎ ﺗﺸﻚ ﺍﻳﺠﺎﺩ ﺷﻮﺩ ﻭ ﺷﺎﻧﻪ ﻫﺎﻱ ﺷﻤﺎ ﺑﺮ ﺭﻭﻱ ﻟﺒﻪ ﻱ ﺑﺎﻟﺶ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ ﻭ ﺍﺯ ﺍﻳﺠﺎﺩ ﺣﺎﻟﺖ ﭘﻠﻜﺎﻧﻲ (ﺑﺎﻻ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻦ ﺳﺮ ﻭ ﭘﺎﻳﻴﻦ ﺑﻮﺩﻥ ﺷﺎﻧﻪ ﻫﺎ ﺑﺮ ﺭﻭﻱ ﺗﺸﻚ ) ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.19 ﻫﻨﮕﺎﻡ ﺧﺮﻭﺝ ﺍﺯ ﺗﺨﺘﺨﻮﺍﺏ، ﺍﺑﺘﺪﺍ ﺩﺭ ﺣﺎﻟﺖ ﺩﺭﺍﺯ ﻛﺶ ﺑﻪ ﭘﺸﺖ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﻪ ﻟﺒﻪ ﻱ ﺗﺨﺖ ﻧﺰﺩﻳﻚ ﺷﻮﻳﺪ، ﺑﻪ ﭘﻬﻠﻮ ﺑﭽﺮﺧﻴﺪ، ﺑﻪ ﺁﺭﺍﻣﻲ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﻫﻢ ﺑﻪ ﺳﻤﺖ ﺯﻣﻴﻦ ﺁﻭﻳﺰﺍﻥ ﻛﻨﻴﺪ، ﻫﻢ ﺯﻣﺎﻥ ﺑﺎ ﺗﻜﻴﻪ ﺑﺮ ﺭﻭﻱ ﺩﺳﺘﻲ ﻛﻪ ﺑﻪ ﺗﺸﻚ ﻧﺰﺩﻳﻚ ﺗﺮ ﺍﺳﺖ ﺍﺯ ﺟﺎﻱ ﺧﻮﺩ ﺑﺮﺧﺎﺳﺘﻪ ﻭ ﺩﺭ ﺣﺎﻟﻲ ﻛﻪ ﻛﻒ ﭘﺎﻫﺎ ﺑﺮ ﺭﻭﻱ ﺯﻣﻴﻦ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻪ ﺭﻭﻱ ﻟﺒﻪ ﻱ ﺗﺨﺖ ﺑﻨﺸﻴﻨﻴﺪ ﻭ ﺩﺭ ﻧﻬﺎﻳﺖ ﺑﺎ ﺗﻜﻴﻪ ﺑﺮ ﺭﻭﻱ ﺩﻭ ﺫﺳﺖ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺮﺧﻴﺰﻳﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻫﻨﮕﺎﻡ ﺑﺮﺧﺎﺳﺘﻦ ﺍﺯ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ﺑﻪ ﺍﻳﺴﺘﺎﺩﻩﭘﺸﺖ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﺻﺎﻑ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻪ ﻭ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺟﻠﻮ ﺧﻢ ﻧﻜﻨﻴﺪ. ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﻭ ﻭﺭﻭﺩ ﺑﻪ ﺗﺨﺖ، ﻫﻤﻴﻦ ﻣﺮﺍﺣﻞ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺑﺮﻋﻜﺲ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ.

.20 ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ ﺍﺯ ﺻﻨﺪﻟﻲ ﻫﺎﻱ ﻛﺎﻣﻼ ﻣﺤﻜﻢ ﻭ ﺑﺎ ﭘﺸﺘﻲ ﺻﺎﻑ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ،ﻣﺒﻞ ﻫﺎﻱ ﺭﺍﺣﺘﻲ ﺩﺍﺭﺍﻱ ﺗﺸﻚ ﻫﺎﻱ ﻧﺮﻡ ﻛﻪ ﺑﻪ ﺭﺍﺣﺘﻲ ﻓﺮﻭﺭﻓﺘﻪ ﻭ ﺑﻪ ﺷﻜﻞ ﺑﺪﻥ ﺷﻤﺎ ﺩﺭﻣﻲ ﺁﻳﻨﺪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻥ ﻭ ﻛﻤﺮ ﻣﻲ ﺷﻮﻧﺪ، ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ ﺑﺎﻳﺪ ﺷﺎﻧﻪ ﻫﺎ، ﭘﺸﺖ ﻭ ﻟﮕﻦ ﺷﻤﺎ ﺩﺭ ﺗﻤﺎﺱ ﻛﺎﻣﻞ ﺑﺎ ﭘﺸﺘﻲ ﺻﻨﺪﻟﻲ ﺑﺎﺷﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺑﺎﻟﺶ ﻧﺎﺯﻙ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﺗﺎ ﺷﺪﻩ ﺭﺍ ﺩﺭ ﻗﺴﻤﺖ ﮔﻮﺩ ﻛﻤﺮ ﺧﻮﺩ ﺑﻴﻦ ﺻﻨﺪﻟﻲ ﻭ ﻛﻤﺮ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﺍﺯ ﺭﻭﻱ ﻫﻢ ﺍﻧﺪﺍﺧﺘﻦ ﭘﺎﻫﺎ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﻛﻨﺎﺭ ﻫﻢ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.21 ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ ﺍﺯ ﺻﻨﺪﻟﻲ ﻫﺎﻳﻲ ﺑﺎ ﺍﺭﺗﻔﺎﻉ ﻣﻨﺎﺳﺐ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺯﺍﻧﻮﻫﺎ ﻭ ﻟﮕﻦ ﺷﻤﺎ ﺩﺭ ﻳﻚ ﺍﻣﺘﺪﺍﺩ ﺑﻮﺩﻩ ﻭ ﺭﺍﻥ ﻫﺎﻛﺎﻣﻼ ﺍﻓﻘﻲ ﻭ ﺻﺎﻑ ﻗﺮﺍﺭ ﺑﮕﻴﺮﻧﺪ، ﺍﺯ ﻧﺸﺴﺘﻦ ﺑﺮ ﺭﻭﻱ ﺻﻨﺪﻟﻲ ﻫﺎﻱ ﻛﻮﺗﺎﻩ ( ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﺯﺍﻧﻮﻫﺎ ﺑﺎﻻ ﺁﻣﺪﻩ ﻭ ﺑﺎﻻﺗﺮ ﺍﺯ ﺳﻄﺢ ﻟﮕﻦ ﻗﺮﺍﺭ ﺑﮕﻴﺮﻧﺪ ) ﻳﺎ ﺑﻠﻨﺪ ( ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭘﺎﻫﺎ ﺁﻭﻳﺰﺍﻥ ﻭ ﺭﺍﻥ ﻫﺎ ﺑﺎ ﺷﻴﺐ ﺭﻭ ﺑﻪ ﭘﺎﻳﻴﻦ ﺑﺎﺷﻨﺪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.22 ﻫﻨﮕﺎﻡ ﺗﻤﺎﺷﺎﻱ ﺗﻠﻮﻳﺰﻳﻮﻥ، ﻣﻄﺎﻟﻌﻪ ﻳﺎ ﺍﺳﺘﺮﺍﺣﺖ ﺍﺯ ﺩﺭﺍﺯ ﻛﺸﻴﺪﻥ ﺑﺮ ﺭﻭﻱ ﻣﺒﻞ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﺻﻨﺪﻟﻲ ﻫﺎﻳﻲ ﺑﺎ ﻭﻳﮋﮔﻲ ﻫﺎﻱ ﺑﺎﻻ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.23 ﺍﺯ ﻧﺸﺴﺘﻦ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺩﺭ ﻭﺿﻌﻴﺘﻲ ﻛﻪ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺟﻠﻮ ﺩﺭﺍﺯ ﻛﺮﺩﻩ ﺍﻳﺪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ( ﻣﺎﻧﻨﺪ ﻧﺸﺴﺘﻦ ﺩﺭ ﺭﺧﺘﺨﻮﺍﺏ ﻳﺎ ﺭﻭﻱ ﺯﻣﻴﻦ ﻳﺎ ﺩﺍﺧﻞ ﻭﺍﻥ ﺣﻤﺎﻡ ﺑﺎ ﭘﺎﻫﺎﻱ ﺩﺭﺍﺯ ﻛﺮﺩﻩ ﻳﺎ ﺑﺎﻻ ﻗﺮﺍﺭ ﺩﺍﺩﻥ ﭘﺎﻫﺎ ﺑﺎ ﺗﻜﻴﻪ ﺑﺮ ﺭﻭﻱ ﻳﻚ ﭼﻬﺎﺭﭘﺎﻳﻪ ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ ﺑﺮ ﺭﻭﻱ ﺻﻨﺪﻟﻲ ) ﭼﻮﻥ ﺍﻳﻦ ﺣﺎﻟﺖ ﺑﺎ ﺍﺯ ﺑﻴﻦ ﺑﺮﺩﻥ ﮔﻮﺩﻱ ﻭ ﺍﻧﺤﻨﺎﻱ ﻃﺒﻴﻌﻲ ﻛﻤﺮ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﺷﻤﺎ ﻣﻲ ﺷﻮﺩ.

.24 ﭘﺸﺘﻲ ﺻﻨﺪﻟﻲ ﺍﺗﻮﻣﺒﻴﻞ ﺭﺍ ﺩﺭ ﺣﺎﻟﺖ ﻛﺎﻣﻼ ﺻﺎﻑ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺍﺯ ﺧﻢ ﻛﺮﺩﻥ ﺁﻥ ﺑﻪ ﻋﻘﺐ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺑﺎﻟﺶ ﻧﺎﺯﻙ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﺗﺎ ﺷﺪﻩ ﺭﺍ ﺩﺭ ﻗﺴﻤﺖ ﮔﻮﺩ ﻛﻤﺮ ﺧﻮﺩ ﺑﻴﻦ ﺻﻨﺪﻟﻲ ﻭ ﻛﻤﺮ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﺻﻨﺪﻟﻲ ﺭﺍ ﻛﺎﻣﻼ ﺑﻪ ﺟﻠﻮ ﺑﻜﺸﻴﺪ ﺗﺎ ﭘﺎﻫﺎ ﺩﺭ ﻧﺰﺩﻳﻚ ﺗﺮﻳﻦ ﺣﺎﻟﺖ ﺑﻪ ﭘﺪﺍﻝ ﻫﺎ ﻗﺮﺍﺭ ﺑﮕﻴﺮﻧﺪ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﺁﻥ ﻫﺎ ﻫﻨﮕﺎﻡ ﻓﺸﺎﺭ ﺑﺮ ﭘﺪﺍﻝ ﻧﺒﺎﺷﺪ.

25. ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.26 ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ، ﺍﻳﺴﺘﺎﺩﻥ ﻭ ﺭﺍﻩ ﺭﻓﺘﻦ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﻭﺿﻌﻴﺖ ﺻﺤﻴﺢ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭘﺸﺖ ﺷﻤﺎ ﻛﺎﻣﻼ ﻛﺸﻴﺪﻩ ﻭ ﺻﺎﻑ ﻭ ﺑﺪﻭﻥ ﺧﻤﻴﺪﮔﻲ ﺑﺎﺷﺪ، ﮔﺮﺩﻥ ﺩﺭ ﺍﻣﺘﺪﺍﺩ ﭘﺸﺖ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻪ،ﺷﺎﻧﻪ ﻫﺎ ﺭﻭ ﺑﻪ ﻋﻘﺐ ﺑﺪﻭﻥ ﺍﻓﺘﺎﺩﮔﻲ ﻭ ﺳﻴﻨﻪ ﺭﻭ ﺑﻪ ﺑﺎﺷﻨﺪ، ﺳﺮ ﺑﻪ ﺟﻠﻮ ﺧﻤﻴﺪﻩ ﻧﺸﻮﺩ ﻭ ﮔﻮﺩﻱ ﻃﺒﻴﻌﻲ ﻛﻤﺮ ﻧﻴﺰ ﺣﻔﻆ ﺷﻮﺩ.

.27 ﺍﺯ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﻃﻮﻻﻧﻲ ﺑﻮﻳﮋﻩ ﺩﺭ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ( ﻣﺜﻼ ﻫﻨﮕﺎﻡ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ ﻳﺎ ﻣﻄﺎﻟﻌﻪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﺮ -20 30 ﺩﻗﻴﻘﻪ ﻳﻚ ﺑﺎﺭ ﻭﺿﻌﻴﺖ ﺧﻮﺩ ﺭﺍ ﺗﻐﻴﻴﺮ ﺩﺍﺩﻩ، ﺣﺮﻛﺎﺕ ﻛﺸﺸﻲ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ ﻳﺎ ﭼﻨﺪ ﻗﺪﻡ ﺭﺍﻩ ﺑﺮﻭﻳﺪ، ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺮ ﺭﻭﻱ ﺷﻜﻢ ﺩﺭﺍﺯ ﺑﻜﺸﻴﺪ ﻭ ﻳﻚ ﺑﺎﻟﺶ ﺩﺭ ﺯﻳﺮ ﺷﻜﻢ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﺍﺩﻩ ﻭ ﻋﻀﻼﺕ ﺧﻮﺩ ﺭﺍ ﺷﻞ ﻛﻨﻴﺪ ﻭ ﻳﺎ ﺑﻪ ﭘﺸﺖ ﺩﺭﺍﺯ ﻛﺸﻴﺪﻩ، ﺯﺍﻧﻮﻫﺎ ﻭ ﻟﮕﻦ ﺧﻮﺩ ﺭﺍ ﺧﻢ ﻛﻨﻴﺪ ( 90 ﺩﺭﺟﻪ ) ﻭ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺭﻭﻱ ﻳﻚ ﺻﻨﺪﻟﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺳﺎﻕ ﭘﺎﻫﺎﻱ ﺷﻤﺎ ﻛﺎﻣﻼ ﺭﻭﻱ ﺻﻨﺪﻟﻲ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ .

.28 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﺳﺮ، ﺷﺎﻧﻪ ﻫﺎ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﺑﻪ ﺳﻤﺖ ﺑﺎﻻ ﺩﺍﺭﺩ ( ﻣﺜﻞ ﺁﻭﻳﺰﺍﻥ ﻛﺮﺩﻥ ﭘﺮﺩﻩ ﻫﺎ، ﺗﻌﻮﻳﺾ ﻻﻣﭗ ﻟﻮﺳﺘﺮﻫﺎ، ﺑﺮﺩﺍﺷﺘﻦ ﺍﺟﺴﺎﻡ ﺍﺯ ﻗﻔﺴﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻧﺮﺩﺑﺎﻥ ﻫﺎﻳﻲ ﺑﺎ ﺍﺭﺗﻔﺎﻉ ﻣﻨﺎﺳﺐ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﺑﺮﺩﻥ ﮔﺮﺩﻥ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﻧﺒﺎﺷﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.29 ﺍﺯ ﺍﻧﺠﺎﻡ ﻛﺎﺭﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺍﻳﺴﺘﺎﺩﻥ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺩﺍﺭﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺍﻧﺠﺎﻡ ﺍﻳﻦ ﻛﺎﺭ ﺿﺮﻭﺭﻱ ﺳﺖ، ﻳﻚ ﭼﻬﺎﺭﭘﺎﻳﻪ ﻱ ﻛﻮﺗﺎﻩ ﺯﻳﺮ ﻳﻜﻲ ﺍﺯ ﭘﺎﻫﺎﻱ ﺧﻮﺩ (ﺗﺮﺟﻴﺤﺎ ﺩﺭ ﻫﻤﺎﻥ ﺳﻤﺘﻲ ﻛﻪ ﺩﺭﺩ ﺩﺍﺭﻳﺪ ) ﮔﺬﺍﺷﺘﻪ، ﭘﺎﻱ ﺧﻮﺩ ﺭﺍ ﺧﻢ ﻛﺮﺩﻩ ﻭ ﺭﻭﻱ ﺁﻥ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.30 ﺍﺯ ﭘﻠﻪ ﻫﺎ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺑﺎﻻ ﻭ ﭘﺎﻳﻴﻦ ﻧﺮﻭﻳﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻟﺰﻭﻡ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺑﺎ ﺁﻫﺴﺘﮕﻲ ﻭ ﺑﺎ ﺗﻜﻴﻪ ﺑﺮ ﻧﺮﺩﻩ ﻳﺎ ﺩﻳﻮﺍﺭ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ ﻭ ﭘﺲ ﺍﺯ ﻃﻲ ﻫﺮ 3-2 ﭘﻠﻪ ﻣﺪﺕ ﻛﻮﺗﺎﻫﻲ ﺍﻳﺴﺘﺎﺩﻩ ﻭ ﺍﺳﺘﺮﺍﺣﺖ ﻛﻨﻴﺪ، ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﻫﻨﮕﺎﻡ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺭﺍﻩ ﭘﻠﻪ ﺍﺯ ﻛﻔﺶ ﻫﺎﻱ ﺗﻨﮓ، ﺭﻭﻳﻪ ﻛﻮﺗﺎﻩ ﻳﺎ ﭘﺎﺷﻨﻪ ﺑﻠﻨﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.31 ﻫﻨﮕﺎﻡ ﺷﺴﺘﻦ ﺩﺳﺖ ﻭ ﺻﻮﺭﺕ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺍﺭﺗﻔﺎﻉ ﺩﺳﺘﺸﻮﻳﻲ ﻛﻮﺗﺎﻩ ﺍﺳﺖ، ﻓﻘﻂ ﺯﺍﻧﻮﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺧﻢ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﺧﻢ ﻛﺮﺩﻥ ﻛﻤﺮ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺳﺮ ﻭ ﻣﻮﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺩﺍﺧﻞ ﺳﻴﻨﻚ ﺩﺳﺘﺸﻮﻳﻲ ﻳﺎ ﺁﺷﭙﺰﺧﺎﻧﻪ ﻧﺸﻮﻳﻴﺪ ﻭ ﺣﺘﻤﺎ ﺍﺯ ﺩﻭﺵ ﻳﺎ ﺷﻴﺮﻫﺎﻱ ﺩﻳﻮﺍﺭﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺧﻢ ﻛﺮﺩﻥ ﻛﻤﺮ ﻫﻨﮕﺎﻡ ﺷﺴﺘﺸﻮ ﻧﺒﺎﺷﺪ.

.32 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﻛﻮﺩﻛﺎﻥ ﺭﺍ ﺑﻪ ﻳﻚ ﺑﺎﺭﻩ ﻭ ﺑﺎ ﺧﻢ ﻛﺮﺩﻥ ﻛﻤﺮ ﺍﺯ ﺯﻣﻴﻦ ﺑﻠﻨﺪ ﻧﻜﻨﻴﺪ. ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﻪ ﻃﻮﺭ ﻛﻠﻲ ﺍﺯ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﻳﺎ ﺣﻤﻞ ﻛﺮﺩﻥ ﻛﻮﺩﻛﺎﻥ ﺧﻮﺩﺍﺭﻱ ﻛﻨﻴﺪ ﺍﻣﺎ ﺩﺭ ﺻﻮﺭﺕ ﻟﺰﻭﻡ ﺑﻪ ﺍﻳﻦ ﻛﺎﺭ ﺍﺑﺘﺪﺍ ﺑﺎ ﺧﻢ ﻛﺮﺩﻥ ﻛﺎﻣﻞ ﺯﺍﻧﻮﻫﺎ ﺑﻨﺸﻴﻨﻴﺪ، ﻛﻮﺩﻙ ﺭﺍ ﺩﺭ ﺍﻏﻮﺵ ﺑﮕﻴﺮﻳﺪ ﻭ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺮﺧﻴﺰﻳﺪ.

.33 ﺍﺯ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﺑﺎﺭﻫﺎ ﻭ ﺍﺟﺴﺎﻡ ﺳﻨﮕﻴﻦ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺩﺭ ﺻﻮﺭﺕ ﻟﺰﻭﻡ ﺑﻪ ﺍﻳﻦ ﻛﺎﺭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﻫﻨﮕﺎﻡ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﺑﺎﺭ ﺍﺯ ﺭﻭﻱ ﺯﻣﻴﻦ ﻛﻤﺮ ﺧﻮﺩ ﺭﺍ ﺧﻢ ﻧﻜﻨﻴﺪ ﻭ ﺗﻨﻬﺎ ﺯﺍﻧﻮﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺧﻢ ﻧﻤﺎﻳﻴﺪ. ﺑﺮﺍﻱ ﺗﻐﻴﻴﺮ ﺟﻬﺖ، ﻛﻤﺮ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺷﺮﺍﻳﻄﻲ ﻛﻪ ﭘﺎﻫﺎ ﺛﺎﺑﺖ ﺑﻪ ﻫﻤﺎﻥ ﺷﻜﻞ ﺍﻭﻟﻴﻪ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻪ ﺍﻧﺪ ﻧﭽﺮﺧﺎﻧﻴﺪ ﻭ ﺣﺘﻤﺎ ﺑﺎ ﺣﺮﻛﺖ ﺩﺍﺩﻥ ﭘﺎﻫﺎ ﺟﻬﺖ ﺧﻮﺩ ﺭﺍ ﻋﻮﺽ ﻛﻨﻴﺪ، ﻫﻨﮕﺎﻡ ﺣﻤﻞ ﺑﺎﺭ ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﺁﺭﻧﺞ ﺧﻢ ﻛﺮﺩﻩ ﻭ ﺟﺴﻢ ﻣﺬﻛﻮﺭ ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺑﻪ ﺑﺪﻥ ﺧﻮﺩ ﻧﺰﺩﻳﻚ ﻛﻨﻴﺪ.

.34 ﺍﺯ ﺣﻤﻞ ﻛﻴﻒ ﻳﺎ ﻛﻮﻟﻪ ﭘﺸﺘﻲ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.35 ﺍﺯ ﺍﻧﺠﺎﻡ ﻭﺭﺯﺵ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﭘﺮﺵ ﻳﺎ ﺩﻭﻳﺪﻥ ﻳﺎ ﺣﻤﻞ ﻭﺯﻧﻪ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺩﺍﺭﻧﺪ (ﻣﺎﻧﻨﺪ ﻓﻮﺗﺒﺎﻝ، ﻭﺍﻟﻴﺒﺎﻝ، ﺑﺴﻜﺘﺒﺎﻝ، ﺗﻨﻴﺲ، ﻭﺯﻧﻪ ﺑﺮﺩﺍﺭﻱ ﻭ ﻭﺭﺯﺵ ﻫﺎﻱ ﺭﺯﻣﻲ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.36 ﺑﺮﺍﻱ ﺣﻔﻆ ﺁﻣﺎﺩﮔﻲ ﺑﺪﻧﻲ ﺧﻮﺩ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﭘﺲ ﺍﺯ 2-1 ﺭﻭﺯ ﺍﻭﻝ ﺑﻪ ﭘﻴﺎﺩﻩ ﺭﻭﻱ ﺁﺭﺍﻡ ﺩﺭ ﺯﻣﻴﻦ ﻫﻤﻮﺍﺭ ﺑﺪﻭﻥ ﺷﻴﺐ ﻳﺎ ﺷﻨﺎ ( ﺑﻪ ﺧﺼﻮﺹ ﺭﺍﻩ ﺭﻓﺘﻦ ﺩﺭ ﺁﺏ ) ﺑﭙﺮﺩﺍﺯﻳﺪ، ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ -15 20 ﺩﻗﻴﻘﻪ ﺑﻪ ﺍﻳﻦ ﻭﺭﺯﺵ ﻫﺎ ﭘﺮﺩﺍﺧﺘﻪ ﻭ ﺑﻪ ﻣﺮﻭﺭ ﻣﻴﺰﺍﻥ ﺁﻥ ﺭﺍ ﺗﺎ ﺣﺪﻱ ﺍﻓﺰﺍﻳﺶ ﺩﻫﻴﺪ ﻛﻪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻧﺸﻮﺩ.

.37 ﻫﻨﮕﺎﻡ ﭘﻮﺷﻴﺪﻥ ﺷﻠﻮﺍﺭ ﻳﺎ ﺟﻮﺭﺍﺏ ﺭﻭﻱ ﻟﺒﻪ ﻱ ﺗﺨﺖ ﻳﺎ ﺻﻨﺪﻟﻲ ﺑﻨﺸﻴﻨﻴﺪ ﻭ ﺩﺭ ﺣﺎﻟﺖ ﺍﻳﺴﺘﺎﺩﻩ ﺍﻗﺪﺍﻡ ﺑﻪ ﺗﻌﻮﻳﺾ ﺁﻥ ﻫﺎ ﻧﻜﻨﻴﺪ ﭼﻮﻥ ﺗﻼﺵ ﺑﺮﺍﻱ ﺣﻔﻆ ﺗﻌﺎﺩﻝ ﻫﻨﮕﺎﻡ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﻳﻚ ﭘﺎ ﺑﺮﺍﻱ ﭘﻮﺷﻴﺪﻥ ﻳﺎ ﺩﺭﺁﻭﺭﺩﻥ ﻟﺒﺎﺱ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﺑﻪ ﻋﻀﻼﺕ ﻭ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻛﻤﺮ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﺷﺪ.

.38 ﻫﻨﮕﺎﻡ ﻧﻈﺎﻓﺖ ﻣﻨﺰﻝ ﺍﺯ ﺧﻢ ﺷﺪﻥ ﻳﺎ ﺩﻭﺯﺍﻧﻮ ﺭﻭﻱ ﺯﻣﻴﻦ ﻧﺸﺴﺘﻦ (ﻣﺜﻼ ﺑﺮﺍﻱ ﺟﺎﺭﻭ ﺯﺩﻥ ﻳﺎ ﺗﻤﻴﺰ ﻛﺮﺩﻥ ﺯﻣﻴﻦ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺟﺎﺭﻭ ﻭ ﺍﺑﺰﺍﺭ ﺑﺎ ﺩﺳﺘﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺧﻢ ﺷﺪﻥ ﻧﺪﺍﺭﻧﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

39 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺗﻨﻬﺎ ﺍﺯ ﺗﻮﺍﻟﺖ ﻓﺮﻧﮕﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ( ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺗﻮﺍﻟﺖ ﻓﺮﻧﮕﻲ ﻣﺘﺤﺮﻙ ﺑﻪ ﺷﻜﻞ ﺻﻨﺪﻟﻲ ﻛﻪ ﺩﺭ ﺩﺍﺭﻭﺧﺎﻧﻪ ﻫﺎ ﻣﻮﺟﻮﺩ ﺍﺳﺖ ﺟﻬﺖ ﺍﺳﺘﻔﺎﺩﻩ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﺗﻬﻴﻪ ﻛﻨﻴﺪ )

.40 ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﻣﺤﺪﻭﻳﺖ ﻏﺬﺍﻳﻲ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ، ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﺮﻧﺎﻣﻪ ﻱ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻳﺒﻮﺳﺖ ﻧﺸﻮﺩ.

.41 ﺍﺯ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.42 ﺍﺯ ﻋﻮﺍﻣﻞ ﺍﻳﺠﺎﺩ ﺍﺿﻄﺮﺍﺏ، ﺍﺳﺘﺮﺱ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

.43 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.44 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﻛﻤﺮﺑﻨﺪ ﻃﺒﻲ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺁﻥ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﺑﺴﺘﻪ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ( ﺗﻨﻬﺎ ﺟﻬﺖ ﺍﺳﺘﺤﻤﺎﻡ ﻭ ﺧﻮﺍﺑﻴﺪﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺩﺭ ﺻﻮﺭﺕ ﻣﻮﺍﻓﻘﺖ ﭘﺰﺷﻚ ﺁﻥ ﺭﺍ ﺑﺎﺯ ﻛﻨﻴﺪ ) ﻭ ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺍﺳﺖ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﺭﺍ ﺍﺩﺍﻣﻪ ﺩﻫﻴﺪ.

.45 ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﺗﺠﻮﻳﺰ ﻛﻤﺮﺑﻨﺪ ﻃﺒﻲ، ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺍﻗﺪﺍﻡ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﻧﻨﻤﺎﻳﻴﺪ ﻭ ﺳﻌﻲ ﻛﻨﻴﺪ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻌﻤﻮﻝ ﺧﻮﺩ ﺭﺍ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺑﻲ ﺣﺮﻛﺘﻲ ﻛﺎﻣﻞ ( ﻛﻪ ﺑﺎﻋﺚ ﺿﻌﻴﻒ ﺷﺪﻥ ﻋﻀﻼﺕ، ﺧﺸﻜﻲ ﻭ ﺳﻔﺘﻲ ﻋﻀﻼﺕ ﻭ ﻃﻮﻻﻧﻲ ﺷﺪﻥ ﺩﻭﺭﻩ ﻱ ﺩﺭﺩ ﻣﻲ ﮔﺮﺩﺩ) ﺍﺩﺍﻣﻪ ﺩﻫﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺍﺯ ﺣﺮﻛﺎﺕ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﺮﻳﻊ، ﻧﺎﮔﻬﺎﻧﻲ،ﻃﻮﻻﻧﻲ ﻣﺪﺕ،ﭘﻴﻮﺳﺘﻪ ﻭ ﺷﺪﻳﺪ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ.

.46 ﭘﺲ ﺍﺯ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﺩﺭﺩ ﻭ ﺑﺎﺯﮔﺸﺖ ﻛﺎﻣﻞ ﺑﻪ ﻛﺎﺭ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻌﻤﻮﻝ ﺧﻮﺩ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺍﺿﺎﻓﻪ ﻭﺯﻥ ﺩﺍﺭﻳﺪ ﺟﻬﺖ ﻛﺎﻫﺶ ﻭﺯﻥ ﺑﻪ ﭘﺰﺷﻚ ﻳﺎ ﻣﺘﺨﺼﺺ ﺗﻐﺬﻳﻪ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

.47 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺲ ﺍﺯ 6 ﻫﻔﺘﻪ ﻫﻢ ﭼﻨﺎﻥ ﺩﺭﺩ ﺷﻤﺎ ﺍﺩﺍﻣﻪ ﺩﺍﺭﺩ ﻣﺒﺘﻼ ﺑﻪ ﻛﻤﺮﺩﺭﺩ ﻣﺰﻣﻦ ﻫﺴﺘﻴﺪ ﻭ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﻭ ﺩﺭﻣﺎﻥ ﺑﻪ ﻣﺘﺨﺼﺺ ﺟﺮﺍﺣﻲ ﻣﻐﺰ ﻭ ﺍﻋﺼﺎﺏ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﻋﺪﻡ ﭘﺎﺳﺦ ﺑﻪ ﻣﺼﺮﻑ ﻣﺴﻜﻦ

- ﻋﺪﻡ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﺩﺭ ﻋﻼﻳﻢ ﭘﺲ ﺍﺯ 3 ﺭﻭﺯ ﻣﺮﺍﻗﺒﺖ ﻭ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ

- ﺍﻧﺘﺸﺎﺭ ﺩﺭﺩ ﺷﺪﻳﺪ ﺗﻴﺮ ﻛﺸﻨﺪﻩ ﺑﻪ ﺯﻳﺮ ﺯﺍﻧﻮﻫﺎ ( ﺳﺎﻕ ﻭ ﻣﭻ ﭘﺎﻫﺎ )

- ﺩﺭﺩ ﺷﺪﻳﺪﻱ ﻛﻪ ﺷﺐ ﻫﺎ ﻣﻨﺠﺮ ﺑﻪ ﺑﻴﺪﺍﺭ ﺷﺪﻥ ﺷﻤﺎ ﺍﺯ ﺧﻮﺍﺏ ﺷﻮﺩ

- ﺩﺭﺩ ﺷﺪﻳﺪﻱ ﻛﻪ ﻣﺎﻧﻊ ﺍﺯ ﺍﻧﺠﺎﻡ ﻫﺮﮔﻮﻧﻪ ﻓﻌﺎﻟﻴﺖ ﻭ ﺣﺮﻛﺖ ﺷﻤﺎ ﺷﻮﺩ

- ﺑﺮﻭﺯ ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ

- ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﻛﻪ ﺑﺎ ﺍﺳﺘﺮﺍﺣﺖ ﻭ ﻣﺼﺮﻑ ﻣﺴﻜﻦ ﺑﻬﺒﻮﺩ ﻧﻴﺎﺑﺪ

- ﺩﺭﺩﻧﺎﻛﻲ ﻳﺎ ﺳﻔﺘﻲ ﺣﺮﻛﺎﺕ ﮔﺮﺩﻥ

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ

- ﺍﺧﺘﻼﻝ ﺣﺲ ﻳﺎ ﺿﻌﻒ ﻳﺎ ﺑﻲ ﺣﺴﻲ ﭘﺎﻫﺎ

- ﻫﺮﮔﻮﻧﻪ ﺍﺧﺘﻼﻝ ﺣﺮﻛﺘﻲ ﺩﺭ ﭘﺎﻫﺎ ( ﻣﺜﻼ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺭﺍﻩ ﺭﻓﺘﻦ ﻳﺎ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﭘﺎﻫﺎ ﻳﺎ ﺣﺮﻛﺖ ﺩﺍﺩﻥ ﺍﻧﮕﺸﺘﺎﻥ ) ﻳﺎ ﻓﻠﺞ

ﻫﺮ ﻳﻚ ﺍﺯ ﭘﺎﻫﺎ

- ﻋﺪﻡ ﺗﻌﺎﺩﻝ ﻫﻨﮕﺎﻡ ﺭﺍﻩ ﺭﻓﺘﻦ

- ﺍﺧﺘﻼﻝ ﺣﺲ ﻳﺎ ﺑﻲ ﺣﺴﻲ ﻧﺎﺣﻴﻪ ﻱ ﺗﻨﺎﺳﻠﻲ

- ﺑﻲ ﺍﺧﺘﻴﺎﺭﻱ ﺍﺩﺭﺍﺭ ﻳﺎ ﻣﺪﻓﻮﻉ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

- ﻋﺮﻕ ﻛﺮﺩﻥ ﺷﺒﺎﻧﻪ

- ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ ﻳﺎ ﻛﺎﻫﺶ ﻭﺯﻥ

**ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭﮔﻴﺮﻱ ﻋﺼﺒﻲ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺟﻬﺖ ﺑﻬﺒﻮﺩ ﺩﺭﺩ ﻭ ﺧﺸﻜﻲ ﻛﻤﺮ ﻭ ﺗﻘﻮﻳﺖ ﻋﻀﻼﺕ، ﺗﻤﺮﻳﻦ ﻫﺎﻱ ﺯﻳﺮ ﺭﺍ ﺭﻭﺯﺍﻧﻪ 3-2 ﻧﻮﺑﺖ ( ﺑﻪ ﺧﺼﻮﺹ ﻗﺒﻞ ﻭ ﺑﻌﺪ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ) ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ :**

- ﺑﺮ ﺭﻭﻱ ﺯﻣﻴﻦ ﺑﻪ ﭘﺸﺖ ﺩﺭﺍﺯ ﺑﻜﺸﻴﺪ، ﺯﺍﻧﻮﻫﺎ ﺭﺍ ﺧﻢ ﻛﻨﻴﺪ، ﺩﺳﺖ ﺧﻮﺩ ﺭﺍ ﺯﻳﺮ ﻛﻤﺮ ﺩﺭ ﮔﻮﺩﻱ ﻛﻤﺮ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﻋﻀﻼﺕ ﭘﺸﺖ ﻭ ﺑﺎﺳﻦ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﺳﻔﺖ ﻛﺮﺩﻩ ﻭ ﺭﻭ ﺑﻪ ﭘﺎﻳﻴﻦ ﻓﺸﺎﺭ ﺩﻫﻴﺪ (ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺭﻭﻱ ﺩﺳﺖ ﺧﻮﺩ ﺍﺣﺴﺎﺱ ﻓﺸﺎﺭ ﻛﻨﻴﺪ ، ) 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ ﻭ ﺳﭙﺲ ﻋﻀﻼﺕ ﺭﺍ ﺷﻞ ﻭ ﺭﻫﺎ ﻛﻨﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ 5-3 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺩﺭ ﺣﺎﻟﺘﻲ ﻛﻪ ﺑﻪ ﭘﺸﺖ ﺩﺭﺍﺯ ﻛﺸﻴﺪﻩ ﺍﻳﺪ ﺷﺎﻧﻪ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺯﻣﻴﻦ ﺑﭽﺴﺒﺎﻧﻴﺪ، ﭘﺎﻫﺎ ﺭﺍ ﺩﺭ ﻛﻨﺎﺭ ﻫﻢ ﺑﻪ ﺷﻜﻠﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﺯﺍﻧﻮﻫﺎ ﺧﻢ ﺷﺪﻩ ﻭ ﻛﻒ ﭘﺎﻫﺎ ﺭﻭﻱ ﺯﻣﻴﻦ ﺑﺎﺷﺪ، ﺳﭙﺲ ﻫﺮ ﺩﻭ ﭘﺎ ﺭﺍ ﺑﻪ ﻳﻚ ﺳﻤﺖ ﺧﻢ ﻛﻨﻴﺪ ﻭ 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ، ﭘﺎﻫﺎ ﺭﺍ ﺑﻪ ﺣﺎﻟﺖ ﺍﻭﻟﻴﻪ ﺩﺭ ﺧﻂ ﻭﺳﻂ ﺑﺮﮔﺮﺩﺍﻧﻴﺪ ﻭ ﺩﺭ ﺟﻬﺖ ﻣﻘﺎﺑﻞ ﺧﻢ ﻛﻨﻴﺪ. ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ 5-3 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ

- ﺩﺭ ﺣﺎﻟﺘﻲ ﻛﻪ ﺑﻪ ﭘﺸﺖ ﺩﺭﺍﺯ ﻛﺸﻴﺪﻩ ﺍﻳﺪ ﺷﺎﻧﻪ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺯﻣﻴﻦ ﺑﭽﺴﺒﺎﻧﻴﺪ، ﭘﺎﻫﺎ ﺭﺍ ﺩﺭ ﻛﻨﺎﺭ ﻫﻢ ﺑﻪ ﺷﻜﻠﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﺯﺍﻧﻮﻫﺎ ﺧﻢ ﺷﺪﻩ ﻭ ﻛﻒ ﭘﺎﻫﺎ ﺭﻭﻱ ﺯﻣﻴﻦ ﺑﺎﺷﺪ،ﻳﻜﻲ ﺍﺯ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺣﺎﻟﻲ ﻛﻪ ﺯﺍﻧﻮ ﺭﺍ ﺑﺎ ﺩﻭ ﺩﺳﺖ ﮔﺮﻓﺘﻪ ﺍﻳﺪ ﺑﻪ ﺳﻤﺖ ﺷﻜﻢ ﺧﻢ ﻛﻨﻴﺪ ( ﺳﻌﻲ ﻛﻨﻴﺪ ﺯﺍﻧﻮﻱ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺑﺎﻻﻱ ﺷﻜﻢ ﻳﺎ ﺳﻴﻨﻪ ﻧﺰﺩﻳﻚ ﻧﻤﺎﻳﻴﺪ ، ) 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ ﻭ ﺳﭙﺲ ﻫﻤﻴﻦ ﺣﺮﻛﺖ ﺭﺍ ﺑﺎ ﭘﺎﻱ ﻣﻘﺎﺑﻞ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ 5-3 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ .

- ﺑﺮ ﺭﻭﻱ ﺷﻜﻢ ﺩﺭﺍﺯ ﺑﻜﺸﻴﺪ، ﻛﻒ ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﺮ ﺭﻭﻱ ﺯﻣﻴﻦ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺳﻌﻲ ﻛﻨﻴﺪ ﺑﺎ ﻓﺸﺎﺭ ﻭ ﺗﻜﻴﻪ ﺑﺮ ﺭﻭﻱ ﺩﺳﺘﺎﻥ، ﺳﻴﻨﻪ ﻭ ﺷﻜﻢ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﺭﻭﻱ ﺯﻣﻴﻦ ﺑﻠﻨﺪ ﻛﻨﻴﺪ،ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﻟﮕﻦ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﺭﻭﻱ ﺯﻣﻴﻦ ﺑﻠﻨﺪ ﻧﻜﺮﺩﻩ ﻭ ﭘﺎﻫﺎ ﻭ ﻛﻤﺮ ﺭﺍ ﺧﻢ ﻧﻜﻨﻴﺪ، 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﺮﺩﻩ ﺳﭙﺲ ﺩﻭﺑﺎﺭﻩ ﺑﺮ ﺭﻭﻱ ﺷﻜﻢ ﺩﺭﺍﺯ ﺑﻜﺸﻴﺪ ﻭ ﻋﻀﻼﺕ ﺭﺍ ﺷﻞ ﻛﻨﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ 5-3 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺑﺮ ﺭﻭﻱ ﻳﻚ ﺻﻨﺪﻟﻲ ﺑﻨﺸﻴﻨﻴﺪ، ﺑﻪ ﭘﺸﺘﻲ ﺻﻨﺪﻟﻲ ﺗﻜﻴﻪ ﺩﻫﻴﺪ، ﺩﺳﺘﺎﻥ ﺭﺍ ﺩﺭ ﺩﻭ ﻃﺮﻑ ﻛﻤﺮ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﺑﻪ ﺁﺭﺍﻣﻲ ﺭﻭ ﺑﻪ ﺟﻠﻮ ﺧﻢ ﺷﻮﻳﺪ ﺗﺎ ﺷﻜﻢ ﻭ ﺳﻴﻨﻪ ﻱ ﺷﻤﺎ ﺑﻪ ﭘﺎﻫﺎ ﻧﺰﺩﻳﻚ ﺷﻮﺩ ( ﺗﺎ ﺟﺎﻳﻲ ﻛﻪ ﺩﺭ ﻛﻤﺮ ﻭ ﭘﺸﺖ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻧﻜﻨﻴﺪ ، ) 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﺮﺩﻩ ﻭ ﺑﻠﻨﺪ ﺷﻮﻳﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ 5-3 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻠﻴﻪ ﻱ ﺍﻳﻦ ﺗﻤﺮﻳﻦ ﻫﺎ ﺑﺎﻳﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﻭ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺣﺮﻛﺖ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ ﻛﻤﺮ ﺍﻧﺠﺎﻡ ﺷﻮﻧﺪ ﻭ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻛﻤﺮ ﻳﺎ ﺍﻳﺠﺎﺩ ﺩﺭﺩ ﺳﻮﺯﺷﻲ ﻳﺎ ﺣﺎﻟﺘﻲ ﺷﺒﻴﻪ ﺑﻪ ﺑﺮﻕ ﮔﺮﻓﺘﮕﻲ ﺩﺭ ﻣﺴﻴﺮ ﻛﻤﺮ ﺑﻪ ﺳﻤﺖ ﭘﺎﻫﺎ ﺷﻮﻧﺪ ﺍﺯ ﺍﺩﺍﻣﻪ ﻱ ﺗﻤﺮﻳﻦ ﻫﺎ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺩﺭﺩ ﮔﺮﺩﻥ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ................................................... ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺩﺭﺩ ﺣﺎﺩ ﮔﺮﺩﻥ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ .

□ ﺩﺭﺩ ﮔﺮﺩﻥ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺿﺮﺑﻪ (ﺑﺮﺧﻮﺭﺩ ﺑﺎ ﺟﺴﻢ ﺳﺨﺖ ) ﺍﻳﺠﺎﺩ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺩﺭﺩ ﮔﺮﺩﻥ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺣﺮﻛﺖ ﻧﺎﮔﻬﺎﻧﻲ ﻭ ﺷﺪﻳﺪ ( ﻣﺎﻧﻨﺪ ﺣﺮﻛﺖ ﺳﺮﻳﻊ ﺭﻓﺖ ﻭ ﺑﺮﮔﺸﺘﻲ ﻫﻨﮕﺎﻡ ﺗﺮﻣﺰ ﻧﺎﮔﻬﺎﻧﻲ ﺍﺗﻮﻣﺒﻴﻞ ) ﺍﻳﺠﺎﺩ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺩﺭﺩ ﮔﺮﺩﻥ ﺷﻤﺎ ﺑﺪﻭﻥ ﻭﺍﺭﺩ ﺷﺪﻥ ﺿﺮﺑﻪ ﻳﺎ ﺁﺳﻴﺐ ﻭ ﻳﺎ ﻋﻠﺖ ﻣﺸﺨﺼﻲ ﺍﻳﺠﺎﺩ ﺷﺪﻩ ﺍﺳﺖ .

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻓﻌﻠﻲ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﻋﻠﺖ ﻫﺎﻱ ﻣﻬﻢ ﻭ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻣﺎﻧﻨﺪ ﺷﻜﺴﺘﮕﻲ ﻳﺎ ﺩﺭﺭﻓﺘﮕﻲ ﻣﻬﺮﻩ ﻫﺎﻱ ﮔﺮﺩﻧﻲ، ﺁﺳﻴﺐ ﻋﺮﻭﻗﻲ ﻭ ﺩﺭﮔﻴﺮﻱ ﺍﻋﺼﺎﺏ ﺍﺻﻠﻲ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮﺭﺩ ﺷﺪﻩ ﺍﻧﺪ ﻭ ﻓﻌﻼ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻳﺎ ﺍﻧﺠﺎﻡ ﻋﻤﻞ ﺟﺮﺍﺣﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

ﺩﺭﺩ ﮔﺮﺩﻥ ﻳﻜﻲ ﺍﺯﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺷﻜﺎﻳﺖ ﻫﺎﻱ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻨﺪﮔﺎﻥ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻫﺎ ﻭ ﭘﺰﺷﻜﺎﻥ ﺍﺳﺖ، ﻛﻪ ﻋﻠﺖ ﻫﺎﻱ ﺑﺴﻴﺎﺭ ﻣﺨﺘﻠﻔﻲ ﺑﺮﺍﻱ ﺁﻥ ﻭﺟﻮﺩ ﺩﺍﺭﺩ، ﺻﺮﻑ ﻧﻈﺮ ﺍﺯ ﻋﻠﺖ ﺍﻳﺠﺎﺩ ﺩﺭﺩ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺍﻳﻦ ﺩﺭﺩﻫﺎ ﺑﺪﻭﻥ ﻧﻴﺎﺯ ﺑﻪ ﺟﺮﺍﺣﻲ ﻳﺎ ﻣﺪﺍﺧﻼﺕ ﭘﻴﺸﺮﻓﺘﻪ ﻛﺎﻣﻼ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﻨﺪ .

ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﻋﻠﺖ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻧﻲ ﮔﺮﻓﺘﮕﻲ ﻭ ﺳﻔﺖ ﺷﺪﻥ ﻋﻀﻼﺕ ﻭ ﻳﺎ ﺗﺎﻧﺪﻭﻥ ﻫﺎ ( ﺩﺭ ﺍﺛﺮ ﺿﺮﺑﻪ، ﺣﺮﻛﺎﺕ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﺷﺪﻳﺪ، ﺍﺿﻄﺮﺍﺏ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﺭﻭﺍﻧﻲ – ﻋﺎﻃﻔﻲ، ﺿﻌﻒ ﻋﻀﻼﻧﻲ، ﻭﺿﻌﻴﺖ ﻫﺎﻱ ﻧﺎﻣﻨﺎﺳﺐ ﺍﻧﺪﺍﻡ ﻫﻨﮕﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻳﺎ ﺍﺳﺘﺮﺍﺣﺖ، ﺣﻤﻞ ﺑﺎﺭﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻭ.... ) ﺍﺳﺖ ﻛﻪ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﻲ ﺷﻮﺩ

- ﺩﺭﺩ ﺩﺭ ﻗﺴﻤﺖ ﻫﺎﻱ ﭘﺸﺖ ﮔﺮﺩﻥ ﻭ ﺑﺎﻻﻱ ﺷﺎﻧﻪ ﻫﺎ

- ﺳﺮﺩﺭﺩ ﺧﻔﻴﻒ

- ﺗﻤﺎﻳﻞ ﺑﻪ ﺧﻢ ﻛﺮﺩﻥ ﺳﺮ ﺑﻪ ﻳﻚ ﺳﻤﺖ

- ﺳﻔﺘﻲ ﻭ ﺑﺮﺟﺴﺘﮕﻲ ﻋﻀﻼﺕ

- ﺩﺭﺩ ﻭ ﺳﻔﺘﻲ ﻋﻀﻼﺕ ﮔﺮﺩﻥ ﻫﻨﮕﺎﻡ ﻟﻤﺲ

- ﺩﺭﺩ ﻫﻨﮕﺎﻡ ﺧﻢ ﻛﺮﺩﻥ ﮔﺮﺩﻥ ﺑﻪ ﺍﻃﺮﺍﻑ

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ .. ................................ ﺑﻪ ﻋﻨﻮﺍﻥ ﻋﻠﺖ ﺍﺻﻠﻲ ﺩﺭﺩ ﮔﺮﺩﻥ ﺷﻤﺎ ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ .

**ﺗﺸﺨﻴﺺ :**

ﺗﺸﺨﻴﺺ ﻋﻠﺖ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻧﻲ ﻣﻌﻤﻮﻻ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ، ﺳﺎﺑﻘﻪ ﻱ ﻭﺟﻮﺩ ﺿﺮﺑﻪ ﻳﺎ ﺁﺳﻴﺐ، ﻋﻼﻳﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺑﺎﻟﻴﻨﻲ ﺻﻮﺭﺕ ﻣﻲ ﮔﻴﺮﺩ ﻭ ﺗﻨﻬﺎ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﻳﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺧﻮﺍﻫﺪ ﺑﻮﺩ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﺯ ﮔﺮﺩﻥ ﻧﺪﺍﺭﻳﺪ .

□ ﺍﺯ ﮔﺮﺩﻥ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﺩﺭ ﺁﻥ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮﻃﺒﻴﻌﻲ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

□ ﺍﺯ ﮔﺮﺩﻥ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻧﻴﺎﺯ ﺑﻪ ﺍﻗﺪﺍﻡ ﺍﻭﺭژﺍﻧﺴﻲ ﻧﺪﺍﺭﻳﺪ ﻭ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﭼﻨﺪ ﺭﻭﺯ ﺍﻳﻨﺪﻩ ﺑﻪ ﻣﺘﺨﺼﺺ ﺟﺮﺍﺣﻲ ﻣﻐﺰ ﻭ ﺍﻋﺼﺎﺏ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺩﺭﺩ ﻣﻌﻤﻮﻻ ﭘﺲ ﺍﺯ 3-2 ﺭﻭﺯ ﺑﻬﺒﻮﺩ ﻧﺴﺒﻲ ﻣﻲ ﻳﺎﺑﺪ ﺍﻣﺎ ﺍﻏﻠﺐ ﺗﺎ 2 ﻫﻔﺘﻪ ﺍﺩﺍﻣﻪ ﭘﻴﺪﺍ ﻣﻲ ﻛﻨﺪ، ﻫﺮﭼﻨﺪ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺩﺭﺩ ﺑﻪ 6 ﻫﻔﺘﻪ ﺯﻣﺎﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺩﺍﺷﺖ .

.2 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﺎﻧﻨﺪ ﺗﺮﻛﻴﺒﺎﺕ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ، ﺑﺮﻭﻓﻦ، ژﻟﻮﻓﻦ ﻭ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

3. ﭼﻨﺎﻥ ﭼﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺷﻞ ﻛﻨﻨﺪﻩ ﻱ ﻋﻀﻼﻧﻲ (ﻣﺎﻧﻨﺪ ﻣﺘﻮﻛﺎﺭﺑﺎﻣﻮﻝ ﻳﺎ ﺑﺎﻛﻠﻮﻓﻦ ) ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺩﺍﺭﻭ ﺭﺍ ﻓﻘﻂ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﻣﻌﺎﻟﺞ ﻭ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ، ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺑﻴﺶ ﺍﺯ ﺍﻧﺪﺍﺯﻩ ﻭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﺑﺎﻋﺚ ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺑﺮﻭﺯ ﻧﺎﺭﺍﺣﺘﻲ ﻫﺎﻱ ﮔﻮﺍﺭﺷﻲ ﻭ ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﻣﻌﺪﻩ ﺧﻮﺍﻫﺪ ﺷﺪ.

.4 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ ( ﺍﻧﻮﺍﻉ ﻗﺮﺹ ﻭ ﺁﻣﭙﻮﻝ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻭ ﻣﻬﻤﻲ ﺍﻳﺠﺎﺩ ﻛﻨﻨﺪ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭﻣﺎﻥ ﭘﺬﻳﺮ ﻧﻴﺴﺘﻨﺪ.

.5 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺩﺭﻣﺎﻥ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﺗﺮﻛﻴﺒﺎﺕ ﻛﻮﺭﺗﻮﻥ ﻫﺎ ) ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺁﻥ ﻧﻜﻨﻴﺪ ﻭ ﺟﻬﺖ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﻣﺎﻥ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﻨﻴﺪ.

