

***⚠️ ATENCIÓN: ESTA PÁGINA NO DEBE SER IMPRESA ⚠️***

**Esta página es únicamente para información y referencia digital. NO la impresión. La impresión debe comenzar en la siguiente página.**

| **FECHA** | **VERSIÓN** | **DESCRIPCIÓN DE CAMBIO** |
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| 12 de Marzo de 2025 | 01 | Se transfiere desde Procesos Misionales con código FRIPS-GAI-UCI-18 FORMATO REGISTRO DIARIO DE CUIDADOS  EN UCI versión 01 de mayo de 2022 al Proceso AIN bajo nueva codificación, versión, fecha de actualización y control de firmas a partir de los nuevos responsables de acuerdo al IN-GDC-001 Instructivo Elaboración y Control de Información Documentada, versión 03 del 25 de enero de 2025 numeral 7.1 Aprobación del documento. Se realizan las siguientes MODIFICACIONES: 1. SE ANEXAN RIESGOS, ACOMPAÑAMIENTO DEL PACIENTE, Y ESTADO DE PUPILAS |

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| **NOMBRES Y APELLIDOS:** | **EDAD: TALLA:**  **PESO DE INGRESO:**  **PESO ACTUAL:** | **ENTIDAD: CUBÍCULO:**  **FECHA DE INGRESO:**  **FECHA HOY: DÍAS UCI:** |
| **IDENTIFICACIÓN:** |
| **Diagnósticos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **RIESGOS: Polimedicados: Ulceras: Aislamiento: Protector: Contacto: Gotas:**    **Aerosoles : Discapacidad: Piel y Heridas: Transfusional: Alergias: Caidas:** |

**Monitoria de catéteres y elementos invasivos**

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|  | **DÍAS** | **INSERCIÓN** | **CURACIÓN** | **RETIRO** | **LOCALIZACIÓN** |
| **TRAQUEOSTOMÍA** |  |  |  |  |  |
| **TUBO OT** |  |  |  |  |  |
| **SONDA OG** |  |  |  |  |  |
| **SONDA NY** |  |  |  |  |  |
| **SONDA NG** |  |  |  |  |  |
| **CENTRAL 1** |  |  |  |  |  |
| **CENTRAL 2** |  |  |  |  |  |
| **INTRODUCTOR** |  |  |  |  |  |
| **PICCO** |  |  |  |  |  |
| **MARCAPASO 4** |  |  |  |  |  |
| **LÍNEA ARTERIAL** |  |  |  |  |  |
| **VENA PERIFÉRICA** |  |  |  |  |  |
| **VENA PERIFÉRICA** |  |  |  |  |  |
| **VENA PERIFÉRICA** |  |  |  |  |  |
| **TUBO TÓRAX 1** |  |  |  |  |  |
| **TUBO TÓRAX 2** |  |  |  |  |  |
| **DREN 1** |  |  |  |  |  |
| **DREN 2** |  |  |  |  |  |

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|  | **DÍAS** | **INSERCIÓN** | **CURACIÓN** | **RETIRO** | **LOCALIZACIÓN** |
| **GASTRONOMÍA** |  |  |  |  |  |
| **YEYUNOSTOMÍA** |  |  |  |  |  |
| **ILEOSTOMÍA** |  |  |  |  |  |
| **COLONOSTOMÍA** |  |  |  |  |  |
| **MAHURKAR** |  |  |  |  |  |
| **SONDA VESICAL** |  |  |  |  |  |
| **PIA** |  |  |  |  |  |
| **CATÉTER PERITONEAL** |  |  |  |  |  |
| **TRANSDUCTOR** |  |  |  |  |  |

