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| **INSTITUCIÓN** | **AREA** | **LOCALIZACIÓN** | | | **N° HISTORIA CLÍNICA** |
| PARROQUIA | CANTÓN | PROVINCIA |
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| **1 REGISTRO DE ADMISION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APELLIDO PATERNO APELLIDO MATERNO | | | | | | | | | | | | | | | NOMBRES NACIONALIDAD | | | | | | | | | Nº CÉDULA DE CIUDADANIA | | | |
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| DIRECCIÓN DE RESIDENCIA HABITUAL | | | | | | | | | | | | | | | CANTON PROVINCIA | | | | | | | | | Nº TELÉFONO | | | |
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| FECHA DE ATENCION | | | HORA | | EDAD | | SEXO | | | | ESTADO CIVIL | | | | | INSTRUCCIÓN | | | | | OCUPACION | | | Nº SEGURO DE SALUD | | | |
| MAS | FEM | | | SOL | CAS | DIV | VIU | UL | SIN | BASI | BACH | SUPE | ESPE | IESS |  | OTRO |  |
|  | | |  | |  | |  |  | | |  |  |  |  |  |  |  |  |  |  |  | | |  | | | |
| NOMBRE DE LA PERSONA PARA NOTIFICACION | | | | | | | | | PARENTESCO O AFINIDAD | | | | | | DIRECCION | | | | | | | | | Nº TELEFONO | | | |
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| NOMBRE DEL ACOMPAÑANTE | | | | | | | | | Nº CÉDULA DE IDENTIDAD | | | | | | DIRECCION | | | | | | | | | Nº TELEFONO | | | |
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| FORMA DE LLEGADA | | | | | | | | | FUENTE DE INFORMACIÓN | | | | | | INSTITUCION O PERSONA QUE ENTREGA AL PACIENTE | | | | | | | | | Nº TELEFONO | | | |
| AMBULATORIO |  | SILLA DE RUEDAS | |  | | CAMILLLA |  | | |  | | | | |  | | | | | | | | |  | | | |

MAS: MASCULINO - FEM: FEMENINO / SOL: SOLTERO – CAS: CASADO - DIV: DIVORCIADO - VIU: VIUDO - UL: UNION LIBRE / SIN: SIN INSTRUCCIÓN - BASI: BASICA - BACH: BACHILLERATO - SUPE: SUPERIOR - ESPE: ESPECIAL

| **2 INICIO DE ATENCION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| HORA |  | | VIA AEREA LIBRE | | |  | | VIA AEREA OBSTRUIDA | | | |  | | GRUPO - Rh | | | |  | | | | CONDICIONES DE LLEGADA | | | | ESTA BLE | | |  | | | INESTABLE | | | |  | OTRO | | | | |  | |
| MOTIVO DE LLEGADA | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3 ACCIDENTE, VIOLENCIA, INTOXICACION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO APLICA | | |  | |
| **LUGAR DEL EVENTO** | | | | **DIRECCION DEL EVENTO** | | | | | | | | | | | | | | | | | | | **FECHA** | | | | **HORA** | | | **VEHICULO O ARMA** | | | | | | | | | | | | | | |
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| **TIPO DE EVENTO** | | | | | | | | | | | | | | | | | **AUTORIDAD COMPETENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCIDENTE |  | ENVENENA MIENTO | |  | VIOLENCIA | | | | |  | OTRO | | | |  | |  | | | | | | | | | | | | | | HORA DENUNCIA | | | |  | | | | CUSTODIA POLICIAL | | | |  | |
| OBSERVACIONES | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTOXICACION** | | | | | | | | | | | | | | | | | | | | | | | | **VIOLENCIA** | | | | | | | | | | | | | | | | | | | | |
| ALIENTO ETILICO |  | VALOR ALCOCHECK | |  | | | HORA EXAMEN | |  | | | | SE HACE ALCOHOLEMIA | | |  | | | OTRAS SUSTANCIAS | |  | | | SOSPECHA |  | | | ABUSO FÍSICO | | | | |  | ABUSO PSICOLÓGICO | | | |  | | | ABUSO SEXUAL | |  | |
| OBSERVACIONES | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **QUEMADURA** | | | | | | | | | | | | | | | | | | | | **PICADURA** | | | | | | | | | | **MORDEDURA** | | | | | | | | | | | | | | |
| GRADO I |  | GRADO II | |  | GRADO III | | | | |  | PORCENTAJE SUPERFICIE | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | |

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| **4. ANTECEDENTES PERSONALES Y FAMILIARES RELEVANTES** | | | | | | | PARA DESCRIBIR SEÑALE EL NUMERO Y LA LETRA CORRESPONDIENTE  P= PERSONAL, F= FAMILIAR | | | | | | | | | NO APLICA |  |
| 1. ALERGICOS |  | 2. CLINICOS |  | 3.GINECO-LOGICOS |  | 4.TRAUMATO-LOGICOS | |  | 5. PEDIATRICOS |  | 6. QUIRURGICOS |  | 7.FARMA-COLOGICOS |  | 8. OTROS | |  |
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| **5 ENFERMEDAD ACTUAL Y REVISION DE SISTEMAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CRONOLOGIA - LOCALIZACION - CARACTERÍSTICAS - INTENSIDAD - FRECUENCIA - FACTORES AGRAVANTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO APLICA | | | | | | | | | |  | | | | | |
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| **6 CARACTERISTICAS DEL DOLOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **EVOLUCION** | | | | | | | | | | | | | | | **TIPO** | | | | | | | | | | | | | | | | | **MODIFICACIONES** | | | | | | | | | | | | | | | | | | | | | **ALIVIA CON** | | | | | | | | | | | | | | | | | | | NO APLICA | | | | | | | | | |  | | |
| REGION ANATOMICA | | | | | | | | | | | | | | | | | | PUNTO DOLOROSO | | | | | | | | | | | | | | | | | | | | | | | | AGUDO | | | | | SUB AGUDO | | | | | | CRONICO | | | | EPISODICO | | | | | CONTINUO | | | | | | | | COLICO | | | | POSICION | INGESTA | | | ESFUERZO | | | | | | | DIGITO PRESION | | | | | | SE IRRADIA | | | | ANTIES PASMODICO | | | OPIACEO | | | | | A I N E | | | NO ALIVIA | | | | | | | | INTENSIDAD  LEVE MODERADO O GRAVE | | | | | | | | | | | | |
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| **7 SIGNOS VITALES, MEDICIONES Y VALORES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESIÓN ARTERIAL | | |  | | | | | | | FRECUENCIA CARDIACA min | | | | | | |  | | | | FRECUENCIA RESPIRAT. min | | | | | | |  | | | | | | | TEMPERATUR  BUCAL °C | | | | | | | | | | |  | | | | | | TEMPERATUR  AXILAR °C | | | | | | | | | | | | | |  | | | | | | | | PESO  Kg | | | | | | | | |  | | | | | | | TALLA  m | | | | | | | | | |  | | | | | | | PERIMET. CEFALIC cm | | | | | | | | | | |  | | | | | | | | | |
| GLASGOW INICIAL | | | OCULAR | | | |  | | | VERBAL | | | | |  | | MOTORA | | | |  | | | TOTAL | | | |  | | | | | | | REACCION PUPILAR DER | | | | | |  | | | | | | | | | REACCION PUPILAR IZQ | | | | | | | | |  | | | | | | | | | | | T. LLENADO CAPILAR | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8 EXAMEN FISICO** | | | | | | | | | | | | | R= REGIONAL S= SISTEMICO | | | | | | | | | | | | | | | | | | | | | CP = CON EVIDENCIA DE PATOLOGIA: MARCAR "X" Y DESCRIBIR ABAJO ANOTANDO EL NÚMERO Y LETRA CORRESPONDIENTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SP =SIN EVIDENCIA DE PATOLOGIA: MARCAR "X" Y NO DESCRIBIR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | C P S P | | | |  | | | | | | | | | | | | | C P S P | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | C P S P | | | | | | |  | | | | | | | | | | | | | | | | | | | | | C P S P | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | CP SP | | | | | | | | | | | | | |
| 1*R* PIEL Y FANERAS  2*R* CABEZA | | | | | | | | |  | |  | | 6*R* BOCA  7*R* ORO FARINGE | | | | | | | | | | | | |  | | |  | | | | | 11*R* ABDOMEN  12*R* COLUMNA  VERTEBRAL | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | 1*S* ORGANOS DE LOS SENTIDOS  2*S* RESPIRATORIO | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | 6*S* URINARIO  7*S* MUSCULO ESQUÉLETICO | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |
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| 3*R* OJOS | | | | | | | | | 8*R* CUELLO | | | | | | | | | | | | | 13*R* INGLE-PERINE | | | | | | | | | | | | | | | | | | | | | | 3*S* CARDIO VASCULAR | | | | | | | | | | | | | | | | | | | | | 8*S* ENDOCRINO | | | | | | | | | | | | | | | | | | | | | | |
| 4*R* OIDOS | | | | | | | | |  | |  | | 9*R* AXILAS - MAMAS | | | | | | | | | | | | |  | | |  | | | | | 14*R* MIEMBROS SUPERIORES | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | 4*S* DIGESTIVO | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | 9*S* HEMO LINFÁTICO | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |
| 5*R* NARIZ | | | | | | | | |  | |  | | 10*R* TORAX | | | | | | | | | | | | |  | | |  | | | | | 15*R* MIEMBROS INFERIORES | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | 5*S* GENITAL | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | 10*S* NEUROLÓGICO | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |
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| **9 DIAGRAMA TOPOGRÁFICO** | | | | | | | | | | | | | | | | | | ANOTAR EL NUMERO SOBRE EL LUGAR DE LA LESION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO APLICA | | | | | |  | | | | | | | | | **10 EMBARAZO - PARTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO APLICA | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | HERIDA PENETRANTE | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | GESTAS | | | | | | | | |  | | | | PARTOS | | | | | | | | | | | | |  | | | ABORTOS | | | | | | | | | | | |  | | | CESAREAS | | | | | | | | | | | | | |  | | | |