.6 ﺩﺭ 2-1 ﺭﻭﺯ ﺍﻭﻝ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺟﻬﺖ ﺑﻬﺒﻮﺩ ﺩﺭﺩ ﻭ ﺭﻓﻊ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ. ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺭﺍ ﺑﻪ ﻣﺪﺕ -15 20 ﺑﺮ ﺭﻭﻱ ﻋﻀﻼﺕ ﭘﺸﺖ ﮔﺮﺩﻥ ﻭ ﺑﺎﻻﻱ ﺷﺎﻧﻪ ﻫﺎ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﻫﺮ 4-3 ﺳﺎﻋﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻳﺦ ﺩﺭ ﺗﻤﺎﺱ ﻣﺴﺘﻘﻴﻢ ﺑﺎ ﭘﻮﺳﺖ ﻗﺮﺍﺭ ﻧﮕﻴﺮﺩ ﻭ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﭘﻮﺳﺖ ﻧﺸﻮﺩ، ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺗﻐﻴﻴﺮ ﺭﻧﮓ (ﻛﺒﻮﺩﻱ) ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻳﺦ ﺭﺍ ﻣﺘﻮﻗﻒ ﻛﻨﻴﺪ.

.7 ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺑﻌﺪ، ﺍﺯ ﻛﻤﭙﺮﺱ ﮔﺮﻡ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﮔﺮﻡ ﺑﻪ ﺭﻭﺵ ﺑﺎﻻ (ﻫﻨﮕﺎﻡ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﺭﻭﺯﺍﻧﻪ 4 ﻧﻮﺑﺖ ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻳﺎ ﺩﻭﺵ ﺁﺏ ﮔﺮﻡ ﺑﮕﻴﺮﻳﺪ. ﻣﺮﺍﻗﺐ ﺑﺎﺷﻴﺪ ﺍﻳﻦ ﻛﺎﺭ ﻣﻮﺟﺐ ﺳﻮﺧﺘﮕﻲ ﭘﻮﺳﺖ ﺷﻤﺎ ﻧﺸﻮﺩ. (ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻗﺮﻣﺰﻱ ﺷﺪﻳﺪ ﭘﻮﺳﺖ، ﺍﺩﺍﻣﻪ ﻱ ﻛﺎﺭ ﺭﺍ ﻣﺘﻮﻗﻒ ﻛﻨﻴﺪ )

.8 ﻣﺎﺳﺎژ ﻋﻀﻼﺕ ﮔﺮﺩﻥ ﻭ ﺷﺎﻧﻪ ﻫﺎ ﺑﻪ ﺧﺼﻮﺹ ﺑﻌﺪ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﮔﺮﻡ ﻭ ﻗﺒﻞ ﻭ ﺑﻌﺪ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﺎﻋﺚ ﺑﻬﺒﻮﺩ ﺩﺭﺩ ﻭ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﻧﻲ ﻣﻲ ﺷﻮﺩ.

.9 ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻫﻨﮕﺎﻡ ﻣﺎﺳﺎژ ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﺿﺪ ﺩﺭﺩ، ﺿﺪ ﺍﻟﺘﻬﺎﺏ ﻳﺎ ﺷﻞ ﻛﻨﻨﺪﻩ ﻱ ﻋﻀﻼﻧﻲ ﻣﻮﺿﻌﻲ ﺷﺎﻣﻞ ﺍﻧﻮﺍﻉ ژﻝ، ﻛﺮﻡ، ﭘﻤﺎﺩ، ﺭﻭﻏﻦ ﻭ ﻟﻮﺳﻴﻮﻥ ( ﻣﺜﻞ ﭘﻴﺮﻭﻛﺴﻴﻜﺎﻡ، ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﻳﺎ ﺍﻧﻮﺍﻉ ﻓﺮﺁﻭﺭﺩﻩ ﻫﺎﻱ ﮔﻴﺎﻫﻲ ﻣﺎﻧﻨﺪ ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﻋﺼﺎﺭﻩ ﻱ ﺭﺯﻣﺎﺭﻱ، ﻧﻌﻨﺎﻉ، ﻓﻠﻔﻞ ﻭ..... ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

10. ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻫﻢ ﺯﻣﺎﻥ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﻣﻮﺿﻌﻲ ﻭ ﺧﻮﺭﺍﻛﻲ ﻣﺸﺎﺑﻪ ﻣﺎﻧﻨﺪ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﺗﻮﺻﻴﻪ ﻧﻤﻲ ﺷﻮﺩ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﭘﻤﺎﺩﻫﺎﻳﻲ ﻣﺎﻧﻨﺪ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﻭ ﭘﻴﺮﻭﻛﺴﻴﻜﺎﻡ ﺑﻬﺘﺮ ﺍﺳﺖ ﺗﻨﻬﺎ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺑﻪ ﻋﻨﻮﺍﻥ ﻣﺴﻜﻦ ﺧﻮﺭﺍﻛﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻣﺼﺮﻑ ﻗﺮﺹ ﻫﺎﻱ ﺑﺮﻭﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ، ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﻭ ژﻟﻮﻓﻦ ﻳﺎ ﺷﻴﺎﻑ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.11 ﺑﺮﺍﻱ ﺧﻮﺍﺑﻴﺪﻥ ﺍﺯ ﺗﺸﻚ ﻫﺎﻱ ﻣﺤﻜﻢ ﻭ ﺳﺨﺖ ﻛﻪ ﺑﺎ ﺣﺮﻛﺎﺕ ﺑﺪﻥ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﻧﻤﻲ ﺩﻫﻨﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺑﺴﺘﺮﻫﺎﻱ ﻧﺮﻡ ﻛﻪ ﺑﻪ ﺷﻜﻞ ﺑﺪﻥ ﺷﻤﺎ ﺩﺭﻣﻲ ﺁﻳﻨﺪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻥ ﻭ ﻛﻤﺮ ﻣﻲ ﺷﻮﻧﺪ.

.12 ﻫﻨﮕﺎﻡ ﺍﺳﺘﺮﺍﺣﺖ ﺑﻪ ﭘﻬﻠﻮ ﻳﺎ ﭘﺸﺖ ﺑﺨﻮﺍﺑﻴﺪ ﻭ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺭﻭﻱ ﺷﻜﻢ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.13 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮ ﺭﻭﻱ ﭘﻬﻠﻮ ﻣﻲ ﺧﻮﺍﺑﻴﺪ ﺩﺳﺖ ﭘﺎﻳﻴﻨﻲ ﺧﻮﺩ ﺭﺍ ﻣﻘﺎﺑﻞ ﺳﻴﻨﻪ ﻱ ﺧﻮﺩ ﺩﺭ ﺟﻠﻮ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﺮ ﺭﻭﻱ ﺩﺳﺖ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺩﺭ ﺍﻳﻦ ﺣﺎﻟﺖ ﺑﻬﺘﺮ ﺍﺳﺖ ﭘﺎﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻛﻤﻲ ﺧﻢ ﻛﺮﺩﻩ ﻭ ﻳﻚ ﺑﺎﻟﺶ ﺑﻴﻦ ﺁﻧﻬﺎ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.14 ﺯﻳﺮ ﺳﺮ ﺷﻤﺎ ﺑﺎﻳﺪ ﺑﻪ ﺍﻧﺪﺍﺯﻩ ﺍﻱ ﺑﺎﻻ ﺑﺎﺷﺪ ﻛﻪ ﺳﺮ ﻭ ﮔﺮﺩﻧﺘﺎﻥ ﻛﺎﻣﻼ ﻣﺴﺘﻘﻴﻢ ﺩﺭ ﻳﻚ ﺭﺍﺳﺘﺎ ﻭ ﺩﺭ ﺍﻣﺘﺪﺍﺩ ﭘﺸﺖ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺳﺘﻮﻥ ﻣﻬﺮﻩ ﻫﺎ ﻣﺴﺘﻘﻴﻢ ﺑﻮﺩﻩ ﻭ ﮔﺮﺩﻥ ﺑﻪ ﻋﻘﺐ ﻳﺎ ﺟﻠﻮ ﺧﻢ ﻧﺸﺪﻩ ﺑﺎﺷﺪ .

.15 ﺑﺎﻟﺶ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﮔﻮﻧﻪ ﺍﻱ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﺷﻴﺐ ﻣﻼﻳﻤﻲ ﺑﺎ ﺗﺸﻚ ﺍﻳﺠﺎﺩ ﺷﻮﺩ ﻭ ﺷﺎﻧﻪ ﻫﺎﻱ ﺷﻤﺎ ﺑﺮ ﺭﻭﻱ ﻟﺒﻪ ﻱ ﺑﺎﻟﺶ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ ﻭ ﺍﺯ ﺍﻳﺠﺎﺩ ﺣﺎﻟﺖ ﭘﻠﻜﺎﻧﻲ (ﺑﺎﻻ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻦ ﺳﺮ ﻭ ﭘﺎﻳﻴﻦ ﺑﻮﺩﻥ ﺷﺎﻧﻪ ﻫﺎ ﺑﺮ ﺭﻭﻱ ﺗﺸﻚ ) ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.16 ﺑﺎﻟﺶ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﮔﻮﻧﻪ ﺍﻱ ﺍﻧﺘﺨﺎﺏ ﻛﻨﻴﺪ ﻛﻪ ﻧﺮﻡ ﻭ ﭘﻨﺒﻪ ﺍﻱ ﻧﺒﻮﺩﻩ ﻭ ﻓﺸﺎﺭ ﺳﺮ ﺑﺎﻋﺚ ﻓﺮﻭ ﺭﻓﺘﻦ ﺁﻥ ﻧﺸﻮﺩ، ﺍﺯ ﺑﺎﻟﺶ ﻫﺎﻱ ﻣﺤﻜﻢ ﻳﺎ ﻃﺒﻲ ﻭ ﻳﺎ ﺍﺯ ﻳﻚ ﺣﻮﻟﻪ ﻱ ( ﻳﺎ ﭘﺎﺭﭼﻪ ) ﺗﺎ ﺷﺪﻩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺑﺎﻟﺶ ﻫﺎﻱ ﻃﺒﻲ ﻭﻳﮋﻩ ﻛﻪ ﺩﺭ ﺩﺍﺭﻭﺧﺎﻧﻪ ﻫﺎ ﻣﻮﺟﻮﺩ ﺍﺳﺖ ﻭ ﺑﻪ ﺷﻜﻞ ﻧﻴﻢ ﺣﻠﻘﻪ ﺩﻭﺭ ﮔﺮﺩﻥ ﻗﺮﺍﺭ ﻣﻲ ﮔﻴﺮﺩ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻤﺎﻳﻴﺪ.

.17 ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ ﺍﺯ ﺻﻨﺪﻟﻲ ﻫﺎﻱ ﻛﺎﻣﻼ ﻣﺤﻜﻢ ﻭ ﺑﺎ ﭘﺸﺘﻲ ﺻﺎﻑ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ،ﻣﺒﻞ ﻫﺎﻱ ﺭﺍﺣﺘﻲ ﺑﺎ ﺗﺸﻚ ﻫﺎﻱ ﻧﺮﻡ ﻛﻪ ﺑﻪ ﺭﺍﺣﺘﻲ ﻓﺮﻭﺭﻓﺘﻪ ﻭ ﺑﻪ ﺷﻜﻞ ﺑﺪﻥ ﺷﻤﺎ ﺩﺭﻣﻲ ﺁﻳﻨﺪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩﻫﺎﻱ ﮔﺮﺩﻥ ﻭ ﻛﻤﺮ ﻣﻲ ﺷﻮﻧﺪ، ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ ﺑﺎﻳﺪ ﺷﺎﻧﻪ ﻫﺎ، ﭘﺸﺖ ﻭ ﻟﮕﻦ ﺷﻤﺎ ﺩﺭ ﺗﻤﺎﺱ ﻛﺎﻣﻞ ﺑﺎ ﭘﺸﺘﻲ ﺻﻨﺪﻟﻲ ﺑﺎﺷﺪ.

8 ﻫﻨﮕﺎﻡ ﺗﻤﺎﺷﺎﻱ ﺗﻠﻮﻳﺰﻳﻮﻥ ﻳﺎ ﺍﺳﺘﺮﺍﺣﺖ ﺍﺯ ﺩﺭﺍﺯ ﻛﺸﻴﺪﻥ ﺑﺮ ﺭﻭﻱ ﻣﺒﻞ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﺻﻨﺪﻟﻲ ﻫﺎﻳﻲ ﺑﺎ ﻭﻳﮋﮔﻲ ﻫﺎﻱ ﺑﺎﻻ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.19 ﭘﺸﺘﻲ ﺻﻨﺪﻟﻲ ﺍﺗﻮﻣﺒﻴﻞ ﺭﺍ ﺩﺭ ﺣﺎﻟﺖ ﻛﺎﻣﻼ ﺻﺎﻑ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺍﺯ ﺧﻢ ﻛﺮﺩﻥ ﺁﻥ ﺑﻪ ﻋﻘﺐ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.20 ﻫﻨﮕﺎﻡ ﻧﺸﺴﺘﻦ، ﺍﻳﺴﺘﺎﺩﻥ ﻭ ﺭﺍﻩ ﺭﻓﺘﻦ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﻭﺿﻌﻴﺖ ﺻﺤﻴﺢ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭘﺸﺖ ﺷﻤﺎ ﻛﺎﻣﻼ ﻛﺸﻴﺪﻩ ﻭ ﺻﺎﻑ ﻭ ﺑﺪﻭﻥ ﺧﻤﻴﺪﮔﻲ ﺑﺎﺷﺪ، ﮔﺮﺩﻥ ﺩﺭ ﺍﻣﺘﺪﺍﺩ ﭘﺸﺖ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ،ﺷﺎﻧﻪ ﻫﺎ ﺭﻭ ﺑﻪ ﻋﻘﺐ ﺑﺪﻭﻥ ﺍﻓﺘﺎﺩﮔﻲ ﻗﺮﺍﺭ ﺑﮕﻴﺮﻧﺪ ﻭ ﺳﺮ ﺑﻪ ﺟﻠﻮ ﺧﻤﻴﺪﻩ ﻧﺸﻮﺩ.

.21 ﺍﺯ ﺣﻤﻞ ﻛﻴﻒ ﻳﺎ ﻛﻮﻟﻪ ﭘﺸﺘﻲ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.22 ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.23 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﺳﺮ، ﺷﺎﻧﻪ ﻫﺎ ﻭ ﺑﺎﺯﻭﻫﺎ ﺩﺍﺭﺩ ( ﻣﺜﻞ ﺁﻭﻳﺰﺍﻥ ﻛﺮﺩﻥ ﭘﺮﺩﻩ ﻫﺎ، ﺗﻌﻮﻳﺾ ﻻﻣﭗ ﻟﻮﺳﺘﺮﻫﺎ، ﺑﺮﺩﺍﺷﺘﻦ ﺍﺟﺴﺎﻡ ﺍﺯ ﻗﻔﺴﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻧﺮﺩﺑﺎﻥ ﻫﺎﻳﻲ ﺑﺎ ﺍﺭﺗﻔﺎﻉ ﻣﻨﺎﺳﺐ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﺑﺮﺩﻥ ﮔﺮﺩﻥ ﻭ ﺑﺎﺯﻭﻫﺎ ﻧﺒﺎﺷﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.24 ﻫﻨﮕﺎﻡ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﺍﺟﺴﺎﻡ ﺍﺯ ﺭﻭﺯﻱ ﺯﻣﻴﻦ ﺳﻌﻲ ﻛﻨﻴﺪ ﺑﻪ ﺟﺎﻱ ﺧﻢ ﻛﺮﺩﻥ ﻛﺎﻣﻞ ﻛﻤﺮ، ﺯﺍﻧﻮﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺧﻢ ﻛﻨﻴﺪ.

.25 ﺍﺯ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﻃﻮﻻﻧﻲ ﺑﻮﻳﮋﻩ ﺩﺭ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ( ﻣﺜﻼ ﻫﻨﮕﺎﻡ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﺮ -20 30 ﺩﻗﻴﻘﻪ ﻳﻚ ﺑﺎﺭ ﻭﺿﻌﻴﺖ ﺧﻮﺩ ﺭﺍ ﺗﻐﻴﻴﺮ ﺩﺍﺩﻩ ﻳﺎ ﭼﻨﺪ ﻗﺪﻡ ﺭﺍﻩ ﺑﺮﻭﻳﺪ.

.26 ﺍﺯ ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺑﭙﺮﻫﻴﺰﻳﺪ.

.27 ﺍﺯ ﻋﻮﺍﻣﻞ ﺍﻳﺠﺎﺩ ﺍﺿﻄﺮﺍﺏ، ﺍﺳﺘﺮﺱ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

.28 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﮔﺮﺩﻥ ﺑﻨﺪ ﻃﺒﻲ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺁﻥ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﺑﺴﺘﻪ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ( ﺗﻨﻬﺎ ﺟﻬﺖ ﺍﺳﺘﺤﻤﺎﻡ ﻭ ﺧﻮﺍﺑﻴﺪﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺩﺭ ﺻﻮﺭﺕ ﻣﻮﺍﻓﻘﺖ ﭘﺰﺷﻚ ﺁﻥ ﺭﺍ ﺑﺎﺯ ﻛﻨﻴﺪ ) ﻭ ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺍﺳﺖ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﺭﺍ ﺍﺩﺍﻣﻪ ﺩﻫﻴﺪ.

.29 ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﺗﺠﻮﻳﺰ ﮔﺮﺩﻥ ﺑﻨﺪ ﻃﺒﻲ، ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﺍﻗﺪﺍﻡ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﻧﻨﻤﺎﻳﻴﺪ ﻭ ﺳﻌﻲ ﻛﻨﻴﺪ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻌﻤﻮﻝ ﺧﻮﺩ ﺭﺍ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺑﻲ ﺣﺮﻛﺘﻲ ﻛﺎﻣﻞ ﮔﺮﺩﻥ ( ﻛﻪ ﺑﺎﻋﺚ ﺿﻌﻴﻒ ﺷﺪﻥ ﻋﻀﻼﺕ، ﺧﺸﻜﻲ ﻭﺳﻔﺘﻲ ﻋﻀﻼﺕ ﻭ ﻃﻮﻻﻧﻲ ﺷﺪﻥ ﺩﻭﺭﻩ ﻱ ﺩﺭﺩ ﻣﻲ ﮔﺮﺩﺩ) ﺍﺩﺍﻣﻪ ﺩﻫﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺍﺯ ﺣﺮﻛﺎﺕ ﺳﺮﻳﻊ، ﻧﺎﮔﻬﺎﻧﻲ، ﺷﺪﻳﺪ ﻭ ﭼﺮﺧﺸﻲ ﺳﺮ ﻭ ﮔﺮﺩﻥ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ.

.30 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﭘﺲ ﺍﺯ 6 ﻫﻔﺘﻪ ﻫﻢ ﭼﻨﺎﻥ ﺩﺭﺩ ﺷﻤﺎ ﺍﺩﺍﻣﻪ ﺩﺍﺭﺩ ﻣﺒﺘﻼ ﺑﻪ ﺩﺭﺩﻫﺎﻱ ﻣﺰﻣﻦ ﮔﺮﺩﻧﻲ ﻫﺴﺘﻴﺪ ﻭ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﻭ ﺩﺭﻣﺎﻥ ﺑﻪ ﻣﺘﺨﺼﺺ ﺟﺮﺍﺣﻲ ﻣﻐﺰ ﻭ ﺍﻋﺼﺎﺏ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﻋﺪﻡ ﭘﺎﺳﺦ ﺑﻪ ﻣﺼﺮﻑ ﻣﺴﻜﻦ

- ﻋﺪﻡ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﺩﺭ ﻋﻼﻳﻢ ﭘﺲ ﺍﺯ 3 ﺭﻭﺯ ﻣﺮﺍﻗﺒﺖ ﻭ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ

- ﺑﺮﻭﺯ ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ

- ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﻛﻪ ﺑﺎ ﺍﺳﺘﺮﺍﺣﺖ ﻭ ﻣﺼﺮﻑ ﻣﺴﻜﻦ ﺑﻬﺒﻮﺩ ﻧﻴﺎﺑﺪ

- ﺗﺸﺪﻳﺪ ﺩﺭﺩﻧﺎﻛﻲ ﻳﺎ ﺳﻔﺘﻲ ﺣﺮﻛﺎﺕ ﮔﺮﺩﻥ

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ

- ﺍﺧﺘﻼﻝ ﺣﺲ ﻳﺎ ﺿﻌﻒ ﻳﺎ ﺑﻲ ﺣﺴﻲ ﺩﺳﺖ ﻫﺎ

- ﻫﺮﮔﻮﻧﻪ ﺍﺧﺘﻼﻝ ﺣﺮﻛﺘﻲ ﺩﺭ ﺩﺳﺖ ﻫﺎ ( ﻣﺜﻼ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺑﺎﻻ ﺁﻭﺭﺩﻥ ﺩﺳﺖ ﻫﺎ ﻳﺎ ﺣﺮﻛﺖ ﺩﺍﺩﻥ ﺍﻧﮕﺸﺘﺎﻥ ) ﻳﺎ ﻓﻠﺞ ﻫﺮ ﻳﻚ ﺍﺯ ﺩﺳﺘﺎﻥ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ

**ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭﮔﻴﺮﻱ ﻋﺼﺒﻲ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺟﻬﺖ ﺑﻬﺒﻮﺩ ﺩﺭﺩ ﻭ ﺧﺸﻜﻲ ﮔﺮﺩﻥ ﻭ ﺗﻘﻮﻳﺖ ﻋﻀﻼﺕ، ﺗﻤﺮﻳﻦ ﻫﺎﻱ ﺯﻳﺮ ﺭﺍ ﺭﻭﺯﺍﻧﻪ 3-2 ﻧﻮﺑﺖ ( ﺑﻪ ﺧﺼﻮﺹ ﻗﺒﻞ ﻭ ﺑﻌﺪ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ) ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ:**

- ﮔﺮﺩﻥ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺟﻠﻮ ﺧﻢ ﻛﺮﺩﻩ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭼﺸﻢ ﻫﺎ ﺑﻪ ﺯﻣﻴﻦ ﻧﮕﺎﻩ ﻛﻨﻨﺪ ﻭ ﺳﻌﻲ ﻛﻨﻴﺪ ﺑﺎ ﭼﺎﻧﻪ ﺳﻴﻨﻪ ﻱ ﺧﻮﺩ ﺭﺍ ﻟﻤﺲ ﻛﻨﻴﺪ، 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ، ﺳﭙﺲ ﮔﺮﺩﻥ ﺭﺍ ﺑﻪ ﺣﺎﻟﺖ ﻃﺒﻴﻌﻲ ﺩﺭ ﺁﻭﺭﺩﻩ ﻭ ﻣﺠﺪﺩﺍ ﺑﻪ ﻫﻤﻴﻦ ﺷﻜﻞ ﺧﻢ ﻛﻨﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ -10 15 ﺑﺎﺭ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ .

- ﮔﺮﺩﻥ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﻋﻘﺐ ﺧﻢ ﻛﺮﺩﻩ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭼﺸﻢ ﻫﺎ ﺑﻪ ﺳﻘﻒ ﻧﮕﺎﻩ ﻛﻨﻨﺪ، 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ، ﺳﭙﺲ ﮔﺮﺩﻥ ﺭﺍ ﺑﻪ ﺣﺎﻟﺖ ﻃﺒﻴﻌﻲ ﺩﺭ ﺁﻭﺭﺩﻩ ﻭ ﻣﺠﺪﺩﺍ ﺑﻪ ﻫﻤﻴﻦ ﺷﻜﻞ ﺧﻢ ﻛﻨﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ -10 15 ﺑﺎﺭ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ .

- ﺑﺎ ﭼﺮﺧﺎﻧﺪﻥ ﮔﺮﺩﻥ ﺑﻪ ﺳﻤﺖ ﺭﺍﺳﺖ ﻧﮕﺎﻩ ﻛﺮﺩﻩ، 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ، ﮔﺮﺩﻥ ﺭﺍ ﺑﻪ ﺣﺎﻟﺖ ﻃﺒﻴﻌﻲ ﺑﺮﮔﺮﺩﺍﻧﺪﻩ ﻭ ﺭﻭﺑﺮﻭ ﺭﺍ ﻧﮕﺎﻩ ﻛﻨﻴﺪ ﻭ ﺳﭙﺲ ﺑﺎ ﭼﺮﺧﺶ ﮔﺮﺩﻥ ﺩﺭ ﺟﻬﺖ ﻣﻘﺎﺑﻞ ﺑﻪ ﻣﺪﺕ 10 ﺛﺎﻧﻴﻪ ﺑﻪ ﺳﻤﺖ ﭼﭗ ﻧﮕﺎﻩ ﻛﻨﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ -10 15 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺑﻪ ﺭﻭﺑﺮﻭ ﻧﮕﺎﻩ ﻛﻨﻴﺪ ﻭ ﮔﺮﺩﻥ ﺭﺍ ﻛﺎﻣﻼ ﺻﺎﻑ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺳﭙﺲ ﺳﻌﻲ ﻛﻨﻴﺪ ﮔﺮﺩﻥ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺧﻢ ﻛﻨﻴﺪ ﻛﻪ ﺑﺎ ﮔﻮﺵ ﺭﺍﺳﺖ ﺷﺎﻧﻪ ﻱ ﺧﻮﺩ ﺭﺍ ﻟﻤﺲ ﻛﻨﻴﺪ، 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ ﻭ ﮔﺮﺩﻥ ﺭﺍ ﺑﻪ ﺣﺎﻟﺖ ﺻﺎﻑ ﺍﻭﻟﻴﻪ ﺑﺮﮔﺮﺩﺍﻧﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ -10 15 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺑﻪ ﺭﻭﺑﺮﻭ ﻧﮕﺎﻩ ﻛﻨﻴﺪ ﻭ ﮔﺮﺩﻥ ﺭﺍ ﻛﺎﻣﻼ ﺻﺎﻑ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺳﭙﺲ ﺳﻌﻲ ﻛﻨﻴﺪ ﮔﺮﺩﻥ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺧﻢ ﻛﻨﻴﺪ ﻛﻪ ﺑﺎ ﮔﻮﺵ ﭼﭗ ﺷﺎﻧﻪ ﻱ ﺧﻮﺩ ﺭﺍ ﻟﻤﺲ ﻛﻨﻴﺪ، 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ ﻭ ﮔﺮﺩﻥ ﺭﺍ ﺑﻪ ﺣﺎﻟﺖ ﺻﺎﻑ ﺍﻭﻟﻴﻪ ﺑﺮﮔﺮﺩﺍﻧﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ -10 15 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺩﺭ ﺣﺎﻟﺖ ﺍﻳﺴﺘﺎﺩﻩ ﻳﺎ ﻧﺸﺴﺘﻪ، ﺷﺎﻧﻪ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺑﺎﻻ ﺑﺒﺮﻳﺪ ﻭ ﻋﻀﻼﺕ ﺷﺎﻧﻪ ﺭﺍ ﻣﻨﻘﺒﺾ (ﺳﻔﺖ) ﻛﻨﻴﺪ، 10 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﺮﺩﻩ ﻭ ﺳﭙﺲ ﺑﺎ ﺷﻞ ﻛﺮﺩﻥ ﻋﻀﻼﺕ ﺷﺎﻧﻪ ﺭﺍ ﺑﻪ ﺣﺎﻟﺖ ﻃﺒﻴﻌﻲ ﻭ ﭘﺎﻳﻴﻦ ﺑﺮﮔﺮﺩﺍﻧﻴﺪ، ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ -10 15 ﻧﻮﺑﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺩﺭ ﺣﺎﻟﺖ ﺍﻳﺴﺘﺎﺩﻩ ﻳﺎ ﻧﺸﺴﺘﻪ ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺩﻭ ﻃﺮﻑ ﺑﺪﻥ ﻗﺮﺍﺭ ﺩﺍﺩﻩ ﻭ ﺁﺭﻧﺞ ﻫﺎ ﺭﺍ ﻛﻤﻲ ﺧﻢ ﻛﻨﻴﺪ، ﺳﭙﺲ ﺷﺎﻧﻪ ﻫﺎ ﺭﺍ -10 15 ﺑﺎﺭ ﺑﺎ ﺣﺮﻛﺎﺕ ﭼﺮﺧﺸﻲ ﺭﻭ ﺑﻪ ﺟﻠﻮ ﺣﺮﻛﺖ ﺩﻫﻴﺪ.

- ﺩﺭ ﺣﺎﻟﺖ ﺍﻳﺴﺘﺎﺩﻩ ﻳﺎ ﻧﺸﺴﺘﻪ ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺩﻭ ﻃﺮﻑ ﺑﺪﻥ ﻗﺮﺍﺭ ﺩﺍﺩﻩ ﻭ ﺁﺭﻧﺞ ﻫﺎ ﺭﺍ ﻛﻤﻲ ﺧﻢ ﻛﻨﻴﺪ، ﺳﭙﺲ ﺷﺎﻧﻪ ﻫﺎ ﺭﺍ -10 15 ﺑﺎﺭ ﺑﺎ ﺣﺮﻛﺎﺕ ﭼﺮﺧﺸﻲ ﺭﻭ ﺑﻪ ﻋﻘﺐ ﺣﺮﻛﺖ ﺩﻫﻴﺪ.

- ﺩﺭ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ﻳﺎ ﺍﻳﺴﺘﺎﺩﻩ ﺩﺳﺖ ﺭﺍﺳﺖ ﺭﺍ ﺑﺎﻻﻱ ﺳﺮ ﺑﻴﺎﻭﺭﻳﺪ ﻭ ﺑﺎ ﺩﺳﺖ ﭼﭗ ﻣﭻ ﺩﺳﺖ ﺭﺍﺳﺖ ﺭﺍ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﻪ ﺳﻤﺖ ﭼﭗ ( ﺩﺭ ﺑﺎﻻﻱ ﺳﺮ ) ﺑﻜﺸﻴﺪ ﻭ -10 15 ﺛﺎﻧﻴﻪ ﺻﺒﺮ ﻛﻨﻴﺪ، ﺳﭙﺲ ﺍﻳﻦ ﺣﺮﻛﺖ ﺭﺍ ﺑﺎ ﺩﺳﺖ ﻣﻘﺎﺑﻞ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ.

- ﺩ ﻗﺖ ﻛﻨﻴﺪ ﻛﻠﻴﻪ ﻱ ﺍﻳﻦ ﺗﻤﺮﻳﻦ ﻫﺎ ﺑﺎﻳﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﻭ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺣﺮﻛﺖ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ ﮔﺮﺩﻥ ﺍﻧﺠﺎﻡ ﺷﻮﻧﺪ ﻭ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﮔﺮﺩﻥ ﻳﺎ ﺍﻳﺠﺎﺩ ﺩﺭﺩ ﺳﻮﺯﺷﻲ ﻳﺎ ﺣﺎﻟﺘﻲ ﺷﺒﻴﻪ ﺑﻪ ﺑﺮﻕ ﮔﺮﻓﺘﮕﻲ ﺩﺭ ﻣﺴﻴﺮ ﮔﺮﺩﻥ ﺑﻪ ﺳﻤﺖ ﺩﺳﺖ ﻫﺎ ﺷﻮﻧﺪ ﺍﺯ ﺍﺩﺍﻣﻪ ﻱ ﺗﻤﺮﻳﻦ ﻫﺎ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺍﺯ ﺍﻧﺠﺎﻡ ﺣﺮﻛﺎﺕ ﭼﺮﺧﺸﻲ ﮔﺮﺩﻥ ( ﻳﻚ ﺩﻭﺭ ﻛﺎﻣﻞ ﻭ ﺣﺮﻛﺖ ﺩﺍﻳﺮﻩ ﺍﻱ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻛﻠﻴﻪ ﻱ ﺗﻤﺮﻳﻦ ﻫﺎ ﺭﺍ ﺩﺭ ﺯﻳﺮ ﺩﻭﺵ ﺁﺏ ﮔﺮﻡ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ، ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺧﻢ ﻛﺮﺩﻥ ﮔﺮﺩﻥ ﺑﻪ ﻳﻚ ﺳﻤﺖ، ﺁﺏ ﺑﻪ ﻋﻀﻼﺕ ﺳﻤﺖ ﻣﻘﺎﺑﻞ ﺑﺮﺧﻮﺭﺩ ﻛﻨﺪ ﻭ ﻫﻨﮕﺎﻡ ﺣﺮﻛﺎﺕ ﺷﺎﻧﻪ ﻫﺎ ﺟﺮﻳﺎﻥ ﺁﺏ ﺑﻪ ﺳﻤﺖ ﻋﻀﻼﺕ ﭘﺸﺖ ﺑﺪﻥ ﻭ ﺷﺎﻧﻪ ﻫﺎ ﺑﺎﺷﺪ.

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺁﺳﻴﺐ ﻧﺎﻓﺬ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ .... ................................................. ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ :

□ ﺗﺼﺎﺩﻑ ﻣﻮﺗﻮﺭ ﺳﻴﻜﻠﺖ / ﺍﺗﻮﻣﺒﻴﻞ

□ ﻧﺰﺍﻉ ﻭ ﺩﺭﮔﻴﺮﻱ

□ ﺍﻧﻔﺠﺎﺭ

□ ﺳﻘﻮﻁ ﺍﺯ ﺍﺭﺗﻔﺎﻉ

□ ﺑﺮﺧﻮﺭﺩ ﺍﺷﻴﺎء ﻧﻮﻙ ﺗﻴﺰ ﻣﺜﻞ ﭼﺎﻗﻮ ﻳﺎ ﺷﻴﺸﻪ

□ ﺣﻮﺍﺩﺙ ﻣﺤﻞ ﻛﺎﺭ

□ ﺳﺎﻳﺮ ﻣﻮﺍﺭﺩ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻫﻤﺮﺍﻩ ﺑﺎ ﺯﺧﻢ ﺑﺎﺯ ﺷﺪﻩ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ .

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻧﺸﺎﻧﻪ ﻫﺎﻱ ﻓﻌﻠﻲ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﻋﻼﻳﻢ ﻣﻬﻢ ﻭ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻭ ﮔﺴﺘﺮﺩﻩ ﺍﻱ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﻓﻌﻼ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻳﺎ ﺍﻧﺠﺎﻡ ﻋﻤﻞ ﺟﺮﺍﺣﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻧﺪﺍﺭﻳﺪ .

□ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﺩﺭ ﺁﻥ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮﻃﺒﻴﻌﻲ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

□ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ / ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﺭژﺍﻧﺴﻲ، ﺟﺮﺍﺣﻲ ﻳﺎ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺭﻳﺪ

**" ﺁﺳﻴﺐ ﻫﺎﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻫﻤﺮﺍﻩ ﺑﺎ ﺯﺧﻢ ﺑﺎﺯ "**

ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ﺁﺳﻴﺐ ﺑﺎ ................................... ﺩﭼﺎﺭ ﺯﺧﻢ ﺑﺎﺯ / ﭘﺎﺭﮔﻲ / ﺳﻮﺭﺍﺥ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ......................................... ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻱ ﺧﻮﺩ ﺷﺪﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﺯﺧﻢ ﺷﻤﺎ ﻣﺤﺪﻭﺩ ﺑﻪ ﭘﻮﺳﺖ ﻭ ﻻﻳﻪ ﻫﺎﻱ ﺳﻄﺤﻲ ﻣﻲ ﺑﺎﺷﺪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﻪ ﻧﻈﺮ ﻧﻤﻲ ﺭﺳﺪ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﻫﺎﻱ ﺷﺪﻳﺪ ﺩﺭ ﺍﻋﻀﺎﻱ ﺩﺍﺧﻠﻲ ﻗﻔﺴﻪ ﺱ ﺳﻴﻨﻪ ﻭ ﺭگ ﻫﺎﻱ ﺑﺰﺭگ ﺷﺪﻩ ﺑﺎﺷﻴﺪ .

□ ﺯﺧﻢ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺑﺨﻴﻪ ﻧﺪﺍﺷﺘﻪ ﻭ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺧﻮﺩﺑﺨﻮﺩ ﺗﺮﻣﻴﻢ ﺧﻮﺍﻫﺪ ﺷﺪ .

□ ﺯﺧﻢ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺑﺨﻴﻪ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻭﺿﻌﻴﺖ ﺯﺧﻢ ﺑﺪﻭﻥ ﺩﺭ ﻧﻈﺮ ﮔﺮﻓﺘﻦ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ، ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻣﻨﺎﺳﺐ ﺑﺎ ﻭﺟﻮﺩ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻧﺎﻣﺸﺨﺺ ﻳﺎ ﻗﺪﻳﻤﻲ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻭ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ، ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﭘﺲ ﺍﺯ 24 ﺳﺎﻋﺖ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﺋﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺁﻧﻬﺎ ﺭﺍ ﺑﻪ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ﺩﺭ ﺁﺏ ﻏﻮﻃﻪ ﻭﺭ ﻧﻜﻨﻴﺪ ( ﻣﺜﻼ ﺩﺭ ﻭﺍﻥ ﺣﻤﺎﻡ، ﺍﺳﺘﺨﺮ،....) ﭼﻮﻥ ﺗﻤﺎﺱ ﺯﻳﺎﺩ ﺑﺎ ﺁﺏ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺳﺮﻋﺖ ﺑﻬﺒﻮﺩ ﺯﺧﻢ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ .

.2 ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﺑﻼﻓﺎﺻﻠﻪ ﺑﺎ ﻣﻼﻳﻤﺖ ﺧﺸﻚ ﻛﻨﻴﺪ، ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﻳﻚ ﭘﺎﺭﭼﻪ ﻱ ﻧﺨﻲ ﺳﺒﻚ ﻭ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻛﻪ ﻓﻘﻂ ﺑﻪ ﺍﻳﻦ ﻛﺎﺭ ﺍﺧﺘﺼﺎﺹ ﺩﺍﺩﻩ ﺍﻳﺪ ﻳﺎ ﮔﺎﺯ ﺍﺳﺘﺮﻳﻞ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﭘﻨﺒﻪ ﻳﺎ ﺩﺳﺘﻤﺎﻝ ﻛﺎﻏﺬﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺧﺸﻚ ﻛﺮﺩﻥ ﻧﺒﺎﻳﺪ ﭘﺎﺭﭼﻪ ﺭﺍ ﺭﻭﻱ ﺯﺧﻢ ﺑﻪ ﺳﺨﺘﻲ ﺑﻜﺸﻴﺪ ﻭ ﻓﻘﻂ ﺍﺯ ﺣﺮﻛﺎﺕ ﺿﺮﺑﻪ ﺍﻱ ﻣﻼﻳﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ

3. ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺭﻭﻱ ﺯﺧﻢ ﺭﺍ ﺑﺎ ﻳﻚ ﻻﻳﻪ ﻱ ﻧﺎﺯﻙ ﭘﻤﺎﺩ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ (ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ) ﺑﭙﻮﺷﺎﻧﻴﺪ (ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﮔﻮﺵ ﭘﺎﻙ ﻛﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ)، ﺍﻣﺎﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺍﻟﻜﻞ، ﺑﺘﺎﺩﻳﻦ، ﺁﺏ ﺍﻛﺴﻴﮋﻧﻪ، ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻨﺪﻩ، ﻛﺮﻡ ﻫﺎﻱ ﺁﺭﺍﻳﺸﻲ ﻳﺎ ﻧﺮﻡ ﻛﻨﻨﺪﻩ، ﺭﻭﻏﻦ ﻫﺎﻱ ﻣﻌﻄﺮ ﻳﺎ ﭘﻤﺎﺩﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ ﺭﻭﻱ ﺯﺧﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﻣﻮﺍﺩ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﭘﻮﺳﺖ، ﺑﺮﻭﺯ ﺣﺴﺎﺳﻴﺖ ﻭ ﻋﻔﻮﻧﺖ ﻭ ﺗﺎﺧﻴﺮ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺧﻮﺍﻫﻨﺪ ﺷﺪ .

.4 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺯﺧﻢ ﺷﻤﺎ ﭘﺎﻧﺴﻤﺎﻥ ﺷﺪﻩ ﺍﺳﺖ ﺣﺘﻤﺎ ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﺑﻪ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺯﺧﻢ ﺭﺍ ﭘﻮﺷﻴﺪﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺩﺭﺍﻳﻦ ﺻﻮﺭﺕ ﺣﺪﺍﻗﻞ 48 ﺳﺎﻋﺖ ﭘﺎﻧﺴﻤﺎﻥ ﺭﺍ ﺑﻪ ﺷﻜﻞ ﺍﻭﻟﻴﻪ ﺣﻔﻆ ﻛﺮﺩﻩ ﻭ ﺳﭙﺲ ﺑﻌﺪ ﺍﺯ ﻫﺮ ﺑﺎﺭ ﺷﺴﺘﺸﻮﻱ ﺯﺧﻢ ﺁﻥ ﺭﺍ ﺑﺎ ﻳﻚ ﭘﺎﻧﺴﻤﺎﻥ ﺳﺒﻚ ﺑﭙﻮﺷﺎﻧﻴﺪ .

.5 ﺧﺎﺭﺵ ﺧﻔﻴﻒ ﺯﺧﻢ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ ﻃﺒﻴﻌﻲ ﺍﺳﺖ، ﺩﺭ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﺍﺯ ﺧﺎﺭﺍﻧﺪﻥ ﺯﺧﻢ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻓﻘﻂ ﭘﻮﺳﺖ ﺭﺍ ﻣﺎﺳﺎژ ﺩﻫﻴﺪ، ﺗﺮﺷﺢ ﺧﻔﻴﻒ ﺑﻪ ﺻﻮﺭﺕ ﻣﺎﻳﻊ ﺯﺭﺩ ﻛﻢ ﺭﻧﮓ، ﺭﻗﻴﻖ ﻭ ﺁﺑﻜﻲ ﻧﻴﺰ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﺍﺯ ﺯﺧﻢ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

.6 ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﺧﻔﻴﻒ ﺩﺭ ﻣﺤﻞ ﺯﺧﻢ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺭﻓﻊ ﺁﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﺁﺳﭙﻴﺮﻳﻦ ﻭ ﺑﺮﻭﻓﻦ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﺧﻮﻧﺮﻳﺰﻱ ﺷﻮﻧﺪ .

.7 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﻛﺎﻣﻞ ﻛﻨﻴﺪ .

.8 ﺩﺭﺩ ﺷﻤﺎ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎ ﺣﺮﻛﺖ ﻛﺮﺩﻥ، ﺳﺮﻓﻪ، ﻋﻄﺴﻪ، ﺧﻨﺪﻩ ﻭ ﺣﺘﻲ ﺗﻨﻔﺲ ﻋﻤﻴﻖ ﺗﺸﺪﻳﺪ ﻭ ﺑﺪﺗﺮ ﺷﻮﺩ .

.9 ﺍﺯ ﺍﺳﺘﺮﺍﺣﺖ ﻣﺪﺍﻭﻡ ﺩﺭ ﺑﺴﺘﺮ ﺑﻴﺶ ﺍﺯ 2-1 ﺭﻭﺯ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺭﻭﺯﻣﺮﻩ ﻱ ﺧﻮﺩ ﺑﺎﺯﮔﺮﺩﻳﺪ ، ﭼﻮﻥ ﺍﺳﺘﺮﺍﺣﺖ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺎﻋﺚ ﺿﻌﻒ ﻭ ﺧﺸﻜﻲ ﻋﻀﻼﺕ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺩﺭ ﺭﻳﻪ ﻫﺎ ﻣﻲ ﺷﻮﺩ (ﺍﻟﺒﺘﻪ ﺍﺯ ﺍﻧﺠﺎﻡ ﺣﺮﻛﺎﺕ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﺮﻳﻊ، ﻧﺎﮔﻬﺎﻧﻲ،ﻃﻮﻻﻧﻲ ﻣﺪﺕ، ﭘﻴﻮﺳﺘﻪ ﻭ ﺷﺪﻳﺪ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻣﺴﺘﻘﻴﻢ ﺑﺮ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻭ ﺷﻜﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻣﻲ ﺷﻮﻧﺪ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ).

10. ﻛﺎﻫﺶ ﻓﻌﺎﻟﻴﺖ ﻭ ﺑﺎﺯ ﻧﺸﺪﻥ ﻛﺎﻣﻞ ﺭﻳﻪ ﻫﺎ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮ ﺍﻳﻦ ﻫﺮ 2-1 ﺳﺎﻋﺖ 10 ﺑﺎﺭ ﻧﻔﺲ ﻫﺎﻱ ﻛﺎﻣﻼ ﻋﻤﻴﻖ ﺑﻜﺸﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻛﺎﻣﻼ ﺑﺎﺯ ﺷﻮﺩ ﻭ ﻫﺮ ﺑﺎﺭ 3 ﺛﺎﻧﻴﻪ ﻧﻔﺲ ﺧﻮﺩ ﺭﺍ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻭ ﺑﻌﺪ ﺑﻴﺮﻭﻥ ﺑﺪﻫﻴﺪ، ﺍﻳﻦ ﻛﺎﺭ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺷﻮﺩ

.11 ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺳﺮﻓﻪ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺟﻠﻮﻱ ﺁﻥ ﺭﺍ ﻧﮕﻴﺮﻳﺪ ﻭ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺳﺮﻓﻪ ﻛﻨﻴﺪ، ﺳﺮﻓﻪ ﻛﺮﺩﻥ ﺑﺎ ﺗﺨﻠﻴﻪ ﻱ ﺗﺮﺷﺤﺎﺕ ﺭﻳﻪ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ.

.12 ﻫﻨﮕﺎﻣﻲ ﻛﻪ ﺳﺮﻓﻪ ﻣﻲ ﻛﻨﻴﺪ ﻳﺎ ﻧﻔﺲ ﻋﻤﻴﻖ ﻣﻲ ﻛﺸﻴﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺑﺎﻟﺶ ﺭﺍ ﺑﻪ ﻗﺴﻤﺘﻲ ﺍﺯ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻛﻪ ﺩﭼﺎﺭ ﺿﺮﺑﻪ ﻭ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺷﺪﻩ ﺍﺳﺖ ﻣﺠﻜﻢ ﻓﺸﺎﺭ ﺩﻫﻴﺪ ﺗﺎ ﻣﻴﺰﺍﻥ ﺩﺭﺩ ﺭﺍ ﻛﺎﻫﺶ ﺩﻫﺪ.

.13 ﺍﺯ ﻣﺼﺮﻑ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﻭ ﺗﻤﺎﺱ ﺑﺎ ﻫﺮﮔﻮﻧﻪ ﺩﻭﺩ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.14 ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 2-1 ﺭﻭﺯ ﺍﻭﻝ ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺍﺯ ﻳﻜﻲ ﺍﺯ ﻧﺰﺩﻳﻜﺎﻥ ﺧﻮﺩ ﺑﺨﻮﺍﻫﻴﺪ ﻭﺿﻌﻴﺖ ﺗﻨﻔﺲ ﺷﻤﺎ ﺭﺍ ﺩﺭ ﻃﻮﻝ ﺧﻮﺍﺏ ﻫﺮ 4-3 ﺳﺎﻋﺖ 1 ﺑﺎﺭ ﺍﺭﺯﻳﺎﺑﻲ ﻛﻨﺪ ﺗﺎ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﻭﺿﻌﻴﺖ ﻣﺎﻧﻨﺪ ﺳﺨﺘﻲ ﻳﺎ ﺗﻨﺪ ﺷﺪﻥ ﻳﺎ ﺻﺪﺍﺩﺍﺭ ﺷﺪﻥ ﺗﻨﻔﺲ ﻫﺎ ﺑﻪ ﺯﻭﺩﻱ ﻣﺸﺨﺺ ﺷﻮﺩ.

.15 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﻲ ﺷﺪﻳﺪ ﻭ ﺳﻨﮕﻴﻦ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻳﺎ ﺿﺮﺑﻪ ﺑﻪ ﻣﺤﻞ ﺯﺧﻢ ﻣﻲ ﺷﻮﺩ ﺣﺪﺍﻗﻞ ﺩﺭ ﻃﻮﻝ 2 ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﭼﻮﻥ ﺍﮔﺮ ﺩﻭﺑﺎﺭﻩ ﺑﻪ ﻫﻤﺎﻥ ﻣﺤﻞ ﻗﺒﻠﻲ ﺿﺮﺑﻪ ﻳﺎ ﻓﺸﺎﺭ ﻭﺍﺭﺩ ﺷﻮﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﺑﺨﻴﻪ ﻫﺎ ﻳﺎ ﺑﺎﺯ ﺷﺪﻥ ﺩﻭﺑﺎﺭﻩ ﻱ ﺯﺧﻢ ﺷﻮﺩ.

.16 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﺳﺮ، ﺷﺎﻧﻪ ﻫﺎ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﺑﻪ ﺳﻤﺖ ﺑﺎﻻ ﺩﺍﺭ ( ﺩ ﻣﺜﻞ ﺁﻭﻳﺰﺍﻥ ﻛﺮﺩﻥ ﭘﺮﺩﻩ ﻫﺎ، ﺗﻌﻮﻳﺾ ﻻﻣﭗ ﻟﻮﺳﺘﺮﻫﺎ، ﺑﺮﺩﺍﺷﺘﻦ ﺍﺟﺴﺎﻡ ﺍﺯ ﻗﻔﺴﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.17 ﺍﺯ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﻭ ﺣﻤﻞ ﻛﻮﺩﻛﺎﻥ،ﺑﺎﺭﻫﺎ، ﺍﺟﺴﺎﻡ، ﻛﻴﻒ ﻭ ﻛﻮﻟﻪ ﭘﺸﺘﻲ ﻫﺎﻱ ﺳﻨﮕﻴﻦ، ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻭﺭﺯﺷﻲ ﺳﻨﮕﻴﻦ ﻭ ﺷﻨﺎ ﻛﺮﺩﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.18 ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﻭ ﺩﻭﭼﺮﺧﻪ ﺳﻮﺍﺭﻱ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.19 ﺍﺯ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﻃﻮﻻﻧﻲ ﺑﻮﻳﮋﻩ ﺩﺭ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ( ﻣﺜﻼ ﻫﻨﮕﺎﻡ ﻣﻄﺎﻟﻌﻪ ﻳﺎ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﺮ -20 30 ﺩﻗﻴﻘﻪ ﻳﻚ ﺑﺎﺭ ﻭﺿﻌﻴﺖ ﺧﻮﺩ ﺭﺍ ﺗﻐﻴﻴﺮ ﺩﺍﺩﻩ ﻳﺎ ﭼﻨﺪ ﻗﺪﻡ ﺭﺍﻩ ﺑﺮﻭﻳﺪ.

20. ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﺣﺎﻟﺖ ﻧﺎﮔﻬﺎﻧﻲ (ﻣﺜﻼ ﺍﺯ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ﺑﻪ ﺍﻳﺴﺘﺎﺩﻩ ) ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺑﺮﺧﺎﺳﺘﻦ ﺍﺯ ﺭﺧﺘﺨﻮﺍﺏ ﺍﺑﺘﺪﺍ ﺑﺮﺍﻱ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﺑﻨﺸﻴﻨﻴﺪ ﺳﭙﺲ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺮﺧﻴﺰﻳﺪ.

.21 ﺯﻣﺎﻧﻲ ﻛﻪ ﺩﺭ ﻣﻨﺰﻝ ﺗﻨﻬﺎ ﻫﺴﺘﻴﺪ ﺍﺯ ﺭﻓﺘﻦ ﺑﻪ ﺣﻤﺎﻡ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺗﻨﻬﺎﻳﻲ ﺩﺭ ﻣﻨﺰﻝ ﻫﻤﻮﺍﺭﻩ ﮔﻮﺷﻲ ﺗﻠﻔﻦ ﻳﺎ ﺗﻠﻔﻦ ﻫﻤﺮﺍﻩ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺩﺳﺘﺮﺱ ﻭ ﻧﺰﺩﻳﻚ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.22 ﻭﺟﻮﺩ ﺍﻳﻦ ﺯﺧﻢ ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ، ﺍﻣﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﺮﻧﺎﻣﻪ ﻱ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺩﭼﺎﺭ ﻳﺒﻮﺳﺖ ﻧﺸﻮﻳﺪ ﭼﻮﻥ ﺍﻳﻦ ﻣﺴﺎﻟﻪ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺗﺎﺧﻴﺮ ﺩﺭ ﺗﺮﻣﻴﻢ ﻣﻲ ﺷﻮﺩ، ﻫﻢ ﭼﻨﻴﻦ ﻣﺎﻳﻌﺎﺕ ﻛﺎﻓﻲ ﻣﺼﺮﻑ ﻛﺮﺩﻩ، ﺑﻪ ﻣﻴﺰﺍﻥ ﻣﻨﺎﺳﺐ ﺁﺏ ﻭ ﺁﺑﻤﻴﻮﻩ ﺑﻨﻮﺷﻴﺪ ﻭ ﺍﺯ ﺗﺸﻨﮕﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.23 ﺑﻬﺘﺮ ﺍﺳﺖ ﺗﺎ ﺯﻣﺎﻥ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺍﺯ ﻣﻴﻮﻩ ﻫﺎ، ﺳﺒﺰﻳﺠﺎﺕ ﻭ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﺳﺮﺷﺎﺭ ﺍﺯ ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﻣﺜﻞ ﻣﺮﻛﺒﺎﺕ، ﻟﻴﻤﻮ ﺗﺮﺵ، ﮔﻮﺟﻪ ﻓﺮﻧﮕﻲ، ﺗﻮﺕ ﻓﺮﻧﮕﻲ، ﺁﺏ ﻟﻴﻤﻮ ﻭ ﺁﺏ ﭘﺮﺗﻘﺎﻝ ﺑﻴﺸﺘﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﺑﺎﻋﺚ ﺳﺮﻳﻊ ﺗﺮ ﺷﺪﻥ ﺭﻭﻧﺪ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﻭ ﺑﻬﺒﻮﺩﻱ ﻣﻲ ﺷﻮﺩ.