**Valoración neurológica**

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| **Marcapaso** | **M** | **T** | **N** |
| **Frecuencia** |  |  |  |
| **Sensibilidad** |  |  |  |
| **Salida** |  |  |  |
| **Modo** |  |  |  |
| **Inserción** |  |  |  |
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| **Criterios** | | | | | | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Escala de Glasgow** | **APERTURA OJOS** | | **Espontanea** | | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A la voz** | | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Al dolor** | | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ninguna** | | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **RESPUESTA VERBAL** | | **Conversación orientada** | | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Conversación confusa** | | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Palabras inapropiadas** | | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ruidos incomprensibles** | | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ninguna** | | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **RESPUESTA MOTORA** | | **Obedece Ordenes** | | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Localiza Dolor** | | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Retira el Dolor** | | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Flexión** | | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Extensión** | | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No responde** | | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total = 3 – 15/15** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PUPILA DERECHA** | | | | **Tamaño** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reacción** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PUPILA IZQUIERDA** | | | | **Tamaño** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reacción** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **R: REACTIVA NR: NO REACTIVA L: LENTA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUERZA MUSCULAR** | | **0 – AUSENTE**  **1 – CONTRACCIÓN**  **2 – ARCO**  **3 – GRAVEDAD**  **4 – RESISTENCIA**  **5 – NORMAL** | | **MSD** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MSI** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MID** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MII** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ESCALA DE SEDACIÓN – AGITACIÓN RICHMOND (RASS)** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **+4** | **+3** | **+2** | **+1** | **0** | **-1** | **-2** | **-3** | **-4** | **-5** |
| **Combativo**  Combativo, violento con peligro inmediato para el personal | **Muy agitado**  Agresivo, intenta retirarse los tubos o catéteres | **Agitado**  Movimientos frecuentes sin propósito: lucha con el ventilador | **Inquieto**  Ansioso, pero sin movimientos agresivos o vigorosos | **Alerta y calmado** | **Somnoliento**  Está plenamente alerta, pero se mantiene (>10 seg) despierto (apertura de ojos y seguimiento con la mirada) al llamado | **Sedación leve**  Despierta brevemente (<10 seg) a la llamada con seguimiento con la mirada | **Sedación Moderada**  Movimientos o apertura ocular a la llamada (pero sin seguimiento con la mirada) | **Sedación profunda**  Sin respuesta a la llamada, pero movimiento o apertura ocular al estímulo físico | **Sin respuesta**  Sin respuesta a la voz ni al estímulo físico |

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| **FIRMA PERSONAL ENFERMERÍA** | | |
| **MAÑANA:** | **TARDE:** | **NOCHE:** |
| **Enfermera Jefe:** | **Enfermera Jefe:** | **Enfermera Jefe:** |
| **Auxiliar:** | **Auxiliar:** | **Auxiliar:** |
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| **HEMODINAMIA** | | | | | | | | | | | | | | | | | | | **PIA** | **Posición** |
| **H** | **T°** | **FR** | **FC** | **PAS**  **PAD** | **PAM** | **PPS**  **PPD** | **PPM** | **G C**  **PVC** | **PCCP** | **GEF**  **PVPI** | **IC**  **IS** | **IRVS**  **VRS** | **ITVI**  **ITDV** | **Pulsos** | | **ELWI**  **GEDI** | **IVS**  **VVS** | **LLENADO CAPILAR** | **PIA** |  |
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| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **19** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **21** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **23** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **24** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **HIGIENE ORAL** | **MAÑANA** | **HORA** | **TARDE** | **HORA** | **NOCHE** | **HORA** | **NOVEDADES** |
| **Realiza** |  |  |  |  |  |  |  |
| **Supervisa** |  |  |  |  |  |  |
| **Acompañamiento baño de paciente intubado** |  |  |  |  |  |  |

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| **ADMINISTRADOS** | | | | | | | | | | | | | | | **B** | **ELIMINADOS** | | | | | | | | | | | | |
| **Nombre** |  |  |  | |  |  |  | **DIETA** | **MTOS** | **SONDA** | **ORAL** | **N.E.** | **TPN** | **TOTAL** | **TOTAL** | **TUBOS** | **SNG** | **DREN** | **ULTRA**  **FILTRADO** | **ORINA** | **c.c./kg/h.** | | **Guco** | **R.G.** | | **DEPOSICIÓN** | **VOMITOA** |
| **Insu** |
| **8** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **9** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **10** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **11** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **12** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **13** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **14** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **15** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **16** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **17** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **18** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **19** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **20** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **21** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **22** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **23** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **24** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **1** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **2** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
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| **7** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **TOTAL** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| **Diuresis**  **24 hrs.** | | | |  | | | | **Balance**  **De hoy** | | | |  | | **Balance**  **Anterior** | | |  | | | | | | **Balance**  **Acumulado** | | |  | | |

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| **DILUCIONES ESPECIALES** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
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**Objetivo:** Brindar información, orientación y educación a los familiares y/o responsables del paciente durante su estancia en la Unidad de Cuidados Intensivos Adulto.

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| **TEMAS O CONTENIDOS** | **TURNO** | **HORA** | **FAMILIAR O RESPONSABLE** | | | **RESPONSABLE DE SALUD** |
| **Nombre** | **Firma** | **Parentesco** |
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**REGISTRÓ DE CAMBIOS DE POSICIÓN ESTRICTO DEL PACIENTE CON RIESGO DE ÚLCERAS POR PRESIÓN, UNIDAD DE CUIDADOS INTENSIVOS ADULTO**

**Objetivo:** Evitar la aparición y/o complicaciones de UPP, en los pacientes hospitalizados en la Unidad de Cuidados Intensivos Adulto.

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| **HORA** | **ESTADO DE LA PIEL** | **CUIDADOS DE ENFERMERÍA** |
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