



NÚCLEO DE QUITO

HOSPITAL ONCOLÓGICO SOLÓN ESPINOSA AYALA

APELLIDOS

NOMBRES

SEXO (M-F)

EDAD

N° HISTORIA CLÍNICA

Pérez Cárdenas Guicell

F

3

276443

DIAGNÓSTICO:

Leucemia Linfoblástica Aguda

ALERGIAS:

Aspirina, insulina
Plaquetas

1 MEDICAMENTO

PRESENTACIÓN, VÍA, DOSIS
UNITARIA, FRECUENCIADx s.b. 500 cc
+ 35 meq Na
IV 46cc/hCotrimoxazol Jarabe
VO J-V-S
4ml 412h

SSO.g.b. 500ml

Bolo IV 250cc

Dx s.b. SSO.g.b. 1000
+ 30 meq K
IV 47cc/hOmeprazol Frasco
IV STAT
10mg 3 ODDx en SSO.g.b. 1000
+ 20 meq K
IV por 8 horas 95cc/hDx en SSO.g.b. 1000
+ 20 meq K
IV por 16 horas 70cc/hOndasitron Frasco
2mg
IV PRNOmeprazol Frasco
15mg
IV clíca.

2 ADMINISTRACIÓN

INI= INICIALES DEL RESPONSABLE

FUN= ABREVIATURA DE LA FUNCIÓN

DIA - MES - AÑO

30-08-23

31-08-23

01-09-2023

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Nº HISTORIA CLÍNICA

226443

Depositing
Placques.

FUN: ABRÉVIATURA DE LA FUNCIÓN

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46-2/3.



NÚCLEO DE CUIDO

HOSPITAL ONCOLÓGICO SOLÓN ESPINOSA AYALA

APELLIDOS

NOMBRES

SEXO (M-F)

EDAD

N° HISTORIA CLÍNICA

Perez Cañar Grana Guicely

F

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276443.

DIAGNÓSTICO:

Leucemia Linfoblástica Aguda.

ALERGIAS:

NO.

1 MEDICAMENTO

PRESENTACIÓN, VÍA, DOSIS
UNITARIA, FRECUENCIAMefenidazol fw
IV

65mg q6h.

Mefenidazol fw
IV

125mg q6h.

Dextrosa en SSo, 5% Ruxo
1000 ml
+ 20meq K
IV 45ml/hLactato Ringer.
1000ml.Reponer Potasio gubantol
I.V. 0.9

Cotrimoxazol Jarabe.

4ml J.V.S.

VO q12h.

Da en SSo, 9%
1000ml + 20meq K

IV 22ml/h

2 ADMINISTRACIÓN

INI= INICIALES DEL RESPONSABLE

FUN= ABBREVIATURA DE LA FUNCIÓN

DIA - MES - AÑO

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08/09/2023

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APELLIDOS		NOMBRES		SEXO (M-F)	EDAD	N° HISTORIA CLÍNICA
Perez		Garcia Girona Gursabel		F	3	246443
	bucemia linfoblastica Aguda.			ALERGIAS: Aspergillus Plasma?		

1 MEDICAMENTO	
PRESENTACIÓN, VÍA, DOSIS UNITARIA, FRECUENCIA	
Dx SS0191. 1000 ml + 20 meq K.	
IV	46 cc/h.
Ondaxton	750mg
	2mcg.
IV	PRN
Cotrimoxazol Sirope.	
	umil 3-V.S.
VO	c/42
Omeprazol Frasco	
	15mg.
IV	QD
Permetru abdominal	
	c/8h.
Lactato Ringon.	
	Reponer perdido. gastrointestinal co x co
Dextrosa / solución ASL	
1000 ml + 20 meq K	
IV	45 cc/h
Metronidazol Frasco	
	65mg
IV	STAT y q6h
Metronidazol fr	
IV	
25mg	c/6h.

[illegible]