.24 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ( ﺭﺍﺩﻳﻮﮔﺮﺍﻓﻲ ) ﻳﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﻧﺰﺩ ﺧﻮﺩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﭼﻮﻥ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺿﻲ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﺟﻬﺖ ﻣﻘﺎﻳﺴﻪ ﺑﻪ ﺁﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺷﺪ .

.25 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺗﺎ ﺯﻣﺎﻥ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺭﻭﺯﺍﻧﻪ ﺩﻭ ﻣﺮﺗﺒﻪ ﺩﻣﺎﻱ ﺑﺪﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﺗﺐ ﮔﻴﺮ ﺍﻧﺪﺍﺯﻩ ﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.26 ﺭﻭﺯﺍﻧﻪ ﺯﺧﻢ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﻧﻈﺮ ﺑﺮﻭﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﺑﺮﺭﺳﻲ ﻧﻤﺎﻳﻴﺪ :

- ﺗﻮﺭﻡ ﻭ ﻗﺮﻣﺰﻱ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

- ﻭﺿﻌﻴﺖ ﺗﺮﺷﺤﺎﺕ

- ﺧﻮﻧﺮﻳﺰﻱ

ﺑﺎﻳﺪ ........... ﺭﻭﺯ ﺩﻳﮕﺮ ﺟﻬﺖ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺑﻪ ﻳﻚ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺁﺳﻴﺐ ﻳﺎ ﭘﺎﺭﮔﻲ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺑﺎﺯ ﺷﺪﻥ ﻣﺠﺪﺩ ﺯﺧﻢ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﺗﻮﺭﻡ ﻳﺎ ﻗﺮﻣﺰﻱ ﻣﺤﻞ ﺯﺧﻢ

- ﺧﺮﻭﺝ ﭼﺮﻙ ﻳﺎ ﺗﺮﺷﺤﺎﺕ ﺳﺒﺰ ﺭﻧﮓ ﺍﺯ ﺯﺧﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺗﺮﺷﺤﺎﺕ ﺍﻭﻟﻴﻪ ﻳﺎ ﺍﺳﺘﺸﻤﺎﻡ ﺑﻮﻱ ﺑﺪ ﺍﺯ ﺯﺧﻢ

- ﺧﻮﻧﺮﻳﺰﻱ ﻣﺠﺪﺩ ﺯﺧﻢ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭘﺲ ﺍﺯ -10 15ﺩﻗﻴﻘﻪ ﻓﺸﺎﺭ ﻣﺪﺍﻭﻡ ﺭﻭﻱ ﻣﺤﻞ ﺯﺧﻢ ﻣﺘﻮﻗﻒ ﻧﺸﻮﺩ

- ﺑﺮﻭﺯ ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ ﻳﺎ ﺣﻤﻼﺕ ﻟﺮﺯ

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻛﻪ ﺑﺎ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻭ ﺍﺳﺘﺮﺍﺣﺖ ﺑﻬﺒﻮﺩ ﻧﻴﺎﺑﺪ

- ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ ﺩﺭ ﻫﺮ ﻳﻚ ﺍﺯ ﻗﺴﻤﺖ ﻫﺎﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻫﺮ ﻳﻚ ﺍﺯ ﻗﺴﻤﺖ ﻫﺎﻱ ﺷﻜﻢ، ﭘﻬﻠﻮﻫﺎ، ﺷﺎﻧﻪ ﻫﺎ، ﻓﻚ ﻭ ﺩﻧﺪﺍﻥ ﻫﺎﻱ ﭘﺎﻳﻴﻦ، ﮔﺮﺩﻥ، ﺩﺳﺖ ﻫﺎ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻛﻞ ﺷﻜﻢ ﻛﻪ ﺑﺎ ﺣﺮﻛﺖ ﻛﺮﺩﻥ ﺑﺪﺗﺮ ﺷﻮﺩ

- ﺗﻨﮕﻲ ﻧﻔﺲ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﺍﺣﺴﺎﺱ ﺗﻨﮕﻲ ﻧﻔﺲ ﺩﺭ ﺣﺎﻟﺖ ﺍﺳﺘﺮﺍﺣﺖ

- ﺍﺣﺴﺎﺱ ﺳﻨﮕﻴﻨﻲ ﻭ ﮔﺮﻓﺘﮕﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺗﻨﺪ ﺷﺪﻥ ﻧﻔﺲ ﻫﺎ ﻳﺎ ﺳﺨﺘﻲ ﺗﻨﻔﺲ

- ﺗﭙﺶ ﻗﻠﺐ ﺷﺪﻳﺪ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺣﺎﻟﺖ ﺍﺳﺘﺮﺍﺣﺖ

- ﺑﺮﻭﺯ ﺳﺮﻓﻪ ﻫﺎﻱ ﺷﺪﻳﺪ ﻭ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﺗﺸﺪﻳﺪ ﻭ ﺑﺪﺗﺮ ﺷﺪﻥ ﺳﺮﻓﻪ ﻫﺎ

- ﺧﺮﻭﺝ ﺧﻠﻂ ﺯﻳﺎﺩ ﻳﺎ ﺩﻓﻊ ﺧﻠﻂ ﺑﻪ ﺭﻧﮓ ﺯﺭﺩ ﺗﻴﺮﻩ ﻳﺎ ﺳﺒﺰ

- ﺩﻓﻊ ﺧﻮﻥ ﻫﻤﺮﺍﻩ ﺑﺎ ﺧﻠﻂ

- ﺗﻬﻮﻉ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ ﻳﺎ ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ ﺷﺪﻳﺪ

- ﺩﺭﺩﻧﺎﻙ ﺑﻮﺩﻥ ﺑﻠﻊ ( ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻫﻨﮕﺎﻡ ﻓﺮﻭ ﺑﺮﺩﻥ ﻟﻘﻤﻪ ) ﻳﺎ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺧﻮﺭﺩﻥ ﻭ ﺁﺷﺎﻣﻴﺪﻥ

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﺷﺪﻳﺪ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ (ﺑﻴﻬﻮﺷﻲ)

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ، ﺗﻌﺮﻳﻖ ﻳﺎ ﺳﺮﺩ ﺷﺪﻥ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺳﺮﮔﻴﺠﻪ ﻭ ﺍﺣﺴﺎﺱ ﺳﺒﻜﻲ ﺳﺮ

- ﺯﺭﺩ ﺷﺪﻥ ﻗﺴﻤﺖ ﺳﻔﻴﺪ ﭼﺸﻢ ﻫﺎ ﻳﺎ ﭘﻮﺳﺖ ﺻﻮﺭﺕ

- ﺍﺳﺘﻔﺮﺍﻍ ﺧﻮﻧﻲ ( ﺧﻮﻥ ﺭﻭﺷﻦ ﻳﺎ ﺳﻴﺎﻩ ﺭﻧﮓ )

- ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺩﻓﻊ ﮔﺎﺯ ﻭ ﻣﺪﻓﻮﻉ ﻭ ﺑﺰﺭگ ﺷﺪﻥ ﺷﻜﻢ (ﻳﺒﻮﺳﺖ ﻭ ﻧﻔﺦ ﺷﺪﻳﺪ)

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺁﺳﻴﺐ ﻏﻴﺮ ﻧﺎﻓﺬ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ .............................................. ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ :

□ ﺗﺼﺎﺩﻑ ﻣﻮﺗﻮﺭ ﺳﻴﻜﻠﺖ / ﺍﺗﻮﻣﺒﻴﻞ

□ ﻧﺰﺍﻉ ﻭ ﺩﺭﮔﻴﺮﻱ

□ ﺍﻧﻔﺠﺎﺭ

□ ﺳﻘﻮﻁ ﺍﺯ ﺍﺭﺗﻔﺎﻉ

□ ﺣﻮﺍﺩﺙ ﻣﺤﻞ ﻛﺎﺭ

□ ﺳﺎﻳﺮ ﻣﻮﺍﺭﺩ ﺩﭼﺎﺭ ﺿﺮﺑﻪ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺯﺧﻢ ﺑﺎﺯ ﻭ ﭘﺎﺭﮔﻲ □ / ﺷﻜﺴﺘﮕﻲ ﺩﻧﺪﻩ □ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﺷﺪﻩ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ .

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻧﺸﺎﻧﻪ ﻫﺎﻱ ﻓﻌﻠﻲ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﻋﻼﻳﻢ ﻣﻬﻢ ﻭ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻭ ﮔﺴﺘﺮﺩﻩ ﺍﻱ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﻓﻌﻼ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻳﺎ ﺍﻧﺠﺎﻡ ﻋﻤﻞ ﺟﺮﺍﺣﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻧﺪﺍﺭﻳﺪ .

□ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﺩﺭ ﺁﻥ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮﻃﺒﻴﻌﻲ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

□ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ / ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﺭژﺍﻧﺴﻲ، ﺟﺮﺍﺣﻲ ﻳﺎ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺭﻳﺪ

**" ﺷﻜﺴﺘﮕﻲ ﺩﻧﺪﻩ ﻳﺎ ﺿﺮﺑﻪ ﺑﻪ ﻗﻔﺴﻪ ﺳﻴﻨﻪ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺯﺧﻢ ﺑﺎﺯ "**

ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ﺑﺮﺧﻮﺭﺩ........................ ﺩﭼﺎﺭ ﺿﺮﺑﻪ ﺑﻪ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ............................... ﺁﻥ ﺷﺪﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﺍﺛﺮ ﺍﻳﻦ ﺿﺮﺑﻪ ﻣﺤﺪﻭﺩ ﺑﻪ ﭘﻮﺳﺖ ﻭ ﻻﻳﻪ ﻫﺎﻱ ﺳﻄﺤﻲ ﻣﻲ ﺑﺎﺷﺪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﻪ ﻧﻤﻲ ﺭﺳﺪ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﻫﺎﻱ ﺷﺪﻳﺪ ﺩﺭ ﺍﻋﻀﺎﻱ ﺩﺍﺧﻠﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻭ ﺭگ ﻫﺎﻱ ﺑﺰﺭگ ﺷﺪﻩ ﺑﺎﺷﻴﺪ.

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ، ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﺍﺣﺘﻤﺎﻝ ﺷﻜﺴﺘﮕﻲ ﺩﻧﺪﻩ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ.

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﺍﺣﺘﻤﺎﻻ ﺩﭼﺎﺭ ﺷﻜﺴﺘﮕﻲ ﺩﻧﺪﻩ ﺷﺪﻩ ﺍﻳﺪ .

□ ﺩﺭ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﺷﻜﺴﺘﮕﻲ ﺩﻧﺪﻩ ﻣﺸﺎﻫﺪﻩ ﻣﻲ ﺷﻮﺩ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺩﺭﺩ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﺩﻳﻮﺍﺭﻩ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻭ ﻣﺤﻞ ﺿﺮﺑﻪ ﻣﻌﻤﻮﻻ ﭘﺲ ﺍﺯ ﻳﻚ ﻫﻔﺘﻪ ﺑﻬﺒﻮﺩ ﻧﺴﺒﻲ ﻣﻲ ﻳﺎﺑﺪ، ﺍﻣﺎ ﺍﻏﻠﺐ ﺳﻪ ﺗﺎ ﺷﺶ ﻫﻔﺘﻪ ﻭ ﮔﺎﻫﻲ ﺗﺎ ﭼﻨﺪ ﻣﺎﻩ (ﺑﻪ ﻃﻮﺭ ﺧﻔﻴﻒ ﺗﺮ) ﺍﺩﺍﻣﻪ ﭘﻴﺪﺍ ﻣﻲ ﻛﻨﺪ .

.2 ﺩﺭﺩ ﺷﻤﺎ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎ ﺣﺮﻛﺖ ﻛﺮﺩﻥ، ﺳﺮﻓﻪ، ﻋﻄﺴﻪ، ﺧﻨﺪﻩ ﻭ ﺣﺘﻲ ﺗﻨﻔﺲ ﻋﻤﻴﻖ ﺗﺸﺪﻳﺪ ﻭ ﺑﺪﺗﺮ ﺷﻮﺩ .

.3 ﺍﺯ ﺍﺳﺘﺮﺍﺣﺖ ﻣﺪﺍﻭﻡ ﺩﺭ ﺑﺴﺘﺮ ﺑﻴﺶ ﺍﺯ 2-1 ﺭﻭﺯ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺭﻭﺯﻣﺮﻩ ﻱ ﺧﻮﺩ ﺑﺎﺯﮔﺮﺩﻳﺪ ، ﭼﻮﻥ ﺍﺳﺘﺮﺍﺣﺖ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺎﻋﺚ ﺿﻌﻒ ﻭ ﺧﺸﻜﻲ ﻋﻀﻼﺕ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺩﺭ ﺭﻳﻪ ﻫﺎ ﻣﻲ ﺷﻮﺩ (ﺍﻟﺒﺘﻪ ﺍﺯ ﺍﻧﺠﺎﻡ ﺣﺮﻛﺎﺕ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﺮﻳﻊ، ﻧﺎﮔﻬﺎﻧﻲ،ﻃﻮﻻﻧﻲ ﻣﺪﺕ، ﭘﻴﻮﺳﺘﻪ ﻭ ﺷﺪﻳﺪ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻣﺴﺘﻘﻴﻢ ﺑﺮ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻭ ﺷﻜﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻣﻲ ﺷﻮﻧﺪ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ).

.4 ﻛﺎﻫﺶ ﻓﻌﺎﻟﻴﺖ ﻭ ﺑﺎﺯ ﻧﺸﺪﻥ ﻛﺎﻣﻞ ﺭﻳﻪ ﻫﺎ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮ ﺍﻳﻦ ﻫﺮ 2-1 ﺳﺎﻋﺖ 10 ﺑﺎﺭ ﻧﻔﺲ ﻫﺎﻱ ﻛﺎﻣﻼ ﻋﻤﻴﻖ ﺑﻜﺸﻴﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻛﺎﻣﻼ ﺑﺎﺯ ﺷﻮﺩ ﻭ ﻫﺮ ﺑﺎﺭ 3 ﺛﺎﻧﻴﻪ ﻧﻔﺲ ﺧﻮﺩ ﺭﺍ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻭ ﺑﻌﺪ ﺑﻴﺮﻭﻥ ﺑﺪﻫﻴﺪ، ﺍﻳﻦ ﻛﺎﺭ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺷﻮﺩ .

.5 ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺳﺮﻓﻪ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺟﻠﻮﻱ ﺁﻥ ﺭﺍ ﻧﮕﻴﺮﻳﺪ ﻭ ﺑﻪ ﻃﻮﺭ ﻛﺎﻣﻞ ﺳﺮﻓﻪ ﻛﻨﻴﺪ، ﺳﺮﻓﻪ ﻛﺮﺩﻥ ﺑﺎ ﺗﺨﻠﻴﻪ ﻱ ﺗﺮﺷﺤﺎﺕ ﺭﻳﻪ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ.

6. ﻫﻨﮕﺎﻣﻲ ﻛﻪ ﺳﺮﻓﻪ ﻣﻲ ﻛﻨﻴﺪ ﻳﺎ ﻧﻔﺲ ﻋﻤﻴﻖ ﻣﻲ ﻛﺸﻴﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺑﺎﻟﺶ ﺭﺍ ﺑﻪ ﻗﺴﻤﺘﻲ ﺍﺯ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻛﻪ ﺩﭼﺎﺭ ﺿﺮﺑﻪ ﻭ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺷﺪﻩ ﺍﺳﺖ ﻣﺠﻜﻢ ﻓﺸﺎﺭ ﺩﻫﻴﺪ ﺗﺎ ﻣﻴﺰﺍﻥ ﺩﺭﺩ ﺭﺍ ﻛﺎﻫﺶ ﺩﻫﺪ.

.7 ﺍﻳﻦ ﺁﺳﻴﺐ ﻫﺎ ﻧﻴﺎﺯ ﺑﻪ ﮔﭻ، ﺁﺗﻞ، ﭘﺎﻧﺴﻤﺎﻥ ﻳﺎ ﺑﺎﻧﺪﺍژ ﻧﺪﺍﺭﻧﺪ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺍﺯ ﺑﺴﺘﻦ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ (ﻣﺜﻼ ﺑﺎ ﭘﺎﺭﭼﻪ ﻳﺎ ﺑﺎﻧﺪ ﺑﻪ ﺩﻭﺭ ﺁﻥ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.8 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺑﻪ ﺻﻮﺭﺕ ﻣﻨﻈﻢ ﻭ ﻛﺎﻓﻲ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ، ﺑﺮﻭﻓﻦ،ﺩﻳﻜﻠﻮﻓﻨﺎﻙ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻭ ژﻟﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﺁﺳﭙﻴﺮﻳﻦ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﺧﻮﻧﺮﻳﺰﻱ ﺷﻮﺩ .

.9 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﻣﺼﺮﻑ ﺯﻳﺎﺩ ﺩﻳﻜﻠﻮﻓﻨﺎﻙ / ﺑﺮﻭﻓﻦ/ ﻧﺎﭘﺮﻭﻛﺴﻦ ﺑﺎﻋﺚ ﻧﺎﺭﺍﺣﺘﻲ ﻭ ﺳﻮﺯﺵ ﻣﻌﺪﻩ ﻣﻲ ﺷﻮﺩ ﻭ ﭼﻨﺎﻥ ﭼﻪ ﺳﺎﺑﻘﻪ ﻱ ﺍﺑﺘﻼ ﺑﻪ ﺯﺧﻢ ﻣﻌﺪﻩ ﺩﺍﺭﻳﺪ ﺍﺯ ﻣﺼﺮﻑ ﺁﻧﻬﺎ ﭘﺮﻫﻴﺰ ﻛﺮﺩﻩ ﻭ ﻓﻘﻂ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.10 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﻭ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺳﺮﻓﻪ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﺮﺩﻩ ﻭ ﺳﺮﻓﻪ ﺭﺍ ﻣﻬﺎﺭ ﻧﻜﻨﻴﺪ، ﻛﻢ ﻛﺮﺩﻥ ﺳﺮﻓﻪ ﺑﺎﻋﺚ ﺯﻳﺎﺩ ﺷﺪﻥ ﺍﺣﺘﻤﺎﻝ ﻋﻔﻮﻧﺖ ﺭﻳﻪ ﻣﻲ ﺷﻮﺩ.

.11 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ ( ﺍﻧﻮﺍﻉ ﻗﺮﺹ ﻭ ﺁﻣﭙﻮﻝ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻭ ﻣﻬﻤﻲ ﺍﻳﺠﺎﺩ ﻛﻨﻨﺪ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭﻣﺎﻥ ﭘﺬﻳﺮ ﻧﻴﺴﺘﻨﺪ.

.12 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ (ﻣﺎﻧﻨﺪ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ) ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﻛﺎﻣﻞ ﻛﻨﻴﺪ.

.13 ﺍﺯ ﻣﺼﺮﻑ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﻭ ﺗﻤﺎﺱ ﺑﺎ ﻫﺮﮔﻮﻧﻪ ﺩﻭﺩ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.14 ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 3-2 ﺭﻭﺯ ﺍﻭﻝ ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺍﺯ ﻳﻜﻲ ﺍﺯ ﻧﺰﺩﻳﻜﺎﻥ ﺧﻮﺩ ﺑﺨﻮﺍﻫﻴﺪ ﻭﺿﻌﻴﺖ ﺗﻨﻔﺲ ﺷﻤﺎ ﺭﺍ ﺩﺭ ﻃﻮﻝ ﺧﻮﺍﺏ ﻫﺮ 4-3 ﺳﺎﻋﺖ 1 ﺑﺎﺭ ﺍﺭﺯﻳﺎﺑﻲ ﻛﻨﺪ ﺗﺎ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﻭﺿﻌﻴﺖ ﻣﺎﻧﻨﺪ ﺳﺨﺘﻲ ﻳﺎ ﺗﻨﺪ ﺷﺪﻥ ﻳﺎ ﺻﺪﺍﺩﺍﺭ ﺷﺪﻥ ﺗﻨﻔﺲ ﻫﺎ ﺑﻪ ﺯﻭﺩﻱ ﻣﺸﺨﺺ ﺷﻮﺩ.

15. ﺩﺭ ﻳﻚ ﻳﺎ ﺩﻭ ﺭﻭﺯ ﺍﻭﻝ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺟﻬﺖ ﻛﺎﻫﺶ ﺩﺭﺩ ﺍﺯ ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ. ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺭﺍ ﺑﻪ ﻣﺪﺕ 20 ﺩﻗﻴﻘﻪ ﺑﺮ ﺭﻭﻱ ﻗﺴﻤﺖ ﻫﺎﻱ ﺩﺭﺩﻧﺎﻙ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻭ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﻫﺮ 4-3 ﺳﺎﻋﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻳﺦ ﺩﺭ ﺗﻤﺎﺱ ﻣﺴﺘﻘﻴﻢ ﺑﺎ ﭘﻮﺳﺖ ﻗﺮﺍﺭ ﻧﮕﻴﺮﺩ ﻭ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﭘﻮﺳﺖ ﻧﺸﻮﺩ (ﻳﺦ ﺭﺍ ﺩﺭ ﻳﻚ ﭘﻮﺷﺶ ﭘﺎﺭﭼﻪ ﺍﻱ ﻳﺎ ﭘﻼﺳﺘﻴﻜﻲ ﺑﭙﻴﭽﻴﺪ)، ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺗﻐﻴﻴﺮ ﺭﻧﮓ (ﻛﺒﻮﺩﻱ) ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻳﺦ ﺭﺍ ﻣﺘﻮﻗﻒ ﻛﻨﻴﺪ.

.16 ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺑﻌﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻛﻤﭙﺮﺱ ﮔﺮﻡ ﻳﺎ ﺣﻮﻟﻪ ﻱ ﮔﺮﻡ ﺑﻪ ﺭﻭﺵ ﺑﺎﻻ (ﻫﻨﮕﺎﻡ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻳﺎ ﺭﻭﺯﺍﻧﻪ 4 ﻧﻮﺑﺖ ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻳﺎ ﺩﻭﺵ ﺁﺏ ﮔﺮﻡ ﺑﮕﻴﺮﻳﺪ. ﻣﺮﺍﻗﺐ ﺑﺎﺷﻴﺪ ﺍﻳﻦ ﻛﺎﺭ ﻣﻮﺟﺐ ﺳﻮﺧﺘﮕﻲ ﭘﻮﺳﺖ ﺷﻤﺎ ﻧﺸﻮﺩ (ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻗﺮﻣﺰﻱ ﺷﺪﻳﺪ ﭘﻮﺳﺖ، ﺍﺩﺍﻣﻪ ﻱ ﻛﺎﺭ ﺭﺍ ﻣﺘﻮﻗﻒ ﻛﻨﻴﺪ )

.17 ﻫﻨﮕﺎﻡ ﺍﺳﺘﺮﺍﺣﺖ، ﺑﻪ ﭘﺸﺖ ﺑﺨﻮﺍﺑﻴﺪ ﻭ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﺮ ﺭﻭﻱ ﺳﻤﺖ ﺩﺭﺩﻧﺎﻙ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻳﺎﺑﺮ ﺭﻭﻱ ﺷﻜﻢ ﭘﺮﻫﻴﺰ ﻧﻤﺎﻳﻴﺪ.

.18 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﻲ ﺷﺪﻳﺪ، ﺳﻨﮕﻴﻦ ﻭ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻳﺎ ﺿﺮﺑﻪ ﺑﻪ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻭ ﺷﻜﻢ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 4 ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.19 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﺳﺮ، ﺷﺎﻧﻪ ﻫﺎ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﺑﻪ ﺳﻤﺖ ﺑﺎﻻ ﺩﺍﺭﺩ ( ﻣﺜﻞ ﺁﻭﻳﺰﺍﻥ ﻛﺮﺩﻥ ﭘﺮﺩﻩ ﻫﺎ، ﺗﻌﻮﻳﺾ ﻻﻣﭗ ﻟﻮﺳﺘﺮﻫﺎ، ﺑﺮﺩﺍﺷﺘﻦ ﺍﺟﺴﺎﻡ ﺍﺯ ﻗﻔﺴﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.20 ﺍﺯ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﺑﺎﺭﻫﺎ، ﺍﺟﺴﺎﻡ ﺳﻨﮕﻴﻦ ﻭ ﻛﻮﺩﻛﺎﻥ، ﻫﻢ ﭼﻨﻴﻦ ﺍﺯ ﺣﻤﻞ ﻛﻴﻒ ﻳﺎ ﻛﻮﻟﻪ ﭘﺸﺘﻲ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺣﺪﺍﻗﻞ 6-4 ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.21 ﺍﺯ ﭘﻠﻪ ﻫﺎ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺑﺎﻻ ﻭ ﭘﺎﻳﻴﻦ ﻧﺮﻭﻳﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻟﺰﻭﻡ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺑﺎ ﺁﻫﺴﺘﮕﻲ ﺍﻧﺠﺎﻡ ﺩﺍﺩﻩ ﻭ ﺩﺳﺖ ﺧﻮﺩ ﺭﺍ ﺑﺮ ﺭﻭﻱ ﻗﺴﻤﺖ ﺩﺭﺩﻧﺎﻙ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.22 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻭﺭﺯﺷﻲ ﺳﻨﮕﻴﻦ، ﺩﻭﭼﺮﺧﻪ ﺳﻮﺍﺭﻱ ﻭ ﺷﻨﺎ ﻛﺮﺩﻥ ﺣﺪﺍﻗﻞ ﺑﻪ ﻣﺪﺕ 6 ﻫﻔﺘﻪ ﭘﺮﻫﻴﺰ ﻧﻤﺎﻳﻴﺪ.

.23 ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﻪ ﻣﺪﺕ 4-3 ﻫﻔﺘﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

34. ﺍﺯ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﻃﻮﻻﻧﻲ ﺑﻮﻳﮋﻩ ﺩﺭ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ( ﻣﺜﻼ ﻫﻨﮕﺎﻡ ﻣﻄﺎﻟﻌﻪ ﻳﺎ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﺮ -20 30 ﺩﻗﻴﻘﻪ ﻳﻚ ﺑﺎﺭ ﻭﺿﻌﻴﺖ ﺧﻮﺩ ﺭﺍ ﺗﻐﻴﻴﺮ ﺩﺍﺩﻩ ﻳﺎ ﭼﻨﺪ ﻗﺪﻡ ﺭﺍﻩ ﺑﺮﻭﻳﺪ.

.25 ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﺣﺎﻟﺖ ﻧﺎﮔﻬﺎﻧﻲ (ﻣﺜﻼ ﺍﺯ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ﺑﻪ ﺍﻳﺴﺘﺎﺩﻩ ) ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺑﺮﺧﺎﺳﺘﻦ ﺍﺯ ﺭﺧﺘﺨﻮﺍﺏ ﺍﺑﺘﺪﺍ ﺑﺮﺍﻱ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﺑﻨﺸﻴﻨﻴﺪ ﺳﭙﺲ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺮﺧﻴﺰﻳﺪ.

.26 ﺯﻣﺎﻧﻲ ﻛﻪ ﺩﺭ ﻣﻨﺰﻝ ﺗﻨﻬﺎ ﻫﺴﺘﻴﺪ ﺍﺯ ﺭﻓﺘﻦ ﺑﻪ ﺣﻤﺎﻡ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺗﻨﻬﺎﻳﻲ ﺩﺭ ﻣﻨﺰﻝ ﻫﻤﻮﺍﺭﻩ ﮔﻮﺷﻲ ﺗﻠﻔﻦ ﻳﺎ ﺗﻠﻔﻦ ﻫﻤﺮﺍﻩ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺩﺳﺘﺮﺱ ﻭ ﻧﺰﺩﻳﻚ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.27 ﺍﻳﻦ ﺁﺳﻴﺐ ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ، ﺍﻣﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﺮﻧﺎﻣﻪ ﻱ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺩﭼﺎﺭ ﻳﺒﻮﺳﺖ ﻧﺸﻮﻳﺪ ﭼﻮﻥ ﺍﻳﻦ ﻣﺴﺎﻟﻪ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﺩﻳﻮﺍﺭﻩ ﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻭ ﺷﻜﻢ ﻣﻲ ﺷﻮﺩ.

.28 ﻣﺎﻳﻌﺎﺕ ﻛﺎﻓﻲ ﻣﺼﺮﻑ ﻛﺮﺩﻩ، ﺑﻪ ﻣﻴﺰﺍﻥ ﻣﻨﺎﺳﺐ ﺁﺏ ﻭ ﺁﺑﻤﻴﻮﻩ ﺑﻨﻮﺷﻴﺪ ﻭ ﺍﺯ ﺗﺸﻨﮕﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.29 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ( ﺭﺍﺩﻳﻮﮔﺮﺍﻓﻲ ) ﻳﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﻧﺰﺩ ﺧﻮﺩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﭼﻮﻥ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺿﻲ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﺟﻬﺖ ﻣﻘﺎﻳﺴﻪ ﺑﻪ ﺁﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺷﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺑﺮﻭﺯ ﺗﺐ ﺑﺎﻻﻱ 38 ﺩﺭﺟﻪ ﻳﺎ ﺣﻤﻼﺕ ﻟﺮﺯ

- ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻛﻪ ﺑﺎ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻭ ﺍﺳﺘﺮﺍﺣﺖ ﺑﻬﺒﻮﺩ ﻧﻴﺎﺑﺪ

- ﺑﺮﻭﺯ ﺟﺪﻳﺪ ﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ ﺩﺭ ﻫﺮ ﻳﻚ ﺍﺯ ﻗﺴﻤﺖ ﻫﺎﻱ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻫﺮ ﻳﻚ ﺍﺯ ﻗﺴﻤﺖ ﻫﺎﻱ ﺷﻜﻢ، ﭘﻬﻠﻮﻫﺎ، ﺷﺎﻧﻪ ﻫﺎ، ﻓﻚ ﻭ ﺩﻧﺪﺍﻥ ﻫﺎﻱ ﭘﺎﻳﻴﻦ، ﮔﺮﺩﻥ، ﺩﺳﺖ ﻫﺎ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻛﻞ ﺷﻜﻢ ﻛﻪ ﺑﺎ ﺣﺮﻛﺖ ﻛﺮﺩﻥ ﺑﺪﺗﺮ ﺷﻮﺩ

- ﺗﻨﮕﻲ ﻧﻔﺲ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﺍﺣﺴﺎﺱ ﺗﻨﮕﻲ ﻧﻔﺲ ﺩﺭ ﺣﺎﻟﺖ ﺍﺳﺘﺮﺍﺣﺖ

- ﺍﺣﺴﺎﺱ ﺳﻨﮕﻴﻨﻲ ﻭ ﮔﺮﻓﺘﮕﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺗﻨﺪ ﺷﺪﻥ ﻧﻔﺲ ﻫﺎ ﻳﺎ ﺳﺨﺘﻲ ﺗﻨﻔﺲ

- ﺗﭙﺶ ﻗﻠﺐ ﺷﺪﻳﺪ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺣﺎﻟﺖ ﺍﺳﺘﺮﺍﺣﺖ

- ﺑﺮﻭﺯ ﺳﺮﻓﻪ ﻫﺎﻱ ﺷﺪﻳﺪ ﻭ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﺗﺸﺪﻳﺪ ﻭ ﺑﺪﺗﺮ ﺷﺪﻥ ﺳﺮﻓﻪ ﻫﺎ

- ﺧﺮﻭﺝ ﺧﻠﻂ ﺯﻳﺎﺩ ﻳﺎ ﺩﻓﻊ ﺧﻠﻂ ﺑﻪ ﺭﻧﮓ ﺯﺭﺩ ﺗﻴﺮﻩ ﻳﺎ ﺳﺒﺰ

- ﺩﻓﻊ ﺧﻮﻥ ﻫﻤﺮﺍﻩ ﺑﺎ ﺧﻠﻂ

- ﺗﻬﻮﻉ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ ﻳﺎ ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ ﺷﺪﻳﺪ

- ﺩﺭﺩﻧﺎﻙ ﺑﻮﺩﻥ ﺑﻠﻊ ( ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻫﻨﮕﺎﻡ ﻓﺮﻭ ﺑﺮﺩﻥ ﻟﻘﻤﻪ ) ﻳﺎ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺧﻮﺭﺩﻥ ﻭ ﺁﺷﺎﻣﻴﺪﻥ

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﺷﺪﻳﺪ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ (ﺑﻴﻬﻮﺷﻲ)

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ، ﺗﻌﺮﻳﻖ ﻳﺎ ﺳﺮﺩ ﺷﺪﻥ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺳﺮﮔﻴﺠﻪ ﻭ ﺍﺣﺴﺎﺱ ﺳﺒﻜﻲ ﺳﺮ

- ﺯﺭﺩ ﺷﺪﻥ ﻗﺴﻤﺖ ﺳﻔﻴﺪ ﭼﺸﻢ ﻫﺎ ﻳﺎ ﭘﻮﺳﺖ ﺻﻮﺭﺕ

- ﺍﺳﺘﻔﺮﺍﻍ ﺧﻮﻧﻲ ( ﺧﻮﻥ ﺭﻭﺷﻦ ﻳﺎ ﺳﻴﺎﻩ ﺭﻧﮓ )

- ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺩﻓﻊ ﮔﺎﺯ ﻭ ﻣﺪﻓﻮﻉ ﻭ ﺑﺰﺭگ ﺷﺪﻥ ﺷﻜﻢ (ﻳﺒﻮﺳﺖ ﻭ ﻧﻔﺦ ﺷﺪﻳﺪ)

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺁﺳﻴﺐ ﻭ ﺿﺮﺑﻪ ﺑﻪ ﺷﻜﻢ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ .................................................... ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ :

□ ﺗﺼﺎﺩﻑ ﻣﻮﺗﻮﺭ ﺳﻴﻜﻠﺖ / ﺍﺗﻮﻣﺒﻴﻞ

□ ﻧﺰﺍﻉ ﻭ ﺩﺭﮔﻴﺮﻱ □ ﺍﻧﻔﺠﺎﺭ

□ ﺳﻘﻮﻁ ﺍﺯ ﺍﺭﺗﻔﺎﻉ

□ ﺑﺮﺧﻮﺭﺩ ﺍﺷﻴﺎء ﻧﻮﻙ ﺗﻴﺰ ﻣﺜﻞ ﭼﺎﻗﻮ ﻳﺎ ﺷﻴﺸﻪ

□ ﺣﻮﺍﺩﺙ ﻣﺤﻞ ﻛﺎﺭ

□ ﺳﺎﻳﺮ ﻣﻮﺍﺭﺩ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﻫﻤﺮﺍﻩ ﺑﺎ ﺯﺧﻢ ﺑﺎﺯ □ / ﺿﺮﺑﻪ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺯﺧﻢ ﺑﺎﺯ ﻭ ﭘﺎﺭﮔﻲ □ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ﺷﻜﻢ ﺷﺪﻩ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ .

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻧﺸﺎﻧﻪ ﻫﺎﻱ ﻓﻌﻠﻲ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﻋﻼﻳﻢ ﻣﻬﻢ ﻭ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻭ ﮔﺴﺘﺮﺩﻩ ﺍﻱ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﻓﻌﻼ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻳﺎ ﺍﻧﺠﺎﻡ ﻋﻤﻞ ﺟﺮﺍﺣﻲ ﻧﺪﺍﺷﺘﻪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺗﺼﻮﻳﺮﺑﺮﺩﺍﺭﻱ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﺷﻜﻢ ﻧﺪﺍﺭﻳﺪ .

□ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﺷﻜﻢ ﻭ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ / ﺳﻮﻧﻮﮔﺮﺍﻓﻲ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﺩﺭ ﺁﻥ ﻳﺎﻓﺘﻪ ﻱ ﻏﻴﺮﻃﺒﻴﻌﻲ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

□ ﺍﺯ ﻧﺎﺣﻴﻪ ﻱ ﺷﻜﻢ ﺷﻤﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ / ﺳﻮﻧﻮﮔﺮﺍﻓﻲ / ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﺭژﺍﻧﺴﻲ، ﺟﺮﺍﺣﻲ ﻳﺎ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺭﻳﺪ

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺑﺮﻭﺯ ﺗﺐ ﻳﺎ ﺣﻤﻼﺕ ﻟﺮﺯ

- ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻫﺮ ﻳﻚ ﺍﺯ ﻗﺴﻤﺖ ﻫﺎﻱ ﺷﻜﻢ ﻳﺎ ﭘﻬﻠﻮﻫﺎ

- ﺩﺭﺩ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪ ﺩﺭ ﻛﻞ ﺷﻜﻢ ﻛﻪ ﺑﺎ ﺣﺮﻛﺖ ﻛﺮﺩﻥ ﺑﺪﺗﺮ ﺷﻮﺩ

- ﺩﺭﺩ ﺗﻴﺮ ﻛﺸﻨﺪﻩ ﺑﻪ ﭘﺸﺖ ﻳﺎ ﻫﺮ ﻳﻚ ﺍﺯ ﺷﺎﻧﻪ ﻫﺎ

- ﺩﺭﺩ ﺷﻜﻢ ﻫﻤﺮﺍﻩ ﺑﺎ ﺳﻔﺖ ﻭ ﻣﺤﻜﻢ ﺷﺪﻥ ﺁﻥ ( ﺷﺒﻴﻪ ﺑﻪ ﺳﻨﮓ ﻳﺎ ﺗﺨﺘﻪ ﭼﻮﺑﻲ)

- ﺑﺮﺟﺴﺘﮕﻲ ﻳﺎ ﺑﻴﺮﻭﻥ ﺯﺩﻥ ﻳﻚ ﺗﻮﺩﻩ (ﺑﻪ ﺧﺼﻮﺹ ﻫﻨﮕﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻳﺎ ﺳﺮﻓﻪ ﻛﺮﺩﻥ ﻳﺎ ﺯﻭﺭ ﺯﺩﻥ) ﺍﺯ ﻣﺤﻞ ﺯﺧﻢ ﻳﺎ ﺍﺯ ﻫﺮ ﺑﺨﺸﻲ ﺍﺯ ﺩﻳﻮﺍﺭﻩ ﻱ ﺷﻜﻢ (ﻓﺘﻖ)

- ﺗﻬﻮﻉ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ

- ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ ﺷﺪﻳﺪ ﻳﺎ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺧﻮﺭﺩﻥ ﻭ ﺁﺷﺎﻣﻴﺪﻥ

- ﺗﻨﮕﻲ ﻧﻔﺲ ﻳﺎ ﺳﺨﺘﻲ ﺗﻨﻔﺲ

- ﺳﺮﻓﻪ ﻫﺎﻱ ﺷﺪﻳﺪ ﻭ ﻧﺎﮔﻬﺎﻧﻲ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻳﺎ ﺗﭙﺶ ﻗﻠﺐ ﺷﺪﻳﺪ

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﺷﺪﻳﺪ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ (ﺑﻴﻬﻮﺷﻲ)

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ، ﺗﻌﺮﻳﻖ ﻳﺎ ﺳﺮﺩ ﺷﺪﻥ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺳﺮﮔﻴﺠﻪ ﻭ ﺍﺣﺴﺎﺱ ﺳﺒﻜﻲ ﺳﺮ

- ﺯﺭﺩ ﺷﺪﻥ ﻗﺴﻤﺖ ﺳﻔﻴﺪ ﭼﺸﻢ ﻫﺎ ﻳﺎ ﭘﻮﺳﺖ ﺻﻮﺭﺕ

- ﻣﺪﻓﻮﻉ ﻳﺎ ﺍﺳﺘﻔﺮﺍﻍ ﺧﻮﻧﻲ ( ﺧﻮﻥ ﺭﻭﺷﻦ ﻳﺎ ﺳﻴﺎﻩ ﺭﻧﮓ )

- ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺩﻓﻊ ﮔﺎﺯ ﻭ ﻣﺪﻓﻮﻉ ﻭ ﺑﺰﺭگ ﺷﺪﻥ ﺷﻜﻢ (ﻳﺒﻮﺳﺖ ﻭ ﻧﻔﺦ ﺷﺪﻳﺪ)

- ﺑﺮﻭﺯ ﻛﺒﻮﺩﻱ ﺩﺭ ﺍﻃﺮﺍﻑ ﻧﺎﻑ ﻳﺎ ﭘﻬﻠﻮﻫﺎ

ﺍﺣﺘﺒﺎﺱ ﺍﺩﺭﺍﺭ ﻳﺎ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﻓﻊ ﺍﺩﺭﺍﺭ

- ﺍﺣﺴﺎﺱ ﺳﺨﺘﻲ ﻭ ﺩﺭﺩ ﺩﺭ ﻫﻨﮕﺎﻡ ﺩﻓﻊ ﺍﺩﺭﺍﺭ

- ﻭﺟﻮﺩ ﺧﻮﻥ ﺩﺭ ﺍﺩﺭﺍﺭ

- ﺁﺳﻴﺐ ﻳﺎ ﭘﺎﺭﮔﻲ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺑﺎﺯ ﺷﺪﻥ ﻣﺠﺪﺩ ﺯﺧﻢ

- ﺩﺭﺩ ﺷﺪﻳﺪ، ﺗﻮﺭﻡ ﻳﺎ ﻗﺮﻣﺰﻱ ﻣﺤﻞ ﺯﺧﻢ

- ﺧﺮ ﻭﺝ ﭼﺮﻙ ﻳﺎ ﺗﺮﺷﺤﺎﺕ ﺳﺒﺰ ﺭﻧﮓ ﺍﺯ ﺯﺧﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺗﺮﺷﺤﺎﺕ ﺍﻭﻟﻴﻪ ﻳﺎ ﺍﺳﺘﺸﻤﺎﻡ ﺑﻮﻱ ﺑﺪ ﺍﺯ ﺯﺧﻢ

- ﺧﻮﻧﺮﻳﺰﻱ ﻣﺠﺪﺩ ﺍﺯ ﺯﺧﻢ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭘﺲ ﺍﺯ -10 15ﺩﻗﻴﻘﻪ ﻓﺸﺎﺭ ﻣﺪﺍﻭﻡ ﺭﻭﻱ ﻣﺤﻞ ﺯﺧﻢ ﻣﺘﻮﻗﻒ ﻧﺸﻮﺩ

- ﺑﺮﻭﺯ ﺧﻄﻮﻁ ﻗﺮﻣﺰ ﺭﻧﮓ ﻭ ﺑﺮﺟﺴﺘﻪ ﺩﺭ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

**" ﺁﺳﻴﺐ ﻫﺎﻱ ﺷﻜﻢ ﻫﻤﺮﺍﻩ ﺑﺎ ﺯﺧﻢ ﺑﺎﺯ "**

ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ﺁﺳﻴﺐ ﺑﺎ ........................ ﺩﭼﺎﺭ ﺯﺧﻢ ﺑﺎﺯ / ﭘﺎﺭﮔﻲ / ﺳﻮﺭﺍﺥ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ............................... ﺷﻜﻢ ﺧﻮﺩ ﺷﺪﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﺯﺧﻢ ﺷﻤﺎ ﻣﺤﺪﻭﺩ ﺑﻪ ﭘﻮﺳﺖ ﻭ ﻻﻳﻪ ﻫﺎﻱ ﺳﻄﺤﻲ ﻣﻲ ﺑﺎﺷﺪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﻪ ﻧﻈﺮ ﻧﻤﻲ ﺭﺳﺪ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﻫﺎﻱ ﺷﺪﻳﺪ ﺩﺭ ﺍﻋﻀﺎﻱ ﺩﺍﺧﻠﻲ ﺷﻜﻢ ﻭ ﺭگ ﻫﺎﻱ ﺑﺰﺭگ ﺷﺪﻩ ﺑﺎﺷﻴﺪ .

□ ﺯﺧﻢ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺑﺨﻴﻪ ﻧﺪﺍﺷﺘﻪ ﻭ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺧﻮﺩﺑﺨﻮﺩ ﺗﺮﻣﻴﻢ ﺧﻮﺍﻫﺪ ﺷﺪ .

□ ﺯﺧﻢ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺑﺨﻴﻪ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻭﺿﻌﻴﺖ ﺯﺧﻢ ﺑﺪﻭﻥ ﺩﺭ ﻧﻈﺮ ﮔﺮﻓﺘﻦ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ، ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻣﻨﺎﺳﺐ ﺑﺎ ﻭﺟﻮﺩ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻧﺎﻣﺸﺨﺺ ﻳﺎ ﻗﺪﻳﻤﻲ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻭ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ، ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﭘﺲ ﺍﺯ 24 ﺳﺎﻋﺖ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﺋﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺁﻧﻬﺎ ﺭﺍ ﺑﻪ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ﺩﺭ ﺁﺏ ﻏﻮﻃﻪ ﻭﺭ ﻧﻜﻨﻴﺪ ( ﻣﺜﻼ ﺩﺭ ﻭﺍﻥ ﺣﻤﺎﻡ، ﺍﺳﺘﺨﺮ،....) ﭼﻮﻥ ﺗﻤﺎﺱ ﺯﻳﺎﺩ ﺑﺎ ﺁﺏ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺳﺮﻋﺖ ﺑﻬﺒﻮﺩ ﺯﺧﻢ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ .

.2 ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﺑﻼﻓﺎﺻﻠﻪ ﺑﺎ ﻣﻼﻳﻤﺖ ﺧﺸﻚ ﻛﻨﻴﺪ، ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﻳﻚ ﭘﺎﺭﭼﻪ ﻱ ﻧﺨﻲ ﺳﺒﻚ ﻭ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻛﻪ ﻓﻘﻂ ﺑﻪ ﺍﻳﻦ ﻛﺎﺭ ﺍﺧﺘﺼﺎﺹ ﺩﺍﺩﻩ ﺍﻳﺪ ﻳﺎ ﮔﺎﺯ ﺍﺳﺘﺮﻳﻞ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﭘﻨﺒﻪ ﻳﺎ ﺩﺳﺘﻤﺎﻝ ﻛﺎﻏﺬﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺧﺸﻚ ﻛﺮﺩﻥ ﻧﺒﺎﻳﺪ ﭘﺎﺭﭼﻪ ﺭﺍ ﺭﻭﻱ ﺯﺧﻢ ﺑﻪ ﺳﺨﺘﻲ ﺑﻜﺸﻴﺪ ﻭ ﻓﻘﻂ ﺍﺯ ﺣﺮﻛﺎﺕ ﺿﺮﺑﻪ ﺍﻱ ﻣﻼﻳﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.3 ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺭﻭﻱ ﺯﺧﻢ ﺭﺍ ﺑﺎ ﻳﻚ ﻻﻳﻪ ﻱ ﻧﺎﺯﻙ ﭘﻤﺎﺩ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ (ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ) ﺑﭙﻮﺷﺎﻧﻴﺪ (ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﮔﻮﺵ ﭘﺎﻙ ﻛﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ)، ﺍﻣﺎﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺍﻟﻜﻞ، ﺑﺘﺎﺩﻳﻦ، ﺁﺏ ﺍﻛﺴﻴﮋﻧﻪ، ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻨﺪﻩ، ﻛﺮﻡ ﻫﺎﻱ ﺁﺭﺍﻳﺸﻲ ﻳﺎ ﻧﺮﻡ ﻛﻨﻨﺪﻩ، ﺭﻭﻏﻦ ﻫﺎﻱ ﻣﻌﻄﺮ ﻳﺎ ﭘﻤﺎﺩﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ ﺭﻭﻱ ﺯﺧﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﻣﻮﺍﺩ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﭘﻮﺳﺖ، ﺑﺮﻭﺯ ﺣﺴﺎﺳﻴﺖ ﻭ ﻋﻔﻮﻧﺖ ﻭ ﺗﺎﺧﻴﺮ ﺩﺭ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺧﻮﺍﻫﻨﺪ ﺷﺪ .

.4 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺯﺧﻢ ﺷﻤﺎ ﭘﺎﻧﺴﻤﺎﻥ ﺷﺪﻩ ﺍﺳﺖ ﺣﺘﻤﺎ ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﺑﻪ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺯﺧﻢ ﺭﺍ ﭘﻮﺷﻴﺪﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺩﺭ ﺍﻳﻦ ﺻﻮﺭﺕ ﺣﺪﺍﻗﻞ 48 ﺳﺎﻋﺖ ﭘﺎﻧﺴﻤﺎﻥ ﺭﺍ ﺑﻪ ﺷﻜﻞ ﺍﻭﻟﻴﻪ ﺣﻔﻆ ﻛﺮﺩﻩ ﻭ ﺳﭙﺲ ﺑﻌﺪ ﺍﺯ ﻫﺮ ﺑﺎﺭ ﺷﺴﺘﺸﻮﻱ ﺯﺧﻢ ﺁﻥ ﺭﺍ ﺑﺎ ﻳﻚ ﭘﺎﻧﺴﻤﺎﻥ ﺳﺒﻚ ﺑﭙﻮﺷﺎﻧﻴﺪ .

.5 ﺧﺎﺭﺵ ﺧﻔﻴﻒ ﺯﺧﻢ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ ﻃﺒﻴﻌﻲ ﺍﺳﺖ، ﺩﺭ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﺍﺯ ﺧﺎﺭﺍﻧﺪﻥ ﺯﺧﻢ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻓﻘﻂ ﭘﻮﺳﺖ ﺭﺍ ﻣﺎﺳﺎژ ﺩﻫﻴﺪ، ﺗﺮﺷﺢ ﺧﻔﻴﻒ ﺑﻪ ﺻﻮﺭﺕ ﻣﺎﻳﻊ ﺯﺭﺩ ﻛﻢ ﺭﻧﮓ، ﺭﻗﻴﻖ ﻭ ﺁﺑﻜﻲ ﻧﻴﺰ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﺍﺯ ﺯﺧﻢ ﻃﺒﻴﻌﻲ ﺍﺳﺖ .

.6 ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﺧﻔﻴﻒ ﺩﺭ ﻣﺤﻞ ﺯﺧﻢ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺭﻓﻊ ﺁﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﺁﺳﭙﻴﺮﻳﻦ ﻭ ﺑﺮﻭﻓﻦ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﺧﻮﻧﺮﻳﺰﻱ ﺷﻮﻧﺪ

7. ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﻛﺎﻣﻞ ﻛﻨﻴﺪ .

.8 ﻫﻨﮕﺎﻡ ﺍﺳﺘﺮﺍﺣﺖ، ﺑﻪ ﭘﻬﻠﻮ ﻳﺎ ﭘﺸﺖ ﺑﺨﻮﺍﺑﻴﺪ ﻭ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺭﻭﻱ ﺷﻜﻢ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.9 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﻲ ﺷﺪﻳﺪ ﻭ ﺳﻨﮕﻴﻦ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻳﺎ ﺿﺮﺑﻪ ﺑﻪ ﻣﺤﻞ ﺯﺧﻢ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 2ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﭼﻮﻥ ﺍﮔﺮ ﺩﻭﺑﺎﺭﻩ ﺑﻪ ﻫﻤﺎﻥ ﻣﺤﻞ ﻗﺒﻠﻲ ﺿﺮﺑﻪ ﻳﺎ ﻓﺸﺎﺭ ﻭﺍﺭﺩ ﺷﻮﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﺑﺨﻴﻪ ﻫﺎ ﻳﺎ ﺑﺎﺯ ﺷﺪﻥ ﺩﻭﺑﺎﺭﻩ ﻱ ﺯﺧﻢ ﺷﻮﺩ .

.10 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﺳﺮ، ﺷﺎﻧﻪ ﻫﺎ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﺑﻪ ﺳﻤﺖ ﺑﺎﻻ ﺩﺍﺭﺩ ( ﻣﺜﻞ ﺁﻭﻳﺰﺍﻥ ﻛﺮﺩﻥ ﭘﺮﺩﻩ ﻫﺎ، ﺗﻌﻮﻳﺾ ﻻﻣﭗ ﻟﻮﺳﺘﺮﻫﺎ، ﺑﺮﺩﺍﺷﺘﻦ ﺍﺟﺴﺎﻡ ﺍﺯ ﻗﻔﺴﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻧﺮﺩﺑﺎﻥ ﻫﺎﻳﻲ ﺑﺎ ﺍﺭﺗﻔﺎﻉ ﻣﻨﺎﺳﺐ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﺑﺮﺩﻥ ﮔﺮﺩﻥ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﻧﺒﺎﺷﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.11 ﺍﺯ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﻭ ﺣﻤﻞ ﺑﺎﺭﻫﺎ، ﺍﺟﺴﺎﻡ، ﻛﻴﻒ ﻳﺎ ﻛﻮﻟﻪ ﭘﺸﺘﻲ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻭ ﻛﻮﺩﻛﺎﻥ، ﻫﻤﭽﻨﻴﻦ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻭﺭﺯﺷﻲ ﺷﺪﻳﺪ ﻭ ﺳﻨﮕﻴﻦ، ﺷﻨﺎ ﻛﺮﺩﻥ ﻭ ﺩﻭﭼﺮﺧﻪ ﺳﻮﺍﺭﻱ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ.