| 2 | | HERIDA NO PENETRANTE | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | FECHA ULTIMA MENSTRUACION | | | | | | | | | | | | |  | | | | | | | | | | | | | | SEMANAS GESTACION | | | | | | | | | | |  | | | | | | MOVIMIENTO FETAL | | | | | | | | | | | | | |  | | | |
| 3 | | FRACTURA EXPUESTA | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | FRECUENCIA  C. FETAL | | | | | | | | | |  | | | | | | | | | | | | | | | | MEMBRANAS ROTAS | | | | | | | |  | | | | | | | TIEMPO | | | | | | | | | | |  | | | | | |
| 4 | | FRACTURA CERRADA | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | ALTURA UTERINA | | | | | | | | | |  | | | | | | | | | | | | | | | | PRESEN-  TACION | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | AMPUTACION | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | DILATACION | | | | | | | | | |  | | | | | | | | | | | | | | | | BORRA-MIENTO | | | | | | | |  | | | | | | | | | | | | PLANO | | | | | |  | | | | | |
| 6 | | HEMORRAGIA | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | PELVIS UTIL | | | | | | | | | |  | | | | | | | | | | | | SANGRADO VAGINAL | | | | | | |  | | | | | CONTRACCIONES | | | | | | | | | | | | | | | | | |  | | | | | |
| 7 | | MORDEDURA | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | PICADURA | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | EXCORIACION | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | DEFORMIDAD O MASA | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **11 ANALISIS DE PROBLEMAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO APLICA | | | | | | | | | | | | | | | |  | | | |
| 11 | | HEMATOMA | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | QUEMADURA G-I | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | QUEMADURA G-II | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | QUEMADURA G-III | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12 PLAN DIAGNOSTICO** | | | | | | | | | | | | | | | |  | | |  | | | | | | | |  | | | | | REGISTRAR ABAJO COMENTARIOS Y RESULTADOS, ANOTANDO EL NUMERO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO APLICA | | | | | | | | | | |  | | | |
| 1. BIOMETRIA | | | | |  | | | 3. QUIMICA SANGUINEA | | | | | | | |  | | | 5. GASOMETRIA | | | | | | | |  | | | | | 7. ENDOSCOPIA | | | | | | | | | | | |  | | | | 9. R-X ABDOMEN | | | | | | | | | | | | | | | |  | | | | | | | 11. TOMOGRAFIA | | | | | | | |  | | | | | | | 13. ECOGRAFIA PELVICA | | | | | | | | | | |  | | | | | 15. INTERCONSULTA | | | | | | | | | | | | | | | | | | |  | | | |
| 2. UROANALISIS | | | | |  | | | 4. ELECTROLITOS | | | | | | | |  | | | 6. ELECTRO CARDIOGRAMA | | | | | | | |  | | | | | 8. R-X TORAX | | | | | | | | | | | |  | | | | 10. R-X OSEA | | | | | | | | | | | | | | | |  | | | | | | | 12. RESONANCIA | | | | | | | |  | | | | | | | 14. ECOGRAFIA ABDOMEN | | | | | | | | | | |  | | | | | 16. OTROS | | | | | | | | | | | | | | | | | | |  | | | |
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| **13 DIAGNOSTICOS PRESUNTIVOS CIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **14 DIAGNOSTICOS DEFINITIVOS CIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1  2  3 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | 1  2  3 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **15 PLAN DE TRATAMIENTO** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | DESCRIBIR ABAJO, ANOTANDO EL NUMERO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | MEDICAMENTO GENÉRICO | | | | | | | | | | | | | | | | | | | | | | | | VIA | | | | | DOSIS | | | | | | | POSO LOGIA | | | DIAS | | | | | | | | | **1**.INDICACIONES GENERALES | | | | | | | | | | | | | | | |  | | | | | | | **2**.PROCEDI-MIENTOS | | | | | | | | |  | | | | | | **3**.CONSEN-TIMIENTO INFORMADO | | | | | | | | | | | |  | | | | | **4**. OTROS | | | | | | | | | | | | | | | | | | |  | | |
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| **16 SALIDA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOMI-CILIO | |  | | | | CONSULTA EXTERNA | | | | | |  | | OBSER-VACION | | | | | |  | | | INTER-NACION | | | | | | | | | |  | | | | REFE-RENCIA | | | | | | | |  | | | | VIVO | | | | | | | | | | | | | | | |  | | | | | | | ESTABLE | | | | | | | | |  | | | | | | INESTABLE | | | | | | | | | | | |  | | | | | DIAS DE INCAPACIDAD | | | | | | | | | | | | |  | | | | | | | | |
| SERVICIO | | | |  | | | | | | | | | | | | | | | | | | ESTABLECIMIENTO | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | MUERTO EN EMERGENCIA | | | | | | | | | | | | | | | | |  | | | | | CAUSA | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CODIGO

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| FECHA DE SALIDA |  | HORA DE SALIDA |  | MEDICO |  | FIRMA |  |  |

**Elaborado y aprobado por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MÉDICO DEPARTAMENTO BIENESTAR ESTUDIANTIL**