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| **FORMULARIO UNICO REGIONAL DE TELEMONITOREO PARA PACIENTES COVID 19 VULNERABLES CON COMORBILIDAD** | | | | | | | | | | | | | | |
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| **I.- DATOS DEL PACIENTE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1 TIPO DE DOCUMENTO |  | | | | | | | | | | | | | | |
| 1.2 NUMERO DE DOCUMENTO |  | | | | | | | | | | | | | | |
| 1.3 NOMBRES Y APELLIDOS |  | | | | | | | | | | | | | | |
| 1.4 NUMERO DE TELEFONO CELULAR |  | | | | | | | | | | | | | | |
| 1.5 DIRECCION (verificado donde reside actualmente) |  | | | | | | | | | | | | | | |
| 1.6 DEPARTAMENTO/PROVINCIA/DISTRITO |  | | | | | | | | | | | | | | |
| 1.7 CLASIFICACION CLINICA DEL CASO  (en la primera visita): Leve( ) moderado ( ) Severo ( ) |  | | | | | | | | | | | | | | |
|  |
| **II.- SEGUIMIENTO DEL CASO POR TELEMONITOREO DIARIO** | | | | |  |  |  |  |  |  |  |  |  |  | |  |
| FECHA: dd/mm/aaaa |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| N° DE DIA: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |  |
| **2.1 SIGNOS Y SINTOMAS PRESENTADOS** | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Tos |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Dolor de garganta |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Congestión Nasal |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Fiebre |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Malestar General |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Dificultad respiratoria |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Diarrea |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Nausea /vómito |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| dolor de cabeza |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Irritabilidad/confusión |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Dolor Muscular |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Dolor Abdominal |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Dolor de pecho |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Dolor en articulaciones |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Pérdida de olfato |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Pérdida del gusto |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Otros (especificar) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **2.2 SIGNOS DE ALARMA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Dificultad respiratoria |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Latidos cardiacos acelerados |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Alteración de la conciencia |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Boca y uñas azuladas |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **2.3 EVOLUCION CLINICA DEL CASO: Asintomático = A**  **Leve= L Moderado = M Severo = S** | | | | | | | | | |  |  |  |  |  | |  |
| Estado |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
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| 3.1  TIPO DOC | 3.2  DNI DEL CONTACTO | 3.3  NOMBRES Y APELLIDOS | 3.4 PARENTESCO | 3.5 FACTORES DE RIESGO | 3.6 | | | | | |  |  |  |  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
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III. SEGUIMIENTO DE LOS CONTACTOS

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| Opciones para registrar la Relación Parentesco en el Hogar 3.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A. Jefe / Jefa del hogar | | | | | | | | | | | | | | |
| B. Esposa ( o) | | | | | | | | | | | | | | |
| C. Hijo (a) | | | | | | | | | | | | | | |
| D. Yerno / Nuera | | | | | | | | | | | | | | |
| E. Nieto (a) | | | | | | | | | | | | | | |
| F. Padres / suegros | | | | | | | | | | | | | | |
| G. Otros parientes | | | | | | | | | | | | | | |
| H. Trabajadora del Hogar | | | | | | | | | | | | | | |
| J. Otros nos parientes | | | | | | | | | | | | | | |
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| Opciones para registrar Factores de Riesgo a indagar en 3.4 (múltiples respuestas) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| A. Mayor de 60 años | | | | | | | | | | | | | | |
| B. Hipertensión Arterial | | | | | | | | | | | | | | |
| c. Enfermedades Cardiovasculares | | | | | | | | | | | | | | |
| D. Diabetes | | | | | | | | | | | | | | |
| E. Obesidad | | | | | | | | | | | | | | |
| F. Asma | | | | | | | | | | | | | | |
| G. Enfermedad Pulmonar Crónica | | | | | | | | | | | | | | |
| H. Insuficiencia Renal Crónica | | | | | | | | | | | | | | |
| I. Enfermedad o tratamiento inmunosupresor | | | | | | | | | | | | | | |
| J. Cáncer | | | | | | | | | | | | | | |
| K. Embarazo o puerperio | | | | | | | | | | | | | | |
| L. Personal de salud | | | | | | | | | | | | | | |

Definiciones categóricas de la clasificación clínica

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| Leve | Moderada | SEVERA |
| * Tos * Malestar general * Dolor de garganta * Fiebre * Congestión nasal | * Dificultad respiratoria * Alteración del nivel de conciencia | * Alteración de nivel de conciencia * Signos clínicos de fatiga muscular: aleteo nasal, uso de músculos accesorios, desbalance tóraco- abdominal |