.12 ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.13 ﺍﺯ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﻃﻮﻻﻧﻲ ﺑﻮﻳﮋﻩ ﺩﺭ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ( ﻣﺜﻼ ﻫﻨﮕﺎﻡ ﻣﻄﺎﻟﻌﻪ ﻳﺎ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﺮ -20 30 ﺩﻗﻴﻘﻪ ﻳﻚ ﺑﺎﺭ ﻭﺿﻌﻴﺖ ﺧﻮﺩ ﺭﺍ ﺗﻐﻴﻴﺮ ﺩﺍﺩﻩ ﻳﺎ ﭼﻨﺪ ﻗﺪﻡ ﺭﺍﻩ ﺑﺮﻭﻳﺪ.

.14 ﻭﺟﻮﺩ ﺍﻳﻦ ﺯﺧﻢ ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ، ﺍﻣﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﺮﻧﺎﻣﻪ ﻱ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺩﭼﺎﺭ ﻳﺒﻮﺳﺖ ﻧﺸﻮﻳﺪ ﭼﻮﻥ ﺍﻳﻦ ﻣﺴﺎﻟﻪ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺗﺎﺧﻴﺮ ﺩﺭ ﺗﺮﻣﻴﻢ ﻣﻲ ﺷﻮﺩ.

.15 ﺑﻬﺘﺮ ﺍﺳﺖ ﺗﺎ ﺯﻣﺎﻥ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺍﺯ ﻣﻴﻮﻩ ﻫﺎ، ﺳﺒﺰﻳﺠﺎﺕ ﻭ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﺳﺮﺷﺎﺭ ﺍﺯ ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﻣﺜﻞ ﻣﺮﻛﺒﺎﺕ، ﻟﻴﻤﻮ ﺗﺮﺵ، ﮔﻮﺟﻪ ﻓﺮﻧﮕﻲ، ﺗﻮﺕ ﻓﺮﻧﮕﻲ، ﺁﺏ ﻟﻴﻤﻮ ﻭ ﺁﺏ ﭘﺮﺗﻘﺎﻝ ﺑﻴﺸﺘﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﺑﺎﻋﺚ ﺳﺮﻳﻊ ﺗﺮ ﺷﺪﻥ ﺭﻭﻧﺪ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﻭ ﺑﻬﺒﻮﺩﻱ ﻣﻲ ﺷﻮﺩ.

16 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺗﻨﻬﺎ ﺍﺯ ﺗﻮﺍﻟﺖ ﻓﺮﻧﮕﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ( ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺗﻮﺍﻟﺖ ﻓﺮﻧﮕﻲ ﻣﺘﺤﺮﻙ ﺑﻪ ﺷﻜﻞ ﺻﻨﺪﻟﻲ ﻛﻪ ﺩﺭ ﺩﺍﺭﻭﺧﺎﻧﻪ ﻫﺎ ﻣﻮﺟﻮﺩ ﺍﺳﺖ ﺟﻬﺖ ﺍﺳﺘﻔﺎﺩﻩ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﺗﻬﻴﻪ ﻛﻨﻴﺪ )

.17 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ( ﺭﺍﺩﻳﻮﮔﺮﺍﻓﻲ ) ﻳﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﻧﺰﺩ ﺧﻮﺩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﭼﻮﻥ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺿﻲ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﺟﻬﺖ ﻣﻘﺎﻳﺴﻪ ﺑﻪ ﺁﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺷﺪ.

.18 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺗﺎ ﺯﻣﺎﻥ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺭﻭﺯﺍﻧﻪ ﺩﻭ ﻣﺮﺗﺒﻪ ﺩﻣﺎﻱ ﺑﺪﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﺗﺐ ﮔﻴﺮ ﺍﻧﺪﺍﺯﻩ ﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.19 ﺭﻭﺯﺍﻧﻪ ﺯﺧﻢ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﻧﻈﺮ ﺑﺮﻭﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﺑﺮﺭﺳﻲ ﻧﻤﺎﻳﻴﺪ :

- ﺗﻮﺭﻡ ﻭ ﻗﺮﻣﺰﻱ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

- ﻭﺿﻌﻴﺖ ﺗﺮﺷﺤﺎﺕ

- ﺧﻮﻧﺮﻳﺰﻱ

- ﺧﻄﻮﻁ ﻗﺮﻣﺰ ﺭﻧﮓ ﺑﺮﺟﺴﺘﻪ ﺍﻃﺮﺍﻑ ﺯﺧﻢ

ﺑﺎﻳﺪ . ........... ﺭﻭﺯ ﺩﻳﮕﺮ ﺟﻬﺖ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺑﻪ ﻳﻚ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

**" ﺿﺮﺑﻪ ﺑﻪ ﺷﻜﻢ ﺑﺪﻭﻥ ﺍﻳﺠﺎﺩ ﺯﺧﻢ ﺑﺎﺯ "**

ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ ﺑﺮﺧﻮﺭﺩ ................................ ﺩﭼﺎﺭ ﺿﺮﺑﻪ ﺑﻪ ﺷﻜﻢ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ .................................. ﺁﻥ ﺷﺪﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ، ﺍﺛﺮ ﺿﺮﺑﻪ ﻣﺤﺪﻭﺩ ﺑﻪ ﭘﻮﺳﺖ ﻭ ﻻﻳﻪ ﻫﺎﻱ ﺳﻄﺤﻲ ﻣﻲ ﺑﺎﺷﺪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﻪ ﻧﻈﺮ ﻧﻤﻲ ﺭﺳﺪ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﻫﺎﻱ ﺷﺪﻳﺪ ﺩﺭ ﺍﻋﻀﺎﻱ ﺩﺍﺧﻠﻲ ﺷﻜﻢ ﻭ ﺭگ ﻫﺎﻱ ﺑﺰﺭگ ﺷﺪﻩ ﺑﺎﺷﻴﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﻫﻨﮕﺎﻡ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺩﺭﺩ ﻧﺎﺣﻴﻪ ﻱ ﺩﻳﻮﺍﺭﻩ ﻱ ﺷﻜﻢ ﻭ ﻋﻀﻼﺕ ﺁﻥ ﻣﻌﻤﻮﻻ ﭘﺲ ﺍﺯ 3-2 ﺭﻭﺯ ﺑﻬﺒﻮﺩ ﻧﺴﺒﻲ ﻣﻲ ﻳﺎﺑﺪ ﺍﻣﺎ ﮔﺎﻫﻲ ﺗﺎ 2 ﻫﻔﺘﻪ ﺍﺩﺍﻣﻪ ﭘﻴﺪﺍ ﻣﻲ ﻛﻨﺪ

2. ﺍﺯ ﺍﺳﺘﺮﺍﺣﺖ ﻣﺪﺍﻭﻡ ﺩﺭ ﺑﺴﺘﺮ ﺑﻴﺶ ﺍﺯ 2-1 ﺭﻭﺯ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺭﻭﺯﻣﺮﻩ ﻱ ﺧﻮﺩ ﺑﺎﺯﮔﺮﺩﻳﺪ ، ﭼﻮﻥ ﺍﺳﺘﺮﺍﺣﺖ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺎﻋﺚ ﺿﻌﻒ ﻭ ﺧﺸﻜﻲ ﻋﻀﻼﺕ ﻣﻲ ﺷﻮﺩ (ﺍﻟﺒﺘﻪ ﺍﺯ ﺍﻧﺠﺎﻡ ﺣﺮﻛﺎﺕ ﻭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﺮﻳﻊ، ﻧﺎﮔﻬﺎﻧﻲ،ﻃﻮﻻﻧﻲ ﻣﺪﺕ، ﭘﻴﻮﺳﺘﻪ ﻭ ﺷﺪﻳﺪ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻣﺴﺘﻘﻴﻢ ﺑﺮ ﺷﻜﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻣﻲ ﺷﻮﻧﺪ، ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ ).

.3 ﺟﻬﺖ ﻛﻨﺘﺮﻝ ﺩﺭﺩ ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﻣﺼﺮﻑ ﻧﻤﺎﻳﻴﺪ، ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﺁﺳﭙﻴﺮﻳﻦ ﻳﺎ ﺑﺮﻭﻓﻦ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﺧﻮﻧﺮﻳﺰﻱ ﺷﻮﺩ .

.4 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﺍﻗﺪﺍﻡ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ ( ﺍﻧﻮﺍﻉ ﻗﺮﺹ ﻭ ﺁﻣﭙﻮﻝ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﻋﻮﺍﺭﺽ ﺧﻄﺮﻧﺎﻙ ﻭ ﻣﻬﻤﻲ ﺍﻳﺠﺎﺩ ﻛﻨﻨﺪ ﻛﻪ ﺍﻏﻠﺐ ﺩﺭﻣﺎﻥ ﭘﺬﻳﺮ ﻧﻴﺴﺘﻨﺪ.

.5 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺩﺭﻣﺎﻥ ﺳﺎﻳﺮ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﻪ ﻃﻮﺭ ﻣﺪﺍﻭﻡ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﺗﺮﻛﻴﺒﺎﺕ ﻛﻮﺭﺗﻮﻥ ﺩﺍﺭ ) ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﻗﻄﻊ ﻳﺎ ﺗﻐﻴﻴﺮ ﻣﻴﺰﺍﻥ ﻣﺼﺮﻑ ﺁﻥ ﻧﻜﻨﻴﺪ ﻭ ﺟﻬﺖ ﺍﺩﺍﻣﻪ ﻱ ﺩﺭﻣﺎﻥ ﺑﺎ ﭘﺰﺷﻚ ﻣﺸﻮﺭﺕ ﻛﻨﻴﺪ .

.6 ﻫﻨﮕﺎﻡ ﺍﺳﺘﺮﺍﺣﺖ، ﺑﻪ ﭘﻬﻠﻮ ﻳﺎ ﭘﺸﺖ ﺑﺨﻮﺍﺑﻴﺪ ﻭ ﺍﺯ ﺧﻮﺍﺑﻴﺪﻥ ﺑﺮ ﺭﻭﻱ ﺷﻜﻢ ﭘﺮﻫﻴﺰ ﻧﻤﺎﻳﻴﺪ.

.7 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﻲ ﺷﺪﻳﺪ، ﺳﻨﮕﻴﻦ ﻭ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻳﺎ ﺿﺮﺑﻪ ﺑﻪ ﺷﻜﻢ ﻭ ﭘﻬﻠﻮﻫﺎ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 4-2 ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.8 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻳﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﻧﮕﺎﻩ ﺩﺍﺷﺘﻦ ﺳﺮ، ﺷﺎﻧﻪ ﻫﺎ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﺑﻪ ﺳﻤﺖ ﺑﺎﻻ ﺩﺍﺭﺩ ( ﻣﺜﻞ ﺁﻭﻳﺰﺍﻥ ﻛﺮﺩﻥ ﭘﺮﺩﻩ ﻫﺎ، ﺗﻌﻮﻳﺾ ﻻﻣﭗ ﻟﻮﺳﺘﺮﻫﺎ، ﺑﺮﺩﺍﺷﺘﻦ ﺍﺟﺴﺎﻡ ﺍﺯ ﻗﻔﺴﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻧﺮﺩﺑﺎﻥ ﻫﺎﻳﻲ ﺑﺎ ﺍﺭﺗﻔﺎﻉ ﻣﻨﺎﺳﺐ ﺑﻪ ﺷﻜﻠﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺎﻻ ﺑﺮﺩﻥ ﮔﺮﺩﻥ ﻭ ﺑﺎﺯﻭﻫﺎ ﻭ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﭘﺸﺖ ﻭ ﻛﻤﺮ ﻧﺒﺎﺷﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.9 ﺍﺯ ﺑﻠﻨﺪ ﻛﺮﺩﻥ ﻭ ﺣﻤﻞ ﺑﺎﺭﻫﺎ، ﺍﺟﺴﺎﻡ، ﻛﻴﻒ ﻳﺎ ﻛﻮﻟﻪ ﭘﺸﺘﻲ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻭ ﻛﻮﺩﻛﺎﻥ، ﻫﻤﭽﻨﻴﻦ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻭﺭﺯﺷﻲ ﺷﺪﻳﺪ ﻭ ﺳﻨﮕﻴﻦ، ﺷﻨﺎ ﻛﺮﺩﻥ ﻭ ﺩﻭﭼﺮﺧﻪ ﺳﻮﺍﺭﻱ ﺗﺎ 4 ﻫﻔﺘﻪ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ.

.10 ﺍﺯ ﭘﻠﻪ ﻫﺎ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺑﺎﻻ ﻭ ﭘﺎﻳﻴﻦ ﻧﺮﻭﻳﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻟﺰﻭﻡ ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺑﺎ ﺁﻫﺴﺘﮕﻲ ﻭ ﺑﺎ ﺗﻜﻴﻪ ﺑﺮ ﻧﺮﺩﻩ ﻳﺎ ﺩﻳﻮﺍﺭ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ ﻭ ﭘﺲ ﺍﺯ ﻃﻲ ﻫﺮ 3-2 ﭘﻠﻪ ﻣﺪﺕ ﻛﻮﺗﺎﻫﻲ ﺍﻳﺴﺘﺎﺩﻩ ﻭ ﺍﺳﺘﺮﺍﺣﺖ ﻛﻨﻴﺪ.

.11 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺗﻨﻬﺎ ﺍﺯ ﺗﻮﺍﻟﺖ ﻓﺮﻧﮕﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ( ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻳﻚ ﺗﻮﺍﻟﺖ ﻓﺮﻧﮕﻲ ﻣﺘﺤﺮﻙ ﺑﻪ ﺷﻜﻞ ﺻﻨﺪﻟﻲ ﻛﻪ ﺩﺭ ﺩﺍﺭﻭﺧﺎﻧﻪ ﻫﺎ ﻣﻮﺟﻮﺩ ﺍﺳﺖ ﺟﻬﺖ ﺍﺳﺘﻔﺎﺩﻩ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﺗﻬﻴﻪ ﻛﻨﻴﺪ )

.12 ﺍﺯ ﺭﺍﻧﻨﺪﮔﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.13 ﺍﺯ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺭ ﻳﻚ ﻭﺿﻌﻴﺖ ﻃﻮﻻﻧﻲ ﺑﻮﻳﮋﻩ ﺩﺭ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ( ﻣﺜﻼ ﻫﻨﮕﺎﻡ ﻣﻄﺎﻟﻌﻪ ﻳﺎ ﻛﺎﺭ ﺑﺎ ﻛﺎﻣﭙﻴﻮﺗﺮ) ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﺮ -20 30 ﺩﻗﻴﻘﻪ ﻳﻚ ﺑﺎﺭ ﻭﺿﻌﻴﺖ ﺧﻮﺩ ﺭﺍ ﺗﻐﻴﻴﺮ ﺩﺍﺩﻩ ﻳﺎ ﭼﻨﺪ ﻗﺪﻡ ﺭﺍﻩ ﺑﺮﻭﻳﺪ.

14. ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﺣﺎﻟﺖ ﻧﺎﮔﻬﺎﻧﻲ (ﻣﺜﻼ ﺍﺯ ﺣﺎﻟﺖ ﻧﺸﺴﺘﻪ ﺑﻪ ﺍﻳﺴﺘﺎﺩﻩ ) ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺑﺮﺧﺎﺳﺘﻦ ﺍﺯ ﺭﺧﺘﺨﻮﺍﺏ ﺍﺑﺘﺪﺍ ﺑﺮﺍﻱ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﺑﻨﺸﻴﻨﻴﺪ ﺳﭙﺲ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺮﺧﻴﺰﻳﺪ.

.15 ﺯﻣﺎﻧﻲ ﻛﻪ ﺩﺭ ﻣﻨﺰﻝ ﺗﻨﻬﺎ ﻫﺴﺘﻴﺪ ﺍﺯ ﺭﻓﺘﻦ ﺑﻪ ﺣﻤﺎﻡ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺗﻨﻬﺎﻳﻲ ﺩﺭ ﻣﻨﺰﻝ ﻫﻤﻮﺍﺭﻩ ﮔﻮﺷﻲ ﺗﻠﻔﻦ ﻳﺎ ﺗﻠﻔﻦ ﻫﻤﺮﺍﻩ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺩﺳﺘﺮﺱ ﻭ ﻧﺰﺩﻳﻚ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.16 ﺍﻳﻦ ﺁﺳﻴﺐ ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ، ﺍﻣﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﺮﻧﺎﻣﻪ ﻱ ﻏﺬﺍﻳﻲ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺷﻜﻠﻲ ﺗﻨﻈﻴﻢ ﻛﻨﻴﺪ ﻛﻪ ﺩﭼﺎﺭ ﻳﺒﻮﺳﺖ ﻧﺸﻮﻳﺪ ﭼﻮﻥ ﺍﻳﻦ ﻣﺴﺎﻟﻪ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ ﺑﺮ ﺭﻭﻱ ﺩﻳﻮﺍﺭﻩ ﻱ ﺷﻜﻢ ﻣﻲ .ﺷﻮﺩ

.17 ﻣﺎﻳﻌﺎﺕ ﻛﺎﻓﻲ ﻣﺼﺮﻑ ﻛﺮﺩﻩ، ﺑﻪ ﻣﻴﺰﺍﻥ ﻣﻨﺎﺳﺐ ﺁﺏ ﺑﻨﻮﺷﻴﺪ ﻭ ﺍﺯ ﺗﺸﻨﮕﻲ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.18 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ( ﺭﺍﺩﻳﻮﮔﺮﺍﻓﻲ ) ﻳﺎ ﺳﻲ ﺗﻲ ﺍﺳﻜﻦ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﻧﺰﺩ ﺧﻮﺩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﭼﻮﻥ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺿﻲ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﺟﻬﺖ ﻣﻘﺎﻳﺴﻪ ﺑﻪ ﺁﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺷﺪ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﻛﻬﻴﺮ ﻭ ﺣﺴﺎﺳﻴﺖ ﻫﺎﻱ ﭘﻮﺳﺘﻲ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ................................................. ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺍﺑﺘﻼ ﺑﻪ ﻛﻬﻴﺮ ﻭ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ، ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺑﻪ ﻧﻈﺮ ﻣﻲ ﺭﺳﺪ ﻋﻠﺖ ﺑﺮﻭﺯ ﺍﻳﻦ ﺿﺎﻳﻌﺎﺕ ﺍﺣﺘﻤﺎﻻ ﺁﻟﺮژﻱ ﻭ ﻭﺍﻛﻨﺶ ﺣﺴﺎﺳﻴﺘﻲ ﺑﻮﺩﻩ ﻭ ﻋﻠﻞ ﺧﻄﺮﻧﺎﻛﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﺩﺍﺭﺩ ﻓﻌﻼ ﺑﺮﺍﻱ ﺁﻥ ﻣﻄﺮﺡ ﻧﻴﺴﺖ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﺪﻡ ﻭﺟﻮﺩ ﻋﻼﻳﻢ ﻭ ﻋﻮﺍﺭﺽ ﻣﻬﻢ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

ﻛﻬﻴﺮ ﺑﻪ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ ﻧﺎﺷﻲ ﺍﺯ ﺑﺮﻭﺯ ﺣﺴﺎﺳﻴﺖ ﮔﻔﺘﻪ ﻣﻲ ﺷﻮﺩ ﻛﻪ ﺩﺍﺭﺍﻱ ﻭﻳﮋﮔﻲ ﻫﺎﻱ ﺯﻳﺮ ﺍﺳﺖ :

- ﺧﺎﺭﺵ ﺷﺪﻳﺪ ﻭ ﺁﺯﺍﺭ ﺩﻫﻨﺪﻩ

- ﺿﺎﻳﻌﺎﺕ ﺑﺮﺟﺴﺘﻪ ﺑﻪ ﺷﻜﻞ ﻫﺎﻱ ﻧﺎﻣﻨﻈﻢ ﻭ ﺻﻮﺭﺗﻲ ﺭﻧﮓ ﻛﻪ ﮔﺎﻫﻲ ﻭﺳﻂ ﺁﻥ ﻫﺎ ﺭﻧﮓ ﭘﺮﻳﺪﻩ ﻭ ﺭﻭﺷﻦ ﺍﺳﺖ .

- ﺩﺍﺭﺍﺭﻱ ﺍﻧﺪﺍﺯﻩ ﻫﺎﻱ ﻣﺘﻔﺎﻭﺕ ﺍﺯ ﺿﺎﻳﻌﺎﺕ ﻛﻮﭼﻚ 2-1 ﺳﺎﻧﺘﻲ ﻣﺘﺮﻱ ﺗﺎ ﻣﻮﺍﺭﺩ ﺑﻪ ﻫﻢ ﭘﻴﻮﺳﺘﻪ ﻭ ﻭﺳﻴﻊ ﻛﻪ ﺑﺨﺶ ﺑﺰﺭﮔﻲ ﺍﺯ ﺑﺪﻥ ﺭﺍ ﻣﻲ ﭘﻮﺷﺎﻧﺪ.

- ﻣﺘﻐﻴﺮ ﺑﻮﺩﻥ ﻣﺤﻞ، ﺷﻜﻞ ﻭ ﺍﻧﺪﺍﺯﻩ ﻱ ﺿﺎﻳﻌﺎﺕ

- ﺷﻴﻮﻉ ﺑﻴﺸﺘﺮ ﺩﺭ ﺩﺳﺖ ﻭ ﭘﺎﻫﺎ ﻭ ﺳﭙﺲ ﺗﻨﻪ

ﮔﺎﻫﻲ ﻛﻬﻴﺮ ﻫﻤﺮﺍﻩ ﺑﺎ ﻋﻼﻳﻢ ﺧﻔﻴﻒ ﺣﺴﺎﺳﻴﺖ ﺗﻨﻔﺴﻲ ﻣﺜﻞ ﻋﻄﺴﻪ، ﮔﺮﻓﺘﮕﻲ ﻭ ﻗﺮﻣﺰﻱ ﺑﻴﻨﻲ،ﺁﺑﺮﻳﺰﺵ ﺍﺯ ﭼﺸﻢ ﻫﺎ ﻭ ﺑﻴﻨﻲ ﺑﺮﻭﺯ ﻣﻲ ﻛﻨﺪ ﻛﻪ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﻧﻴﺰ ﺍﻏﻠﺐ ﺑﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺣﺴﺎﺳﻴﺖ( ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ) ﻭ ﺭﻋﺎﻳﺖ ﻣﻮﺍﺭﺩ ﺗﻮﺻﻴﻪ ﺷﺪﻩ ﺩﺭ ﺯﻳﺮ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﻨﺪ.

ﻛﻬﻴﺮ ﺍﻏﻠﺐ ﺑﻪ ﺷﻜﻞ ﻣﻨﺘﺸﺮ ﺩﺭ ﺑﺪﻥ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﺩ ﻭ ﻣﺤﻞ ﺛﺎﺑﺖ ﻭ ﻣﺸﺨﺼﻲ ﻧﺪﺍﺭﺩ ﺍﻣﺎ ﮔﺎﻫﻲ ﻓﻘﻂ ﺩﺭ ﻣﺤﻞ ﺗﻤﺎﺱ ﺑﺎ ﻣﺎﺩﻩ ﻱ ﺣﺴﺎﺳﻴﺖ ﺯﺍ ﺍﻳﺠﺎﺩ ﻣﻲ ﺷﻮﺩ ﻛﻪ ﺑﻪ ﺁﻥ ﻛﻬﻴﺮ ﺗﻤﺎﺳﻲ ﮔﻔﺘﻪ ﻣﻲ ﺷﻮﺩ. (ﻣﺜﻼ ﻛﻬﻴﺮ ﻣﭻ ﺩﺳﺖ ﭘﺲ ﺍﺯ ﺗﻤﺎﺱ ﺑﺎ ﻓﻠﺰ ﺳﺎﻋﺖ ) ﻃﻮﻝ ﻣﺪﺕ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺍﻳﻦ ﺿﺎﻳﻌﺎﺕ ﻣﺘﻔﺎﻭﺕ ﺑﻮﺩﻩ ﻭ ﺍﺯ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﻳﺎ ﺳﺎﻋﺖ ﺗﺎ ﭼﻨﺪ ﺭﻭﺯ ﻣﺘﻐﻴﺮ ﺍﺳﺖ ﺍﻣﺎ ﺍﻏﻠﺐ ﺩﺭ ﻃﻮﻝ 3 - 4 ﺭﻭﺯ ﺑﺮﻃﺮﻑ ﻣﻲ ﺷﻮﺩ.

ﻛﻬﻴﺮ ﻳﻚ ﺑﻴﻤﺎﺭﻱ ﻋﻔﻮﻧﻲ، ﻣﻴﻜﺮﻭﺑﻲ ﻭ ﻭﺍﮔﻴﺮﺩﺍﺭ ﻧﺒﻮﺩﻩ ﻭ ﻳﻚ ﻋﺎﺭﺿﻪ ﻱ ﺑﺴﻴﺎﺭ ﺷﺎﻳﻊ ﺍﺳﺖ ﻛﻪ ﺍﻛﺜﺮﻳﺖ ﻣﺮﺩﻡ ﺣﺪﺍﻗﻞ ﻳﻚ ﺑﺎﺭ ﺩﺭ ﻋﻤﺮ ﺧﻮﺩ ﺑﻪ ﺷﻜﻠﻲ ﺁﻥ ﺭﺍ ﺗﺠﺮﺑﻪ ﻣﻲ ﻛﻨﻨﺪ ﻭ ﺍﻏﻠﺐ ﻧﺎﺷﻲ ﺍﺯ ﺣﺴﺎﺳﻴﺖ ﻧﺴﺒﺖ ﺑﻪ ﻳﻜﻲ ﺍﺯ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﻣﻲ ﺑﺎﺷﺪ :

- ﺍﻧﻮﺍﻉ ﻏﺬﺍﻫﺎ ( ﺑﻪ ﺧﺼﻮﺹ ﺗﺨﻢ ﻣﺮﻍ،ﮔﻮﺟﻪ، ﺍﺩﻭﻳﻪ ﻫﺎ، ﺳﺲ ﻫﺎ، ﺷﻴﺮ ﻭ ﻓﺮﺁﻭﺭﺩﻩ ﻫﺎﻱ ﺁﻥ، ﺁﺟﻴﻞ ﻫﺎﻳﻲ ﻣﺜﻞ ﺑﺎﺩﺍﻡ ﺯﻣﻴﻨﻲ ﻭ ﮔﺮﺩﻭ،ﺳﻮﻳﺎ، ﻏﺬﺍﻫﺎﻱ ﺩﺭﻳﺎﻳﻲ، ﺳﻮﺳﻴﺲ ﻭ ﻛﺎﻟﺒﺎﺱ، ﻛﻨﺴﺮﻭﻫﺎ ﻣﺜﻞ ﻣﺎﻫﻲ ﺗﻦ، ﻏﺬﺍﻫﺎﻱ ﺁﻣﺎﺩﻩ ﻭ ﺑﺴﺘﻪ ﺑﻨﺪﻱ، ﻏﺬﺍﻫﺎﻱ ﺩﺍﺭﺍﻱ ﺗﺮﻛﻴﺒﺎﺕ ﻧﮕﻬﺪﺍﺭﻧﺪﻩ ﻳﺎ ﺭﻧﮓ ﻫﺎﻱ ﻣﺼﻨﻮﻋﻲ، ﺍﻧﻮﺍﻉ ﺷﻜﻼﺕ ﻭ ﺷﻴﺮﻳﻨﻲ،ﻧﻮﺷﺎﺑﻪ ﻫﺎ )

- ﺩﺍﺭﻭﻫﺎﻱ ﻣﺨﺘﻠﻒ ( ﺑﻪ ﺧﺼﻮﺹ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻫﺎ ﻭ ﺗﺮﻛﻴﺒﺎﺕ ﺁﺳﭙﻴﺮﻳﻦ )

- ﺧﺎﻙ ﻭ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ

- ﮔﻞ ﻫﺎ ﻭ ﮔﻴﺎﻫﺎﻥ ( ﺑﻪ ﺧﺼﻮﺹ ﮔﺮﺩﻩ ﻱ ﮔﻞ ﻫﺎ )

- ﻋﻄﺮﻫﺎ ﻭ ﺍﺳﺎﻧﺲ ﻫﺎ

- ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻳﺎ ﺷﻮﻳﻨﺪﻩ ﻫﺎ

- ﻣﻮﺍﺩ ﺁﺭﺍﻳﺸﻲ ﻭ ﺑﻬﺪﺍﺷﺘﻲ

- ﻣﻮﺍﺩ ﻧﻔﺘﻲ ﻳﺎ ﭘﻼﺳﺘﻴﻜﻲ

- ﭘﺎﺭﭼﻪ ﻫﺎﻱ ﻣﺼﻨﻮﻋﻲ ﻳﺎ ﭘﺸﻤﻲ

- ﺗﻤﺎﺱ ﺑﺎ ﺣﻴﻮﺍﻧﺎﺕ (ﺑﻪ ﺧﺼﻮﺹ ﭘﻮﺳﺖ، ﻣﻮ، ﺑﺰﺍﻕ ﻭ ﻓﻀﻮﻻﺕ ﺁﻧﻬﺎ )

- ﻧﻴﺶ ﺣﺸﺮﺍﺕ

- ﮔﺮﻣﺎ ﻳﺎ ﺳﺮﻣﺎﻱ ﺷﺪﻳﺪ

- ﺗﺎﺑﺶ ﻣﺴﺘﻘﻴﻢ ﻧﻮﺭ ﺧﻮﺭﺷﻴﺪ

- ﻓﺸﺎﺭ ﺯﻳﺎﺩ ﻭ ﻣﺴﺘﻘﻴﻢ ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ

- ﺗﻤﺎﺱ ﺑﺎ ﺍﺟﺴﺎﻡ ﻓﻠﺰﻱ ( ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﺯﻳﻮﺭﺁﻻﺕ، ﺳﺎﻋﺖ، ﺩﻛﻤﻪ ﻳﺎ ﺯﻳﭗ ﻟﺒﺎﺱ )

- ﺍﺑﺘﻼ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻭﻳﺮﻭﺳﻲ

- ﺍﺳﺘﺮﺱ، ﺍﺿﻄﺮﺍﺏ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﺭﻭﺍﻧﻲ

- ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﺎﻧﻲ ﺳﻨﮕﻴﻦ ﻭ ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ

**ﺗﺸﺨﻴﺺ :**

ﺗﺸﺨﻴﺺ ﺑﺮﻭﺯ ﻭﺍﻛﻨﺶ ﺣﺴﺎﺳﻴﺘﻲ ﺍﻏﻠﺐ ﺑﺮ ﺍﺳﺎﺱ ﺷﺮﺡ ﺣﺎﻝ، ﺳﺎﺑﻘﻪ ﻱ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﺧﺎﺹ، ﻋﻼﻳﻢ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺑﺎﻟﻴﻨﻲ ﺻﻮﺭﺕ ﻣﻲ ﮔﻴﺮﺩ ﻭ ﺗﻨﻬﺎ ﺩﺭ ﺑﺮﺧﻲ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺁﺯﻣﺎﻳﺶ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﻣﺎﻧﻨﺪ ﺁﺯﻣﺎﻳﺶ ﺧﻮﻥ ﺧﻮﺍﻫﺪ ﺑﻮﺩ

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﻭ ﺷﺮﺡ ﺣﺎﻝ ﺷﻤﺎ ﺩﭼﺎﺭ ﺣﺴﺎﺳﻴﺖ ﻭ ﻛﻬﻴﺮ ﺷﺪﻩ ﺍﻳﺪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺁﺯﻣﺎﻳﺶ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺯﻣﺎﻳﺶ ﺧﻮﻥ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻃﺒﻴﻌﻲ ﺑﻮﺩﻩ ﻭ ﻳﺎ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﺸﺎﻥ ﺩﻫﻨﺪﻩ ﻱ ﻋﻠﺖ ﻫﺎﻱ ﻣﻬﻢ ﻭ ﺧﻄﺮﻧﺎﻛﻲ ﺑﺮﺍﻱ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ ﻧﻴﺴﺖ.

ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﻪ ﻧﻈﺮ ﻣﻲ ﺭﺳﺪ ........................ ...... .................. ﺑﻪ ﻋﻨﻮﺍﻥ ﻋﻠﺖ ﺍﺣﺘﻤﺎﻟﻲ ﺑﺮﻭﺯ ﺣﺴﺎﺳﻴﺖ ﺩﺭ ﺷﻤﺎ ﻣﻄﺮﺡ ﻣﻲ ﺑﺎﺷﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﻋﻠﺖ ﺩﻗﻴﻖ ﺑﺮﻭﺯ ﻛﻬﻴﺮ ﻣﻌﻤﻮﻻ ﺑﻪ ﺳﺨﺘﻲ ﻣﺸﺨﺺ ﻣﻲ ﺷﻮﺩ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺍﻭﻟﻴﻦ ﺑﺎﺭ ﺍﺳﺖ ﻛﻪ ﺩﭼﺎﺭ ﺍﻳﻦ ﻋﺎﺭﺿﻪ ﺷﺪﻩ ﺍﻳﺪ ﻭ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﻨﺎﺧﺘﻪ ﺷﺪﻩ ﺍﻱ ﻧﺪﺍﺭﻳﺪ، ﻋﻠﺖ ﻛﻬﻴﺮ ﺩﺭ ﺷﻤﺎ ﺍﺣﺘﻤﺎﻻ ﻣﺎﺩﻩ ﻱ ﻛﺎﻣﻼ ﺟﺪﻳﺪﻱ ﺍﺳﺖ ﻛﻪ ﺩﺭ ﭼﻨﺪ ﺭﻭﺯ ﺍﺧﻴﺮ ﺑﻪ ﺗﺎﺯﮔﻲ ﺑﺎ ﺁﻥ ﺗﻤﺎﺱ ﺩﺍﺷﺘﻪ ﻳﺎ ﺍﺯ ﺁﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﺍﻳﺪ (ﺍﻧﻮﺍﻉ ﻏﺬﺍﻫﺎ، ﺩﺍﺭﻭﻫﺎ، ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻣﺨﺘﻠﻒ،ﻋﻄﺮ، ﻟﺒﺎﺱ ﻭ....)، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎ ﺗﻤﺮﻛﺰ ﻛﺎﻣﻞ ﻓﻬﺮﺳﺘﻲ ﺍﺯ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺍﺧﻴﺮ ﺧﻮﺩ

ﻣﺎﻧﻨﺪ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ، ﻏﺬﺍﻫﺎﻱ ﻣﺼﺮﻑ ﺷﺪﻩ (ﺷﺎﻣﻞ ﻛﻠﻴﻪ ﻱ ﻣﻮﺍﺩ ﺍﻭﻟﻴﻪ) ﻭ ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﺭﺍ ﻳﺎﺩﺩﺍﺷﺖ ﻧﻤﺎﻳﻴﺪ ﺗﺎ ﺑﻪ ﻳﺎﻓﺘﻦ ﻋﺎﻣﻞ ﺣﺴﺎﺳﻴﺖ ﺯﺍ ﻛﻤﻚ ﻛﻨﺪ .

.2 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﺍﻓﺮﺍﺩﻱ ﻛﻪ ﻣﺴﺘﻌﺪ ﺑﺮﻭﺯ ﻛﻬﻴﺮ ﻫﺴﺘﻨﺪ ﺍﻏﻠﺐ ﺑﻪ ﺑﻴﺶ ﺍﺯ ﻳﻚ ﻣﺎﺩﻩ ﺣﺴﺎﺳﻴﺖ ﺩﺍﺷﺘﻪ ﻭ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﺭ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻔﻲ ﺩﭼﺎﺭ ﺍﻳﻦ ﻋﻼﻳﻢ ﺷﻮﻧﺪ .

.3 ﺑﺮﺍﻱ ﺑﻬﺒﻮﺩ ﻋﻼﻳﻢ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺣﺴﺎﺳﻴﺖ (ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ) ﻣﺨﺘﻠﻒ ﻣﺜﻞ ﭘﺮﻭﻣﺘﺎﺯﻳﻦ، ﻫﻴﺪﺭﻭﻛﺴﻲ ﺯﻳﻦ،ﻟﻮﺭﺍﺗﺎﺩﻳﻦ، ﺳﺘﻴﺮﻳﺰﻳﻦ، ﻓﻜﺴﻮﻓﻨﺎﺩﻳﻦ ﻳﺎ ﺩﻳﻔﻦ ﻫﻴﺪﺭﺍﻣﻴﻦ (ﺣﺪﺍﻛﺜﺮ ﺳﻪ ﺑﺎﺭ ﺩﺭ ﺭﻭﺯ ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.(ﺗﺮﺟﻴﺤﺎ ﻃﺒﻖ ﻧﻈﺮ ﭘﺰﺷﻚ)

.4 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﻓﻘﻂ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

5. ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﭘﺲ ﺍﺯ ﻣﺼﺮﻑ ﺁﻧﻬﺎ ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻬﻢ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺗﻤﺮﻛﺰ ﺫﻫﻨﻲ ﺩﺍﺭﻧﺪ (ﺑﻪ ﺧﺼﻮﺹ ﺭﺍﻧﻨﺪﮔﻲ) ﻛﺎﻣﻼ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.6 ﺩﺭﻣﺎﻥ ﻛﻬﻴﺮ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﻣﺼﺮﻑ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺍﻳﻦ ﺗﺮﻛﻴﺒﺎﺕ ﻣﻲ ﺗﻮﺍﻧﻨﺪ ﺑﺎﻋﺚ ﺑﺪﺗﺮ ﺷﺪﻥ ﻋﻼﻳﻢ ﺑﻴﻤﺎﺭﻱ ﺷﻮﻧﺪ.

.7 ﺍﺯ ﻣﺼﺮﻑ ﺗﺮﻛﻴﺒﺎﺕ ﻣﺨﺘﻠﻒ ﺗﺰﺭﻳﻘﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ ﻛﻮﺭﺗﻮﻥ ﺩﺍﺭ (ﻣﺜﻞ ﺩﮔﺰﺍﻣﺘﺎﺯﻭﻥ، ﺑﺘﺎﻣﺘﺎﺯﻭﻥ، ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ، ﭘﺮﺩﻧﻴﺰﻭﻟﻮﻥ ) ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺍﻧﻮﺍﻉ ﭘﻤﺎﺩﻫﺎﻱ ﺩﺍﺭﺍﻱ ﻛﻮﺭﺗﻮﻥ (ﻣﺜﻞ ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ، ﺗﺮﻳﺎﻣﺴﻴﻨﻮﻟﻮﻥ، ﻛﻠﻮﺑﺘﺎﺯﻭﻝ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.8 ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﮔﻴﺎﻫﻲ ﻧﺎﺷﻨﺎﺧﺘﻪ (ﻣﻮﺿﻌﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ) ﺑﻪ ﻫﻴﭻ ﻋﻨﻮﺍﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ

.9 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺩﻳﮕﺮﻱ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ(ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻛﻮﺭﺗﻮﻥ ﻳﺎ ﺁﺳﭙﻴﺮﻳﻦ ) ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺧﻮﺩ ﺍﻃﻼﻉ ﺩﻫﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﺭﺍ ﺗﻐﻴﻴﺮ ﻧﺪﺍﺩﻩ ﻳﺎ ﻗﻄﻊ ﻧﻜﻨﻴﺪ.

.10 ﺍﮔﺮ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ (ﻣﺜﻞ ﺩﻳﺎﺑﺖ، ﺭﻭﻣﺎﺗﻴﺴﻢ، ﻣﺸﻜﻼﺕ ﺳﻴﺴﺘﻢ ﺍﻳﻤﻨﻲ، ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻋﻔﻮﻧﻲ ) ﻣﺒﺘﻼ ﻫﺴﺘﻴﺪ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺧﻮﺩ ﺍﻃﻼﻉ ﺩﻫﻴﺪ.

.11 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻣﺎﺩﻩ ﻱ ﺣﺴﺎﺳﻴﺖ ﺯﺍ ﺑﺮﺍﻱ ﺷﻤﺎ ﻣﺸﺨﺺ ﺷﺪﻩ ﺍﺳﺖ (ﻣﺜﻼ ﻳﻚ ﻣﺎﺩﻩ ﻱ ﻏﺬﺍﻳﻲ،ﻟﺒﺎﺱ، ﺯﻳﻮﺭﺁﻻﺕ، ﺳﺎﻋﺖ، ﻣﺎﺩﻩ ﻱ ﺷﻮﻳﻨﺪﻩ ﻳﺎ ﺁﺭﺍﻳﺸﻲ – ﺑﻬﺪﺍﺷﺘﻲ ﻭ ﮔﻮﻧﻪ ﻫﺎﻱ ﮔﻴﺎﻫﻲ ﻣﺨﺘﻠﻒ) ﺍﺯ ﻫﺮﮔﻮﻧﻪ ﺗﻤﺎﺱ ﺩﻭﺑﺎﺭﻩ ﺑﺎ ﺁﻥ ﻭ (ﻫﻤﻪ ﻱ ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﺻﻞ ﺍﺯ ﺁﻥ) ﻛﺎﻣﻼ ﺩﻭﺭﻱ ﻛﻨﻴﺪ، ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﺗﻤﺎﺱ ﻫﺎﻱ ﺑﻌﺪﻱ ﻣﻤﻜﻦ ﺍﺳﺖ ﻋﻼﻳﻢ ﺷﺪﻳﺪﺗﺮ ﻭ ﺧﻄﺮﻧﺎﻛﻲ ﺭﺍ ﺍﻳﺠﺎﺩ ﻛﻨﻨﺪ.

.12 ﺍﺯ ﺧﺎﺭﺍﻧﺪﻥ ﺿﺎﻳﻌﺎﺕ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺧﺎﺭﺵ ﺁﻧﻬﺎ ﺑﺎﻋﺚ ﺯﺧﻤﻲ ﺷﺪﻥ ﻭ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺷﺪﻳﺪ ﭘﻮﺳﺘﻲ ﻣﻲ ﺷﻮﺩ.

.13 ﻧﺎﺧﻦ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﻛﻮﺗﺎﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﺧﺎﺭﺍﻧﺪﻥ ﻧﺎﺧﻮﺍﺳﺘﻪ ﻱ ﺿﺎﻳﻌﺎﺕ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺧﻮﺍﺏ ﭘﻮﺳﺖ ﺷﻤﺎ ﺩﭼﺎﺭ ﺯﺧﻢ ﻭ ﻋﻔﻮﻧﺖ ﻧﺸﻮﺩ.

14. ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺷﺪﻳﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﭘﻤﺎﺩﻫﺎﻳﻲ ﻣﺜﻞ ﻛﺎﻻﻣﻴﻦ ﻳﺎ ﻛﺎﻻﻧﺪﻭﻻ ﺑﺮ ﺭﻭﻱ ﺁﻧﻬﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.15 ﺍﺯ ﺍﻟﻜﻞ ﻳﺎ ﺑﺘﺎﺩﻳﻦ ﻳﺎ ﺁﺏ ﺍﻛﺴﻴﮋﻧﻪ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﺎﺕ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.16 ﻛﻬﻴﺮ ﻧﻴﺎﺯ ﺑﻪ ﭘﺎﻧﺴﻤﺎﻥ ﻭ ﭘﻮﺷﻴﺪﻩ ﺷﺪﻥ ﺑﺎ ﺑﺎﻧﺪ ﻭ ﮔﺎﺯ ﺍﺳﺘﺮﻳﻞ ﻧﺪﺍﺭﺩ.

.17 ﺧﻨﻚ ﻛﺮﺩﻥ ﺿﺎﻳﻌﺎﺕ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﻣﻲ ﺷﻮﺩ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﻭﺵ ﺁﺏ ﺳﺮﺩ ﻳﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ (ﻛﻴﺴﻪ ﺭﺍ ﺩﺭ ﻳﻚ ﭘﻮﺷﺶ ﭘﺎﺭﭼﻪ ﺍﻱ ﭘﻴﭽﻴﺪﻩ ﻭ ﺑﻪ ﻣﺪﺕ 10 ﺩﻗﻴﻘﻪ ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﺍﺯ ﺗﻤﺎﺱ ﻣﺴﺘﻘﻴﻢ ﻳﺦ ﺑﺎ ﭘﻮﺳﺖ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﺎﻳﻴﺪ)

.18 ﮔﺮﻣﺎ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺿﺎﻳﻌﺎﺕ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺁﻧﻬﺎ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎﻳﺪ ﺍﺯ ﺩﺭ ﻣﻌﺮﺽ ﮔﺮﻣﺎ ﻗﺮﺍﺭ ﮔﺮﻓﺘﻦ ﺿﺎﻳﻌﺎﺕ (ﻣﺜﻞ ﺗﻤﺎﺱ ﺑﺎ ﺁﺏ ﮔﺮﻡ، ﺑﺨﺎﺭ ﺁﺏ ﺩﺍﻍ، ﻓﻌﺎﻟﻴﺖ ﺩﺭ ﻫﻮﺍﻱ ﮔﺮﻡ ) ﭘﺮﻫﻴﺰ ﺷﻮﺩ.

.19 ﺗﺎﺑﺶ ﻣﺴﺘﻘﻴﻢ ﺁﻓﺘﺎﺏ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﺎﺕ ﺭﺍ ﻛﺎﻣﻼ ﻣﺤﺪﻭﺩ ﻛﻨﻴﺪ.

.20 ﺍﺯ ﭘﻮﺷﻴﺪﻥ ﻟﺒﺎﺱ ﻫﺎﻱ ﺗﻨﮓ، ﭼﺴﺒﺎﻥ، ﺿﺨﻴﻢ،ﺗﻴﺮﻩ ﺭﻧﮓ، ﭘﺸﻤﻲ ﻳﺎ ﺩﻭﺧﺘﻪ ﺷﺪﻩ ﺍﺯ ﭘﺎﺭﭼﻪ ﻫﺎﻱ ﻣﺼﻨﻮﻋﻲ ﻭ ﭘﻼﺳﺘﻴﻜﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﻟﺒﺎﺱ ﻫﺎﻱ ﺳﺒﻚ،ﮔﺸﺎﺩ، ﻛﺎﻣﻼ ﻧﺨﻲ ﻭ ﺑﻪ ﺭﻧﮓ ﺭﻭﺷﻦ ﺑﭙﻮﺷﻴﺪ.

.21 ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺍﺯ ﻣﻠﺤﻔﻪ ﻫﺎﻱ ﻛﺎﻣﻼ ﻧﺨﻲ ﻭ ﺑﺎﻟﺶ ﭘﻨﺒﻪ ﺍﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﻭ ﻫﺮ 4-3 ﺭﻭﺯ ﻳﻚ ﺑﺎﺭ ﺁﻧﻬﺎ ﺭﺍ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﺑﺸﻮﻳﻴﺪ.

.22 ﺍﺯ ﻣﺼﺮﻑ ﻏﺬﺍﻫﺎﻱ ﺗﺤﺮﻳﻚ ﻛﻨﻨﺪﻩ ( ﺑﻪ ﺧﺼﻮﺹ ﺗﺨﻢ ﻣﺮﻍ،ﮔﻮﺟﻪ ﻓﺮﻧﮕﻲ، ﺍﺩﻭﻳﻪ ﻫﺎ، ﺍﻧﻮﺍﻉ ﺳﺲ ﻫﺎ، ﺷﻴﺮ ﻭ ﻓﺮﺁﻭﺭﺩﻩ ﻫﺎﻱ ﺁﻥ، ﺁﺟﻴﻞ ﻫﺎﻳﻲ ﻣﺜﻞ ﺑﺎﺩﺍﻡ ﺯﻣﻴﻨﻲ ﻭ ﮔﺮﺩﻭ،ﺳﻮﻳﺎ، ﻏﺬﺍﻫﺎﻱ ﺩﺭﻳﺎﻳﻲ، ﺳﻮﺳﻴﺲ ﻭ ﻛﺎﻟﺒﺎﺱ، ﻛﻨﺴﺮﻭﻫﺎ ﻣﺜﻞ ﻣﺎﻫﻲ ﺗﻦ،ﻓﺴﺖ ﻓﻮﺩ، ﻏﺬﺍﻫﺎﻱ ﺁﻣﺎﺩﻩ ﻭ ﺑﺴﺘﻪ ﺑﻨﺪﻱ ﺷﺪﻩ، ﻏﺬﺍﻫﺎﻱ ﺩﺍﺭﺍﻱ ﺗﺮﻛﻴﺒﺎﺕ ﻧﮕﻬﺪﺍﺭﻧﺪﻩ ﻳﺎ ﺭﻧﮓ ﻫﺎﻱ ﻣﺼﻨﻮﻋﻲ، ﺍﻧﻮﺍﻉ ﺷﻜﻼﺕ ﻭ ﺷﻴﺮﻳﻨﻲ،ﻧﻮﺷﺎﺑﻪ ﻫﺎ ) ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.23 ﺗﻤﺎﺱ ﺧﻮﺩ ﺑﺎ ﮔﻞ ﻫﺎ ﻭ ﮔﻴﺎﻫﺎﻥ ( ﻣﺜﻼ ﺣﻀﻮﺭ ﺩﺭ ﺑﺎﻍ ﻳﺎ ﭘﺎﺭﻙ ﻳﺎ ﮔﻞ ﻓﺮﻭﺷﻲ ) ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻣﺤﺪﻭﺩ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻧﮕﻬﺪﺍﺭﻱ ﺁﻧﻬﺎ ﺩﺭ ﺩﺍﺧﻞ ﻣﻨﺰﻝ ﺑﻮﻳﮋﻩ ﺍﺗﺎﻕ ﺧﻮﺍﺏ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.24 ﺑﻪ ﻃﻮﺭ ﻣﺮﺗﺐ ﺍﺳﺘﺤﻤﺎﻡ ﻛﺮﺩﻩ ﻭ ﭘﻮﺳﺖ ﺭﺍ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﺗﺎ ﺍﺯ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺛﺎﻧﻮﻳﻪ ﭘﻴﺶ ﮔﻴﺮﻱ ﺷﻮﺩ

25. ﺍﺯ ﺻﺎﺑﻮﻥ ﻫﺎ ﻳﺎ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﻱ ﻣﻌﻄﺮ ﺑﺮﺍﻱ ﺍﺳﺘﺤﻤﺎﻡ ﻭ ﺷﺴﺘﻦ ﻟﺒﺎﺱ ﻫﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﺍﺯ ﺗﻤﺎﺱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺿﺎﻳﻌﺎﺕ ﺑﺎ ﻛﻒ ﻭ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﺎﻳﻴﺪ.

.26 ﺍﺯ ﺍﺻﻼﺡ ﻭ ﺗﺮﺍﺷﻴﺪﻥ ﻣﻮﻫﺎﻱ ﻧﺎﺣﻴﻪ ﺍﻱ ﻛﻪ ﺿﺎﻳﻌﺎﺕ ﺩﺭ ﺁﻧﺠﺎ ﺑﺮﻭﺯ ﻛﺮﺩﻩ ﺍﺳﺖ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.27 ﺍﺯ ﺗﻤﺎﺱ ﻧﺰﺩﻳﻚ ﺑﺎ ﺣﻴﻮﺍﻧﺎﺕ، ﭘﺮﻧﺪﮔﺎﻥ ﻭ ﻓﻀﻮﻻﺕ ﺁﻧﻬﺎ ﺍﺟﺘﻨﺎﺏ ﻛﻨﻴﺪ.

.28 ﻧﻈﺎﻓﺖ ﻣﻨﺰﻝ ﺭﺍ ﻛﺎﻣﻼ ﺭﻋﺎﻳﺖ ﻛﺮﺩﻩ، ﺍﺯ ﺗﺠﻤﻊ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ ﺑﺮ ﺭﻭﻱ ﻭﺳﺎﻳﻞ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ ﻭ ﻓﺮﺵ ﻭ ﻣﻮﻛﺖ ﻫﺎ ﺭﺍ ﻫﺮ 3-2 ﺭﻭﺯ ﻳﻚ ﺑﺎﺭ ﺑﻪ ﺧﻮﺑﻲ ﺟﺎﺭﻭ ﺑﺰﻧﻴﺪ.

.29 ﺍﺯ ﻣﺼﺮﻑ ﻫﺮﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺑﻬﺪﺍﺷﺘﻲ، ﺁﺭﺍﻳﺸﻲ، ﺷﻮﻳﻨﺪﻩ ﻭ ﺍﻧﻮﺍﻉ ﻋﻄﺮ ﻭ ﺍﺳﭙﺮﻱ ﺑﺎ ﻣﺎﺭﻙ ﻫﺎ ﻭ ﺍﺳﺎﻣﻲ ﺟﺪﻳﺪ ﻳﺎ ﻧﺎﺷﻨﺎﺧﺘﻪ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺑﻪ ﻃﻮﺭ ﻛﻠﻲ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﻣﺼﺮﻑ ﺍﻳﻦ ﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻛﺎﻣﻼ ﻛﺎﻫﺶ ﺩﻫﻴﺪ.

.30 ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺍﺯ ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻳﺎ ﺑﻬﺪﺍﺷﺘﻲ ﻏﻴﺮﺿﺮﻭﺭﻱ ﻣﺎﻧﻨﺪ ﺭﻧﮓ ﻣﻮ ﻭ ﻋﻄﺮﻫﺎﻱ ﺗﻨﺪ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.31 ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ ﺩﺭ ﺍﺳﺘﺨﺮﻫﺎﻱ ﻋﻤﻮﻣﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.32 ﺍﺯ ﻋﻮﺍﻣﻞ ﺍﻳﺠﺎﺩ ﺍﺿﻄﺮﺍﺏ، ﺍﺳﺘﺮﺱ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ، ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

.33 ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﻭ ﺗﻤﺎﺱ ﺑﺎ ﺍﻧﻮﺍﻉ ﺩﻭﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.34 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺟﺴﻤﺎﻧﻲ ﻭ ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ ﺑﻮﻳﮋﻩ ﺩﺭ ﻫﻮﺍﻱ ﮔﺮﻡ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ.

.35 ﺍﮔﺮ ﻫﻨﮕﺎﻡ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻣﺸﺨﺼﻲ (ﺑﻪ ﺧﺼﻮﺹ ﺍﻧﻮﺍﻉ ﺩﺍﺭﻭﻫﺎ) ﺩﭼﺎﺭ ﻭﺍﻛﻨﺶ ﺣﺴﺎﺳﻴﺘﻲ ﻣﺜﻞ ﻛﻬﻴﺮ ﻣﻲ ﺷﻮﻳﺪ، ﻧﺎﻡ ﺁﻧﻬﺎ ﺭﺍ ﺑﺮ ﺭﻭﻱ ﻳﻚ ﻛﺎﻏﺬ ﻧﻮﺷﺘﻪ ﻭ ﻫﻤﻮﺍﺭﻩ ﻫﻤﺮﺍﻩ ﺑﺎ ﺧﻮﺩ (ﺩﺭ ﺟﻴﺐ ﻟﺒﺎﺱ ﻳﺎ ﻛﻴﻔﺘﺎﻥ) ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ.

.36 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻪ ﻃﻮﺭ ﻣﻜﺮﺭ ﻭ ﺩﺭ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ ﺩﭼﺎﺭ ﻛﻬﻴﺮ ﻣﻲ ﺷﻮﻳﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺑﺎﻋﺚ ﺍﺧﺘﻼﻝ ﺩﺭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺭﻭﺯﻣﺮﻩ ﻱ ﺷﻤﺎ ﺷﺪﻩ ﺍﺳﺖ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﭘﺰﺷﻚ ﻣﺘﺨﺼﺺ ﺁﻟﺮژﻱ ﻭ ﺳﻴﺴﺘﻢ ﺍﻳﻤﻨﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪﺗﺎ ﺁﺯﻣﺎﻳﺶ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﺑﺮ ﺭﻭﻱ ﺷﻤﺎ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺍﺯ ﺩﺭﻣﺎﻥ ﻫﺎﻱ ﺗﺨﺼﺼﻲ ﻭ ﺣﺴﺎﺳﻴﺖ ﺯﺩﺍﻳﻲ ﺍﺳﺘﻔﺎﺩﻩ ﺷﻮﺩ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﻋﺪﻡ ﺍﻳﺠﺎﺩ ﻫﺮﮔﻮﻧﻪ ﺗﻐﻴﻴﺮ ﻳﺎ ﺑﻬﺒﻮﺩﻱ ﻧﺴﺒﻲ ﻭ ﻛﺎﻫﺶ ﻋﻼﻳﻢ (ﻋﺪﻡ ﭘﺎﺳﺦ ﺑﻪ ﺩﺍﺭﻭﻫﺎ) ﭘﺲ ﺍﺯ 24 ﺳﺎﻋﺖ ﻣﺼﺮﻑ ﺩﺍﺭﻭ

- ﺗﺸﺪﻳﺪ ﺿﺎﻳﻌﺎﺕ ﻭ ﮔﺴﺘﺮﺵ ﺁﻧﻬﺎ ﻳﺎ ﺧﺎﺭﺵ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪ ﺑﺎ ﻭﺟﻮﺩ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ

- ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﻋﻼﻳﻢ ﻭ ﻋﺪﻡ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﭘﺲ ﺍﺯ ﻳﻚ ﻫﻔﺘﻪ ﺍﺯ ﺷﺮﻭﻉ ﺩﺭﻣﺎﻥ ﺑﺎ ﻭﺟﻮﺩ ﺭﻋﺎﻳﺖ ﻣﻮﺍﺭﺩ ﺗﻮﺻﻴﻪ ﺷﺪﻩ ﺩﺭ ﺑﺎﻻ

- ﺑﻪ ﻫﻢ ﭘﻴﻮﺳﺘﻦ ﻭ ﻳﻚ ﭘﺎﺭﭼﻪ ﺷﺪﻥ ﺿﺎﻳﻌﺎﺕ ﺩﺭ ﻛﻞ ﺑﺪﻥ ﻭ ﺩﺭﺩﻧﺎﻛﻲ ﻭ ﺗﻮﺭﻡ ﺁﻧﻬﺎ

- ﺑﺮﻭﺯ ﺗﺎﻭﻝ ﻳﺎ ﺿﺎﻳﻌﺎﺕ ﺯﺧﻤﻲ ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ

- ﺗﻨﮕﻲ ﻧﻔﺲ، ﺳﺨﺘﻲ ﺗﻨﻔﺲ ﻳﺎ ﺗﻨﻔﺲ ﺻﺪﺍﺩﺍ ( ﺭ ﺧﺲ ﺧﺲ ﺳﻴﻨﻪ )

- ﺳﺮﻓﻪ ﻳﺎ ﮔﺮﻓﺘﮕﻲ ﮔﻠﻮ

- ﺍﺧﺘﻼﻝ ﻭ ﺳﺨﺘﻲ ﺑﻠﻊ

- ﺑﻴﺮﻭﻥ ﺭﻳﺨﺘﻦ ﺑﺰﺍﻕ (ﺁﺏ ﺩﻫﺎﻥ) ﺍﺯ ﺩﻫﺎﻥ

- ﺗﻮﺭﻡ ﺯﺑﺎﻥ، ﺣﻠﻖ، ﮔﻠﻮ ﻭ ﻟﺐ ﻫﺎ

- ﺗﻮﺭﻡ ﺍﻃﺮﺍﻑ ﭼﺸﻢ، ﺻﻮﺭﺕ، ﺩﺳﺖ ﻫﺎ ﻭ ﭘﺎﻫﺎ

- ﺑﺮﻭﺯ ﻫﺮﮔﻮﻧﻪ ﺧﻮﻧﺮﻳﺰﻱ

- ﺗﺐ ﻭ ﻟﺮﺯ

- ﺳﺮﺩﺭﺩ ﻳﺎ ﺳﺮﮔﻴﺠﻪ

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﻳﺎ ﺗﻌﺮﻳﻖ ﺷﺪﻳﺪ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻳﺎ ﺗﭙﺶ ﻗﻠﺐ

- ﺍﺳﻬﺎﻝ، ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ، ﺩﺭﺩ ﺷﻜﻢ

- ﺩﺭﺩ، ﺳﻔﺘﻲ ﻭ ﺗﻮﺭﻡ ﻣﻔﺎﺻﻞ ( ﺯﺍﻧﻮ، ﺍﻧﮕﺸﺘﺎﻥ،......)

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﻳﺎ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ

- ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻧﺎﺷﻲ ﺍﺯ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ ﺑﻪ ﺧﺼﻮﺹ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺣﻤﻠﻪ ﻱ ﺁﺳﻢ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ................................................... ﺷﻤﺎ ﺩﭼﺎﺭ ﺣﻤﻠﻪ ﻱ ﺣﺎﺩ ﺁﺳﻢ ﺷﺪﻩ ﻭ ﺑﻪ ﻋﻠﺖ ﺍﺑﺘﻼ ﺑﻪ ﺳﺮﻓﻪ □ / ﺗﻨﮕﻲ ﻧﻔﺲ □ / ﮔﺮﻓﺘﮕﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ □ / ﺳﺎﻳﺮ ﻋﻼﻳﻢ □ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ، ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺑﻪ ﻧﻈﺮ ﻣﻲ ﺭﺳﺪ ﻋﻠﻞ ﺧﻄﺮﻧﺎﻙ ﻭ ﻋﻮﺍﺭﺽ ﻣﻬﻤﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﺩﺍﺭﺩ ﻓﻌﻼ ﻭﺟﻮﺩ ﻧﺪﺍﺷﺘﻪ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺑﻬﺒﻮﺩ ﻭﺿﻌﻴﺖ ﺗﻨﻔﺴﻲ ﻭ ﺭﻓﻊ ﻋﻼﻳﻢ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

□ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻋﻼﻳﻢ ﺷﻤﺎ ﻭ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﻧﻴﺎﺯ ﺑﻪ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﺍﺯ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻧﺪﺍﺭﻳﺪ .

□ ﺍﺯ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻱ ﺷﻤﺎ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﻛﻪ ﻃﺒﻴﻌﻲ ﺑﻮﺩﻩ ﻭ ﻧﻜﺘﻪ ﻱ ﻣﻬﻤﻲ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻳﺎ ﺍﻧﺠﺎﻡ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﺪ ﺩﺭ ﺁﻥ ﻣﺸﺎﻫﺪﻩ ﻧﻤﻲ ﺷﻮﺩ .

ﺁﺳﻢ ﻳﻚ ﺑﻴﻤﺎﺭﻱ ﺗﻨﻔﺴﻲ ﻏﻴﺮﻋﻔﻮﻧﻲ ﻭ ﻏﻴﺮ ﻭﺍﮔﻴﺮ ﺍﺳﺖ ﻛﻪ ﺩﺭ ﺁﻥ ﺭﺍﻩ ﻫﺎﻱ ﻫﻮﺍﻳﻲ ﻛﻪ ﻣﺴﻴﺮ ﻋﺒﻮﺭ ﻫﻮﺍ (ﭘﺲ ﺍﺯ ﺑﻴﻨﻲ ﻭ ﺣﻠﻖ ﻭ ﻧﺎﻱ) ﺑﻪ ﺳﻤﺖ ﺭﻳﻪ ﻫﺎ ﻫﺴﺘﻨﺪ ﺗﻨﮓ ﻭ ﺑﺎﺭﻳﻚ ﺷﺪﻩ ﻭ ﻫﻮﺍﻱ ﻛﺎﻓﻲ ﺑﻪ ﺧﻮﺑﻲ ﻭ ﺁﺳﺎﻧﻲ ﺑﻪ ﺭﻳﻪ ﻫﺎ ﻭ ﺩﺍﺧﻞ ﺑﺪﻥ ﻧﻤﻲ ﺭﺳﺪ ﻭ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﻲ ﺷﻮﺩ :

- ﺳﺮﻓﻪ

- ﺗﻨﮕﻲ ﻧﻔﺲ ﻭ ﺳﺨﺘﻲ ﺗﻨﻔﺲ

- ﮔﺮﻓﺘﮕﻲ ﻭ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ

- ﺧﺲ ﺧﺲ ﺳﻴﻨﻪ ﻭ ﺗﻨﻔﺲ ﺻﺪﺍﺩﺍﺭ

ﺍﻣﺎ ﺷﺪﺕ ﻋﻼﻳﻢ ﻫﻤﻴﺸﻪ ﺛﺎﺑﺖ ﻧﺒﻮﺩﻩ ﻭ ﺑﻪ ﺷﻜﻞ ﺩﻭﺭﻩ ﺍﻱ ﺑﺎ ﻓﺎﺻﻠﻪ ﻱ ﺯﻣﺎﻧﻲ ﻣﺘﻔﺎﻭﺕ ﺑﺮﻭﺯ ﻣﻲ ﻛﻨﻨﺪ، ﻛﻪ ﺩﺭ ﺍﻳﻦ ﻓﻮﺍﺻﻞ ﻓﺮﺩ ﺑﺮﺍﻱ ﻣﺪﺗﻲ (ﺍﺯ ﭼﻨﺪ ﺳﺎﻋﺖ ﺗﺎ ﭼﻨﺪ ﺭﻭﺯ ﻳﺎ ﺣﺘﻲ ﭼﻨﺪ ﻣﺎﻩ ) ﻛﺎﻣﻼ ﺑﺪﻭﻥ ﻋﻼﻣﺖ ﺑﻮﺩﻩ ﻭ ﺑﻪ ﻛﺎﺭ ﻭ ﻓﻌﺎﻟﻴﺖ ﻋﺎﺩﻱ ﺧﻮﺩ ﻣﻲﭘﺮﺩﺍﺯﺩ. ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﻴﻤﺎﺭ ﻣﺒﺘﻼ ﺑﻪ ﺁﺳﻢ ﮔﺎﻫﻲ ﻛﺎﻣﻼ ﺑﺪﻭﻥ ﻋﻼﻣﺖ ﺍﺳﺖ، ﺑﺮﺧﻲ ﺍﺯ ﻣﻮﺍﻗﻊ ﺩﭼﺎﺭ ﻋﻼﻳﻢ ﺧﻔﻴﻒ ﺗﺎ ﻣﺘﻮﺳﻄﻲ ﻣﻲ ﺷﻮﺩ ﻛﻪ ﺑﺎ ﺩﺍﺭﻭ ﺑﺮﻃﺮﻑ ﻣﻲ ﮔﺮﺩﺩ ﻭ ﻧﻴﺰ ﮔﺎﻩ ﺩﭼﺎﺭ ﻋﻼﻳﻢ ﺷﺪﻳﺪ ﻭ ﺣﻤﻼﺕ ﺣﺎﺩﻱ ﺧﻮﺍﻫﺪ ﺷﺪ ﻛﻪ ﺑﻪ ﺭﺍﺣﺘﻲ ﺑﺎ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﻫﻤﻴﺸﮕﻲ ﺑﻬﺒﻮﺩ ﻧﻤﻲ ﻳﺎﺑﺪ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﻣﺮﺍﺣﻌﻪ ﺑﻪ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻭ ﺩﺭﻣﺎﻥ ﻫﺎﻱ ﻭﻳﮋﻩ ﺩﺍﺭﺩ. ﻃﻮﻝ ﻣﺪﺕ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﻋﻼﻳﻢ ﻣﺘﻔﺎﻭﺕ ﺑﻮﺩﻩ ﻭ ﺍﺯ ﭼﻨﺪ ﺩﻗﻴﻘﻪ ﻳﺎ ﺳﺎﻋﺖ ﺗﺎ ﭼﻨﺪ ﺭﻭﺯ ﻣﺘﻐﻴﺮ ﺍﺳﺖ ﺍﻣﺎ ﺍﻏﻠﺐ ﺩﺭ ﻃﻮﻝ 2-1 ﺭﻭﺯ ﺑﻬﺒﻮﺩ ﻣﻲ ﻳﺎﺑﺪ، ﻫﺮﭼﻨﺪ ﻣﻌﻤﻮﻻ ﻧﻤﻲ ﺗﻮﺍﻥ ﻋﻠﺖ ﺩﻗﻴﻖ ﺑﻴﻤﺎﺭﻱ ﺭﺍ ﻣﺸﺨﺺ ﻛﺮﺩ ﺍﻣﺎ ﻋﻮﺍﻣﻞ ﺯﻳﺮ ﺩﺭ ﺑﺴﻴﺎﺭﻱ ﺍﺯ ﺍﻓﺮﺍﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻋﻼﻳﻢ ﻭ ﺣﺘﻲ ﺍﻳﺠﺎﺩ ﺣﻤﻠﻪ ﻱ ﺷﺪﻳﺪ ﺁﺳﻢ ﺷﻮﻧﺪ :

- ﮔﺮﺩ ﻭ ﺧﺎﻙ ﻭ ﻏﺒﺎﺭ ( ﻣﺜﻞ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ ﺍﺳﺒﺎﺏ ﻣﻨﺰﻝ ﻭ ﻣﺒﻠﻤﺎﻥ )

- ﮔﻞ ﻫﺎ ﻭ ﮔﻴﺎﻫﺎﻥ ( ﺑﻪ ﺧﺼﻮﺹ ﮔﺮﺩﻩ ﻱ ﮔﻞ ﻫﺎ )

- ﺁﻟﻮﺩﮔﻲ ﻫﻮﺍ ﻭ ﺩﻭﺩﻩ ﻭ ﺫﺭﺍﺕ ﺭﻳﺰ ﻣﻌﻠﻖ ﺩﺭ ﻫﻮﺍ

- ﺑﺮﺧﻲ ﻏﺬﺍﻫﺎ ( ﺑﻪ ﺧﺼﻮﺹ ﮔﻮﺟﻪ ﻓﺮﻧﮕﻲ، ﻫﻨﺪﻭﺍﻧﻪ، ﺍﺩﻭﻳﻪ ﻫﺎ، ﻓﻠﻔﻞ ﻗﺮﻣﺰ، ﺯﻋﻔﺮﺍﻥ، ﺳﺲ ﻫﺎ، ﻏﺬﺍﻫﺎﻱ ﺷﻮﺭ، ﺁﺟﻴﻞ ﻫﺎﻳﻲ ﻣﺜﻞ ﺑﺎﺩﺍﻡ ﺯﻣﻴﻨﻲ ﻭ ﮔﺮﺩﻭ، ﻏﺬﺍﻫﺎﻱ ﺩﺭﻳﺎﻳﻲ، ﻛﻨﺴﺮﻭﻫﺎ ﻣﺜﻞ ﻣﺎﻫﻲ ﺗﻦ، ﻏﺬﺍﻫﺎﻱ ﺁﻣﺎﺩﻩ ﻭ ﺑﺴﺘﻪ ﺑﻨﺪﻱ، ﻏﺬﺍﻫﺎﻱ ﺩﺍﺭﺍﻱ ﺗﺮﻛﻴﺒﺎﺕ ﻧﮕﻬﺪﺍﺭﻧﺪﻩ ﻳﺎ ﺭﻧﮓ ﻫﺎﻱ ﻣﺼﻨﻮﻋﻲ، ﺍﻧﻮﺍﻉ ﺷﻜﻼﺕ ﻭ ﺷﻴﺮﻳﻨﻲ، ﻧﻮﺷﺎﺑﻪ ﻫﺎ )

- ﺩﺍﺭﻭﻫﺎﻱ ﻣﺨﺘﻠﻒ ( ﺁﺳﭙﻴﺮﻳﻦ، ﺑﻌﻀﻲ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﺜﻞ ﺑﺮﻭﻓﻦ ﻭ ﻧﺎﭘﺮﻭﻛﺴﻦ، ﺑﺮﺧﻲ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﻓﺸﺎﺭ ﺧﻮﻥ ﻣﺜﻞ ﺁﺗﻨﻮﻟﻮﻝ ﻭ ﭘﺮﻭﭘﺮﺍﻧﻮﻟﻮﻝ )

- ﺍﻧﻮﺍﻉ ﻋﻄﺮﻫﺎ ﻭ ﺍﺳﺎﻧﺲ ﻫﺎ ﻳﺎ ﻣﻮﺍﺩ ﺁﺭﺍﻳﺸﻲ ﻭ ﺑﻬﺪﺍﺷﺘﻲ ﻣﻌﻄﺮ

- ﺍﻧﻮﺍﻉ ﺗﺮﻛﻴﺒﺎﺕ ﺑﻪ ﺷﻜﻞ ﺍﻓﺸﺎﻧﻪ ﻭ ﺍﺳﭙﺮﻱ ( ﻣﺜﻞ ﺧﻮﺷﺒﻮ ﻛﻨﻨﺪﻩ ﻱ ﻫﻮﺍ، ﺣﺸﺮﻩ ﻛﺶ، ﭘﺎﻙ ﻛﻨﻨﺪﻩ ﻫﺎ، ﺷﻴﺸﻪ ﭘﺎﻙ ﻛﻦ، ﺍﺳﭙﺮﻱ ﻫﺎﻱ ﻭﻳﮋﻩ ﻱ ﺁﺭﺍﻳﺶ ﻣﻮ )

- ﺍﺳﻴﺪﻫﺎ، ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻭ ﻧﻔﺘﻲ ﻳﺎ ﺷﻮﻳﻨﺪﻩ ﻫﺎ ﺑﺎ ﺑﻮﻱ ﺗﻨﺪ ﻭ ﺳﻮﺯﺍﻧﻨﺪﻩ ( ﻣﺜﻞ ﻣﺎﻳﻊ ﺳﻔﻴﺪ ﻛﻨﻨﺪﻩ، ﺟﻮﻫﺮ ﻧﻤﻚ، ﻣﺎﻳﻊ ﻟﻮﻟﻪ ﺑﺎﺯﻛﻦ، ﮔﺎﺯﻭﻳﻴﻞ، ﺑﻨﺰﻳﻦ ﻭ ﺗﻴﻨﺮ )

- ﺍﻧﻮﺍﻉ ﺩﻭﺩ ( ﻣﺜﻞ ﺩﻭﺩ ﺳﻴﮕﺎﺭ ﻭ ﺗﻨﺒﺎﻛﻮ، ﺩﻭﺩ ﻫﻴﺰﻡ ﻭ ﭼﻮﺏ ﻭ ﺯﻏﺎﻝ، ﺩﻭﺩ ﺍﮔﺰﻭﺯ ﺍﺗﻮﻣﺒﻴﻞ، ﺩﻭﺩ ﺍﺟﺎﻕ ﻫﺎﻱ ﻏﺬﺍﭘﺰﻱ ﺑﺎ ﺷﻌﻠﻪ ﻱ ﺯﻳﺎﺩ )

- ﺍﻧﻮﺍ ﻉ ﻛﭙﻚ ﻭ ﻣﻮﺍﺩ ﻓﺎﺳﺪ

- ﭘﺎﺭﭼﻪ ﻫﺎﻱ ﭘﺸﻤﻲ ﻭ ﭘﺮﺯﺩﺍﺭ

- ﭘﺮ ﻭ ﻛﺮﻙ ﭘﺮﻧﺪﮔﺎﻥ ﻭ ﺗﻤﺎﺱ ﺑﺎ ﺣﻴﻮﺍﻧﺎﺕ ( ﺑﻪ ﺧﺼﻮﺹ ﭘﻮﺳﺖ، ﻣﻮ ﻭ ﻓﻀﻮﻻﺕ ﺁﻧﻬﺎ )

- ﺳﻮﺳﻚ ﺣﻤﺎﻡ ﻭ ﺳﺎﻳﺮ ﺣﺸﺮﺍﺕ ﺧﺎﻧﮕﻲ

- ﺳﺮﻣﺎﻱ ﺷﺪﻳﺪ ﻳﺎ ﺗﻐﻴﻴﺮ ﺩﻣﺎﻱ ﻧﺎﮔﻬﺎﻧﻲ ﻭ ﺷﺪﻳﺪ

- ﺧﺸﻜﻲ ﻫﻮﺍ

- ﺭﻃﻮﺑﺖ ﺷﺪﻳﺪ ﻭ ﻓﻀﺎﻫﺎﻳﻲ ﺑﺎ ﺑﺨﺎﺭ ﺁﺏ ﺍﺷﺒﺎﻉ ( ﻣﺜﻞ ﺳﻮﻧﺎ ﻭ ﭼﺸﻤﻪ ﻫﺎﻱ ﺁﺏ ﮔﺮم )

- ﺍﺑﺘﻼ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻋﻔﻮﻧﻲ ﻭ ﻭﻳﺮﻭﺳﻲ ( ﻣﺜﻞ ﺳﺮﻣﺎﺧﻮﺭﺩﮔﻲ ﻭ ﺁﻧﻔﻠﻮﺍﻧﺰﺍ )

- ﺍﺳﺘﺮﺱ، ﺍﺿﻄﺮﺍﺏ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﺭﻭﺍﻧﻲ

- ﻓﻌﺎﻟﻴﺖ ﺟﺴﻤﺎﻧﻲ ﺳﻨﮕﻴﻦ ﻭ ﻭﺭﺯﺵ ( ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﻫﻮﺍﻱ ﺳﺮﺩ ﻳﺎ ﺁﻟﻮﺩﻩ )

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﻋﻠﺖ ﺩﻗﻴﻖ ﺑﺮﻭﺯ ﺣﻤﻠﻪ ﻣﻌﻤﻮﻻ ﺑﻪ ﺳﺨﺘﻲ ﻣﺸﺨﺺ ﻣﻲ ﺷﻮﺩ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﻗﻴﻘﺎ ﻋﻠﺖ ﺑﺮﻭﺯ ﺣﻤﻠﻪ ﻱ ﻓﻌﻠﻲ ﺭﺍ ﻧﻤﻲ ﺩﺍﻧﻴﺪ ﻭ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﻨﺎﺧﺘﻪ ﺷﺪﻩ ﺍﻱ ﻧﺪﺍﺭﻳﺪ، ﻋﺎﻣﻞ ﺍﻳﺠﺎﺩ ﺁﻥ ﺍﺣﺘﻤﺎﻻ ﻣﺎﺩﻩ ﻱ ﻛﺎﻣﻼ ﺟﺪﻳﺪﻱ ﺍﺳﺖ ﻛﻪ ﺩﺭ ﭼﻨﺪ ﺭﻭﺯ ﺍﺧﻴﺮ ﺑﻪ ﺗﺎﺯﮔﻲ ﺑﺎ ﺁﻥ ﺗﻤﺎﺱ ﺩﺍﺷﺘﻪ ﻳﺎ ﺍﺯ ﺁﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﺍﻳﺪ (ﺍﻧﻮﺍﻉ ﻏﺬﺍﻫﺎ، ﺩﺍﺭﻭﻫﺎ، ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻣﺨﺘﻠﻒ،ﻋﻄﺮ، ﻟﺒﺎﺱ ﻭ....)، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎ ﺗﻤﺮﻛﺰ ﻛﺎﻣﻞ ﻓﻬﺮﺳﺘﻲ ﺍﺯ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺍﺧﻴﺮ ﺧﻮﺩ ﻣﺎﻧﻨﺪ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ، ﻏﺬﺍﻫﺎﻱ ﻣﺼﺮﻑ ﺷﺪﻩ (ﺷﺎﻣﻞ ﻛﻠﻴﻪ ﻱ ﻣﻮﺍﺩ ﺍﻭﻟﻴﻪ) ﻭ ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﺭﺍ ﻳﺎﺩﺩﺍﺷﺖ ﻧﻤﺎﻳﻴﺪ ﺗﺎ ﺑﻪ ﻳﺎﻓﺘﻦ ﻋﺎﻣﻞ ﺣﺴﺎﺳﻴﺖ ﺯﺍ ﻛﻤﻚ ﻛﻨﺪ .

.2 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ (ﻣﺜﻞ ﻛﻮﺭﺗﻮﻥ ﺧﻮﺭﺍﻛﻲ) ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﻓﻘﻂ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻭ ﺗﺎ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﺷﺪﻩ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.3 ﺩﺭﻣﺎﻥ ﺁﺳﻢ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﻣﺼﺮﻑ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺍﻣﺎ ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﺣﺘﻤﺎ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﺸﺨﺺ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﺗﺎ ﺍﻧﺘﻬﺎ ﻛﺎﻣﻞ ﻧﻤﺎﻳﻴﺪ.

.4 ﺍﺯ ﻣﺼﺮﻑ ﺗﺮﻛﻴﺒﺎﺕ ﻣﺨﺘﻠﻒ ﺗﺰﺭﻳﻘﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ ﻛﻮﺭﺗﻮﻥ ﺩﺍﺭ (ﻣﺜﻞ ﺩﮔﺰﺍﻣﺘﺎﺯﻭﻥ، ﺑﺘﺎﻣﺘﺎﺯﻭﻥ، ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ، ﭘﺮﺩﻧﻴﺰﻭﻟﻮﻥ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﺯ ﺍﻳﻦ ﮔﺮﻭﻩ ﺩﺍﺭﻭﻳﻲ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﺗﻨﻬﺎ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺣﺘﻤﺎ ﺩﺭ ﺯﻣﺎﻥ ﻣﺸﺨﺺ ﺷﺪﻩ ﺩﺍﺭﻭ ﺭﺍ ﻗﻄﻊ ﻛﻨﻴﺪ.

.5 ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﮔﻴﺎﻫﻲ ﻧﺎﺷﻨﺎﺧﺘﻪ ﺑﻪ ﻋﻨﻮﺍﻥ ﺩﺍﺭﻭ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

6. ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺩﻳﮕﺮﻱ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻛﻮﺭﺗﻮﻥ ﻳﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺗﺸﻨﺞ ﻳﺎ ﻭﺍﺭﻓﺎﺭﻳﻦ ) ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺧﻮﺩ ﺍﻃﻼﻉ ﺩﻫﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﺭﺍ ﺗﻐﻴﻴﺮ ﻧﺪﺍﺩﻩ ﻳﺎ ﻗﻄﻊ ﻧﻜﻨﻴﺪ.

.7 ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺍﻧﻮﺍﻉ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﺜﻞ ﺁﺳﭙﻴﺮﻳﻦ ﻭ ﺑﺮﻭﻓﻦ ﻭ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﻓﺸﺎﺭ ﺧﻮﻥ ﻣﺜﻞ ﺁﺗﻨﻮﻟﻮﻝ ﻭ ﭘﺮﻭﭘﺮﺍﻧﻮﻟﻮﻝ (ﺍﻳﻨﺪﺭﺍﻝ) ﻛﻪ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﺣﻤﻠﻪ ﻱ ﺁﺳﻢ ﻣﻲ ﺷﻮﻧﺪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﭼﻨﻴﻦ ﺩﺍﺭﻭﻫﺎﻳﻲ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﻭ ﺍﻳﺸﺎﻥ ﺭﺍ ﺍﺯ ﻭﺟﻮﺩ ﺯﻣﻴﻨﻪ ﻱ ﺁﺳﻢ ﺩﺭ ﺧﻮﺩ ﻣﻄﻠﻊ ﻛﻨﻴﺪ ﺗﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺩﻳﮕﺮﻱ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﻮﺩ.

.8 ﺍﺳﭙﺮﻱ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﺸﺨﺺ ﻭ ﺑﻪ ﺭﻭﺵ ﺻﺤﻴﺢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻣﻨﻈﻢ ﻭ ﺩﺍﺋﻢ ﺁﻧﻬﺎ ﺣﺘﻲ ﺩﺭ ﺯﻣﺎﻥ ﻫﺎﻱ ﺑﺪﻭﻥ ﻋﻼﻣﺖ ﺍﺯ ﺑﺮﻭﺯ ﻋﻼﻳﻢ ﻭ ﺣﻤﻠﻪ ﻫﺎ ﺟﻠﻮﮔﻴﺮﻱ ﻣﻲ ﻛﻨﺪ.

.9 ﺍﺳﭙﺮﻱ ﻫﺎﻳﻲ ﺑﻪ ﺭﻧﮓ ﺁﺑﻲ (ﺳﺎﻟﺒﻮﺗﺎﻣﻮﻝ) ﻭ ﺳﺒﺰ (ﺁﺗﺮﻭﻭﻧﺖ) ﻣﻌﻤﻮﻻ ﺍﺛﺮ ﻓﻮﺭﻱ ﺩﺍﺭﻧﺪ ﻭ ﺑﺮﺍﻱ ﺩﺭﻣﺎﻥ ﺳﺮﻳﻊ ﻋﻼﻳﻢ ﺑﻪ ﻛﺎﺭ ﻣﻲ ﺭﻭﻧﺪ ﺍﻣﺎ ﺍﺛﺮ ﺁﻥ ﻫﺎ ﻛﻮﺗﺎﻩ ﻭ ﻣﻮﻗﺖ ﺍﺳﺖ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎﻳﺪ ﻫﻤﻮﺍﺭﻩ ﻭ ﺩﺭ ﻫﺮ ﺷﺮﺍﻳﻄﻲ ﻳﻜﻲ ﺍﺯ ﺁﻧﻬﺎ (ﺗﺮﺟﻴﺤﺎ ﺍﺳﭙﺮﻱ ﺁﺑﻲ) ﺭﺍ ﻫﻤﺮﺍﻩ ﺧﻮﺩ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ (ﻣﻞ ﺗﻨﮕﻲ ﻧﻔﺲ ﻳﺎ ﺳﺮﻓﻪ) ﺑﺘﻮﺍﻧﻴﺪ ﺳﺮﻳﻌﺎ ﺍﺯ ﺁﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.10 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺪﻭﻥ ﻫﻤﺮﺍﻩ ﺩﺍﺷﺘﻦ ﺍﺳﭙﺮﻱ ﻫﺎﻱ ﺁﺑﻲ ﻳﺎ ﺳﺒﺰ ﺍﺯ ﻣﻨﺰﻝ ﺧﺎﺭﺝ ﻧﺸﻮﻳﺪ، ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﭼﻨﺪ ﻋﺪﺩ ﺍﺯ ﺍﻳﻦ ﻧﻮﻉ ﺍﺳﭙﺮﻱ ﺭﺍ ﺗﻬﻴﻪ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﻣﺜﻞ ﻛﻴﻒ ﺩﺳﺘﻲ، ﺳﺎﻙ ﻭﺭﺯﺷﻲ، ﺩﺍﺷﺒﻮﺭﺩ ﺍﺗﻮﻣﺒﻴﻞ ﻭ ﺩﺍﺧﻞ ﻣﻴﺰ ﻛﺎﺭ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.11 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﻭﺭﺯﺵ ﻭ ﻓﻌﺎﻟﻴﺖ ﺩﭼﺎﺭ ﺑﺮﻭﺯ ﻋﻼﻳﻢ ﻣﻲ ﺷﻮﻳﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ 15 ﺩﻗﻴﻘﻪ ﻗﺒﻞ ﺍﺯ ﺷﺮﻭﻉ ﻭﺭﺯﺵ ﺍﺯ ﺍﺳﭙﺮﻱ ﺁﺑﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻫﻢ ﭼﻨﻴﻦ ﭘﻴﺶ ﺍﺯ ﺁﻏﺎﺯ ﻭﺭﺯﺵ ﺑﺪﻥ ﺧﻮﺩ ﺭﺍ ﮔﺮﻡ ﻭ ﺁﻣﺎﺩﻩ ﺳﺎﺯﻱ ﻛﺮﺩﻩ ﻭ ﺑﻪ ﺁﺭﺍﻣﻲ ﺷﺪﺕ ﻓﻌﺎﻟﻴﺖ ﺭﺍ ﺯﻳﺎﺩ ﻛﻨﻴﺪ ﻭ ﺍﺯ ﻭﺭﺯﺵ ﻛﺮﺩﻥ ﺩﺭ ﻫﻮﺍﻱ ﺳﺮﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.12 ﺍﺯ ﻣﺼﺮﻑ ﻏﺬﺍﻫﺎﻱ ﺗﺤﺮﻳﻚ ﻛﻨﻨﺪﻩ ﻛﻪ ﺩﺭ ﺑﺎﻻ ﺑﻪ ﻧﺎﻡ ﺑﻌﻀﻲ ﺍﺯﺁﻧﻬﺎ ﺍﺷﺎﺭﻩ ﺷﺪ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.13 ﺗﻤﺎﺱ ﺧﻮﺩ ﺑﺎ ﮔﻞ ﻫﺎ ﻭ ﮔﻴﺎﻫﺎﻥ ( ﻣﺜﻼ ﺣﻀﻮﺭ ﺩﺭ ﺑﺎﻍ ﻳﺎ ﭘﺎﺭﻙ ﻳﺎ ﮔﻞ ﻓﺮﻭﺷﻲ ) ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻣﺤﺪﻭﺩ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻧﮕﻬﺪﺍﺭﻱ ﺁﻧﻬﺎ ﺩﺭ ﺩﺍﺧﻞ ﻣﻨﺰﻝ ﺑﻮﻳﮋﻩ ﺍﺗﺎﻕ ﺧﻮﺍﺏ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.14 ﺍﺯ ﺻﺎﺑﻮﻥ ﻫﺎ ﻳﺎ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﻱ ﻣﻌﻄﺮ ﺑﺮﺍﻱ ﺍﺳﺘﺤﻤﺎﻡ ﻭ ﺷﺴﺘﻦ ﻟﺒﺎﺱ ﻫﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﺍﺯ ﺗﻤﺎﺱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺑﺎ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﻱ ﺩﺍﺭﺍﻱ ﺑﻮﻱ ﺗﻨﺪ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.15 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﻣﺎﻳﻊ ﺳﻔﻴﺪﻛﻨﻨﺪﻩ (ﻭﺍﻳﺘﻜﺲ)، ﺟﻮﻫﺮ ﻧﻤﻚ ﻭ ﺣﺸﺮﻩ ﻛﺶ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﺳﺎﻳﺮ ﺍﻓﺮﺍﺩ ﺧﺎﻧﻮﺍﺩﻩ ﺍﺯ ﺁﻧﻬﺎ ﺑﻬﺘﺮ ﺍﺳﺖ ﺍﺯ ﻣﻨﺰﻝ ﺧﺎﺭﺝ ﺷﻮﻳﺪ.

.16 ﺍﺯ ﺗﻤﺎﺱ ﻧﺰﺩﻳﻚ ﺑﺎ ﺣﻴﻮﺍﻧﺎﺕ، ﭘﺮﻧﺪﮔﺎﻥ ﻭ ﻓﻀﻮﻻﺕ ﺁﻧﻬﺎ ﺍﺟﺘﻨﺎﺏ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﻭﺭﻭﺩ ﺁﻧﻬﺎ ﺑﻪ ﺩﺍﺧﻞ ﻣﻨﺰﻝ ﻭ ﺍﺗﺎﻕ ﺧﻮﺍﺏ ﺧﻮﺩ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.17 ﻧﻈﺎﻓﺖ ﻣﻨﺰﻝ ﺭﺍ ﻛﺎﻣﻼ ﺭﻋﺎﻳﺖ ﻛﺮﺩﻩ، ﺍﺯ ﺗﺠﻤﻊ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ ﺑﺮ ﺭﻭﻱ ﻭﺳﺎﻳﻞ ﺟﻠﻮﮔﻴﺮﻱ ﻛﻨﻴﺪ ﻭ ﻛﻠﻴﻪ ﻱ ﻭﺳﺎﻳﻞ ﺭﺍ ﻫﺮ 3-2 ﺭﻭﺯ ﻳﻚ ﺑﺎﺭ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻭ ﮔﺮﺩﮔﻴﺮﻱ ﻧﻤﺎﻳﻴﺪ.

.18 ﻫﻨﮕﺎﻡ ﻧﻈﺎﻓﺖ ﻣﻨﺰﻝ ﺩﻫﺎﻥ ﻭ ﺑﻴﻨﻲ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﻣﺎﺳﻚ ﻳﺎ ﭘﺎﺭﭼﻪ ﻱ ﻣﺮﻃﻮﺏ ﺑﭙﻮﺷﺎﻧﻴﺪ ﻭ ﺍﺯ ﺣﺪﺍﻗﻞ ﻣﻴﺰﺍﻥ ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻣﺜﻞ ﺷﻴﺸﻪ ﭘﺎﻙ ﻛﻦ ﻳﺎ ﭘﺎﻙ ﻛﻨﻨﺪﻩ ﻱ ﺳﻄﻮﺡ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.19 ﭘﺲ ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺍﻧﻮﺍﻉ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﻭ ﺷﻴﻤﻴﺎﻳﻲ ﭘﻨﺠﺮﻩ ﻫﺎ ﺭﺍ ﺑﺮﺍﻱ ﻣﺪﺗﻲ ﺑﺎﺯ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ.

.20 ﻓﺮﺵ ﻭ ﻣﻮﻛﺖ ﻫﺎ ﺭﺍ ﻫﺮ 7-4 ﺭﻭﺯ ﻳﻚ ﺑﺎﺭ ﺑﻪ ﺧﻮﺑﻲ ﻭ ﺑﺎ ﻗﺪﺭﺕ ﺟﺎﺭﻭ ﺑﺰﻧﻴﺪ ﻭ ﺯﻳﺮ ﻓﺮﺵ ﻫﺎ ﺭﺍ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻛﻨﻴﺪ، ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺟﺎﺭﻭﺑﺮﻗﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻤﺎﻳﻴﺪ.

.21 ﺍﺯ ﺍﻧﺪﺍﺧﺘﻦ ﻓﺮﺵ (ﺑﻪ ﺧﺼﻮﺹ ﻏﻴﺮ ﺩﺳﺘﺒﺎﻑ ) ﺩﺭ ﺍﺗﺎﻕ ﺧﻮﺍﺏ ﺧﻮﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.22 ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﺍﺯ ﻣﻠﺤﻔﻪ ﻫﺎﻱ ﻛﺎﻣﻼ ﻧﺨﻲ ﻭ ﺑﺎﻟﺶ ﭘﻨﺒﻪ ﺍﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻛﺮﺩﻩ ﻭ ﻫﺮ 7-4 ﺭﻭﺯ ﻳﻚ ﺑﺎﺭ ﺁﻧﻬﺎ ﺭﺍ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﺑﺸﻮﻳﻴﺪ، ﻫﻨﮕﺎﻡ ﺷﺴﺘﺸﻮ ﺍﺯ ﻣﺎﻳﻊ ﺳﻔﻴﺪ ﻛﻨﻨﺪﻩ ﻱ ﻏﻠﻴﻆ ﻳﺎ ﻧﺮﻡ ﻛﻨﻨﺪﻩ ﻫﺎﻱ ﻣﻌﻄﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﺮﺩﻩ ﻭ ﺁﻧﻬﺎ ﺭﺍ ﺩﺭ ﻫﻮﺍﻱ ﺁﺯﺍﺩ ﺧﺸﻚ ﻛﻨﻴﺪ.

.23 ﺍﺯ ﺍﻳﺠﺎﺩ ﻛﭙﻚ ﺑﺮ ﺭﻭﻱ ﺳﻄﻮﺡ ﻣﺨﺘﻠﻒ ﻣﻨﺰﻝ (ﻣﺜﻞ ﻛﻨﺎﺭﻩ ﻱ ﺷﻴﺮﻫﺎﻱ ﺣﻤﺎﻡ) ﻳﺎ ﻣﻮﺍﺩ ﻏﺬﺍﻳﻲ ﻓﺎﺳﺪ ﺷﻮﻧﺪﻩ ﺟﻠﻮﮔﻴﺮﻱ ﻛﺮﺩﻩ ﻭ ﻣﺤﻞ ﻫﺎﻱ ﻣﻨﺎﺳﺐ ﺭﺷﺪ ﻛﭙﻚ (ﻣﺜﻞ ﻛﻬﻨﻪ ﻫﺎ ﻭ ﺍﺳﻔﻨﺞ ﻫﺎﻱ ﺁﺷﭙﺰﺧﺎﻧﻪ، ﺩﺍﺧﻞ ﻣﺎﺷﻴﻦ ﻟﺒﺎﺳﺸﻮﻳﻲ ﻭ ﻧﻘﺎﻁ ﻧﻤﻨﺎﻙ) ﺭﺍ ﺷﻨﺎﺳﺎﻳﻲ ﻭ ﭘﺎﻛﺴﺎﺯﻱ ﻛﻨﻴﺪ.

.24 ﺩﺭ ﺻﻮﺭﺕ ﻭﺟﻮﺩ ﺗﻌﺪﺍﺩ ﺯﻳﺎﺩﻱ ﺳﻮﺳﻚ ﺣﻤﺎﻡ ﺩﺭ ﻣﻨﺰﻝ ﺷﻤﺎ ﺑﺎﻳﺪ ﺟﻬﺖ ﻧﺎﺑﻮﺩﺳﺎﺯﻱ ﻛﺎﻣﻞ ﺁﻧﻬﺎ ﻭ ﺳﻢ ﭘﺎﺷﻲ ﻣﻨﺎﺳﺐ ﻣﻨﺰﻝ ﺍﻗﺪﺍﻡ ﻛﻨﻴﺪ.

25. ﺍﺯ ﻣﺼﺮﻑ ﻫﺮﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺑﻬﺪﺍﺷﺘﻲ، ﺁﺭﺍﻳﺸﻲ، ﺷﻮﻳﻨﺪﻩ ﻭ ﺍﻧﻮﺍﻉ ﻋﻄﺮ ﻭ ﺍﺳﭙﺮﻱ ﺑﺎ ﻣﺎﺭﻙ ﻫﺎ ﻭ ﺍﺳﺎﻣﻲ ﺟﺪﻳﺪ ﻳﺎ ﻧﺎﺷﻨﺎﺧﺘﻪ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺑﻪ ﻃﻮﺭ ﻛﻠﻲ ﻣﺼﺮﻑ ﺍﻳﻦ ﻣﻮﺍﺩ ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻛﺎﻣﻼ ﻛﺎﻫﺶ ﺩﻫﻴﺪ ﺍﺯ ﻣﻮﺍﺩ ﻏﻴﺮﺿﺮﻭﺭﻱ ﻣﺎﻧﻨﺪ ﺭﻧﮓ ﻳﺎ ﺍﺳﭙﺮﻱ ﻫﺎﻱ ﺁﺭﺍﻳﺶ ﻣﻮ،ﻋﻄﺮﻫﺎﻱ ﺗﻨﺪ ﻭ ﺗﺮﻛﻴﺒﺎﺕ ﭘﺎﻙ ﻛﻨﻨﺪﻩ ﻱ ﺻﻮﺭﺕ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ. .26 ﺍ ﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﻭ ﻧﻴﺰ ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻳﻲ ﻛﻪ ﺩﻭﺩ ﺁﻥ ﻭﺟﻮﺩ ﺩﺍﺭﺩ (ﻣﺜﻞ ﻗﻬﻮﻩ ﺧﺎﻧﻪ ﻫﺎ) ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.27 ﺍﺯ ﺗﻤﺎﺱ ﺑﺎ ﻫﺮﮔﻮﻧﻪ ﺩﻭﺩ (ﻣﺜﻞ ﺩﻭﺩ ﻫﻴﺰﻡ ﻭ ﭼﻮﺏ ﻳﺎ ﺩﻭﺩ ﺍﮔﺰﻭﺯ ﻣﺎﺷﻴﻦ ﻫﺎ) ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

.28 ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ ﺩﺭ ﺍﺳﺘﺨﺮﻫﺎﻱ ﻋﻤﻮﻣﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.29 ﺩﺭ ﺳﺎﻋﺎﺕ ﺷﻠﻮﻍ ﻭ ﺁﻟﻮﺩﻩ ﻱ ﺭﻭﺯ (ﻣﺜﻞ ﺳﺎﻋﺖ -10 14) ﺍﺯ ﺣﻀﻮﺭ (ﺑﻮﻳﮋﻩ ﭘﻴﺎﺩﻩ) ﺩﺭ ﻣﻨﺎﻃﻖ ﻣﺮﻛﺰﻱ ﻭ ﺷﻠﻮﻍ ﻭ ﭘﺮﺗﺮﺍﻓﻴﻚ ﺷﻬﺮﻱ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.30 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺣﻀﻮﺭ ﺩﺭ ﭘﻤﭗ ﻫﺎﻱ ﺑﻨﺰﻳﻦ ﻭ ﭘﻴﺎﺩﻩ ﺷﺪﻥ ﺍﺯ ﻣﺎﺷﻴﻦ ﺩﺭ ﺍﻳﻦ ﻣﺤﻞ ﻫﺎ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.31 ﺩﺭ ﻓﺼﻞ ﻫﺎﻱ ﺷﻠﻮﻍ ﺍﺯ ﻣﺴﺎﻓﺮﺕ ﺑﻪ ﻣﻨﺎﻃﻖ ﭘﺮﺗﺮﺍﻛﻢ ﻭ ﺁﻟﻮﺩﻩ ﻭ ﻏﺒﺎﺭﺁﻟﻮﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.32 ﻫﻨﮕﺎﻡ ﺣﻀﻮﺭ ﺩﺭ ﻫﻮﺍﻱ ﺳﺮﺩ ﺩﻫﺎﻥ ﻭ ﺑﻴﻨﻲ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﺑﺎ ﻳﻚ ﭘﺎﺭﭼﻪ ﻳﺎ ﺷﺎﻝ ﺿﺨﻴﻢ ﺑﭙﻮﺷﺎﻧﻴﺪ.

.33 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺟﺴﻤﺎﻧﻲ ﻭ ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ ﺑﻮﻳﮋﻩ ﺩﺭ ﻫﻮﺍﻱ ﺳﺮﺩ ﻭ ﺧﺸﻚ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ.

.34 ﺍﺯ ﺣﻀﻮﺭ ﺩﺭ ﻣﻜﺎﻥ ﻫﺎﻱ ﻛﺎﻣﻼ ﻣﺮﻃﻮﺏ ﻭ ﺑﺪﻭﻥ ﺗﻬﻮﻳﻪ ﻭ ﻳﺎ ﺗﻤﺎﺱ ﺑﺎ ﺭﻃﻮﺑﺖ ﮔﺮﻡ (ﻣﺜﻞ ﺳﻮﻧﺎ ﻭ ﭼﺸﻤﻪ ﻫﺎﻱ ﺁﺏ ﮔﺮﻡ) ﭘﺮﻫﻴﺰ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻮﺍﻱ ﻣﻨﺰﻝ ﺷﻤﺎ ﺷﺪﻳﺪﺍ ﺧﺸﻚ ﺍﺳﺖ ﺍﺯ ﺩﺳﺘﮕﺎﻩ ﻫﺎﻱ ﺑﺨﺎﺭﺳﺎﺯ ﺳﺮﺩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.35 ﺍﺻﻮﻝ ﺑﻬﺪﺍﺷﺘﻲ ﻭ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻋﻔﻮﻧﻲ ﺭﺍ ﻛﺎﻣﻼ ﺭﻋﺎﻳﺖ ﻛﻨﻴﺪ ﺗﺎ ﺩﭼﺎﺭ ﺳﺮﻣﺎﺧﻮﺭﺩﮔﻲ ﻭ ﺁﻧﻔﻠﻮﺍﻧﺰﺍ ﻧﺸﻮﻳﺪ، ﺍﺑﺘﻼ ﺑﻪ ﺍﻳﻦ ﺑﻴﻤﺎﺭﻱ ﻫﺎ ﺑﺎﻋﺚ ﺑﺪﺗﺮ ﺷﺪﻥ ﻋﻼﻳﻢ ﺁﺳﻢ ﻣﻲ ﺷﻮﻧﺪ، ﺑﻬﺘﺮ ﺍﺳﺖ ﺳﺎﻟﻴﺎﻧﻪ ﺑﺎ ﻣﺸﻮﺭﺕ ﭘﺰﺷﻚ ﺧﻮﺩ ﻭﺍﻛﺴﻦ ﺁﻧﻔﻠﻮﺍﻧﺰﺍ ﺭﺍ ﺗﺰﺭﻳﻖ ﻛﻨﻴﺪ.

.36 ﺍﺯ ﻋﻮﺍﻣﻞ ﺍﻳﺠﺎﺩ ﺍﺿﻄﺮﺍﺏ، ﺍﺳﺘﺮﺱ ﻭ ﻓﺸﺎﺭﻫﺎﻱ ﻋﺼﺒﻲ، ﻫﻴﺠﺎﻧﺎﺕ ﻋﺎﻃﻔﻲ، ﻭﺍﻛﻨﺶ ﻫﺎﻱ ﺷﺪﻳﺪ ﺍﺣﺴﺎﺳﻲ، ﺑﺤﺚ ﻭ ﻣﺠﺎﺩﻟﻪ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

7 ﺍﻓﺮﺍﺩ ﺧﺎﻧﻮﺍﺩﻩ ﻭ ﻧﻴﺰ ﺩﻭﺳﺘﺎﻥ ﻭ ﻫﻤﻜﺎﺭﺍﻥ ﻧﺰﺩﻳﻚ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﻭﺿﻌﻴﺖ ﺑﻴﻤﺎﺭﻳﺘﺎﻥ ﺁﮔﺎﻩ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﺁﻧﻬﺎ ﻛﺎﻣﻼ ﺁﻣﻮﺯﺵ ﺩﻫﻴﺪ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺣﻤﻠﻪ ﻱ ﺗﻨﻔﺴﻲ ﭼﮕﻮﻧﻪ ﺑﻪ ﺷﻤﺎ ﻛﻤﻚ ﻛﻨﻨﺪ.

.38 ﺑﺮ ﺭﻭﻱ ﻳﻚ ﻛﺎﺭﺕ ﻳﺎ ﻛﺎﻏﺬ ﺑﺎ ﺧﻂ ﺧﻮﺍﻧﺎ ﺍﺑﺘﻼ ﺧﻮﺩ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﺁﺳﻢ ﺭﺍ ﻧﻮﺷﺘﻪ ﻭ ﻫﻨﮕﺎﻡ ﺧﺮﻭﺝ ﺍﺯ ﻣﻨﺰﻝ ﺁﻥ ﺭﺍ ﺩﺭ ﻛﻴﻒ ﻳﺎ ﺟﻴﺐ ﺧﻮﺩ ﺩﺭ ﻣﺤﻠﻲ ﻛﻪ ﺑﻪ ﺭﺍﺣﺘﻲ ﻗﺎﺑﻞ ﺩﺳﺘﺮﺳﻲ ﺑﺎﺷﺪ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.39 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﻪ ﺻﻮﺭﺕ ﻣﻜﺮﺭ ﻭ ﺩﺭ ﺗﻤﺎﺱ ﺑﺎ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ ﺩﭼﺎﺭ ﺑﺮﻭﺯ ﻋﻼﻳﻢ ﺷﺪﻳﺪ ﻳﺎ ﺣﻤﻠﻪ ﻣﻲ ﺷﻮﻳﺪ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﺑﺎﻋﺚ ﺍﺧﺘﻼﻝ ﺩﺭ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺭﻭﺯﻣﺮﻩ ﻱ ﺷﻤﺎ ﺷﺪﻩ ﺍﺳﺖ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺭﻭﺯﺍﻧﻪ ﺑﻴﺶ ﺍﺯ 6 ﻧﻮﺑﺖ ﻧﻴﺎﺯ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺍﺳﭙﺮﻱ ﺁﺑﻲ ﺩﺍﺭﻳﺪ ﻳﺎ ﺩﺭ ﻃﻮﻝ ﺷﺐ ﺑﺮﺍﻱ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﺑﻴﺪﺍﺭ ﻣﻲ ﺷﻮﻳﺪ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺑﻪ ﭘﺰﺷﻚ ﻣﺘﺨﺼﺺ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ ﺗﺎ ﺗﻐﻴﻴﺮﺍﺕ ﻻﺯﻡ ﺩﺭ ﻧﻮﻉ ﺩﺭﻣﺎﻥ ﻭ ﻣﻴﺰﺍﻥ ﺩﺍﺭﻭﻫﺎﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﺷﻮﺩ.

**ﻫﻨﮕﺎﻡ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺍﺳﭙﺮﻱ ﻫﺎ ﺑﻪ ﺭﻭﺵ ﺯﻳﺮ ﻋﻤﻞ ﻛﻨﻴﺪ :**

.1 ﺍﺳﭙﺮﻱ ﺭﺍ ﺩﺭ ﺩﺳﺖ ﮔﺮﻓﺘﻪ ﻭ 4-3 ﻣﺮﺗﺒﻪ ﺁﻥ ﺭﺍ ﺗﻜﺎﻥ ﺩﻫﻴﺪ (ﺑﻪ ﺷﻜﻞ ﻋﻤﻮﺩﻱ ﻭ ﺩﺭ ﺟﻬﺖ ﺑﺎﻻ ﺑﻪ ﭘﺎﻳﻴﻦ )

.2 ﺩﺭﭘﻮﺵ ﺍﺳﭙﺮﻱ ﺭﺍ ﺑﺮﺩﺍﺭﻳﺪ، ﺍﺳﭙﺮﻱ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﻋﻤﻮﺩﻱ ﺑﻪ ﺷﻜﻠﻲ ﺩﺭ ﺩﺳﺖ ﺑﮕﻴﺮﻳﺪ ﻛﻪ ﺍﻧﺘﻬﺎﻱ ﻓﻠﺰﻱ ﺁﻥ ﺑﺎﻻ ﻭ ﺩﻫﺎﻧﻪ ﺍﺵ ﺭﻭ ﺑﻪ ﭘﺎﻳﻴﻦ ﺑﺎﺷﺪ

.3 ﺩﻫﺎﻧﻪ ﻱ ﺍﺳﭙﺮﻱ ﺭﺍ ﺑﻴﻦ ﻟﺐ ﻫﺎﻱ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﺍﺩﻩ ﻳﺎ ﺑﺎ ﻓﺎﺻﻠﻪ ﻱ 2-1 ﺳﺎﻧﺘﻲ ﻣﺘﺮ ﺍﺯ ﺩﻫﺎﻥ ﺧﻮﺩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺎ ﺩﻧﺪﺍﻥ ﺑﺮ ﺭﻭﻱ ﺁﻥ ﻓﺸﺎﺭ ﻭﺍﺭﺩ ﻧﻜﻨﻴﺪ .

.4 ﻧﻔﺲ ﻋﻤﻴﻘﻲ ﺑﻜﺸﻴﺪ ﻭ ﺳﭙﺲ ﺗﺎ ﺟﺎﻳﻲ ﻛﻪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﻫﻮﺍ ﺭﺍ ﺑﻴﺮﻭﻥ ﺑﺪﻫﻴﺪ .

.5 ﻗﺴﻤﺖ ﻓﻠﺰﻱ ﺍﺳﭙﺮﻱ ﺭﺍ ﻓﺸﺎﺭ ﺩﻫﻴﺪ ﺗﺎ ﺩﺍﺭﻭ ﺧﺎﺭﺝ ﺷﻮﺩ ﻭ ﻫﻢ ﺯﻣﺎﻥ ﺑﺎ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ، ﺷﺮﻭﻉ ﺑﻪ ﻛﺸﻴﺪﻥ ﻳﻚ ﻧﻔﺲ ﻛﺎﻣﻼ ﻋﻤﻴﻖ ﻭ ﺁﺭﺍﻡ ﺑﺎ ﺩﻫﺎﻥ ﺑﺎﺯ ﻛﺮﺩﻩ ﻭ ﺗﺎ ﺟﺎﻳﻲ ﻛﻪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻧﻔﺲ ﻛﺸﻴﺪﻥ ﺍﺩﺍﻣﻪ ﺑﺪﻫﻴﺪ .

.6 ﺩﻫﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﺴﺘﻪ ﻭ ﻧﻔﺲ ﺭﺍ 10 ﺛﺎﻧﻴﻪ ﺣﺒﺲ ﻛﻨﻴﺪ، ﺳﭙﺲ ﻫﻮﺍ ﺭﺍ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﻴﺮﻭﻥ ﺑﺪﻫﻴﺪ .

.7 ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺑﻴﺶ ﺍﺯ 1 ﭘﺎﻑ ﺍﺯ ﺍﺳﭙﺮﻱ، ﺑﺎﻳﺪ 1 ﺩﻗﻴﻘﻪ ﺑﻴﻦ ﻫﺮ ﺩﻭ ﭘﺎﻑ ﻓﺎﺻﻠﻪ ﺑﺎﺷﺪ .

.8 ﭘﺲ ﺍﺯ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺍﺳﭙﺮﻱ ﺩﻫﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﺁﺏ ﺑﺸﻮﻳﻴﺪ ﺗﺎ ﺑﺎﻗﻲ ﻣﺎﻧﺪﻥ ﺩﺍﺭﻭ ﺩﺭ ﺩﻫﺎﻥ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻧﺎﻣﻄﻠﻮﺏ ﻧﺸﻮﺩ

.9 ﻫﺮ 2-1 ﺭﻭﺯ ﻳﻚ ﺑﺎﺭ، ﻣﺨﺰﻥ ﻓﻠﺰﻱ ﺩﺍﺭﻭ ﺭﺍ ﺍﺯ ﺩﺍﺧﻞ ﻣﺤﻔﻈﻪ ﻱ ﭘﻼﺳﺘﻴﻜﻲ ﺍﺳﭙﺮﻱ ﺧﺎﺭﺝ ﻛﻨﻴﺪ ﻭ ﻗﺴﻤﺖ ﭘﻼﺳﺘﻴﻜﻲ ( ﺑﻪ ﺧﺼﻮﺹ ﺩﻫﺎﻧﻪ ﻱ ﺧﺮﻭﺟﻲ ﺩﺍﺭﻭ ) ﺭﺍ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﻳﻴﺪ ﻭ ﺑﻪ ﺧﻮﺑﻲ ﺧﺸﻚ ﻧﻤﺎﻳﻴﺪ.

**ﺩﺭﺻﻮﺭﺕ ﺑﺮﻭﺯ ﺩﻭﺑﺎﺭﻩ ﻱ ﺣﻤﻠﻪ ﻱ ﺁﺳﻢ ﺑﻪ ﺷﻜﻞ ﺯﻳﺮ ﻋﻤﻞ ﻛﻨﻴﺪ :**

.1 ﺁﺭﺍﻡ ﺑﺎﺷﻴﺪ ﻭ ﺧﻮﻧﺴﺮﺩﻱ ﺧﻮﺩ ﺭﺍ ﺣﻔﻆ ﻛﻨﻴﺪ .

.2 ﺍﺯ ﺣﺮﻛﺎﺕ ﺳﺮﻳﻊ ﻭ ﺷﺪﻳﺪ ﻣﺜﻞ ﺩﻭﻳﺪﻥ ﻭ ﻳﺎ ﺧﺮﻭﺝ ﻧﺎﮔﻬﺎﻧﻲ ﺑﻪ ﺳﻤﺖ ﻓﻀﺎﻱ ﺑﺎﺯ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺻﻮﺭﺕ ﺳﺮﺩ ﻭ ﺧﺸﻚ ﺑﻮﺩﻥ ﻫﻮﺍﻱ ﺑﻴﺮﻭﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.3 ﺑﺮ ﺭﻭﻱ ﻳﻚ ﺻﻨﺪﻟﻲ ﺑﻨﺸﻴﻨﻴﺪ ﻭ ﭘﺸﺖ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﺻﺎﻑ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ .

.4 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺗﻨﻬﺎ ﻧﻤﺎﻧﻴﺪ، ﻛﻤﻚ ﺑﺨﻮﺍﻫﻴﺪ، ﻳﻚ ﻧﻔﺮ ﺑﺎﻳﺪ ﺩﺭ ﻛﻨﺎﺭ ﺷﻤﺎ ﺑﺎﺷﺪ .

.5 ﻫﻤﺮﺍﻩ ﺷﻤﺎ ﺑﺎﻳﺪ ﺳﺮﻳﻌﺎ ﺑﺎ ﻣﺮﻛﺰ ﺍﻭﺭژﺍﻧﺲ (ﺁﻣﺒﻮﻻﻧﺲ) ﺗﻤﺎﺱ ﺑﮕﻴﺮﺩ ( ﺗﻠﻔﻦ 115).

.6 ﺳﻌﻲ ﻛﻨﻴﺪ ﺁﺭﺍﻡ ﻭ ﻋﻤﻴﻖ ﻧﻔﺲ ﺑﻜﺸﻴﺪ .

.7 ﺍﺯ ﺍﺳﭙﺮﻱ ﺁﺑﻲ ﺭﻧﮓ 4 ﭘﺎﻑ ﭘﺸﺖ ﺳﺮ ﻫﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.4 8 ﻧﻔﺲ ﻋﻤﻴﻖ ﺑﻜﺸﻴﺪ ﻭ 4 ﺩﻗﻴﻘﻪ ﺻﺒﺮ ﻛﻨﻴﺪ .

.9 ﺩﺭ ﺻﻮﺭﺕ ﻋﺪﻡ ﻫﺮﮔﻮﻧﻪ ﺑﻬﺒﻮﺩﻱ ﻣﺮﺍﺣﻞ 9ﻭ 8 ﺭﺍ ﺩﻭﺑﺎﺭﻩ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ .

.10 ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﺗﺎ ﺭﺳﻴﺪﻥ ﺁﻣﺒﻮﻻﻧﺲ ﺍﺩﺍﻣﻪ ﺩﻫﻴﺪ.

.11 ﺩﺭ ﺻﻮﺭﺕ ﺩﺳﺘﺮﺳﻲ ﺑﻪ ﻛﭙﺴﻮﻝ ﺍﻛﺴﻴﮋﻥ ﺩﺭ ﻣﻨﺰﻝ، ﻫﻨﮕﺎﻡ ﺗﻨﻔﺲ ﭘﺲ ﺍﺯ ﻣﺼﺮﻑ ﺍﺳﭙﺮﻱ ﻣﺎﺳﻚ ﺭﺍ ﺑﺮ ﺭﻭﻱ ﺑﻴﻨﻲ ﺧﻮﺩ ﻗﺮﺍﺭ ﺩﻫﻴﺪ.

.12 ﺍﺯ ﺁﺷﺎﻣﻴﺪﻥ ﺁﺏ ﻭ ﻣﺎﻳﻌﺎﺕ ﻳﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺧﻮﺭﺍﻛﻲ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.13 ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﺭﺍﻧﻨﺪﮔﻲ ﻧﻜﺮﺩﻩ ﻭ ﻫﻢ ﭼﻨﻴﻦ ﺟﻬﺖ ﺭﺳﻴﺪﻥ ﺑﻪ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﺍﺯ ﺧﻮﺩﺭﻭﻱ ﺷﺨﺼﻲ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﺍﻃﻼﻉ ﺩﻫﻴﺪ ﺗﺎ ﺩﺭ ﻃﻮﻝ ﺭﺍﻩ ﻫﻢ ﺍﻗﺪﺍﻣﺎﺕ ﺩﺭﻣﺎﻧﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻧﺠﺎﻡ ﺷﻮﺩ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺗﺸﺪﻳﺪ ﺩﻭﺑﺎﺭﻩ ﻱ ﻋﻼﻳﻢ ﻭ ﺑﺮﻭﺯ ﺣﻤﻠﻪ ﺑﻪ ﺷﻜﻞ ﻗﺒﻞ ﺑﺎ ﻭﺟﻮﺩ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ

- ﻧﻴﺎﺯ ﺑﻪ ﺍﺳﺘﻔﺎﺩﻩ ﻱ ﻣﻜﺮﺭ ﺍﺯ ﺍﺳﭙﺮﻱ ﻫﺎﻱ ﺳﺒﺰ ﻳﺎ ﺁﺑﻲ ﺑﺎ ﻓﺎﺻﻠﻪ ﻱ ﻛﻤﺘﺮ ﺍﺯ 3-2 ﺳﺎﻋﺖ ﻳﺎ ﺩﺭ ﻃﻮﻝ ﺷﺐ

- ﺑﺮﻭﺯ ﺗﻨﮕﻲ ﻧﻔﺲ ﺷﺪﻳﺪ ﻳﺎ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﻧﻔﺲ ﻛﺸﻴﺪﻥ ﻭ ﺍﺣﺴﺎﺱ ﻗﻄﻊ ﺗﻨﻔﺲ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻛﻪ ﺑﺎ ﺍﺳﺘﺮﺍﺣﺖ ﻭ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺍﺳﭙﺮﻱ ﻫﺎ (ﺁﺑﻲ ﻭ ﺳﺒﺰ) ﺑﻬﺘﺮ ﻧﺸﻮﺩ

- ﺗﻨﺪ ﺷﺪﻥ ﻭ ﻛﻮﺗﺎﻩ ﺷﺪﻥ ﻧﻔﺲ ﻫﺎ ﻳﺎ ﺗﻨﻔﺲ ﺳﻄﺤﻲ ﻭ ﺻﺪﺍﺩﺍﺭ

- ﺳﺮﻓﻪ ﻫﺎﻱ ﻃﻮﻻﻧﻲ، ﭘﻴﻮﺳﺘﻪ ﻭ ﺷﺪﻳﺪ ﭘﺸﺖ ﺳﺮ ﻫﻢ

- ﺳﺮﻓﻪ ﻫﻤﺮﺍﻩ ﺑﺎ ﺧﺮﻭﺝ ﺧﻠﻂ ﺯﻳﺎﺩ ﻭ ﻏﻠﻴﻆ (ﺯﺭﺩ ﻳﺎ ﺳﺒﺰ ﻳﺎ ﻗﻬﻮﻩ ﺍﻱ) ﻳﺎ ﺧﺮﻭﺝ ﺧﻠﻂ ﺧﻮﻧﻲ

- ﺑﺮﻳﺪﻩ ﺑﺮﻳﺪﻩ ﻭ ﺑﻪ ﺳﺨﺘﻲ ﺻﺤﺒﺖ ﻛﺮﺩﻥ ﻳﺎ ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺗﻜﻠﻢ

- ﮔﺮﻓﺘﮕﻲ ﻭ ﺳﻔﺖ ﺷﺪﻥ ﻋﻀﻼﺕ ﮔﺮﺩﻥ ﻫﻨﮕﺎﻡ ﺗﻨﻔﺲ

- ﺳﻔﺖ ﺷﺪﻥ ﻳﺎ ﺑﻪ ﺩﺍﺧﻞ ﻛﺸﻴﺪﻩ ﺷﺪﻥ ﻋﻀﻼﺕ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻭ ﻓﺮﻭ ﺭﻓﺘﻦ (ﺑﻪ ﺩﺍﺧﻞ ﻛﺸﻴﺪﻩ ﺷﺪﻥ) ﻓﻀﺎﻫﺎﻱ ﺑﻴﻦ ﺩﻧﺪﻩ ﻫﺎ ﻫﻨﮕﺎﻡ ﺗﻨﻔﺲ

- ﺳﺮﺩﺭﺩ ﻳﺎ ﺳﺮﮔﻴﺠﻪ ﻳﺎ ﺳﺒﻜﻲ ﺳﺮ ﻭ ﺳﻴﺎﻫﻲ ﺭﻓﺘﻦ ﭼﺸﻢ ﻫﺎ

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﻳﺎ ﺗﻌﺮﻳﻖ ﺷﺪﻳﺪ

- ﺳﻴﺎﻩ ﺷﺪﻥ ﻭ ﻛﺒﻮﺩﻱ ﻟﺐ ﻫﺎ

- ﻛﺒﻮﺩﻱ ﻳﺎ ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﺍﻧﺘﻬﺎﻱ ﺍﻧﮕﺸﺘﺎﻥ ﻭ ﻧﺎﺧﻦ ﻫﺎ

- ﺍﺧﺘﻼﻝ ﻭ ﺳﺨﺘﻲ ﺑﻠﻊ ﻳﺎ ﺑﻴﺮﻭﻥ ﺭﻳﺨﺘﻦ ﺑﺰﺍﻕ (ﺁﺏ ﺩﻫﺎﻥ) ﺍﺯ ﺩﻫﺎﻥ

- ﺗﻮﺭﻡ ﺯﺑﺎﻥ، ﺣﻠﻖ، ﮔﻠﻮ ﻭ ﻟﺐ ﻫﺎ ﻳﺎ ﺗﻮﺭﻡ ﺍﻃﺮﺍﻑ ﭼﺸﻢ، ﺻﻮﺭﺕ، ﺩﺳﺖ ﻫﺎ ﻭ ﭘﺎﻫﺎ

- ﺗﺐ ﻭ ﻟﺮﺯ

- ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﻳﺎ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ ﻭ ﺑﻴﻬﻮﺷﻲ

- ﺑﺮﻭﺯ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ ﮔﺴﺘﺮﺩﻩ ﻭ ﺧﺎﺭﺵ ﺩﺍﺭ (ﻛﻬﻴﺮ ) ﺑﻪ ﻫﻢ ﭘﻴﻮﺳﺘﻪ، ﺩﺭﺩﻧﺎﻙ ﻭ ﻣﺘﻮﺭﻡ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﮔﺎﺯﮔﺮﻓﺘﮕﻲ ﺗﻮﺳﻂ ﺣﻴﻮﺍﻧﺎﺕ ﻳﺎ ﺍﻧﺴﺎﻥ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ ................................................. ﺷﻤﺎ ﺩﺭ ﺍﺛﺮ :

□ﮔﺎﺯ ﮔﺮﻓﺘﮕﻲ / ﭘﻨﺠﻪ ﺯﺩﻥ ﺗﻮﺳﻂ ﺳﮓ ﺁﺷﻨﺎ ﻭ ﺧﺎﻧﮕﻲ □ / ﻏﺮﻳﺒﻪ ﻭ ﺧﻴﺎﺑﺎﻧﻲ □ ﮔﺎﺯﮔﺮﻓﺘﮕﻲ □ / ﭘﻨﺠﻪ ﺯﺩﻥ □ ﺗﻮﺳﻂ ﮔﺮﺑﻪ ﺁﺷﻨﺎ ﻭ ﺧﺎﻧﮕﻲ □ / ﻏﺮﻳﺒﻪ ﻭ ﺧﻴﺎﺑﺎﻧﻲ □ ﮔﺎﺯﮔﺮﻓﺘﮕﻲ ﺗﻮﺳﻂ ﺍﻧﺴﺎﻥ □ ﺩﭼﺎﺭ ﺯﺧﻢ ﺑﺎﺯ □ / ﺧﺮﺍﺷﻴﺪﮔﻲ □ / ﺳﻮﺭﺍﺥ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ............................... ﺷﺪﻩ ﻭ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ .

□ ﺯﺧﻢ ﺷﻤﺎ ﻧﻴﺎﺯ ﺑﻪ ﺑﺨﻴﻪ ﻧﺪﺍﺷﺘﻪ ﺍﺳﺖ ﻭ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺧﻮﺩﺑﺨﻮﺩ ﺗﺮﻣﻴﻢ ﺧﻮﺍﻫﺪ ﺷﺪ .

□ ﺯﺧﻢ ﺷﻤﺎ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺍﻗﺪﺍﻣﺎﺕ ﺍﻭﻟﻴﻪ ﺑﺨﻴﻪ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺯﺧﻢ ﺷﻤﺎ ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺨﻴﻪ ﻧﺸﺪﻩ ﺍﺳﺖ ﻭ ﺑﺎﻳﺪ.......... ﺭﻭﺯ ﺑﻌﺪ ﺟﻬﺖ ﺑﺨﻴﻪ ﺯﺩﻥ ﺁﻥ ﺣﺘﻤﺎ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻣﻨﺎﺳﺐ ﺑﺎ ﻭﺟﻮﺩ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻧﺎﻣﺸﺨﺺ ﻳﺎ ﻗﺪﻳﻤﻲ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻭ ﺁﻟﻮﺩﮔﻲ ﺯﺧﻢ، ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺷﺮﺡ ﺣﺎﻝ ﻭ ﻭﺿﻌﻴﺖ ﺯﺧﻢ، ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻫﺎﺭﻱ ﻧﺪﺍﺭﻳﺪ .

□ ﻧﻮﺑﺖ ﺍﻭﻝ ﻭﺍﻛﺴﻦ ﻫﺎﺭﻱ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ ﻭ ﺑﺮﺍﻱ ﺗﺰﺭﻳﻖ ﻧﻮﺑﺖ ﺑﻌﺪﻱ ﺁﻥ ﺑﺎﻳﺪ ﺩﺭ ﺭﻭﺯ....................... ﺣﺘﻤﺎ ﻣﺮﺍﺟﻌﻪ

ﻛﻨﻴﺪ .

□ ﺑﺮﺍﻱ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻫﺎﺭﻱ ﻻﺯﻡ ﺍﺳﺖ ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺑﻼﻓﺎﺻﻠﻪ ﺑﻪ ﻣﺮﻛﺰ ........................................................ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ .

□ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺪﺍﻡ ﻧﺪﺍﺭﻳﺪ .

□ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻭﺿﻌﻴﺖ ﺁﺳﻴﺐ ﺍﻧﺪﺍﻡ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻧﺤﻮﻩ ﻱ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﺑﺮ ﺍﺳﺎﺱ ﻧﻈﺮ ﭘﺰﺷﻚ :

ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﻭ ﻛﺎﻣﻞ □ ﺩﺭ ﻃﻮﻝ ﺭﻭﺯ ﻭ ﺑﻴﺪﺍﺭﻱ □ ﻓﻘﻂ ﺩﺭ ﻃﻮﻝ ﺷﺐ □ ﻫﻨﮕﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻭ ﻛﺎﺭ □ ﺩﺭ ﺣﺪ ﺗﺤﻤﻞ □ ﺭﻭﺯﺍﻧﻪ ﺑﺎ 5-4 ﻧﻮﺑﺖ ﺑﺎﺯ ﻛﺮﺩﻥ ﻛﻮﺗﺎﻩ ﻣﺪﺕ □ ﻣﻲ ﺑﺎﺷﺪ ﻭ ﺑﺎﻳﺪ ﺑﺮﺍﻱ ﻣﺪﺕ....................... ﺭﻭﺯ ﺑﺎﻗﻲ ﺑﻤﺎﻧﺪ .

ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺍﻳﻦ ﻛﻪ ﺯﺧﻢ ﻓﻘﻂ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﭘﻮﺳﺘﻲ ﺷﺪﻩ ﺍﺳﺖ ﻭ ﺍﻧﺪﺍﻡ ﻫﺎﻱ ﺩﺍﺧﻠﻲ، ﻋﺮﻭﻕ ﻭ ﺍﻋﺼﺎﺏ ﺍﺻﻠﻲ، ﺗﺎﻧﺪﻭﻥ ﻫﺎ ﻭ ﻋﻀﻼﺕ ﺷﻤﺎ ﺩﺭ ﻣﻌﺎﻳﻨﺎﺕ ﺳﺎﻟﻢ ﺑﻮﺩﻩ ﺍﻧﺪ ﻭ ﻧﻴﺰ ﺯﺧﻢ ﻛﺎﻣﻼ ﺑﺮﺭﺳﻲ ﻭ ﭘﺎﻛﺴﺎﺯﻱ ﺷﺪﻩ ﺍﺳﺖ، ﻧﻴﺎﺯ ﺑﻪ ﺟﺮﺍﺣﻲ ﻳﺎ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺑﺨﻴﻪ ﻛﺮﺩﻥ ﺑﺮﺍﻱ ﺯﺧﻢ ﻫﺎﻳﻲ ﺑﻪ ﻛﺎﺭ ﻣﻲ ﺭﻭﺩ ﻛﻪ ﻭﺳﻴﻊ ﺑﻮﺩﻩ ﻳﺎ ﻟﺒﻪ ﻫﺎﻱ ﺁﻥ ﺍﺯ ﻫﻢ ﺩﻭﺭ ﺑﺎﺷﻨﺪ ﻳﺎ ﻛﻨﺎﺭﻩ ﻫﺎﻱ ﺯﺧﻢ ﻧﺎﻣﻨﻈﻢ ﻭ ﻧﺎ ﻫﻤﻮﺍﺭ ﻳﺎ ﺩﭼﺎﺭ ﻟﻪ ﺷﺪﮔﻲ ﻭ ﺗﺨﺮﻳﺐ ﭘﻮﺳﺖ ﺑﺎﺷﻨﺪ ﻭ ﻳﺎ ﺯﺧﻢ ﺁﻥ ﻗﺪﺭ ﻋﻤﻴﻖ ﺑﻮﺩﻩ ﻛﻪ ﻛﻞ ﺿﺨﺎﻣﺖ ﭘﻮﺳﺖ ﺭﺍ ﺩﺭ ﺑﺮ ﮔﺮﻓﺘﻪ ﺑﺎﺷﺪ ﻳﺎ ﺍﺣﺘﻤﺎﻝ ﺁﻟﻮﺩﮔﻲ ﻭ ﻋﻔﻮﻧﺖ ﺁﻥ ﻛﻢ ﺑﺎﺷﺪ، ﻛﻪ ﺗﺸﺨﻴﺺ ﺁﻥ ﺗﻨﻬﺎ ﺑﺎ ﭘﺰﺷﻚ ﺧﻮﺍﻫﺪ ﺑﻮﺩ ﻭ ﺩﺭ ﻏﻴﺮ ﺍﻳﻦ ﺻﻮﺭﺕ ﺯﺧﻢ ﻧﻴﺎﺯ ﺑﻪ ﺑﺨﻴﻪ ﻧﺨﻮﺍﻫﺪ ﺩﺍﺷﺖ، ﺩﺭ ﺍﻳﻦ ﻣﻮﺭﺩ ﺑﻪ ﺗﺼﻤﻴﻢ ﭘﺰﺷﻚ ﺍﻋﺘﻤﺎﺩ ﻛﻨﻴﺪ ﻭ ﻧﮕﺮﺍﻥ ﻧﺒﺎﺷﻴﺪ .

.2 ﺯﺧﻢ ﻫﺎﻳﻲ ﻛﻪ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺩﺭ ﺁﻧﻬﺎ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺍﻏﻠﺐ ﺩﺭ ﺍﺑﺘﺪﺍ ﺑﺨﻴﻪ ﻧﺸﺪﻩ ﻭ ﺑﻌﻀﻲ ﺍﺯ ﺁﻧﻬﺎ ﭼﻨﺪ ﺭﻭﺯ ﺑﻌﺪ ﻛﻪ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻛﺎﻫﺶ ﻳﺎﺑﺪ ﺑﺨﻴﻪ ﺯﺩﻩ ﻣﻲ ﺷﻮﻧﺪﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺯﺧﻢ ﺷﻤﺎ ﺩﺭ ﺍﺑﺘﺪﺍ ﺑﺨﻴﻪ ﻧﺸﺪﻩ ﺍﺳﺖ،ﻻﺯﻡ ﺍﺳﺖ ﻃﺒﻖ ﺗﻮﺻﻴﻪ ﻱ ﭘﺰﺷﻚ ﺣﺘﻤﺎ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ

ﺟﻬﺖ ﺑﺨﻴﻪ ﻛﺮﺩﻥ ﺁﻥ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

.4 ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﺗﺎ 24 ﺳﺎﻋﺖ ﻛﺎﻣﻼ ﺧﺸﻚ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ،ﺑﺨﻴﻪ ﻫﺎﻱ ﻏﻴﺮ ﻗﺎﺑﻞ ﺟﺬﺏ ﺭﺍ ﭘﺲ ﺍﺯ 24 ﺳﺎﻋﺖ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﺁﺭﺍﻣﻲ ﺑﺎ ﺁﺏ ﮔﺮﻡ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﺋﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺁﻧﻬﺎ ﺭﺍ ﺑﻪ ﻣﺪﺕ ﻃﻮﻻﻧﻲ ﺩﺭ ﺁﺏ ﻏﻮﻃﻪ ﻭﺭ ﻧﻜﻨﻴﺪ ( ﻣﺜﻼ ﺩﺭ ﻭﺍﻥ ﺣﻤﺎﻡ، ﺍﺳﺘﺨﺮ،....) ﭼﻮﻥ ﺗﻤﺎﺱ ﺯﻳﺎﺩ ﺑﺎ ﺁﺏ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺳﺮﻋﺖ ﺑﻬﺒﻮﺩ ﺯﺧﻢ ﻭ ﺍﻓﺰﺍﻳﺶ ﺍﺣﺘﻤﺎﻝ ﻋﻔﻮﻧﺖ ﻣﻲ ﺷﻮﺩ.

.5 ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﺑﻼﻓﺎﺻﻠﻪ ﺑﺎ ﻣﻼﻳﻤﺖ ﺧﺸﻚ ﻛﻨﻴﺪ، ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﻳﻚ ﭘﺎﺭﭼﻪ ﻱ ﻧﺨﻲ ﺳﺒﻚ ﻭ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻛﻪ ﻓﻘﻂ ﺑﻪ ﺍﻳﻦ ﻛﺎﺭ ﺍﺧﺘﺼﺎﺹ ﺩﺍﺩﻩ ﺍﻳﺪ ﻳﺎ ﮔﺎﺯ ﺍﺳﺘﺮﻳﻞ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ ﻭ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﭘﻨﺒﻪ ﻳﺎ ﺩﺳﺘﻤﺎﻝ ﻛﺎﻏﺬﻱ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺧﺸﻚ ﻛﺮﺩﻥ ﻧﺒﺎﻳﺪ ﭘﺎﺭﭼﻪ ﺭﺍ ﺭﻭﻱ ﺯﺧﻢ ﺑﻪ ﺳﺨﺘﻲ ﺑﻜﺸﻴﺪ ﻭ ﻓﻘﻂ ﺍﺯ ﺣﺮﻛﺎﺕ ﺿﺮﺑﻪ ﺍﻱ ﻣﻼﻳﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.6 ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺭﻭﻱ ﺯﺧﻢ ﺭﺍ ﺑﺎ ﻳﻚ ﻻﻳﻪ ﻱ ﻧﺎﺯﻙ ﭘﻤﺎﺩ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﻣﺎﻧﻨﺪ ﺗﺘﺮﺍﺳﻴﻜﻠﻴﻦ ﻳﺎ ﻣﻮﭘﻴﺮﻭﺳﻴﻦ (ﺩﺭ ﺻﻮﺭﺕ ﺗﺠﻮﻳﺰ ﻳﺎ ﺗﻮﺻﻴﻪ ﻱ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ) ﺑﭙﻮﺷﺎﻧﻴﺪ. (ﺑﺮﺍﻱ ﺍﻳﻦ ﻛﺎﺭ ﺍﺯ ﮔﻮﺵ ﭘﺎﻙ ﻛﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ )

.7 ﺯﺧﻢ ﻫﺎﻱ ﭘﻮﺳﺘﻲ ﺍﻏﻠﺐ ﺑﺎ ﻧﺦ ﻫﺎﻱ ﻏﻴﺮ ﻗﺎﺑﻞ ﺟﺬﺏ ﺑﺨﻴﻪ ﻣﻲ ﺷﻮﻧﺪ، ﺯﻣﺎﻥ ﺩﻗﻴﻖ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺭﺍ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﻪ ﺷﻤﺎ ﺧﻮﺍﻫﺪ ﮔﻔﺖ، ﺑﺨﻴﻪ ﻫﺎﻱ ﺻﻮﺭﺕ ﻣﻌﻤﻮﻻ 6-4 ﺭﻭﺯ ﻭ ﺑﺨﻴﻪ ﻫﺎﻱ ﭘﻮﺳﺖ ﺳﺮ ﻭ ﺍﻧﺪﺍﻡ ﻫﺎ -10 14 ﺭﻭﺯ ﺑﻌﺪ ﻛﺸﻴﺪﻩ ﻣﻲ ﺷﻮﻧﺪ .

.8 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺯﺧﻢ ﺷﻤﺎ ﭘﺎﻧﺴﻤﺎﻥ ﺷﺪﻩ ﺍﺳﺖ ﺣﺘﻤﺎ ﺗﺎ ﺯﻣﺎﻧﻲ ﻛﻪ ﭘﺰﺷﻚ ﺑﻪ ﺷﻤﺎ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺗﻮﺻﻴﻪ ﻛﺮﺩﻩ ﺯﺧﻢ ﺭﺍ ﭘﻮﺷﻴﺪﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ، ﺩﺭﺍﻳﻦ ﺻﻮﺭﺕ ﺣﺪﺍﻗﻞ 48 ﺳﺎﻋﺖ ﭘﺎﻧﺴﻤﺎﻥ ﺭﺍ ﺑﻪ ﺷﻜﻞ ﺍﻭﻟﻴﻪ ﺣﻔﻆ ﻛﺮﺩﻩ ﻭ ﺳﭙﺲ ﺑﻌﺪ ﺍﺯ ﻫﺮ ﺑﺎﺭ ﺷﺴﺘﺸﻮﻱ ﺯﺧﻢ ﺁﻥ ﺭﺍ ﺑﺎ ﻳﻚ ﭘﺎﻧﺴﻤﺎﻥ ﺳﺒﻚ ﺑﭙﻮﺷﺎﻧﻴﺪ.

.9 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻛﻪ ﻫﻤﻪ ﻱ ﺯﺧﻢ ﻫﺎ ﻧﻴﺎﺯ ﺑﻪ ﭘﺎﻧﺴﻤﺎﻥ ﻧﺪﺍﺭﻧﺪ ﻭ ﻣﻤﻜﻦ ﺍﺳﺖ ﺯﺧﻢ ﺷﻤﺎ ( ﺑﻪ ﺧﺼﻮﺹ ﺯﺧﻢ ﻫﺎﻱ ﭘﻮﺳﺖ ﺳﺮ ﻭ ﺻﻮﺭﺕ ) ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻭ ﺣﺘﻲ ﺑﺨﻴﻪ ﺯﺩﻥ ﺑﺪﻭﻥ ﭘﺎﻧﺴﻤﺎﻥ ﺭﻫﺎ ﺷﻮﺩ، ﺩﺭ ﺍﻳﻦ ﺻﻮﺭﺕ ﺷﺨﺼﺎ ﺍﻗﺪﺍﻡ ﺑﻪ ﭘﻮﺷﺎﻧﺪﻥ ﺯﺧﻢ ﺑﺎ ﭘﺎﻧﺴﻤﺎﻥ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻧﻜﻨﻴﺪ.

10. ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺯﺧﻢ ﺷﻤﺎ ﺑﺨﻴﻪ ﻧﺸﺪﻩ ﺍﺳﺖ، ﺯﺧﻢ ﺭﺍ ﺭﻭﺯﺍﻧﻪ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﺷﺴﺘﺸﻮ ﺩﺍﺩﻩ (ﺑﺎ ﺳﺮﻡ ﻧﻤﻜﻲ ﻣﺨﺼﻮﺹ ﺷﺴﺘﺸﻮ) ﻭ ﺍﮔﺮ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺯﺧﻢ ﭘﺎﻧﺴﻤﺎﻥ ﺷﺪﻩ ﺍﺳﺖ، ﭘﺎﻧﺴﻤﺎﻥ ﺁﻥ ﺭﺍ ﺗﻌﻮﻳﺾ ﻛﻨﻴﺪ. (ﻣﻄﺎﺑﻖ ﺭﻭﺵ ﺫﻛﺮ ﺷﺪﻩ ﺩﺭ ﺁﺧﺮ ﺍﻳﻦ ﺭﺍﻫﻨﻤﺎ )

11. ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺍﺯ ﺍﻟﻜﻞ، ﺑﺘﺎﺩﻳﻦ، ﺁﺏ ﺍﻛﺴﻴﮋﻧﻪ، ﻣﺤﻠﻮﻝ ﻫﺎﻱ ﺿﺪﻋﻔﻮﻧﻲ ﻛﻨﻨﺪﻩ، ﻛﺮﻡ ﻫﺎﻱ ﺁﺭﺍﻳﺸﻲ ﻳﺎ ﻧﺮﻡ ﻛﻨﻨﺪﻩ، ﺭﻭﻏﻦ ﻫﺎﻱ ﻣﻌﻄﺮ ﻳﺎ ﭘﻤﺎﺩﻫﺎﻱ ﻛﻮﺭﺗﻮﻧﻲ (ﺗﺮﻳﺎﻣﺴﻴﻨﻮﻟﻮﻥ، ﻛﻠﻮﺑﺘﺎﺯﻭﻝ، ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ) ﺑﺮ ﺭﻭﻱ ﺯﺧﻢ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ، ﺍﻳﻦ ﻣﻮﺍﺩ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﭘﻮﺳﺖ، ﺑﺮﻭﺯ ﺣﺴﺎﺳﻴﺖ ﻭ ﻋﻔﻮﻧﺖ ﻭ ﺗﺎﺧﻴﺮ ﺩﺭ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺧﻮﺍﻫﻨﺪ ﺷﺪ.

.12 ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﻣﻤﻜﻦ ﺍﺳﺖ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﺧﻔﻴﻒ ﺩﺭ ﻣﺤﻞ ﺯﺧﻢ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻛﻪ ﺑﺮﺍﻱ ﺭﻓﻊ ﺁﻥ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﺗﺮﻛﻴﺒﺎﺕ ﺣﺎﻭﻱ ﺁﺳﭙﻴﺮﻳﻦ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺑﺮﻭﺯ ﺧﻮﻧﺮﻳﺰﻱ ﺷﻮ ﻧﺪ

.13 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ، ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﺩﺭ ﺯﻣﺎﻥ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﺣﺘﻤﺎ ﻛﺎﻣﻞ ﻛﻨﻴﺪ.

.14 ﺍﺯ ﻣﺼﺮﻑ ﺗﺮﻛﻴﺒﺎﺕ ﻣﺨﺘﻠﻒ ﺗﺰﺭﻳﻘﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ ﻛﻮﺭﺗﻮﻥﺩﺍﺭ (ﻣﺜﻞ ﺩﮔﺰﺍﻣﺘﺎﺯﻭﻥ، ﺑﺘﺎﻣﺘﺎﺯﻭﻥ، ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ، ﭘﺮﺩﻧﻴﺰﻭﻟﻮﻥ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.15 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ (ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﻳﺎ ﻧﺸﺴﺘﻦ) ﺑﺎﻻﺗﺮ ﺍﺯ ﺳﻄﺢ ﺑﺪﻥ ﻗﺮﺍﺭ ﺩﻫﻴﺪ (ﻳﻚ ﻳﺎ ﺩﻭ ﻋﺪﺩ ﺑﺎﻟﺶ ﺭﺍ ﺩﺭ ﺯﻳﺮ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺑﻪ ﺷﻜﻠﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﺩﺳﺖ ﻳﺎ ﭘﺎﻱ ﺷﻤﺎ ﺑﺮ ﺭﻭﻱ ﺁﻥ ﺗﻜﻴﻪ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﺍﺭﺗﻔﺎﻉ ﺑﺎﻻﺗﺮ ﺍﺯ ﻗﻠﺐ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ)، ﺍﻳﻦ ﻛﺎﺭ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ 24 ﺳﺎﻋﺖ ﺍﻭﻝ ﻣﻮﺛﺮ ﺧﻮﺍﻫﺪ ﺑﻮﺩ.

.16 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺟﺴﻤﻲ ﻳﺎ ﻭﺭﺯﺵ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﻳﺎ ﺿﺮﺑﻪ ﺑﻪ ﻣﺤﻞ ﺯﺧﻢ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﻃﻮﻝ 2-1 ﻫﻔﺘﻪ ﻱ ﺁﻳﻨﺪﻩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺍﮔﺮ ﺑﻪ ﺍﻳﻦ ﻣﺤﻞ ﺿﺮﺑﻪ ﺍﻱ ﻭﺍﺭﺩ ﺷﻮﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺁﺳﻴﺐ ﺑﺨﻴﻪ ﻫﺎ ﻳﺎ ﺑﺎﺯ ﺷﺪﻥ ﺩﻭﺑﺎﺭﻩ ﻱ ﺯﺧﻢ ﮔﺮﺩﺩ .

.17 ﺧﺎﺭﺵ ﺧﻔﻴﻒ ﺯﺧﻢ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﺑﺘﺪﺍﻳﻲ ﻃﺒﻴﻌﻲ ﺍﺳﺖ، ﺩﺭ ﺍﻳﻦ ﻣﻮﺍﺭﺩ ﺍﺯ ﺧﺎﺭﺍﻧﺪﻥ ﺯﺧﻢ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻓﻘﻂ ﭘﻮﺳﺖ ﺭﺍ ﻣﺎﺳﺎژ ﺩﻫﻴﺪ .

.18 ﺗﺮﺷﺢ ﺧﻔﻴﻒ ﺑﻪ ﺻﻮﺭﺕ ﻣﺎﻳﻊ ﺯﺭﺩ ﻛﻢ ﺭﻧﮓ، ﺭﻗﻴﻖ ﻭ ﺁﺑﻜﻲ ﺩﺭ ﺭﻭﺯﻫﺎﻱ ﺍﻭﻝ ﺍﺯ ﺯﺧﻢ ﻃﺒﻴﻌﻲ ﺍﺳﺖ

19. ﭘﺲ ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﭘﺎﻧﺴﻤﺎﻥ ﻭ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﺗﺎ ﺯﻣﺎﻥ ﺗﺮﻣﻴﻢ ﻛﺎﻣﻞ ﭘﻮﺳﺖ ﻣﺤﻞ ﺯﺧﻢ، ﺑﺎﻳﺪ ﺁﻥ ﺭﺍ ﺍﺯ ﻧﻮﺭ ﺧﻮﺭﺷﻴﺪ ﻣﺤﺎﻓﻈﺖ ﻛﻨﻴﺪ،ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺿﺪ ﺁﻓﺘﺎﺏ ﻳﺎ ﻛﻼﻩ ﻭ ﻟﺒﺎﺱ ﭘﻮﺷﻴﺪﻩ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.20 ﺩﺭ ﺑﺮﺧﻲ ﺍﺯ ﺍﻧﻮﺍﻉ ﺑﺮﻳﺪﮔﻲ ﻫﺎ ﻭ ﺯﺧﻢ ﻫﺎ ﻣﻌﻤﻮﻻ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﻣﻲ ﺷﻮﺩ ﭼﺮﺍ ﻛﻪ ﺑﻲ ﺣﺮﻛﺘﻲ ﺑﺎﻋﺚ ﻣﺤﺎﻓﻈﺖ ﺍﺯ ﺯﺧﻢ،ﻛﺎﻫﺶ ﻓﺸﺎﺭ ﻭﺍﺭﺩ ﺑﺮ ﺁﻥ ﻭ ﺗﺴﺮﻳﻊ ﺭﻭﻧﺪ ﺑﻬﺒﻮﺩ ﻣﻲ ﺷﻮﺩ، ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺗﺮﻣﻴﻢ ﺍﻭﻟﻴﻪ ﻱ ﺯﺧﻢ ﺣﻔﻆ ﻛﺮﺩﻩ ﻭ ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﻣﺪﺍﻭﻡ ﺁﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

.21 ﺁﺗﻞ ﺭﺍ ﻧﺰﺩﻳﻚ ﺑﻪ ﻣﻨﺎﺑﻊ ﺣﺮﺍﺭﺗﻲ (ﺷﻌﻠﻪ، ﺑﺨﺎﺭﻱ، ﻧﻮﺭ ﺁﻓﺘﺎﺏ ﻣﺴﺘﻘﻴﻢ) ﻗﺮﺍﺭ ﻧﺪﻫﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺁﺗﻞ ﺷﺪﻩ ﻭ ﺍﺛﺮﮔﺬﺍﺭﻱ ﻣﻄﻠﻮﺏ ﺁﻥ ﻧﻴﺰ ﺍﺯ ﺑﻴﻦ ﻣﻲ ﺭﻭﺩ، ﻫﻢ ﭼﻨﻴﻦ ﺍﺯ ﻭﺍﺭﺩ ﻛﺮﺩﻥ ﺿﺮﺑﻪ ﻫﺎﻱ ﺳﺨﺖ ﻭ ﺳﻨﮕﻴﻦ ﻛﻪ ﺍﺣﺘﻤﺎﻻً ﺑﺎﻋﺚ ﺷﻜﺴﺘﻦ / ﺗﺮﻙ ﺧﻮﺭﺩﻥ/ ﺳﻮﺭﺍﺥ ﺷﺪﻥ/ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺁﺗﻞ ﻣﻲ ﺷﻮﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ .

.22 ﺁﺗﻞ ﺧﻮﺩ ﺭﺍ ﺗﻤﻴﺰ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻭ ﺍﺯ ﻭﺭﻭﺩ ﻫﺮﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺯﺍﻳﺪ ﻭ ﺁﻟﻮﺩﮔﻲ ﺑﻪ ﺩﺍﺧﻞ ﺁﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﻏﺬﺍ ﺧﻮﺭﺩﻥ ﺭﻭﻱ ﺁﻥ ﺭﺍ ﺑﭙﻮﺷﺎﻧﻴﺪ.

.23 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺍﺯ ﺍﻧﺪﺍﻡ ﺷﻤﺎ ﻛﻪ ﺩﭼﺎﺭ ﺯﺧﻢ ﺷﺪﻩ ﻋﻜﺲ ﺑﺮﺩﺍﺭﻱ ( ﺭﺍﺩﻳﻮﮔﺮﺍﻓﻲ ) ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺁﻥ ﺭﺍ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩ ﻛﺎﻣﻞ ﻧﺰﺩ ﺧﻮﺩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﭼﻮﻥ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻋﻮﺍﺭﺿﻲ ﻣﺎﻧﻨﺪ ﻋﻔﻮﻧﺖ ﺟﻬﺖ ﻣﻘﺎﻳﺴﻪ ﺑﻪ ﺁﻥ ﻧﻴﺎﺯ ﺧﻮﺍﻫﺪ ﺷﺪ.

.24 ﻭﺟﻮﺩ ﺍﻳﻦ ﺯﺧﻢ ﻣﺤﺪﻭﺩﻳﺖ ﻏﺬﺍﻳﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺍﻳﺠﺎﺩ ﻧﻤﻲ ﻛﻨﺪ ﺍﻣﺎ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺗﺎ ﺯﻣﺎﻥ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﺍﺯ ﻣﻴﻮﻩ ﻫﺎ، ﺳﺒﺰﻳﺠﺎﺕ ﻭ ﺁﺑﻤﻴﻮﻩ ﻫﺎﻱ ﺳﺮﺷﺎﺭ ﺍﺯ ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﻣﺜﻞ ﻣﺮﻛﺒﺎﺕ، ﻟﻴﻤﻮ ﺗﺮﺵ، ﮔﻮﺟﻪ ﻓﺮﻧﮕﻲ، ﺗﻮﺕ ﻓﺮﻧﮕﻲ، ﺁﺏ ﻟﻴﻤﻮ ﻭ ﺁﺏ ﭘﺮﺗﻘﺎﻝ ﺑﻴﺸﺘﺮ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ، ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﺑﺎﻋﺚ ﺗﺴﺮﻳﻊ ﺭﻭﻧﺪ ﺗﺮﻣﻴﻢ ﺯﺧﻢ ﻭ ﺑﻬﺒﻮﺩﻱ ﻣﻲ ﺷﻮﺩ، ﻫﻢ ﭼﻨﻴﻦ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﻗﺮﺹ ﻫﺎ ﻳﺎ ﻣﻜﻤﻞ ﻫﺎﻱ ﺣﺎﻭﻱ ﻭﻳﺘﺎﻣﻴﻦ ﺙ ﺭﻭﺯﺍﻧﻪ ﻳﻚ ﻧﻮﺑﺖ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

.25 ﺍ ﮔﺮ ﺑﻪ ﺣﻴﻮﺍﻧﻲ ﻛﻪ ﺑﻪ ﺷﻤﺎ ﺣﻤﻠﻪ ﻛﺮﺩﻩ ﺍﺳﺖ ﺩﺳﺘﺮﺳﻲ ﺩﺍﺭﻳﺪ، ﺣﻴﻮﺍﻥ ﺭﺍ ﺩﺭ ﻣﻜﺎﻥ ﺍﻳﻤﻨﻲ ﺣﺪﺍﻗﻞ ﺑﻪ ﻣﺪﺕ 10ﺭﻭﺯ ﺣﺒﺲ ﻭ ﻧﮕﺎﻫﺪﺍﺭﻱ ﻛﺮﺩﻩ ﻭ ﺑﺮﻭﺯ ﻫﺮﮔﻮﻧﻪ ﻋﻼﻳﻢ ﺑﻴﻤﺎﺭﻱ ﻭ ﻧﺎﺧﻮﺷﻲ ﻳﺎ ﻫﺮ ﺭﻓﺘﺎﺭ ﻏﻴﺮﻃﺒﻴﻌﻲ ﺩﺭ ﺍﻭ ﺭﺍ ﺑﻪ ﺩﺍﻣﭙﺰﺷﻚ ﻳﺎ ﻣﺮﻛﺰ ﺑﻬﺪﺍﺷﺘﻲ ﮔﺰﺍﺭﺵ ﺩﻫﻴﺪ.

26. ﻫﺎﺭﻱ ﻳﻚ ﺑﻴﻤﺎﺭﻱ ﻋﻔﻮﻧﻲ ﺑﺴﻴﺎﺭ ﻛﻤﻴﺎﺏ ﻣﻲ ﺑﺎﺷﺪ ﻛﻪ ﺑﺮ ﺭﻭﻱ ﻣﻐﺰ ﻭ ﺍﻋﺼﺎﺏ ﺑﺪﻥ ﺍﺛﺮ ﻣﻲ ﮔﺬﺍﺭﺩ ﻭ ﻣﻴﻜﺮﻭﺏ ﺁﻥ ﻓﻘﻂ ﺍﺯ ﻃﺮﻳﻖ ﺑﺰﺍﻕ ﺣﻴﻮﺍﻧﻲ ﻛﻪ ﺧﻮﺩﺵ ﻫﻢ ﺑﻴﻤﺎﺭ ﺑﺎﺷﺪ ﻣﻨﺘﻘﻞ ﻣﻲ ﺷﻮﺩ ﻭ ﺍﺣﺘﻤﺎﻝ ﺍﺑﺘﻼ ﺑﻪ ﺁﻥ ﻣﻌﻤﻮﻻ ﭘﺎﻳﻴﻦ ﺍﺳﺖ. ﺟﻬﺖ ﭘﻴﺶ ﮔﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﻫﺎﺭﻱ ﻭﺍﻛﺴﻨﻲ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﻛﻪ ﻻﺯﻡ ﺍﺳﺖ ﺣﺘﻤﺎ ﺩﺭ 5-3 ﻧﻮﺑﺖ ﭘﺲ ﺍﺯ ﮔﺎﺯﮔﺮﻓﺘﮕﻲ ﺗﻮﺳﻂ ﺣﻴﻮﺍﻥ ﻣﺸﻜﻮﻙ ﺗﺰﺭﻳﻖ ﺷﻮﺩ.

.27 ﺍﮔﺮ ﺗﻮﺳﻂ ﻓﺮﺩ ﺁﺷﻨﺎﻳﻲ ﻛﻪ ﻗﻄﻌﺎ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻭﺍﮔﻴﺮﺩﺍﺭ (ﻣﺜﻞ ﻫﭙﺎﺗﻴﺖ ﻳﺎ ﺍﻳﺪﺯ) ﻣﺒﺘﻼ ﺑﻮﺩﻩ ﻳﺎ ﺍﻋﺘﻴﺎﺩ ﺑﻪ ﻣﻮﺍﺩ ﻣﺨﺪﺭ ﺩﺭ ﺍﻭ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺩﭼﺎﺭ ﮔﺎﺯﮔﺮﻓﺘﮕﻲ ﺷﺪﻩ ﺍﻳﺪ ﺣﺘﻤﺎ ﻭﺿﻌﻴﺖ ﺍﻭ ﺭﺍ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺩﻫﻴﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﻭﺍﻛﺴﻦ ﻫﺎﻱ ﻻﺯﻡ ﻣﺜﻞ ﻭﺍﻛﺴﻦ ﻫﭙﺎﺗﻴﺖ ﺑﻪ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﮔﺮﺩﺩ، ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ (ﺩﺳﺘﺮﺳﻲ ﺑﻪ ﺁﻥ ﻓﺮﺩ ﻭ ﻣﻮﺍﻓﻘﺖ ﻭﻱ) ﺧﻮﺩ ﺍﻭ ﻧﻴﺰ ﺑﻪ ﭘﺰﺷﻚ ﺷﻤﺎ ﻣﺮﺍﺟﻌﻪ ﻛﻨﺪ.

.28 ﺍﮔﺮ ﺗﻮﺳﻂ ﻓﺮﺩﻱ ﻛﻪ ﺍﺯ ﺳﺎﺑﻘﻪ ﻱ ﺍﺑﺘﻼﻱ ﺍﻭ ﺑﻪ ﺑﻴﻤﺎﺭﻱ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﻳﺎ ﻭﺟﻮﺩ ﺍﻋﺘﻴﺎﺩ ﺩﺭ ﺍﻭ ﺍﻃﻼﻉ ﻧﺪﺍﺭﻳﺪ ﺩﭼﺎﺭ ﮔﺎﺯﮔﺮﻓﺘﮕﻲ ﺷﺪﻩ ﺍﻳﺪ ﺣﺘﻤﺎ ﻭﺿﻌﻴﺖ ﺭﺍ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺩﻫﻴﺪ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ (ﺩﺳﺘﺮﺳﻲ ﺑﻪ ﺁﻥ ﻓﺮﺩ ﻭ ﻣﻮﺍﻓﻘﺖ ﻭﻱ) ﺧﻮﺩ ﺍﻭ ﻧﻴﺰ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻧﻤﺎﻳﺪ.

.29 ﺍﮔﺮ ﺍﺣﺘﻤﺎﻻ ﺑﺎﺭﺩﺍﺭ ﻫﺴﺘﻴﺪ (ﺣﺘﻲ ﺍﮔﺮ ﻫﻨﻮﺯ ﻣﻄﻤﺌﻦ ﻧﻴﺴﺘﻴﺪ) ﻭ ﺩﭼﺎﺭ ﺁﺳﻴﺐ (ﭘﻨﺠﻪ ﺯﺩﻥ) ﺗﻮﺳﻂ ﮔﺮﺑﻪ ﺷﺪﻩ ﺍﻳﺪ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺑﺪﻫﻴﺪ.

.30 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺭﻭﺯﺍﻧﻪ 2 ﻧﻮﺑﺖ ﺑﺎ ﺗﺐ ﮔﻴﺮ ﺩﻣﺎﻱ ﺑﺪﻥ ﺧﻮﺩ ﺭﺍ ﺍﻧﺪﺍﺯﻩ ﺑﮕﻴﺮﻳﺪ.

.31 ﺭﻭﺯﺍﻧﻪ ﺯﺧﻢ ﺧﻮﺩ ﺭﺍ ﺍﺯ ﻧﻈﺮ ﺑﺮﻭﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﺑﺮﺭﺳﻲ ﻛﻨﻴﺪ:

- ﺗﻮﺭﻡ ﻭ ﻗﺮﻣﺰﻱ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

- ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺷﺪﻳﺪ ﻫﻨﮕﺎﻡ ﻟﻤﺲ ﻛﺮﺩﻥ ﺯﺧﻢ ﻳﺎ ﺍﻃﺮﺍﻑ ﺁﻥ

- ﻭﺿﻌﻴﺖ ﺗﺮﺷﺤﺎﺕ

- ﺧﻮﻧﺮﻳﺰﻱ

- ﺧﻄﻮﻁ ﻗﺮﻣﺰ ﺭﻧﮓ ﻭ ﺑﺮﺟﺴﺘﻪ ﺩﺭ ﺍﻃﺮﺍﻑ ﺯﺧﻢ

- ﺗﻮﺭﻡ ﻭ ﺳﺨﺘﻲ ﺣﺮﻛﺎﺕ ﻣﻔﺎﺻﻞ ﺍﻧﺪﺍﻡ

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﺋﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺁﺳﻴﺐ ﻳﺎ ﭘﺎﺭﮔﻲ ﺑﺨﻴﻪ ﻫﺎ ﻭ ﺑﺎﺯ ﺷﺪﻥ ﻣﺠﺪﺩ ﺯﺧﻢ

- ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻣﺤﻞ ﺯﺧﻢ ﻳﺎ ﺍﻃﺮﺍﻑ ﺁﻥ

- ﺗﻮﺭﻡ ﻳﺎ ﻗﺮﻣﺰﻱ ﻣﺤﻞ ﺯﺧﻢ

- ﺧﺮﻭﺝ ﭼﺮﻙ ﻳﺎ ﺗﺮﺷﺤﺎﺕ ﺳﺒﺰ ﺭﻧﮓ ﺍﺯ ﺯﺧﻢ ﻳﺎ ﺗﺸﺪﻳﺪ ﺗﺮﺷﺤﺎﺕ ﺍﻭﻟﻴﻪ

- ﺍﺳﺘﺸﻤﺎﻡ ﺑﻮﻱ ﺑﺪ ﺍﺯ ﺯﺧﻢ

- ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﻭ ﺳﻴﺎﻩ ﺷﺪﻥ ﭘﻮﺳﺖ ﺭﻭﻱ ﺯﺧﻢ

- ﺧﻮﻧﺮﻳﺰﻱ ﻣﺠﺪﺩ ﺯﺧﻢ ﺑﻪ ﻃﻮﺭﻱ ﻛﻪ ﭘﺲ ﺍﺯ 10-15 ﺩﻗﻴﻘﻪ ﻓﺸﺎﺭ ﻣﺪﺍﻭﻡ ﺭﻭﻱ ﻣﺤﻞ ﺯﺧﻢ ﻣﺘﻮﻗﻒ ﻧﺸﻮﺩ

- ﺑﺮﻭﺯ ﺧﻄﻮﻁ ﻗﺮﻣﺰ ﺭﻧﮓ ﻭ ﺑﺮﺟﺴﺘﻪ ﺩﺭ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

- ﻣﺤﺪﻭﺩﻳﺖ ﺣﺮﻛﺖ، ﺩﺭﺩ ﻳﺎ ﺗﻮﺭﻡ ﺩﺭ ﺍﻧﮕﺸﺘﺎﻥ ﻳﺎ ﻣﻔﺎﺻﻞ ﻧﺰﺩﻳﻚ ﺑﻪ ﺯﺧﻢ

- ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﺗﻮﺭﻡ ﻳﺎ ﺗﻐﻴﻴﺮ ﺭﻧﮓ (ﻗﺮﻣﺰﻱ ﻳﺎ ﻛﺒﻮﺩﻱ) ﺩﺭ ﺳﺮﺍﺳﺮ ﺍﻧﺪﺍﻣﻲ ﻛﻪ ﺩﭼﺎﺭ ﺁﺳﻴﺐ ﺷﺪﻩ ﺍﺳﺖ ﻳﺎ ﺩﺭﺩﻧﺎﻙ ﺷﺪﻥ ﺣﺮﻛﺎﺕ ﺍﻧﺪﺍﻡ ﻳﺎ ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﻧﺎﺧﻦ ﻫﺎﻱ ﺁﻥ

- ﺑﺮﻭﺯ ﺗﺐ

- ﺑﺮﺟﺴﺘﻪ ﻭ ﺩﺭﺩﻧﺎﻙ ﺷﺪﻥ ﻏﺪﻩ ﻫﺎﻱ ﻟﻨﻔﻲ ﺯﻳﺮ ﺑﻐﻞ، ﮔﺮﺩﻥ ﻳﺎ ﻛﺸﺎﻟﻪ ﻱ ﺭﺍﻥ ( ﻧﺰﺩﻳﻚ ﺑﻪ ﻣﺤﻞ ﺯﺧﻢ )

- ﺷﻜﺴﺘﻦ، ﺁﺳﻴﺐ ﺩﻳﺪﻥ، ﺧﻴﺲ ﺷﺪﻥ ﻳﺎ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺁﺗﻞ

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﺩﺭ ﻃﻮﻝ ﺳﻪ ﻣﺎﻩ ﺁﻳﻨﺪﻩ (ﺣﺘﻲ ﺩﺭ ﺻﻮﺭﺕ ﺑﻬﺒﻮﺩﻱ ﻣﺤﻞ ﺯﺧﻢ) ﺑﻪ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﺑﻲ ﺣﺴﻲ ﻳﺎ ﮔﺰﮔﺰ ﺷﺪﻥ ﺷﺪﻳﺪ ﻳﺎ ﺍﺧﺘﻼﻝ ﺣﺴﻲ (ﻣﺜﻼ ﺍﺣﺴﺎﺱ ﺭﺍﻩ ﺭﻓﺘﻦ ﺣﺸﺮﻩ ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ ) ﺩﺭ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﺯﺧﻢ

- ﺗﻜﺎﻥ ﺩﺍﺩﻥ ﺷﺪﻳﺪ ﻭ ﺑﻲ ﺍﺧﺘﻴﺎﺭ ﺍﻧﺪﺍﻡ ﻫﺎ ﻳﺎ ﭘﺮﺵ ﻋﻀﻼﺕ

- ﺩﺭﺩ ﻭ ﮔﺮﻓﺘﮕﻲ ﻭ ﺳﻔﺖ ﺷﺪﻥ ﻋﻀﻼﺕ ﻫﻤﺮﺍﻩ ﺑﺎ ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﺷﺪﻳﺪ

- ﺳﺮﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﻧﺎﮔﻬﺎﻧﻲ , ﺳﺮﺩﺭﺩﻱ ﻛﻪ ﺑﺎ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﺑﻬﺒﻮﺩ ﻧﻴﺎﺑﺪ.

- ﺍﺧﺘﻼﻝ ﺩﻳﺪ ﻳﺎ ﺩﻭﺑﻴﻨﻲ ﻳﺎ ﺩﺭﺩ ﺷﺪﻳﺪ ﭘﺸﺖ ﻭ ﺩﺍﺧﻞ ﭼﺸﻢ

- ﺍﺧﺘﻼﻝ ﺗﻜﻠﻢ / ﻋﺪﻡ ﺗﻮﺍﻧﺎﻳﻲ ﺩﺭ ﺻﺤﺒﺖ ﻛﺮﺩﻥ / ﺳﻨﮕﻴﻨﻲ ﺯﺑﺎﻥ

- ﺿﻌﻒ، ﺑﻲ ﺣﺴﻲ ﻳﺎ ﻓﻠﺞ ﻫﺮ ﻳﻚ ﺍﺯ ﺍﻧﺪﺍﻡ ﻫﺎ

- ﺑﺮﻭﺯ ﺗﺸﻨﺞ

- ﺗﻮﻫﻢ ﻳﺎ ﻫﺬﻳﺎﻥ ﮔﻮﻳﻲ

- ﺑﻲ ﻗﺮﺍﺭﻱ ﺷﺪﻳﺪ

- ﮔﻴﺠﻲ ﻭ ﻣﻨﮕﻲ

- ﺑﻴﻬﻮﺷﻲ ﻧﺎﮔﻬﺎﻧﻲ ﻳﺎ ﻛﺎﻫﺶ ﺳﻄﺢ ﻫﻮﺷﻴﺎﺭﻱ (ﺑﻴﻬﻮﺷﻲ)

- ﺁﺑﺮﻳﺰﺵ ﺯﻳﺎﺩ ﺍﺯ ﺑﻴﻨﻲ ﻭ ﺩﻫﺎﻥ، ﺍﺷﻚ ﺭﻳﺰﺵ ﻭ ﻋﺮﻕ ﻛﺮﺩﻥ ﺷﺪﻳﺪ ( ﺍﻓﺰﺍﻳﺶ ﺗﺮﺷﺢ ﻣﺎﻳﻌﺎﺕ ﺑﺪﻥ)

- ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﺣﻠﻖ ﻭ ﮔﻠﻮ ﻫﻨﮕﺎﻡ ﻧﻮﺷﻴﺪﻥ ﺁﺏ

- ﺗﺮﺱ ﺍﺯ ﺁﺏ ﻭ ﻋﺪﻡ ﺗﻤﺎﻳﻞ ﺑﻪ ﻧﻮﺷﻴﺪﻥ ﺁﺏ ﻳﺎ ﺗﻤﺎﺱ ﺑﺎ ﺁﻥ

**ﺑﻪ ﻧﻜﺎﺕ ﺯﻳﺮ ﺩﺭ ﻣﻮﺭﺩ ﺗﻌﻮﻳﺾ ﭘﺎﻧﺴﻤﺎﻥ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

- ﺭﻭﺯﺍﻧﻪ ﺣﺪﺍﻗﻞ 1 ﺑﺎﺭ ﻭ ﻧﻴﺰ ﺩﺭ ﺻﻮﺭﺕ ﺧﻴﺲ ﻳﺎ ﻛﺜﻴﻒ ﺷﺪﻥ ﻭ ﺁﻟﻮﺩﮔﻲ ﺑﻪ ﺗﺮﺷﺢ ﻳﺎ ﺧﻮﻧﺎﺑﻪ ﭘﺎﻧﺴﻤﺎﻥ ﺭﺍ ﺗﻌﻮﻳﺾ ﻛﻨﻴﺪ .

- ﭘﻴﺶ ﺍﺯ ﺗﻌﻮﻳﺾ ﭘﺎﻧﺴﻤﺎﻥ ﻭﺳﺎﻳﻞ ﻻﺯﻡ ﺷﺎﻣﻞ: ﺩﺳﺘﻜﺶ (ﻧﻴﺎﺯﻱ ﺑﻪ ﺍﺳﺘﺮﻳﻞ ﺑﻮﺩﻥ ﺁﻥ ﻧﻴﺴﺖ)، ﮔﺎﺯ، ﺑﺎﻧﺪ، ﭼﺴﺐ، ﭘﻤﺎﺩ ﻭ ﻛﻴﺴﻪ ﻱ ﭘﻼﺳﺘﻴﻜﻲ (ﺑﺮﺍﻱ ﺩﻭﺭ ﺍﻧﺪﺍﺧﺘﻦ ﭘﺎﻧﺴﻤﺎﻥ ﻛﻬﻨﻪ) ﺭﺍ ﺁﻣﺎﺩﻩ ﻛﻨﻴﺪ .

- ﺩﺳﺘﺎﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﺁﺏ ﻭ ﺻﺎﺑﻮﻥ ﺑﻪ ﺧﻮﺑﻲ ﺷﺴﺘﻪ ﻭ ﺗﺮﺟﻴﺤﺎ ﺍﺯ ﺩﺳﺘﻜﺶ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

- ﭘﺎﻧﺴﻤﺎﻥ ﻛﻬﻨﻪ ﺭﺍ ﺑﻪ ﺁﺭﺍﻣﻲ ﻭ ﻣﻼﻳﻤﺖ ﻭ ﺑﺪﻭﻥ ﺣﺮﻛﺖ ﺳﺮﻳﻊ ﻭ ﻧﺎﮔﻬﺎﻧﻲ ﺍﺯ ﺭﻭﻱ ﺯﺧﻢ ﺑﺮﺩﺍﺭﻳﺪ ﻭ ﭼﻨﺎﻥ ﭼﻪ ﺩﺭ ﺍﺛﺮ ﺧﺸﻚ ﺷﺪﻥ ﺗﺮﺷﺤﺎﺕ ﺑﻪ ﺯﺧﻢ ﭼﺴﺒﻴﺪﻩ ﺍﺳﺖ ﺁﻥ ﺭﺍ ﻛﻤﻲ ﻣﺮﻃﻮﺏ ﻛﻨﻴﺪ.

- ﺑﺮﺍﻱ ﺷﺴﺘﺸﻮﻱ ﺯﺧﻢ ﻓﻘﻂ ﺍﺯ ﺁﺏ ﻭ ﺻﺎﺑﻮﻥ ( ﺑﺪﻭﻥ ﺑﻮ) ﻳﺎ ﻣﺤﻠﻮﻝ ﺷﺴﺘﺸﻮﻱ ﻧﻤﻜﻲ ( ﺳﺮﻡ ﺷﺴﺘﺸﻮ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ .

- ﺑﺎﻧﺪ ﺭﺍ ﺭﻭﻱ ﻣﺤﻞ ﺯﺧﻢ ﮔﺮﻩ ﻧﺰﺩﻩ ﻭ ﭼﺴﺐ ﻫﺎ ﺭﺍ ﻳﻚ ﺩﻭﺭ ﻛﺎﻣﻞ ﺑﻪ ﺩﻭﺭ ﺍﻧﺪﺍﻡ ﻧﭙﻴﭽﻴﺪ ﺗﺎ ﻣﺤﻜﻢ ﺑﻮﺩﻥ ﺁﻥ ﻣﺎﻧﻊ ﺧﻮﻧﺮﺳﺎﻧﻲ ﻣﻨﺎﺳﺐ ﻧﺸﻮﺩ. (ﻧﻴﻢ ﺩﻭﺭ ﻛﺎﻓﻲ ﺍﺳﺖ ﻭ ﺑﺎﺯ ﻧﺨﻮﺍﻫﺪ ﺷﺪ )

- ﭘﺲ ﺍﺯ ﭘﺎﻳﺎﻥ ﻛﺎﺭ ﻣﺠﺪﺩﺍ ﺩﺳﺖ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﺑﻪ ﺧﻮﺑﻲ ﺑﺸﻮﻳﻴﺪ .

ﺟﻬﺖ ﻛﺸﻴﺪﻥ ﺑﺨﻴﻪ ﻫﺎ ..... ............. ﺭﻭﺯ ﺩﻳﮕﺮ ﺑﻪ ﻳﻚ ﻣﺮﻛﺰ ﭘﺰﺷﻜﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﺯﻧﺒﻮﺭ ﮔﺰﻳﺪﮔﻲ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ .............................................. ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﺯﻧﺒﻮﺭ ﮔﺰﻳﺪﮔﻲ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺗﻨﻬﺎ ﮔﺰﺵ ﺯﻧﺒﻮﺭ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ.............................. ﺑﻪ ﻫﻤﺮﺍﻩ ﻋﻼﻳﻢ ﻣﻮﺿﻌﻲ ﻣﺸﺎﻫﺪﻩ ﻣﻲ ﺷﻮﺩ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﺸﺎﻧﻪ ﻫﺎﻱ ﺷﺪﻳﺪ ﻭ ﺧﻄﺮﻧﺎﻙ ﻭ ﻋﻮﺍﺭﺽ ﻣﻬﻢ ﻭ ﻋﻤﻮﻣﻲ ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﻓﻌﻼ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ .

ﺯﻧﺒﻮﺭ ﮔﺰﻳﺪﮔﻲ ﻳﻜﻲ ﺍﺯ ﺷﺎﻳﻊ ﺗﺮﻳﻦ ﺍﻧﻮﺍﻉ ﮔﺰﺵ ﻫﺎﻱ ﺣﺸﺮﺍﺕ ﺍﺳﺖ ﻛﻪ ﺍﻏﻠﺐ ﺑﺎ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻫﻤﺮﺍﻩ ﻣﻲ ﺑﺎﺷﺪ،ﺯﻫﺮ ﺯﻧﺒﻮﺭ ﭘﺲ ﺍﺯ ﮔﺰﺵ ﻭﺍﺭﺩ ﺑﺪﻥ ﺷﺪﻩ ﻭ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﻌﻤﻮﻻ ﭘﺲ ﺍﺯ ﺯﻧﺒﻮﺭ ﮔﺰﻳﺪﮔﻲ ﺑﺮﻭﺯ ﻣﻲ ﻛﻨﺪ :

- ﺩﺭﺩ ﺩﺭ ﻣﺤﻞ ﮔﺰﺵ

- ﺗﻮﺭﻡ ﻭ ﻗﺮﻣﺰﻱ

- ﺧﺎﺭﺵ ﻭ ﺳﻮﺯﺵ

- ﺍﺣﺴﺎﺱ ﺿﻌﻒ ﻭ ﺧﺴﺘﮕﻲ

- ﺗﺐ ﺧﻔﻴﻒ

ﻗﻄﺮ ﺑﺮﺟﺴﺘﮕﻲ ﺩﺭ ﻣﺤﻞ ﮔﺰﺵ ﺩﺭ ﺍﻛﺜﺮ ﻣﻮﺍﺭﺩ ﻛﻤﺘﺮ ﺍﺯ 5 ﺳﺎﻧﺘﻲ ﻣﺘﺮ ﺑﻮﺩﻩ ﻭ ﺩﺭ ﻃﻮﻝ 24 ﺳﺎﻋﺖ ﺑﺮﻃﺮﻑ ﻣﻲ ﺷﻮﺩ ﺍﻣﺎ ﺩﺭ ﺍﻓﺮﺍﺩ ﻛﻤﻲ ﻣﻤﻜﻦ ﺍﺳﺖ ﺿﺎﻳﻌﻪ ﺑﺰﺭگ ﺗﺮ ﺑﺎﺷﺪ.

ﺑﺮﻭﺯ ﺣﺴﺎﺳﻴﺖ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪ (ﻣﺜﻞ ﺗﻨﮕﻲ ﻧﻔﺲ ﻳﺎ ﻗﺮﻣﺰﻱ ﻭ ﺧﺎﺭﺵ ﻛﻞ ﺑﺪﻥ) ﻧﺴﺒﺖ ﺑﻪ ﺯﻫﺮ ﺯﻧﺒﻮﺭ ﺗﻨﻬﺎ ﺩﺭ ﺍﻓﺮﺍﺩ ﺑﺴﻴﺎﺭ ﻛﻤﻲ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﺩ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻣﻨﺎﺳﺐ ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻧﺎﻣﺸﺨﺺ ﻳﺎ ﻗﺪﻳﻤﻲ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ، ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﺧﻨﻚ ﻛﺮﺩﻥ ﺿﺎﻳﻌﻪ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﻣﻲ ﺷﻮﺩ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﻭﺵ ﺁﺏ ﺳﺮﺩ، ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺩﺭ ﻃﻮﻝ 24 ﺳﺎﻋﺖ ﺍﻭﻝ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ (ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺭﺍ ﺩﺭ ﻳﻚ ﭘﻮﺷﺶ ﭘﺎﺭﭼﻪ ﺍﻱ ﭘﻴﭽﻴﺪﻩ ﻭ ﺑﻪ ﻣﺪﺕ 20 ﺩﻗﻴﻘﻪ ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﺍﺯ ﺗﻤﺎﺱ ﻣﺴﺘﻘﻴﻢ ﻳﺦ ﺑﺎ ﭘﻮﺳﺖ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﺎﻳﻴﺪ، ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﺎ ﻓﺎﺻﻠﻪ ﻱ 1 ﺳﺎﻋﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ )

.2 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ (ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﻳﺎ ﻧﺸﺴﺘﻦ) ﺑﺎﻻﺗﺮ ﺍﺯ ﺳﻄﺢ ﺑﺪﻥ ﻗﺮﺍﺭ ﺩﻫﻴﺪ (ﻳﻚ ﻳﺎ ﺩﻭ ﻋﺪﺩ ﺑﺎﻟﺶ ﺭﺍ ﺩﺭ ﺯﻳﺮ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺑﻪ ﺷﻜﻠﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﺩﺳﺖ ﻳﺎ ﭘﺎﻱ ﺷﻤﺎ ﺑﺮ ﺭﻭﻱ ﺁﻥ ﺗﻜﻴﻪ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﺍﺭﺗﻔﺎﻉ ﺑﺎﻻﺗﺮ ﺍﺯ ﻗﻠﺐ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ)، ﺍﻳﻦ ﻛﺎﺭ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ 24 ﺳاﻋﺖ ﺍﻭﻝ ﻣﻮﺛﺮ ﺧﻮﺍﻫﺪ ﺑﻮﺩ.

.3 ﺍ ﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﺪﻳﺪ ﺑﻪ ﻧﻴﺶ ﺯﻧﺒﻮﺭ ﻳﺎ ﺳﺎﻳﺮ ﺣﺸﺮﺍﺕ ﻭ ﻳﺎ ﺳﺎﺑﻘﻪ ﻱ ﺍﺑﺘﻼ ﺑﻪ ﺁﺳﻢ، ﺣﺴﺎﺳﻴﺖ ﻫﺎﻱ ﺗﻨﻔﺴﻲ ﻳﺎ ﭘﻮﺳﺘﻲ ﻭ ﻛﻬﻴﺮ ﺩﺭ ﺷﻤﺎ ﻳﺎ ﺍﻋﻀﺎﻱ ﺧﺎﻧﻮﺍﺩﻩ ﺗﺎﻥ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺩﻫﻴﺪ.

.4 ﺍﺯ ﺍﻳﺠﺎﺩ ﻓﺸﺎﺭ ﺷﺪﻳﺪ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﻳﺎ ﺑﺴﺘﻦ ﻣﺤﻜﻢ ﺍﻧﺪﺍﻡ ﺑﺎﻻﺗﺮ ﺍﺯ ﻣﺤﻞ ﮔﺰﺵ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.5 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﻓﻘﻂ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.6 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ،ﺑﺮﻭﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻳﺎ ژﻟﻮﻓﻦ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.7 ﺑﺮﺍﻱ ﺑﻬﺒﻮﺩ ﻋﻼﻳﻢ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ ﻣﺨﺘﻠﻒ ﻣﺜﻞ ﭘﺮﻭﻣﺘﺎﺯﻳﻦ، ﻫﻴﺪﺭﻭﻛﺴﻲ ﺯﻳﻦ،ﻟﻮﺭﺍﺗﺎﺩﻳﻦ، ﺳﺘﻴﺮﻳﺰﻳﻦ، ﻓﻜﺴﻮﻓﻨﺎﺩﻳﻦ ﻳﺎ ﺩﻳﻔﻦ ﻫﻴﺪﺭﺍﻣﻴﻦ (ﺣﺪﺍﻛﺜﺮ ﺳﻪ ﺑﺎﺭ ﺩﺭ ﺭﻭﺯ ) ﺍﺳﺘﻔﺎﺩﻩ ﻧﻤﺎﻳﻴﺪ. (ﺗﺮﺟﻴﺤﺎ ﻃﺒﻖ ﻧﻈﺮ ﭘﺰﺷﻚ)

.8 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﭘﺲ ﺍﺯ ﻣﺼﺮﻑ ﺁﻧﻬﺎ ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻬﻢ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺗﻤﺮﻛﺰ ﺫﻫﻨﻲ ﺩﺍﺭﻧﺪ (ﺑﻪ ﺧﺼﻮﺹ ﺭﺍﻧﻨﺪﮔﻲ) ﻛﺎﻣﻼ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

9.ﺩﺭﻣﺎﻥ ﺯﻧﺒﻮﺭ ﮔﺰﻳﺪﮔﻲ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﻧﻴﺎﺯ ﺑﻪ ﻣﺼﺮﻑ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺧﻮﺭﺍﻛﻲ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.10 ﺍﺯ ﻣﺼﺮﻑ ﺗﺮﻛﻴﺒﺎﺕ ﻣﺨﺘﻠﻒ ﺗﺰﺭﻳﻘﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ ﻛﻮﺭﺗﻮﻥ ﺩﺍﺭ (ﻣﺜﻞ ﺩﮔﺰﺍﻣﺘﺎﺯﻭﻥ، ﺑﺘﺎﻣﺘﺎﺯﻭﻥ، ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ، ﭘﺮﺩﻧﻴﺰﻭﻟﻮﻥ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.11 ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﮔﻴﺎﻫﻲ ﻧﺎﺷﻨﺎﺧﺘﻪ (ﻣﻮﺿﻌﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ) ﺑﻪ ﻫﻴﭻ ﻋﻨﻮﺍﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.12 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺩﻳﮕﺮﻱ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻛﻮﺭﺗﻮﻥ ﻳﺎ ﺁﺳﭙﻴﺮﻳﻦ ) ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺧﻮﺩ ﺍﻃﻼﻉ ﺩﻫﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﺭﺍ ﺗﻐﻴﻴﺮ ﻧﺪﺍﺩﻩ ﻳﺎ ﻗﻄﻊ ﻧﻜﻨﻴﺪ.

.13 ﺍﺯ ﺧﺎﺭﺍﻧﺪﻥ ﺿﺎﻳﻌﺎﺕ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺧﺎﺭﺵ ﺁﻧﻬﺎ ﺑﺎﻋﺚ ﺯﺧﻤﻲ ﺷﺪﻥ ﻭ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺷﺪﻳﺪ ﭘﻮﺳﺘﻲ ﻣﻲ ﺷﻮﺩ

.14 ﻧﺎﺧﻦ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﻛﻮﺗﺎﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﺧﺎﺭﺍﻧﺪﻥ ﻧﺎﺧﻮﺍﺳﺘﻪ ﻱ ﺿﺎﻳﻌﺎﺕ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺧﻮﺍﺏ ﭘﻮﺳﺖ ﺷﻤﺎ ﺩﭼﺎﺭ ﺯﺧﻢ ﻭ ﻋﻔﻮﻧﺖ ﻧﺸﻮﺩ.

.15 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺷﺪﻳﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﭘﻤﺎﺩﻫﺎﻳﻲ ﻣﺜﻞ ﻛﺎﻻﻣﻴﻦ، ﻛﺎﻻﻧﺪﻭﻻ ﻳﺎ ﻛﻮﺭﺗﻮﻥ ﻫﺎﻱ ﺧﻔﻴﻒ ( ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ) ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ

.16 ﺍﺯ ﺍﻟﻜﻞ ﻳﺎ ﺑﺘﺎﺩﻳﻦ ﻳﺎ ﺁﺏ ﺍﻛﺴﻴﮋﻧﻪ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﺎﺕ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.17 ﺯﻧﺒﻮﺭ ﮔﺰﻳﺪﮔﻲ ﻧﻴﺎﺯ ﺑﻪ ﭘﺎﻧﺴﻤﺎﻥ ﻭ ﭘﻮﺷﻴﺪﻩ ﺷﺪﻥ ﺑﺎ ﺑﺎﻧﺪ ﻭ ﮔﺎﺯ ﺍﺳﺘﺮﻳﻞ ﻧﺪﺍﺭﺩ.

.18 ﮔﺮﻣﺎ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﻗﺮﻣﺰﻱ ﻭ ﺍﻟﺘﻬﺎﺏ ﺿﺎﻳﻌﺎﺕ ﻭ ﺑﻴﺸﺘﺮ ﺷﺪﻥ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺁﻧﻬﺎ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎﻳﺪ ﺍﺯ ﮔﺮﻡ ﺷﺪﻥ ﺁﻧﻬﺎ ﻣﺜ( ﻼ ﺗﻤﺎﺱ ﺑﺎ ﺁﺏ ﮔﺮﻡ، ﺑﺨﺎﺭ ﺁﺏ ﺩﺍﻍ، ﻓﻌﺎﻟﻴﺖ ﺩﺭ ﻫﻮﺍﻱ ﮔﺮﻡ ) ﭘﺮﻫﻴﺰ ﺷﻮﺩ.

.19 ﺗﺎﺑﺶ ﻣﺴﺘﻘﻴﻢ ﺁﻓﺘﺎﺏ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﺭﺍ ﻛﺎﻣﻼ ﻣﺤﺪﻭﺩ ﻛﻨﻴﺪ.

.20 ﻟﺒﺎﺱ ﻫﺎﻱ ﻛﺎﻣﻼ ﻧﺨﻲ ﻭ ﭘﻮﺷﻴﺪﻩ ﺑﺎ ﺁﺳﺘﻴﻦ ﻭ ﭘﺎﭼﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ﺑﺮ ﺗﻦ ﻛﻨﻴﺪ ﺗﺎ ﺗﻤﺎﺱ ﺿﺎﻳﻌﻪ ﺑﺎ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﺁﻧﻬﺎ ﻧﺸﻮﺩ.

.21 ﺗﻤﺎﺱ ﺧﻮﺩ ﺑﺎ ﮔﻞ ﻫﺎ ﻭ ﮔﻴﺎﻫﺎﻥ ( ﻣﺜﻼ ﺣﻀﻮﺭ ﺩﺭ ﺑﺎﻍ ﻳﺎ ﭘﺎﺭﻙ ﻳﺎ ﮔﻞ ﻓﺮﻭﺷﻲ ) ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻣﺤﺪﻭﺩ ﻛﻨﻴﺪ.

.22 ﺑﻪ ﻃﻮﺭ ﻣﺮﺗﺐ ﺍﺳﺘﺤﻤﺎﻡ ﻛﺮﺩﻩ ﻭ ﭘﻮﺳﺖ ﺭﺍ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﺗﺎ ﺍﺯ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺛﺎﻧﻮﻳﻪ ﭘﻴﺶ ﮔﻴﺮﻱ ﺷﻮﺩ

.23 ﺍﺯ ﺻﺎﺑﻮﻥ ﻫﺎ ﻳﺎ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﻱ ﻣﻌﻄﺮ ﺑﺮﺍﻱ ﺍﺳﺘﺤﻤﺎﻡ ﻭ ﺷﺴﺘﻦ ﻟﺒﺎﺱ ﻫﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﺍﺯ ﺗﻤﺎﺱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺿﺎﻳﻌﺎﺕ ﺑﺎ ﻛﻒ ﻭ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﻮﺩﻩ ﻭ ﺑﻼﻓﺎﺻﻠﻪ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻣﺤﻞ ﮔﺰﺵ ﺭﺍ ﺧﺸﻚ ﻧﻤﺎﻳﻴﺪ.

.24 ﺍﺯ ﺍﺻﻼﺡ ﻭ ﺗﺮﺍﺷﻴﺪﻥ ﻣﻮﻫﺎﻱ ﻧﺎﺣﻴﻪ ﻱ ﮔﺰﺵ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.25 ﺍﺯ ﺗﻤﺎﺱ ﻧﺰﺩﻳﻚ ﺑﺎ ﺣﻴﻮﺍﻧﺎﺕ، ﭘﺮﻧﺪﮔﺎﻥ ﻭ ﻓﻀﻮﻻﺕ ﺁﻧﻬﺎ ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

.26 ﺍﺯ ﺗﻤﺎﺱ ﺧﺎﻙ ﻭ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ ﺑﺎ ﭘﻮﺳﺖ ﻣﺤﻞ ﮔﺰﺵ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﺎﻳﻴﺪ.

.27 ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺍﻧﻮﺍﻉ ﻛﺮﻡ ﻫﺎ ﻭ ﻟﻮﺳﻴﻮﻥ ﻫﺎﻱ ﺁﺭﺍﻳﺸﻲ ﻣﺨﺘﻠﻒ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.28 ﻣﺼﺮﻑ ﻫﺮﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺑﻬﺪﺍﺷﺘﻲ، ﺁﺭﺍﻳﺸﻲ، ﺷﻮﻳﻨﺪﻩ ﻭ ﺍﻧﻮﺍﻉ ﻋﻄﺮ ﻭ ﺍﺳﭙﺮﻱ (ﺑﻮﻳﮋﻩ ﺑﺎ ﺑﻮﻫﺎﻱ ﺗﻨﺪ ﻭ ﺷﺪﻳﺪ) ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻛﺎﻫﺶ ﺩﻫﻴﺪ.

.29 ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺍﺯ ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻳﺎ ﺑﻬﺪﺍﺷﺘﻲ ﻏﻴﺮﺿﺮﻭﺭﻱ ﻣﺎﻧﻨﺪ ﺭﻧﮓ ﻣﻮ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.30 ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ ﺩﺭ ﺍﺳﺘﺨﺮﻫﺎﻱ ﻋﻤﻮﻣﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.31 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﻭ ﺗﻤﺎﺱ ﺑﺎ ﺍﻧﻮﺍﻉ ﺩﻭﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.32 ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺟﺴﻤﺎﻧﻲ ﻭ ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ ﺑﻮﻳﮋﻩ ﺩﺭ ﻫﻮﺍﻱ ﮔﺮﻡ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ، ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻭ ﻣﺎﻳﻌﺎﺕ ﻛﺎﻓﻲ ﺑﻨﻮﺷﻴﺪ.

.33 ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﺪﻳﺪ ﻧﺴﺒﺖ ﺑﻪ ﻧﻴﺶ ﺯﻧﺒﻮﺭ ﻳﺎ ﺳﺎﻳﺮ ﺣﺸﺮﺍﺕ (ﻣﺜﻞ ﺗﻨﮕﻲ ﻧﻔﺲ ﻳﺎ ﻗﺮﻣﺰﻱ ﻭ ﺧﺎﺭﺵ ﻛﻞ ﺑﺪﻥ) ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﺩﺍﺷﺘﻪ ﻭ ﻧﻴﺰ ﺩﺭ ﻣﺤﻴﻂ ﻛﺎﺭ ﻳﺎ ﺯﻧﺪﮔﻲ ﺗﺎﻥ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﮔﺰﺵ ﻣﺠﺪﺩ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﻭ ﺩﺭ ﻣﺎﻥ ﻫﺎﻱ ﺣﺴﺎﺳﻴﺖ ﺯﺩﺍﻳﻲ ﺑﻪ ﻣﺘﺨﺼﺺ ﺁﻟﺮژﻱ ﻭ ﺳﻴﺴﺘﻢ ﺍﻳﻤﻨﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

**ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

- ﻋﺪﻡ ﺑﻬﺒﻮﺩﻱ ﻋﻼﻳﻢ ﭘﺲ ﺍﺯ 24 ﺳﺎﻋﺖ

- ﺗﺸﺪﻳﺪ ﺗﻮﺭﻡ ﺿﺎﻳﻌﻪ ﻭ ﮔﺴﺘﺮﺵ ﻳﺎ ﺩﺭﺩﻧﺎﻛﻲ ﺷﺪﻳﺪ ﺁﻥ

- ﺧﺎﺭﺵ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪ ﺿﺎﻳﻌﻪ ﺑﺎ ﻭﺟﻮﺩ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ

- ﺑﺮﻭﺯ ﺗﺎﻭﻝ ﻳﺎ ﺯﺧﻤﻲ ﺷﺪﻥ ﺿﺎﻳﻌﺎﺕ

- ﺗﺸﺪﻳﺪ ﻗﺮﻣﺰﻱ ﻭ ﮔﺮﻣﻲ ﺿﺎﻳﻌﻪ

- ﺗﺮﺷﺢ ﭼﺮﻛﻲ ﻭ ﺑﺪﺑﻮ ﺍﺯ ﻣﺤﻞ ﮔﺰﺵ

- ﺑﺮﻭﺯ ﻛﻬﻴﺮ ﻳﺎ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ ﺩﺭ ﺳﺮﺍﺳﺮ ﺑﺪﻥ

- ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺩﺭ ﺳﺮﺍﺳﺮ ﺑﺪﻥ

- ﺗﻨﮕﻲ ﻧﻔﺲ، ﺳﺨﺘﻲ ﺗﻨﻔﺲ ﻳﺎ ﺗﻨﻔﺲ ﺻﺪﺍﺩﺍﺭ ( ﺧﺲ ﺧﺲ ﺳﻴﻨﻪ )

- ﺳﺮﻓﻪ ﻳﺎ ﮔﺮﻓﺘﮕﻲ ﮔﻠﻮ

- ﺍﺧﺘﻼﻝ ﻭ ﺳﺨﺘﻲ ﺑﻠﻊ

- ﺑﻴﺮﻭﻥ ﺭﻳﺨﺘﻦ ﺑﺰﺍﻕ (ﺁﺏ ﺩﻫﺎﻥ) ﺍﺯ ﺩﻫﺎﻥ

- ﺗﻮﺭﻡ ﺯﺑﺎﻥ، ﺣﻠﻖ، ﮔﻠﻮ ﻭ ﻟﺐ ﻫﺎ

- ﺗﻮﺭﻡ ﺍﻃﺮﺍﻑ ﭼﺸﻢ، ﺻﻮﺭﺕ ﻳﺎ ﺩﺳﺖ ﻭ ﭘﺎﻫﺎ

- ﻫﺮﮔﻮﻧﻪ ﺧﻮﻧﺮﻳﺰﻱ

- ﺗﺐ ﻭ ﻟﺮﺯ

- ﺳﺮﺩﺭﺩ ﻳﺎ ﺳﺮﮔﻴﺠﻪ

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﻳﺎ ﺗﻌﺮﻳﻖ ﺷﺪﻳﺪ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻳﺎ ﺗﭙﺶ ﻗﻠﺐ

- ﺍﺳﻬﺎﻝ، ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﻳﺎ ﺩﺭﺩ ﺷﻜﻢ

- ﺩﺭﺩ، ﺳﻔﺘﻲ ﻳﺎ ﺗﻮﺭﻡ ﻣﻔﺎﺻﻞ ( ﺯﺍﻧﻮ، ﺍﻧﮕﺸﺘﺎﻥ،......)

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﻳﺎ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ

- ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻧﺎﺷﻲ ﺍﺯ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ ﺑﻪ ﺧﺼﻮﺹ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ

**اﮔﺮ ﺩﺭ ﺁﻳﻨﺪﻩ ﻣﺠﺪﺩﺍ ﺩﭼﺎﺭ ﺯﻧﺒﻮﺭ ﮔﺰﻳﺪﮔﻲ ﺷﺪﻳﺪ :**

- ﺁﺭﺍﻡ ﺑﺎﺷﻴﺪ ﻭ ﺧﻮﻧﺴﺮﺩﻱ ﺧﻮﺩ ﺭﺍ ﺣﻔﻆ ﻛﻨﻴﺪ .

- ﺳﺮﻳﻌﺎ ﺍﺯ ﺁﻥ ﻣﺤﻞ ﺩﻭﺭ ﺷﺪﻩ، ﺑﻪ ﻣﺤﻴﻂ ﺍﻳﻤﻨﻲ ﺑﺮﻭﻳﺪ.

- ﺍﺯ ﺣﺮﻛﺖ ﻭ ﻓﻌﺎﻟﻴﺖ ﺯﻳﺎﺩ ﻭ ﺷﺪﻳﺪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﺁﺭﺍﻡ ﻭ ﻋﻤﻴﻖ ﻧﻔﺲ ﺑﻜﺸﻴﺪ.

- ﺳﺮﻳﻌﺎ ﺑﺎ ﻗﻲ ﻣﺎﻧﺪﻩ ﻱ ﻧﻴﺶ ﺯﻧﺒﻮﺭ ﺭﺍ ﺍﺯ ﻣﺤﻞ ﮔﺰﺵ ﺧﺎﺭﺝ ﻛﻨﻴﺪ (ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻳﻚ ﺟﺴﻢ ﻧﻮﻙ ﺗﻴﺰ ﻭ ﺗﻤﻴﺰ ﻳﺎ ﻓﺸﺎﺭ ﺩﺍﺩﻥ ﺩﻭ ﻃﺮﻑ ﺿﺎﻳﻌﻪ ﺍﻧﺠﺎﻡ ﺩﻫﻴﺪ)

- ﻣﺤﻞ ﮔﺰﺵ ﺭﺍ ﺑﺎ ﺁﺏ ﺷﻴﺮ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﻳﻴﺪ (ﺩﻗﺖ ﻛﻨﻴﺪ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﺏ ﺑﺴﻴﺎﺭ ﺳﺮﺩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻭ ﺳﻮﺯﺵ ﺷﻮﺩ) ﻭ ﺑﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻳﻚ ﺩﺳﺘﻤﺎﻝ ﭘﺎﺭﭼﻪ ﺍﻱ ﻛﺘﺎﻧﻲ ﺗﻤﻴﺰ ﺧﺸﻚ ﻛﻨﻴﺪ، ﺍﺯ ﺳﺎﻳﻴﺪﻥ ﻭ ﻣﺎﻟﺶ ﺷﺪﻳﺪ ﺿﺎﻳﻌﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

- ﻣﻘﺪﺍﺭ ﻛﻤﻲ ﭘﻤﺎﺩ ﻛﺎﻻﻣﻴﻦ، ﻛﺎﻻﻧﺪﻭﻻ ﻳﺎ ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﺑﻤﺎﻟﻴﺪ.

- ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺑﺎﻻ ﻛﺎﻣﻼ ﻋﻤﻞ ﻧﻤﺎﻳﻴﺪ.

**- ﺩﺭ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﻳﺎ ﻣﺮﻛﺰ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ:**

· ﺍﮔﺮ ﻣﺤﻞ ﮔﺰﺵ ﺩﺭ ﺳﺮ، ﺻﻮﺭﺕ، ﮔﺮﺩﻥ، ﺩﺍﺧﻞ ﺩﻫﺎﻥ ﻳﺎ ﺑﻴﻨﻲ ﻭ ﭼﺸﻢ ﻫﺎ ﺍﺳﺖ.

· ﺍﮔﺮ ﺩﭼﺎﺭ ﮔﺰﺵ ﺩﺭ ﭼﻨﺪﻳﻦ ﻧﻘﻄﻪ ﻱ ﻣﺨﺘﻠﻒ ﻭ ﻣﺘﻌﺪﺩ ﺷﺪﻩ ﺍﻳﺪ.

· ﺍﮔﺮ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺑﺎﻻ ﺩﺭ ﺷﻤﺎ ﺑﺮﻭﺯ ﻛﺮﺩﻩ ﺍﺳﺖ.

· ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﺪﻳﺪ ﺑﻪ ﻧﻴﺶ ﺯﻧﺒﻮﺭ ﻳﺎ ﺳﺎﻳﺮ ﺣﺸﺮﺍﺕ ﺭﺍ ﺩﺍﺭﻳﺪ.

· ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺍﺑﺘﻼ ﺑﻪ ﺁﺳﻢ، ﺣﺴﺎﺳﻴﺖ ﻫﺎﻱ ﺗﻨﻔﺴﻲ ﻳﺎ ﭘﻮﺳﺘﻲ ﻭ ﻛﻬﻴﺮ ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﺩﺍﺭﺩ.

· ﺍﮔﺮ ﺍﺯ ﺁﺧﺮﻳﻦ ﺯﻣﺎﻧﻲ ﻛﻪ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺗﺰﺭﻳﻖ ﻛﺮﺩﻩ ﺍﻳﺪ ﺑﻴﺶ ﺍﺯ 10 ﺳﺎﻝ ﻣﻲ ﮔﺬﺭﺩ

ﻭﺯﺍﺭﺕ ﺑﻬﺪﺍﺷﺖ، ﺩﺭﻣﺎﻥ ﻭﺁﻣﻮﺯﺵ ﭘﺰﺷﻜﻲﺩﺳﺘﻮﺭﺍﻟﻌﻤﻞ ﻳﻜﭙﺎﺭﭼﻪ ﺗﺮﺧﻴﺺ ﺍﺯ ﺍﻭﺭژﺍﻧﺲ

**ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ دیتا**

**ﻋﻘﺮﺏ ﮔﺰﻳﺪﮔﻲ**

**ﺭﺍﻫﻨﻤﺎﻱ ﺑﻴﻤﺎﺭﺍﻥ**

ﺩﻳﺘﺎ

ﺑﻴﻤﺎﺭ ﮔﺮﺍﻣﻲ ﺧﺎﻧﻢ / ﺁﻗﺎﻱ .................................................. ﺷﻤﺎ ﺑﻪ ﻋﻠﺖ ﻋﻘﺮﺏ ﮔﺰﻳﺪﮔﻲ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﺮﺩﻩ ﺍﻳﺪ، ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﻭ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺗﻨﻬﺎ ﮔﺰﺵ ﻋﻘﺮﺏ ﺩﺭ ﻧﺎﺣﻴﻪ ﻱ ............................................. ﺑﻪ ﻫﻤﺮﺍﻩ ﻋﻼﻳﻢ ﻣﻮﺿﻌﻲ ﻣﺸﺎﻫﺪﻩ ﻣﻲ ﺷﻮﺩ ﻭ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﺸﺎﻧﻪ ﻫﺎﻱ ﺷﺪﻳﺪ ﻭ ﺧﻄﺮﻧﺎﻙ ﻭ ﻋﻮﺍﺭﺽ ﻣﻬﻢ ﻭ ﮔﺴﺘﺮﺩﻩ ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﻧﺪﺍﺭﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﻓﻌﻼ ﻧﻴﺎﺯ ﺑﻪ ﺑﺴﺘﺮﻱ ﺩﺭ ﺑﻴﻤﺎﺭﺳﺘﺎﻥ ﻧﺪﺍﺷﺘﻪ ﻭ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﻪ ﻣﻨﺰﻝ ﺑﺎﺯﮔﺮﺩﻳﺪ.

ﮔﺰﺵ ﻋﻘﺮﺏ ﺑﺎ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪ ﻭ ﺳﻮﺯﻧﺪﻩ ﻭ ﻧﻴﺰ ﺗﺮﺱ ﻭ ﺍﺿﻄﺮﺍﺏ ﺯﻳﺎﺩ ﻫﻤﺮﺍﻩ ﺍﺳﺖ. ﺯﻫﺮ ﻋﻘﺮﺏ ﭘﺲ ﺍﺯ ﮔﺰﺵ ﻭﺍﺭﺩ ﺑﺪﻥ ﺷﺪﻩ ﻭ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺩﺭﺟﻪ ﻱ ﺳﻤﻴﺖ ﺁﻥ، ﻣﻘﺪﺍﺭ ﺯﻫﺮ ﻭﺍﺭﺩ ﺷﺪﻩ ﻭ ﻧﻴﺰ ﻣﻴﺰﺍﻥ ﺣﺴﺎﺳﻴﺖ ﺑﺪﻥ ﻧﺴﺒﺖ ﺑﻪ ﺯﻫﺮ ﻋﻼﻳﻢ ﻣﺨﺘﻠﻒ ﻭ ﻣﺘﻔﺎﻭﺗﻲ ﺑﺮﻭﺯ ﻣﻲ ﻛﻨﺪ،ﺣﺴﺎﺳﻴﺖ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪ (ﻣﺜﻞ ﺗﻨﮕﻲ ﻧﻔﺲ ﺷﺪﻳﺪ، ﺑﻴﻬﻮﺷﻲ،ﺗﺸﻨﺞ، ﺑﻲ ﻧﻈﻤﻲ ﺿﺮﺑﺎﻥ ﻗﻠﺐ، ﻗﺮﻣﺰﻱ ﻭ ﺧﺎﺭﺵ ﻛﻞ ﺑﺪﻥ) ﻧﺴﺒﺖ ﺑﻪ ﺯﻫﺮ ﻋﻘﺮﺏ ﺗﻨﻬﺎ ﺩﺭ ﺍﻓﺮﺍﺩ ﺑﺴﻴﺎﺭ ﻛﻤﻲ ﺩﻳﺪﻩ ﻣﻲ ﺷﻮﺩ،ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﺍﺯ ﺷﻜﺎﻓﺘﻦ ﻣﺤﻞ ﮔﺰﺵ، ﻣﻜﻴﺪﻥ ﺁﻥ ﻳﺎ ﺑﺴﺘﻦ ﻣﺤﻜﻢ ﺍﻧﺪﺍﻡ ﺩﺭ ﺑﺎﻻﺗﺮ ﺍﺯ ﻣﺤﻞ ﮔﺰﺵ ﺑﺎﻳﺪﺧﻮﺩﺩﺍﺭﻱ ﺷﻮﺩ، ﺍﻳﻦ ﻛﺎﺭ ﻧﻪ ﺗﻨﻬﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﺎﻋﺚ ﭘﻴﺸﮕﻴﺮﻱ ﺍﺯ ﺑﺮﻭﺯ ﺁﺳﻴﺐ ﻧﻤﻲ ﺷﻮﺩ ﺑﻠﻜﻪ ﻣﻲ ﺗﻮﺍﻧﺪ ﻋﻮﺍﺭﺽ ﺑﺴﻴﺎﺭ ﺧﻄﺮﻧﺎﻛﻲ ﻧﻴﺰ ﺍﻳﺠﺎﺩ ﻛﻨﺪ .

ﻧﺸﺎﻧﻪ ﻫﺎﻱ ﺯﻳﺮ ﻣﻌﻤﻮﻻ ﭘﺲ ﺍﺯ ﻋﻘﺮﺏ ﮔﺰﻳﺪﮔﻲ ﻣﺸﺎﻫﺪﻩ ﻣﻲ ﺷﻮﺩ :

- ﺩﺭﺩ ﺷﺪﻳﺪ ﺩﺭ ﻣﺤﻞ ﮔﺰﺵ

- ﺗﻮﺭﻡ ﻭ ﺑﺮﺟﺴﺘﮕﻲ ﻭﺳﻴﻊ ﻫﻤﺮﺍﻩ ﺑﺎ ﻓﺮﻭﺭﻓﺘﮕﻲ (ﺩﺭ ﺍﺛﺮ ﻭﺭﻭﺩ ﻧﻴﺶ) ﺩﺭ ﻭﺳﻂ ﺁﻥ

- ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﻣﺤﻞ ﺍﺯ ﻗﺮﻣﺰﻱ ﺗﺎ ﻛﺒﻮﺩﻱ

- ﺧﺎﺭﺵ ﻭ ﺳﻮﺯﺵ ﺷﺪﻳﺪ

- ﺑﻲ ﺣﺴﻲ ﻭ ﺍﺣﺴﺎﺱ ﮔﺰﮔﺰ ﻳﺎ ﺳﻮﺯﻥ ﺳﻮﺯﻥ ﺷﺪﻥ ﺩﺭ ﺍﻃﺮﺍﻑ ﻣﺤﻞ ﮔﺰﺵ

- ﺣﺴﺎﺳﻴﺖ ﺷﺪﻳﺪ ﻧﺴﺒﺖ ﺑﻪ ﻟﻤﺲ (ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﺧﻮﺭﺩ ﺩﺳﺖ ﻳﺎ ﻟﺒﺎﺱ)

- ﺍﺣﺴﺎﺱ ﺿﻌﻒ ﻭ ﺧﺴﺘﮕﻲ

- ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ

- ﺑﻲ ﻗﺮﺍﺭﻱ ﻭ ﺍﺿﻄﺮﺍﺏ

- ﺩﺭﺩ ﻭ ﮔﺮﻓﺘﮕﻲ ﻋﻀﻼﺕ ﺍﻧﺪﺍﻡ

- ﺍﺣﺴﺎﺱ ﺳﻮﺯﺵ ﻭ ﺧﺎﺭﺵ ﻟﺐ ﻫﺎ، ﺯﺑﺎﻥ، ﺣﻠﻖ ﻭ ﮔﻠﻮ

- ﺍﻓﺰﺍﻳﺶ ﺗﺮﺷﺢ ﺑﺰﺍﻕ (ﺁﺏ ﺩﻫﺎﻥ)

- ﺍﺧﺘﻼﻝ ﺗﻜﻠﻢ

- ﺗﭙﺶ ﻗﻠﺐ

- ﺗﻨﺪ ﺷﺪﻥ ﺗﻨﻔﺲ ﻭ ﺍﺣﺴﺎﺱ ﺗﻨﮕﻲ ﻧﻔﺲ

- ﺗﺐ ﺧﻔﻴﻒ

□ ﺩﺭ ﺍﻭﺭژﺍﻧﺲ ﺑﺮﺍﻱ ﺷﻤﺎ ﭘﺎﺩﺯﻫﺮ ﻋﻘﺮﺏ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﭘﺎﺩﺯﻫﺮ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ ﻣﻨﺎﺳﺐ ﻧﻴﺎﺯ ﺑﻪ ﺗﺰﺭﻳﻖ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﺳﺎﺑﻘﻪ ﻱ ﻧﺎﻣﺸﺨﺺ ﻳﺎ ﻗﺪﻳﻤﻲ ﻭﺍﻛﺴﻴﻨﺎﺳﻴﻮﻥ، ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺰﺭﻳﻖ ﺷﺪﻩ ﺍﺳﺖ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻣﻌﺎﻳﻨﺎﺕ ﺍﻧﺠﺎﻡ ﺷﺪﻩ، ﺩﺭ ﺣﺎﻝ ﺣﺎﺿﺮ ﻧﻴﺎﺯ ﺑﻪ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺪﺍﻡ ﻧﺪﺍﺭﻳﺪ .

□ ﺑﺎ ﺗﻮﺟﻪ ﺑﻪ ﻭﺿﻌﻴﺖ ﺁﺳﻴﺐ ﺍﻧﺪﺍﻡ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ ﻛﻪ ﻧﺤﻮﻩ ﻱ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﺁﻥ ﺑﺮ ﺍﺳﺎﺱ ﻧﻈﺮ ﭘﺰﺷﻚ :

ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﻭ ﻛﺎﻣﻞ □ ﺩﺭ ﻃﻮﻝ ﺭﻭﺯ ﻭ ﺑﻴﺪﺍﺭﻱ □ ﻓﻘﻂ ﺩﺭ ﻃﻮﻝ ﺷﺐ □ ﻫﻨﮕﺎﻡ

ﻓﻌﺎﻟﻴﺖ ﻭ ﻛﺎﺭ □ ﺩﺭ ﺣﺪ ﺗﺤﻤﻞ □ ﺭﻭﺯﺍﻧﻪ ﺑﺎ 5-4 ﻧﻮﺑﺖ ﺑﺎﺯ ﻛﺮﺩﻥ ﻛﻮﺗﺎﻩ ﻣﺪﺕ □ ﻣﻲ ﺑﺎﺷﺪ ﻭ ﺑﺎﻳﺪ ﺑﺮﺍﻱ

ﻣﺪﺕ....................... ﺭﻭﺯ ﺑﺎﻗﻲ ﺑﻤﺎﻧﺪ

**ﭘﺲ ﺍﺯ ﺗﺮﺧﻴﺺ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﻧﻜﺎﺕ ﻭ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺯﻳﺮ ﺗﻮﺟﻪ ﻛﻨﻴﺪ :**

.1 ﻋﻼﻳﻢ ﻣﻮﺿﻌﻲ ﻣﺎﻧﻨﺪ ﺩﺭﺩ ﻭ ﺗﻮﺭﻡ ﺣﺪﺍﻗﻞ ﺑﻪ ﻣﺪﺕ 3-1 ﺭﻭﺯ ( ﺗﺎ 72 24 ﺳﺎﻋﺖ) ﺍﺩﺍﻣﻪ ﻣﻲ ﻳﺎﺑﻨﺪ .

.2 ﺩﺭ ﻃﻮﻝ ﭼﻨﺪ ﺭﻭﺯ ﺁﻳﻨﺪﻩ ﻣﻤﻜﻦ ﺍﺳﺖ ﺩﭼﺎﺭ ﺍﺣﺴﺎﺱ ﺿﻌﻒ، ﺑﻲ ﺣﺎﻟﻲ، ﺧﺴﺘﮕﻲ، ﺑﻲ ﺍﺷﺘﻬﺎﻳﻲ ﺧﻔﻴﻒ ﻭ ﻋﻼﻳﻢ ﺷﺒﻴﻪ ﺳﺮﻣﺎﺧﻮﺭﺩﮔﻲ (ﻣﺜﻞ ﺗﺐ ﺧﻔﻴﻒ، ﺳﺮﺩﺭﺩ ﻭ ﺩﺭﺩ ﻋﻀﻼﻧﻲ)ﺑﺎﺷﻴﺪ ﻭ ﻧﻴﺎﺯ ﺑﻪ ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﺧﻮﺍﻫﻴﺪ ﺩﺍﺷﺖ، ﺑﻬﺘﺮ ﺍﺳﺖ ﺩﺭ ﺍﻳﻦ ﻣﺪﺕ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺗﻨﻬﺎ ﻧﻤﺎﻧﻴﺪ ﻭ ﺣﺘﻤﺎ ﺗﻮﺳﻂ ﻳﻜﻲ ﺍﺯ ﺍﻓﺮﺍﺩ ﺧﺎﻧﻮﺍﺩﻩ ﻳﺎ ﻧﺰﺩﻳﻜﺎﻥ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺯﻣﺎﻧﻲ ﻛﻪ ﺑﻪ ﺧﻮﺍﺏ ﻣﻲ ﺭﻭﻳﺪ ﻣﺮﺍﻗﺒﺖ ﺷﻮﻳﺪ، ﺍﻳﻦ ﻓﺮﺩ ﺑﺎﻳﺪ ﻫﻨﮕﺎﻡ ﺧﻮﺍﺏ ﻫﺮ 4-2 ﺳﺎﻋﺖ ﻭﺿﻌﻴﺖ ﺗﻨﻔﺴﻲ ﺷﻤﺎ ﺭﺍ ﺍﺯ ﻧﻈﺮ ﺗﻨﺪ ﻳﺎ ﺻﺪﺍﺩﺍﺭ ﺷﺪﻥ ﻧﻔﺲ ﻫﺎ ﻳﺎﺑﺮﻭﺯ ﺧﺲ ﺧﺲ ﺳﻴﻨﻪ ﻭ ﺳﺨﺘﻲ ﺗﻨﻔﺲ ﺑﺮﺭﺳﻲ ﻛﻨﺪ .

.3 ﺧﻨﻚ ﻛﺮﺩﻥ ﺿﺎﻳﻌﻪ ﺑﺎﻋﺚ ﻛﺎﻫﺶ ﺍﺣﺴﺎﺱ ﺩﺭﺩ ﻭ ﺧﺎﺭﺵ ﻣﻲ ﺷﻮﺩ، ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﻭﺵ ﺁﺏ ﺳﺮﺩ، ﻛﻤﭙﺮﺱ ﺳﺮﺩ ﻳﺎ ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺩﺭ ﻃﻮﻝ -24 72 ﺳﺎﻋﺖ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ (ﻛﻴﺴﻪ ﻱ ﻳﺦ ﺭﺍ ﺩﺭ ﻳﻚ ﭘﻮﺷﺶ ﭘﺎﺭﭼﻪ ﺍﻱ ﭘﻴﭽﻴﺪﻩ ﻭ ﺑﻪ ﻣﺪﺕ 20 ﺩﻗﻴﻘﻪ ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ ﻗﺮﺍﺭ ﺩﻫﻴﺪ، ﺍﺯ ﺗﻤﺎﺱ ﻣﺴﺘﻘﻴﻢ ﻳﺦ ﺑﺎ ﭘﻮﺳﺖ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﺎﻳﻴﺪ، ﺍﻳﻦ ﻛﺎﺭ ﺭﺍ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺑﺎ ﻓﺎﺻﻠﻪ ﻱ 1 ﺳﺎﻋﺖ ﺗﻜﺮﺍﺭ ﻛﻨﻴﺪ)

.4 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺭﺍ (ﻫﻨﮕﺎﻡ ﺧﻮﺍﺑﻴﺪﻥ ﻳﺎ ﻧﺸﺴﺘﻦ) ﺑﺎﻻﺗﺮ ﺍﺯ ﺳﻄﺢ ﺑﺪﻥ ﻗﺮﺍﺭ ﺩﻫﻴﺪ (ﻳﻚ ﻳﺎ ﺩﻭ ﻋﺪﺩ ﺑﺎﻟﺶ ﺭﺍ ﺩﺭ ﺯﻳﺮ ﺍﻧﺪﺍﻡ ﺧﻮﺩ ﺑﻪ ﺷﻜﻠﻲ ﻗﺮﺍﺭ ﺩﻫﻴﺪ ﻛﻪ ﺩﺳﺖ ﻳﺎ ﭘﺎﻱ ﺷﻤﺎ ﺑﺮ ﺭﻭﻱ ﺁﻥ ﺗﻜﻴﻪ ﻛﺮﺩﻩ ﻭ ﺩﺭ ﺍﺭﺗﻔﺎﻉ ﺑﺎﻻﺗﺮ ﺍﺯ ﻗﻠﺐ ﻗﺮﺍﺭ ﺑﮕﻴﺮﺩ ، ﺍ) ﻳﻦ ﻛﺎﺭ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ 24 ﺳﺎﻋﺖ ﺍﻭﻝ ﻣﻮﺛﺮ ﺧﻮﺍﻫﺪ ﺑﻮﺩ.

.5 ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﺪﻳﺪ ﺑﻪ ﻧﻴﺶ ﻋﻘﺮﺏ ، ﺯﻧﺒﻮﺭ ﻳﺎ ﺳﺎﻳﺮ ﺣﺸﺮﺍﺕ ﻭ ﻳﺎ ﺳﺎﺑﻘﻪ ﻱ ﺍﺑﺘﻼ ﺑﻪ ﺁﺳﻢ، ﺣﺴﺎﺳﻴﺖ ﻫﺎﻱ ﺗﻨﻔﺴﻲ ﻳﺎ ﭘﻮﺳﺘﻲ ﻭ ﻛﻬﻴﺮ ﺩﺭ ﺷﻤﺎ ﻳﺎ ﺍﻋﻀﺎﻱ ﺧﺎﻧﻮﺍﺩﻩ ﺗﺎﻥ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺍﻃﻼﻉ ﺩﻫﻴﺪ .

.6 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺩﺍﺭﻭﻱ ﺧﺎﺻﻲ ﺑﺮﺍﻱ ﺷﻤﺎ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ ﻓﻘﻂ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﻃﺒﻖ ﺩﺳﺘﻮﺭ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

.7 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ،ﺑﺮﻭﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻳﺎ ژﻟﻮﻓﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ، ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺍﺯ ﻣﺼﺮﻑ ﺁﺳﭙﻴﺮﻳﻦ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

ﺑﺮﺍﻱ ﺑﻬﺒﻮﺩ ﺧﺎﺭﺵ ﻭ ﺳﻮﺯﺵ ﻭ ﻛﺎﻫﺶ ﺗﻮﺭﻡ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﺩﺍﺭﻭﻫﺎﻱ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ ﻣﺨﺘﻠﻒ ﻣﺜﻞ ﭘﺮﻭﻣﺘﺎﺯﻳﻦ، ﻫﻴﺪﺭﻭﻛﺴﻲ ﺯﻳﻦ،ﻟﻮﺭﺍﺗﺎﺩﻳﻦ، ﺳﺘﻴﺮﻳﺰﻳﻦ، ﻓﻜﺴﻮﻓﻨﺎﺩﻳﻦ ﻳﺎ ﺩﻳﻔﻦ ﻫﻴﺪﺭﺍﻣﻴﻦ (ﺣﺪﺍﻛﺜﺮ ﺳﻪ ﺑﺎﺭ ﺩﺭ ﺭﻭﺯ ) ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.(ﺗﺮﺟﻴﺤﺎ ﻃﺒﻖ ﻧﻈﺮ ﭘﺰﺷﻚ)

.9 ﺗﻮﺟﻪ ﻛﻨﻴﺪ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎﻱ ﺁﻧﺘﻲ ﻫﻴﺴﺘﺎﻣﻴﻦ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺑﺎﻋﺚ ﺍﻳﺠﺎﺩ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﭘﺲ ﺍﺯ ﻣﺼﺮﻑ ﺁﻧﻬﺎ ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﻬﻢ ﻛﻪ ﻧﻴﺎﺯ ﺑﻪ ﺗﻤﺮﻛﺰ ﺫﻫﻨﻲ ﺩﺍﺭﻧﺪ (ﺑﻪ ﺧﺼﻮﺹ ﺭﺍﻧﻨﺪﮔﻲ) ﻛﺎﻣﻼ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.10 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﻧﺘﻲ ﺑﻴﻮﺗﻴﻚ ﺧﻮﺭﺍﻛﻲ ﺗﺠﻮﻳﺰ ﺷﺪﻩ ﺍﺳﺖ،ﺗﻨﻬﺎ ﻫﻤﺎﻥ ﺩﺍﺭﻭ ﺭﺍ ﺩﻗﻴﻘﺎ ﻣﻄﺎﺑﻖ ﺩﺳﺘﻮﺭ ﻭ ﺩﺭ ﺳﺎﻋﺎﺕ ﻣﻌﻴﻦ ﻣﺼﺮﻑ ﻛﺮﺩﻩ ﻭ ﺣﺘﻤﺎ ﺩﻭﺭﻩ ﻱ ﺩﺭﻣﺎﻥ ﺭﺍ ﺗﺎ ﭘﺎﻳﺎﻥ ﻛﺎﻣﻞ ﻧﻤﺎﻳﻴﺪ، ﺩﺭ ﻏﻴﺮ ﺍﻳﻦ ﺻﻮﺭﺕ ﺍﺯ ﻣﺼﺮﻑ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻱ ﺍﻳﻦ ﺩﺍﺭﻭﻫﺎ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.11 ﺍﺯ ﻣﺼﺮﻑ ﺗﺮﻛﻴﺒﺎﺕ ﻣﺨﺘﻠﻒ ﺗﺰﺭﻳﻘﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ ﻛﻮﺭﺗﻮﻥ ﺩﺍﺭ (ﻣﺜﻞ ﺩﮔﺰﺍﻣﺘﺎﺯﻭﻥ، ﺑﺘﺎﻣﺘﺎﺯﻭﻥ، ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ، ﭘﺮﺩﻧﻴﺰﻭﻟﻮﻥ ) ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻭ ﺑﺪﻭﻥ ﺩﺳﺘﻮﺭ ﭘﺰﺷﻚ ﻛﺎﻣﻼ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

.12 ﺍﺯ ﺗﺮﻛﻴﺒﺎﺕ ﮔﻴﺎﻫﻲ ﻧﺎﺷﻨﺎﺧﺘﻪ (ﻣﻮﺿﻌﻲ ﻳﺎ ﺧﻮﺭﺍﻛﻲ) ﺑﻪ ﻫﻴﭻ ﻋﻨﻮﺍﻥ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.13 ﺩﺭ ﺻﻮﺭﺗﻲ ﻛﻪ ﺑﺮﺍﻱ ﺑﻴﻤﺎﺭﻱ ﺧﺎﺻﻲ ﺩﺍﺭﻭﻫﺎﻱ ﺩﻳﮕﺮﻱ ﺭﺍ ﺑﻪ ﻃﻮﺭ ﺩﺍﺋﻢ ﻣﺼﺮﻑ ﻣﻲ ﻛﻨﻴﺪ (ﻣﺜﻞ ﺍﻧﻮﺍﻉ ﻛﻮﺭﺗﻮﻥ ﻳﺎ ﺁﺳﭙﻴﺮﻳﻦ ) ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﺧﻮﺩ ﺍﻃﻼﻉ ﺩﻫﻴﺪ، ﺍﻣﺎ ﺑﻪ ﻫﻴﭻ ﻭﺟﻪ ﺑﻪ ﻃﻮﺭ ﺧﻮﺩﺳﺮﺍﻧﻪ ﻣﺼﺮﻑ ﺩﺍﺭﻭ ﺭﺍ ﺗﻐﻴﻴﺮ ﻧﺪﺍﺩﻩ ﻳﺎ ﻗﻄﻊ ﻧﻜﻨﻴﺪ.

.14 ﺍﺯ ﺧﺎﺭﺍﻧﺪﻥ ﺿﺎﻳﻌﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺧﺎﺭﺵ ﺑﺎﻋﺚ ﺯﺧﻤﻲ ﺷﺪﻥ ﻭ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﺷﺪﻳﺪ ﭘﻮﺳﺘﻲ ﻣﻲ ﺷﻮﺩ.

.15 ﻧﺎﺧﻦ ﻫﺎﻱ ﺧﻮﺩ ﺭﺍ ﻛﺎﻣﻼ ﻛﻮﺗﺎﻩ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﺗﺎ ﺩﺭ ﺻﻮﺭﺕ ﺧﺎﺭﺍﻧﺪﻥ ﻧﺎﺧﻮﺍﺳﺘﻪ ﻱ ﺿﺎﻳﻌﻪ ﺑﻪ ﺧﺼﻮﺹ ﺩﺭ ﺧﻮﺍﺏ ﭘﻮﺳﺖ ﺷﻤﺎ ﺩﭼﺎﺭ ﺯﺧﻢ ﻭ ﻋﻔﻮﻧﺖ ﻧﺸﻮﺩ.

.16 ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺷﺪﻳﺪ ﻣﻲ ﺗﻮﺍﻧﻴﺪ ﺍﺯ ﭘﻤﺎﺩﻫﺎﻳﻲ ﻣﺜﻞ ﻛﺎﻻﻣﻴﻦ، ﻛﺎﻻﻧﺪﻭﻻ ﻳﺎ ﻛﻮﺭﺗﻮﻥ ﻫﺎﻱ ﺧﻔﻴﻒ ( ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ) ﺑﺮ ﺭﻭﻱ ﭘﻮﺳﺖ ﺍﺳﺘﻔﺎﺩﻩ ﻛﻨﻴﺪ.

.17 ﺍﺯ ﺍﻟﻜﻞ ﻳﺎ ﺑﺘﺎﺩﻳﻦ ﻳﺎ ﺁﺏ ﺍﻛﺴﻴﮋﻧﻪ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

18. ﻋﻘﺮﺏ ﮔﺰﻳﺪﮔﻲ ﺍﻏﻠﺐ ﻧﻴﺎﺯ ﺑﻪ ﭘﺎﻧﺴﻤﺎﻥ ﻭ ﭘﻮﺷﻴﺪﻩ ﺷﺪﻥ ﺑﺎ ﺑﺎﻧﺪ ﻭ ﮔﺎﺯ ﺍﺳﺘﺮﻳﻞ ﻧﺪﺍﺭﺩ ﻭ ﺩﺭ ﺻﻮﺭﺕ ﻧﻴﺎﺯ ﺑﻪ ﺍﻧﺠﺎﻡ ﺁﻥ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺑﻪ ﺷﻤﺎ ﺍﻃﻼﻉ ﺩﺍﺩﻩ ﺷﺪﻩ ﺍﺳﺖ.

.19 ﮔﺮﻣﺎ ﺩﺭ ﺍﻏﻠﺐ ﻣﻮﺍﺭﺩ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﻗﺮﻣﺰﻱ ﻭ ﺍﻟﺘﻬﺎﺏ ﺿﺎﻳﻌﺎﺕ ﻭ ﺑﻴﺸﺘﺮ ﺷﺪﻥ ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﻣﻲ ﺷﻮﺩ، ﺑﻨﺎﺑﺮﺍﻳﻦ ﺑﺎﻳﺪ ﺍﺯ ﮔﺮﻡ ﺷﺪﻥ ﺁﻥ (ﻣﺜﻼ ﺗﻤﺎﺱ ﺑﺎ ﺁﺏ ﮔﺮﻡ، ﺑﺨﺎﺭ ﺁﺏ ﺩﺍﻍ، ﻓﻌﺎﻟﻴﺖ ﺩﺭ ﻫﻮﺍﻱ ﮔﺮﻡ ) ﭘﺮﻫﻴﺰ ﺷﻮﺩ.

.20 ﺗﺎﺑﺶ ﻣﺴﺘﻘﻴﻢ ﺁﻓﺘﺎﺏ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﺭﺍ ﻛﺎﻣﻼ ﻣﺤﺪﻭﺩ ﻛﻨﻴﺪ.

.21 ﻟﺒﺎﺱ ﻫﺎﻱ ﻛﺎﻣﻼ ﻧﺨﻲ ﻭ ﭘﻮﺷﻴﺪﻩ ﺑﺎ ﺁﺳﺘﻴﻦ ﻭ ﭘﺎﭼﻪ ﻫﺎﻱ ﺑﻠﻨﺪ ﺑﺮ ﺗﻦ ﻛﻨﻴﺪ ﺗﺎ ﺗﻤﺎﺱ ﺿﺎﻳﻌﻪ ﺑﺎ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ ﺑﺎﻋﺚ ﺗﺤﺮﻳﻚ ﺁﻧﻬﺎ ﻧﺸﻮﺩ، ﺩﻗﺖ ﻛﻨﻴﺪ ﻛﻪ ﻟﺒﺎﺱ ﻫﺎ ﻛﺎﻣﻼ ﮔﺸﺎﺩ ﻭ ﺁﺯﺍﺩ ﺑﺎﺷﻨﺪ ﺗﺎ ﺗﻤﺎﺱ ﺧﻮﺩ ﺁﻥ ﻫﺎ ﺑﺎ ﭘﻮﺳﺖ ﺑﺎﻋﺚ ﺗﺸﺪﻳﺪ ﺩﺭﺩ ﻭ ﻧﺎﺭﺍﺣﺘﻲ ﻧﮕﺮﺩﺩ.

.22 ﺗﻤﺎﺱ ﺧﻮﺩ ﺑﺎ ﮔﻞ ﻫﺎ ﻭ ﮔﻴﺎﻫﺎﻥ ( ﻣﺜﻼ ﺣﻀﻮﺭ ﺩﺭ ﺑﺎﻍ ﻳﺎ ﭘﺎﺭﻙ ﻳﺎ ﮔﻞ ﻓﺮﻭﺷﻲ ) ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻣﺤﺪﻭﺩ ﻛﻨﻴﺪ.

.23 ﺑﻪ ﻃﻮﺭ ﻣﺮﺗﺐ ﺍﺳﺘﺤﻤﺎﻡ ﻛﺮﺩﻩ ﻭ ﭘﻮﺳﺖ ﺭﺍ ﻛﺎﻣﻼ ﺗﻤﻴﺰ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﺗﺎ ﺍﺯ ﺑﺮﻭﺯ ﻋﻔﻮﻧﺖ ﻫﺎﻱ ﺛﺎﻧﻮﻳﻪ ﭘﻴﺶ ﮔﻴﺮﻱ ﺷﻮﺩ.

.24 ﺍﺯ ﺻﺎﺑﻮﻥ ﻫﺎ ﻳﺎ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﻱ ﻣﻌﻄﺮ ﺑﺮﺍﻱ ﺍﺳﺘﺤﻤﺎﻡ ﻭ ﺷﺴﺘﻦ ﻟﺒﺎﺱ ﻫﺎ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ ﻭ ﺍﺯ ﺗﻤﺎﺱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺿﺎﻳﻌﺎﺕ ﺑﺎ ﻛﻒ ﻭ ﻣﻮﺍﺩ ﺷﻮﻳﻨﺪﻩ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﻮﺩﻩ ﻭ ﺑﻼﻓﺎﺻﻠﻪ ﭘﺲ ﺍﺯ ﺷﺴﺘﺸﻮ ﻣﺤﻞ ﮔﺰﺵ ﺭﺍ ﺧﺸﻚ ﻧﻤﺎﻳﻴﺪ.

.25 ﺍﺯ ﺍﺻﻼﺡ ﻭ ﺗﺮﺍﺷﻴﺪﻥ ﻣﻮﻫﺎﻱ ﻧﺎﺣﻴﻪ ﻱ ﮔﺰﺵ ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﭘﺮﻫﻴﺰ ﻛﻨﻴﺪ.

.26 ﺍﺯ ﺗﻤﺎﺱ ﻧﺰﺩﻳﻚ ﺑﺎ ﺣﻴﻮﺍﻧﺎﺕ، ﭘﺮﻧﺪﮔﺎﻥ ﻭ ﻓﻀﻮﻻﺕ ﺁﻧﻬﺎ ﺩﻭﺭﻱ ﻛﻨﻴﺪ.

.27 ﺍﺯ ﺗﻤﺎﺱ ﺧﺎﻙ ﻭ ﮔﺮﺩ ﻭ ﻏﺒﺎﺭ ﺑﺎ ﭘﻮﺳﺖ ﻣﺤﻞ ﮔﺰﺵ ﺟﻠﻮﮔﻴﺮﻱ ﻧﻤﺎﻳﻴﺪ.

.28 ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺍﻧﻮﺍﻉ ﻛﺮﻡ ﻫﺎ ﻭ ﻟﻮﺳﻴﻮﻥ ﻫﺎﻱ ﺁﺭﺍﻳﺸﻲ ﻣﺨﺘﻠﻒ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.29 ﻣﺼﺮﻑ ﻫﺮﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺑﻬﺪﺍﺷﺘﻲ، ﺁﺭﺍﻳﺸﻲ، ﺷﻮﻳﻨﺪﻩ ﻭ ﺍﻧﻮﺍﻉ ﻋﻄﺮ ﻭ ﺍﺳﭙﺮﻱ (ﺑﻮﻳﮋﻩ ﺑﺎ ﺑﻮﻫﺎﻱ ﺗﻨﺪ ﻭ ﺷﺪﻳﺪ) ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﻛﺎﻫﺶ ﺩﻫﻴﺪ.

.30 ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﻛﺎﻣﻞ ﺍﺯ ﻣﻮﺍﺩ ﺷﻴﻤﻴﺎﻳﻲ ﻳﺎ ﺑﻬﺪﺍﺷﺘﻲ ﻏﻴﺮﺿﺮﻭﺭﻱ ﻣﺎﻧﻨﺪ ﺭﻧﮓ ﻣﻮ ﺍﺳﺘﻔﺎﺩﻩ ﻧﻜﻨﻴﺪ.

.31 ﺍﺯ ﺷﻨﺎ ﻛﺮﺩﻥ ﺩﺭ ﺍﺳﺘﺨﺮﻫﺎﻱ ﻋﻤﻮﻣﻲ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.32 ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺍﺯ ﺍﺳﺘﻌﻤﺎﻝ ﺳﻴﮕﺎﺭ ﻭ ﻗﻠﻴﺎﻥ ﻭ ﺗﻤﺎﺱ ﺑﺎ ﺍﻧﻮﺍﻉ ﺩﻭﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

33. ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺟﺴﻤﺎﻧﻲ ﻭ ﺧﺴﺘﮕﻲ ﺷﺪﻳﺪ ﺑﻮﻳﮋﻩ ﺩﺭ ﻫﻮﺍﻱ ﮔﺮﻡ ﺧﻮﺩﺩﺍﺭﻱ ﻛﺮﺩﻩ، ﺍﺳﺘﺮﺍﺣﺖ ﻛﺎﻓﻲ ﺩﺍﺷﺘﻪ ﺑﺎﺷﻴﺪ ﻭ ﻣﺎﻳﻌﺎﺕ ﻛﺎﻓﻲ ﺑﻨﻮﺷﻴﺪ.

.34 ﺍﻧﺪﺍﻣﻲ ﻛﻪ ﺩﭼﺎﺭ ﮔﺰﺵ ﺷﺪﻩ ﺍﺳﺖ ﺭﺍ ﺗﺎ ﺣﺪ ﺍﻣﻜﺎﻥ ﺑﻲ ﺣﺮﻛﺖ ﻭ ﺩﺭ ﺣﺎﻟﺖ ﺍﺳﺘﺮﺍﺣﺖ (ﺗﺮﺟﻴﺤﺎ ﺑﺎﻻﺗﺮ ﺍﺯ ﺳﻄﺢ ﺑﺪﻥ) ﻧﮕﺎﻩ ﺩﺍﺷﺘﻪ ﻭ ﺍﺯ ﺍﻧﺠﺎﻡ ﻓﻌﺎﻟﻴﺖ ﻫﺎﻱ ﻣﺨﺘﻠﻒ ﻛﻪ ﺑﺎﻋﺚ ﻓﺸﺎﺭ ﺑﺮ ﻋﻀﻼﺕ ﻣﻲ ﺷﻮﺩ ﻣﺎﻧﻨﺪ ﺭﺍﻩ ﺭﻓﺘﻦ ﻃﻮﻻﻧﻲ،ﭘﺮﺵ ﺍﺯ ﺍﺭﺗﻔﺎﻉ، ﺩﻭﻳﺪﻥ ﻭ ﺣﻤﻞ ﺑﺎﺭﻫﺎﻱ ﺳﻨﮕﻴﻦ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.35 ﭼﻨﺎﻧﭽﻪ ﺑﺮﺍﻱ ﺷﻤﺎ ﺁﺗﻞ ﮔﻴﺮﻱ ﺍﻧﺠﺎﻡ ﺷﺪﻩ ﺍﺳﺖ، ﺍﺯ ﺑﺎﺯ ﻛﺮﺩﻥ ﻣﺪﺍﻭﻡ ﻭ ﺩﻟﺨﻮﺍﻩ ﺁﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ، ﺁﺗﻞ ﺧﻮﺩ ﺭﺍ ﻫﻤﻮﺍﺭﻩ ﺑﺴﺘﻪ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻣﮕﺮ ﺁﻥ ﻛﻪ ﭘﺰﺷﻚ ﻫﻨﮕﺎﻡ ﺗﺮﺧﻴﺺ ﺍﺟﺎﺯﻩ ﻱ ﺑﺎﺯ ﻛﺮﺩﻥ ﺁﻥ ﺭﺍ ﺩﺭ ﻣﻮﺍﻗﻊ ﺧﺎﺹ ﻣﺎﻧﻨﺪ ﺷﺐ ﻫﺎ ﺑﺮﺍﻱ ﺧﻮﺍﺏ ﻭ ﻳﺎ ﻫﻨﮕﺎﻡ ﺣﻤﺎﻡ ﻛﺮﺩﻥ ﺩﺍﺩﻩ ﺑﺎﺷﺪ.

.36 ﺁﺗﻞ ﺭﺍ ﻧﺰﺩﻳﻚ ﺑﻪ ﻣﻨﺎﺑﻊ ﺣﺮﺍﺭﺗﻲ (ﺷﻌﻠﻪ، ﺑﺨﺎﺭﻱ، ﻧﻮﺭ ﺁﻓﺘﺎﺏ ﻣﺴﺘﻘﻴﻢ) ﻗﺮﺍﺭ ﻧﺪﻫﻴﺪ ﭼﻮﻥ ﺑﺎﻋﺚ ﻧﺮﻡ ﺷﺪﻥ ﻭ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺁﻥ ﻣﻲ ﺷﻮﺩ ﻭ ﺍﺛﺮﮔﺬﺍﺭﻱ ﻣﻄﻠﻮﺏ ﺁﻥ ﺍﺯ ﺑﻴﻦ ﻣﻲ ﺭﻭﺩ.

.37 ﺍﺯ ﻭﺍﺭﺩ ﻛﺮﺩﻥ ﺿﺮﺑﻪ ﻫﺎﻱ ﺳﺨﺖ ﻭ ﺳﻨﮕﻴﻦ ﻛﻪ ﺍﺣﺘﻤﺎﻻً ﺑﺎﻋﺚ ﺷﻜﺴﺘﻦ / ﺗﺮﻙ ﺧﻮﺭﺩﻥ/ ﺳﻮﺭﺍﺥ ﺷﺪﻥ/ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺁﺗﻞ ﻣﻲ ﺷﻮﺩ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

.38 ﺁﺗﻞ ﺧﻮﺩ ﺭﺍ ﺗﻤﻴﺰ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ ﻭ ﺍﺯ ﻭﺭﻭﺩ ﻫﺮﮔﻮﻧﻪ ﻣﻮﺍﺩ ﺯﺍﻳﺪ ﻭ ﺁﻟﻮﺩﮔﻲ ﺑﻪ ﺩﺍﺧﻞ ﺁﻥ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ ﻭ ﻫﻨﮕﺎﻡ ﻏﺬﺍ ﺧﻮﺭﺩﻥ ﺭﻭﻱ ﺁﻥ ﺭﺍ ﺑﭙﻮﺷﺎﻧﻴﺪ.

.39 ﺩﺭ ﺻﻮﺭﺕ ﺍﻣﻜﺎﻥ ﺭﻭﺯﺍﻧﻪ 2 ﻧﻮﺑﺖ ﺩﺭﺟﻪ ﺣﺮﺍﺭﺕ ﺑﺪﻥ ﺧﻮﺩ ﺭﺍ ﺑﺎ ﺗﺐ ﮔﻴﺮ ﺍﻧﺪﺍﺯﻩ ﮔﻴﺮﻱ ﻛﻨﻴﺪ.

.40 ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﺪﻳﺪ ﻧﺴﺒﺖ ﺑﻪ ﻧﻴﺶ ﻋﻘﺮﺏ، ﺯﻧﺒﻮﺭ ﻳﺎ ﺳﺎﻳﺮ ﺣﺸﺮﺍﺕ (ﻣﺜﻞ ﺗﻨﮕﻲ ﻧﻔﺲ ﻳﺎ ﻗﺮﻣﺰﻱ ﻭ ﺧﺎﺭﺵ ﻛﻞ ﺑﺪﻥ) ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﺩﺍﺷﺘﻪ ﻭ ﻧﻴﺰ ﺩﺭ ﻣﺤﻴﻂ ﻛﺎﺭ ﻳﺎ ﺯﻧﺪﮔﻲ ﺗﺎﻥ ﺍﺣﺘﻤﺎﻝ ﺑﺮﻭﺯ ﮔﺰﺵ ﻣﺠﺪﺩ ﻭﺟﻮﺩ ﺩﺍﺭﺩ ﺗﻮﺻﻴﻪ ﻣﻲ ﺷﻮﺩ ﺟﻬﺖ ﺑﺮﺭﺳﻲ ﻫﺎﻱ ﺗﻜﻤﻴﻠﻲ ﻭ ﺩﺭ ﻣﺎﻥ ﻫﺎﻱ ﺣﺴﺎﺳﻴﺖ ﺯﺩﺍﻳﻲ ﺑﻪ ﻣﺘﺨﺼﺺ ﺁﻟﺮژﻱ ﻭ ﺳﻴﺴﺘﻢ ﺍﻳﻤﻨﻲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ.

ﺩﺭ ﺻﻮﺭﺕ ﺑﺮﻭﺯ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺯﻳﺮ ﻣﺠﺪﺩﺍ ﺑﻪ ﺍﻭﺭژﺍﻧﺲ ﻳﺎ ﭘﺰﺷﻚ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :

- ﻋﺪﻡ ﺑﻬﺒﻮﺩﻱ ﻋﻼﻳﻢ ﭘﺲ ﺍﺯ 72 ﺳﺎﻋﺖ

- ﺗﺸﺪﻳﺪ ﺗﻮﺭﻡ ﺿﺎﻳﻌﻪ ﻭ ﮔﺴﺘﺮﺵ ﻳﺎ ﺩﺭﺩﻧﺎﻛﻲ ﺷﺪﻳﺪ ﺁﻥ

- ﺧﺎﺭﺵ ﻭ ﺳﻮﺯﺵ ﺑﺴﻴﺎﺭ ﺷﺪﻳﺪ ﺿﺎﻳﻌﻪ ﺑﺎ ﻭﺟﻮﺩ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ

- ﺑﺮﻭﺯ ﺗﺎﻭﻝ ﻳﺎ ﺯﺧﻤﻲ ﺷﺪﻥ ﺿﺎﻳﻌﺎﺕ

- ﺗﺸﺪﻳﺪ ﻗﺮﻣﺰﻱ ﻭ ﮔﺮﻣﻲ ﺿﺎﻳﻌﻪ ﻳﺎ ﻛﺒﻮﺩﻱ ﺷﺪﻳﺪ ﺁﻥ

- ﺗﺮﺷﺢ ﭼﺮﻛﻲ ﻭ ﺑﺪﺑﻮ ﺍﺯ ﻣﺤﻞ ﮔﺰﺵ

- ﺑﺮﻭﺯ ﺩﺭﺩ ﺷﺪﻳﺪ ﻳﺎ ﺗﻮﺭﻡ ﻳﺎ ﺗﻐﻴﻴﺮ ﺭﻧﮓ (ﻗﺮﻣﺰﻱ ﻳﺎ ﻛﺒﻮﺩﻱ) ﺩﺭ ﺳﺮﺍﺳﺮ ﺍﻧﺪﺍﻣﻲ ﻛﻪ ﺩﭼﺎﺭ ﮔﺰﺵ ﺷﺪﻩ ﺍﺳﺖ ﻳﺎ ﺩﺭﺩﻧﺎﻙ ﺷﺪﻥ ﺣﺮﻛﺎﺕ ﺍﻧﺪﺍﻡ ﻳﺎ ﺗﻐﻴﻴﺮ ﺭﻧﮓ ﻧﺎﺧﻦ ﻫﺎﻱ ﺁﻥ

- ﺑﺮﻭﺯ ﻛﻬﻴﺮ ﻳﺎ ﺿﺎﻳﻌﺎﺕ ﭘﻮﺳﺘﻲ ﺩﺭ ﺳﺮﺍﺳﺮ ﺑﺪﻥ

- ﺍﺣﺴﺎﺱ ﺧﺎﺭﺵ ﺩﺭ ﺳﺮﺍﺳﺮ ﺑﺪﻥ

- ﺗﻨﮕﻲ ﻧﻔﺲ، ﺳﺨﺘﻲ ﺗﻨﻔﺲ ﻳﺎ ﺗﻨﻔﺲ ﺻﺪﺍﺩﺍﺭ ( ﺧﺲ ﺧﺲ ﺳﻴﻨﻪ )

- ﺳﺮﻓﻪ ﻱ ﺷﺪﻳﺪ ﻳﺎ ﮔﺮﻓﺘﮕﻲ ﮔﻠﻮ

- ﺍﺧﺘﻼﻝ ﻭ ﺳﺨﺘﻲ ﺑﻠﻊ ﻭ ﻧﺎﺗﻮﺍﻧﻲ ﺩﺭ ﻓﺮﻭ ﺑﺮﺩﻥ ﻣﻮﺍﺩ ﻣﺨﺘﻠﻒ

- ﺑﻴﺮﻭﻥ ﺭﻳﺨﺘﻦ ﺑﺰﺍﻕ (ﺁﺏ ﺩﻫﺎﻥ) ﺍﺯ ﺩﻫﺎﻥ

- ﺗﻮﺭﻡ ﺷﺪﻳﺪ ﻭ ﻗﺮﻣﺰﻱ ﺯﺑﺎﻥ، ﺣﻠﻖ، ﮔﻠﻮ ﻭ ﻟﺐ ﻫﺎ

- ﺗﻮﺭﻡ ﺍﻃﺮﺍﻑ ﭼﺸﻢ، ﺻﻮﺭﺕ ﻳﺎ ﺩﺳﺖ ﻭ ﭘﺎﻫﺎ

- ﻫﺮﮔﻮﻧﻪ ﺧﻮﻧﺮﻳﺰﻱ ﺍﺯ ﻫﺮ ﻧﻘﻄﻪ ﻱ ﺑﺪﻥ

- ﺗﺐ ﺑﺎﻻﺗﺮ ﺍﺯ 38 ﺩﺭﺟﻪ ﻭ ﺣﻤﻼﺕ ﻟﺮﺯ

- ﺳﺮﺩﺭﺩ ﻣﻘﺎﻭﻡ ﺑﻪ ﺩﺭﻣﺎﻥ ﺑﺎ ﺩﺍﺭﻭﻫﺎﻱ ﺿﺪ ﺩﺭﺩ ﻣﻌﻤﻮﻟﻲ ﻣﺜﻞ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ ﻭ ﺑﺮﻭﻓﻦ

- ﺳﺮﮔﻴﺠﻪ ﺷﺪﻳﺪ ﻭ ﭘﺎﻳﺪﺍﺭ

- ﺗﺸﻨﺞ

- ﺭﻧﮓ ﭘﺮﻳﺪﮔﻲ ﻳﺎ ﺗﻌﺮﻳﻖ ﺷﺪﻳﺪ

- ﺩﺭﺩ ﻳﺎ ﺳﻨﮕﻴﻨﻲ ﻭ ﮔﺮﻓﺘﮕﻲ ﻗﻔﺴﻪ ﻱ ﺳﻴﻨﻪ ﻳﺎ ﺗﭙﺶ ﻗﻠﺐ

- ﺍﺳﻬﺎﻝ، ﺗﻬﻮﻉ ﻭ ﺍﺳﺘﻔﺮﺍﻍ ﻳﺎ ﺩﺭﺩ ﺷﻜﻢ

- ﺩﺭﺩ، ﺳﻔﺘﻲ ﻳﺎ ﺗﻮﺭﻡ ﻣﻔﺎﺻﻞ ( ﺯﺍﻧﻮ، ﺍﻧﮕﺸﺘﺎﻥ،......)

- ﺿﻌﻒ ﻭ ﺑﻲ ﺣﺎﻟﻲ ﻳﺎ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ

- ﺑﺮﻭﺯ ﻋﻮﺍﺭﺽ ﻧﺎﺷﻲ ﺍﺯ ﻣﺼﺮﻑ ﺩﺍﺭﻭﻫﺎ ﺑﻪ ﺧﺼﻮﺹ ﺧﻮﺍﺏ ﺁﻟﻮﺩﮔﻲ ﺷﺪﻳﺪ

- ﺷﻜﺴﺘﻦ، ﺁﺳﻴﺐ ﺩﻳﺪﻥ، ﺧﻴﺲ ﺷﺪﻥ ﻳﺎ ﺗﻐﻴﻴﺮ ﺷﻜﻞ ﺁﺗﻞ

**ﺍﮔﺮ ﺩﺭ ﺁﻳﻨﺪﻩ ﻣﺠﺪﺩﺍ ﺩﭼﺎﺭ ﻋﻘﺮﺏ ﮔﺰﻳﺪﮔﻲ ﺷﺪﻳﺪ :**

- ﺁﺭﺍﻡ ﺑﺎﺷﻴﺪ ﻭ ﺧﻮﻧﺴﺮﺩﻱ ﺧﻮﺩ ﺭﺍ ﺣﻔﻆ ﻛﻨﻴﺪ.

- ﺳﺮﻳﻌﺎ ﺍﺯ ﺁﻥ ﻣﺤﻞ ﺩﻭﺭ ﺷﺪﻩ، ﺑﻪ ﻣﺤﻴﻂ ﺍﻳﻤﻨﻲ ﺑﺮﻭﻳﺪ .

- ﺍﺯ ﺣﺮﻛﺖ ﻭ ﻓﻌﺎﻟﻴﺖ ﺯﻳﺎﺩ ﻭ ﺷﺪﻳﺪ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ .

- ﺍﮔﺮ ﺗﻨﻬﺎ ﻫﺴﺘﻴﺪ ﺑﺎ ﻓﺮﻳﺎﺩﺯﺩﻥ ﻳﺎ ﺗﻤﺎﺱ ﺗﻠﻔﻦ ﻫﻤﺮﺍﻩ ﺍﺯ ﻳﻚ ﻧﻔﺮ ﺩﺭﺧﻮﺍﺳﺖ ﻛﻤﻚ ﻧﻤﺎﻳﻴﺪ.

- ﺁﺭﺍﻡ ﻭ ﻋﻤﻴﻖ ﻧﻔﺲ ﺑﻜﺸﻴﺪ.

- ﺍﺯ ﺷﻜﺎﻓﺘﻦ ﻣﺤﻞ ﮔﺰﺵ، ﻣﻜﻴﺪﻥ ﺁﻥ ﻳﺎ ﺑﺴﺘﻦ ﻣﺤﻜﻢ ﺍﻧﺪﺍﻡ ﺩﺭ ﺑﺎﻻﺗﺮ ﺍﺯ ﻣﺤﻞ ﮔﺰﺵ ﺟﺪﺍ ﺧﻮﺩﺩﺍﺭﻱ ﻛﻨﻴﺪ.

- ﻣﺤﻞ ﮔﺰﺵ ﺭﺍ ﺑﺎ ﺁﺏ ﻭ ﺻﺎﺑﻮﻥ ﺑﺸﻮﻳﻴﺪ ﻭ ﺑﺎ ﺍﺳﺘﻔﺎﺩﻩ ﺍﺯ ﻳﻚ ﺩﺳﺘﻤﺎﻝ ﭘﺎﺭﭼﻪ ﺍﻱ ﻛﺘﺎﻧﻲ ﺗﻤﻴﺰ ﺧﺸﻚ ﻛﻨﻴﺪ، ﺍﺯ ﺳﺎﻳﻴﺪﻥ ﻭ ﻣﺎﻟﺶ ﺷﺪﻳﺪ ﺿﺎﻳﻌﻪ ﺧﻮﺩﺩﺍﺭﻱ ﻧﻤﺎﻳﻴﺪ.

- ﺍﻧﺪﺍﻡ ﺭﺍ ﺑﺎﻻﺗﺮ ﺍﺯ ﺳﻄﺢ ﺑﺪﻥ ﻧﮕﺎﻩ ﺩﺍﺭﻳﺪ.

- ﻣﻘﺪﺍﺭ ﻛﻤﻲ ﭘﻤﺎﺩ ﻛﺎﻻﻣﻴﻦ، ﻛﺎﻻﻧﺪﻭﻻ ﻳﺎ ﻫﻴﺪﺭﻭﻛﻮﺭﺗﻴﺰﻭﻥ ﺑﺮ ﺭﻭﻱ ﺿﺎﻳﻌﻪ ﺑﻤﺎﻟﻴﺪ.

- ﺑﺮﺍﻱ ﻛﺎﻫﺶ ﺩﺭﺩ ﺍﺳﺘﺎﻣﻴﻨﻮﻓﻦ، ﺑﺮﻭﻓﻦ، ﻧﺎﭘﺮﻭﻛﺴﻦ ﻳﺎ ژﻟﻮﻓﻦ ﻣﺼﺮﻑ ﻛﻨﻴﺪ.

- ﺗﺎ ﺯﻣﺎﻥ ﺑﻬﺒﻮﺩﻱ ﺑﻪ ﺗﻮﺻﻴﻪ ﻫﺎﻱ ﺑﺎﻻ ﻛﺎﻣﻼ ﻋﻤﻞ ﻧﻤﺎﻳﻴﺪ.

**ﺩﺭ ﻣﻮﺍﺭﺩ ﺯﻳﺮ ﺣﺘﻤﺎ ﺑﻪ ﭘﺰﺷﻚ ﻳﺎ ﻣﺮﻛﺰ ﺍﻭﺭژﺍﻧﺲ ﻣﺮﺍﺟﻌﻪ ﻛﻨﻴﺪ :**

* + ﺍﮔﺮ ﻣﺤﻞ ﮔﺰﺵ ﺩﺭ ﺳﺮ، ﺻﻮﺭﺕ، ﮔﺮﺩﻥ، ﺩﺍﺧﻞ ﺩﻫﺎﻥ ﻳﺎ ﺑﻴﻨﻲ ﻭ ﭼﺸﻢ ﻫﺎ ﺍﺳﺖ.
  + ﺍﮔﺮ ﺩﭼﺎﺭ ﮔﺰﺵ ﺩﺭ ﭼﻨﺪﻳﻦ ﻧﻘﻄﻪ ﻱ ﻣﺨﺘﻠﻒ ﻭ ﻣﺘﻌﺪﺩ ﺷﺪﻩ ﺍﻳﺪ.
  + ﺍﮔﺮ ﻫﺮ ﻳﻚ ﺍﺯ ﻋﻼﻳﻢ ﺑﺎﻻ ﺩﺭ ﺷﻤﺎ ﺑﺮﻭﺯ ﻛﺮﺩﻩ ﺍﺳﺖ.
  + ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺣﺴﺎﺳﻴﺖ ﺷﺪﻳﺪ ﺑﻪ ﻧﻴﺶ ﻋﻘﺮﺏ، ﺯﻧﺒﻮﺭ ﻳﺎ ﺳﺎﻳﺮ ﺣﺸﺮﺍﺕ ﺭﺍ ﺩﺍﺭﻳﺪ.
  + ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﺍﺑﺘﻼ ﺑﻪ ﺁﺳﻢ، ﺣﺴﺎﺳﻴﺖ ﻫﺎﻱ ﺗﻨﻔﺴﻲ ﻳﺎ ﭘﻮﺳﺘﻲ ﻭ ﻛﻬﻴﺮ ﺩﺭ ﺷﻤﺎ ﻭﺟﻮﺩ ﺩﺍﺭﺩ.
  + ﺍﮔﺮ ﺍﺯ ﺁﺧﺮﻳﻦ ﺯﻣﺎﻧﻲ ﻛﻪ ﻭﺍﻛﺴﻦ ﻛﺰﺍﺯ ﺗﺰﺭﻳﻖ ﻛﺮﺩﻩ ﺍﻳﺪ ﺑﻴﺶ ﺍﺯ 10 ﺳﺎﻝ ﻣﻲ ﮔﺬﺭﺩ.
  + ﺍﮔﺮ ﺳﺎﺑﻘﻪ ﻱ ﻣﺮگ، ﻧﺎﺭﺳﺎﻳﻲ ﻗﻠﺒﻲ –ﺗﻨﻔﺴﻲ ﻳﺎ ﺑﺴﺘﺮﻱ ﻃﻮﻻﻧﻲ ﻣﺪﺕ ﺩﺭ ﺍﺛﺮ ﻋﻘﺮﺏ ﮔﺰﻳﺪﮔﻲ ﺩﺭ ﺳﺎﻛﻨﺎﻥ ﻣﻨﻄﻘﻪ ﻱ ﻣﺤﻞ ﺯﻧﺪﮔﻲ ﺷﻤﺎ ﻭﺟﻮﺩ ﺩﺍﺭﺩ.

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184. www.uptodate.com/patients : Nausea and vomiting in adults (The Basics)

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187. www.uptodate.com/patients : Head injury in children and adolescents (The Basics)

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189. www.uptodate.com/patients : Headache (The Basics)

190. www.uptodate.com/patients : Headache causes and diagnosis in adults

191. www.uptodate.com/patients : Headache treatment in adults

192. www.uptodate.com/patients : Migraine headaches in adults

193. www.uptodate.com/patients : Neck pain (The Basics)

194. www.uptodate.com/patients : Neck pain

195. www.uptodate.com/patients : Kidney stones (The Basics)

196. www.uptodate.com/patients : Kidney stones in adults

197. www.uptodate.com/patients : Cast and splint care (The Basics)

198. www.uptodate.com/patients : Cast and splint care

199. www.uptodate.com/patients : Anaphylaxis (The Basics)

200. www.uptodate.com/patients : Anaphylaxis symptoms and diagnosis

201. www.uptodate.com/patients : Anaphylaxis treatment and prevention

202. www.uptodate.com/patients : Contact dermatitis (including latex dermatitis)

203. www.uptodate.com/patients : Dermatitis (The Basics)

204. www.uptodate.com/patients : Eczema (atopic dermatitis) (The Basics)

205. www.uptodate.com/patients : Food allergy (The Basics)

206. www.uptodate.com/patients : Food allergy symptoms and diagnosis

207. www.uptodate.com/patients : Food allergy treatment and avoidance

208. www.uptodate.com/patients : Hives (The Basics)

209. www.uptodate.com/patients : Hives (urticaria)

210. www.uptodate.com/patients : Bladder infection (The Basics)

211. www.uptodate.com/patients : Bladder infections in adolescents and adults

212. www.uptodate.com/patients : Kidney infection (pyelonephritis)

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