



HOSPITAL DE OVARIO

APELLIDOS

NOMBRES

SEXO (M-F)

EDAD

N° HISTORIA CLÍNICA

Apellido: Pérez Diego Armando

M 110 300 306

DIAGNÓSTICO:

Osteosarcoma

ALERGIAS: No

1 MEDICAMENTO

2 ADMINISTRACIÓN

FIRMAS INDICADAS DEL RESPONSABLE

FIRMAS ASESORATURA DE LA FUNCIÓN

PRESENTACIÓN, VÍA, DOSIS
UNITARIA, FRECUENCIA

DÍA - MES - AÑO

Doxilactin in Solucion
salina 100ml
10 mg Potasio

1x 159ml/h

Sulfato de Magnésio

VO

500mg c/12h

Vondeonol Tabuleti

VO

200mg c/12h

Sibopuntina Capsula

VO

300mg c/6h

Sertide 25/175
con inhalecomax
2 puff

c/12h

Salbutamol Puro

2 puff inhalador

c/6h

Anestesia Ampolla

1x
6mg

c/12h

Mesa Ampollas 500mg + 100
de c. salina 0.9%, inyectable
Vaya de 11/12 de 1 a 3 segun
E o a loz de 1 a 3

I.V.

Ondansetron Fuso

1x

c/12h

01/07/2023			02/07/2023			03/07/2023			4/7/2023			05-07-2023		
HORA	VI	FUN	HORA	VI	FUN	HORA	VI	FUN	HORA	VI	FUN	HORA	VI	FUN
09:00	OT	OT	09:00	OT	OT	09:00	OT	OT	09:00	OT	OT	09:00	OT	OT
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09:00														



HOSPITAL ONCOLÓGICO SOLÓN ESPINOSA AYALA

APELLIDOS

NOMBRES

SEXO (M-F)

EDAD

N° HISTORIA CLÍNICA

Aguirre Enrique

Diego Armando

M

11 años

300506

DIAGNÓSTICO:

Osteosarcoma Tibia Derecha.

ALERGIAS: NO

1 MEDICAMENTO

PRESENTACIÓN, VÍA, DOSIS
UNITARIA, FRECUENCIA

Ibuprofeno Frasco
2290 mg diluido en
300 ml de S. Salino 0.9%
IV en 2 horas
De 03:00 a 05:00

Doxorubicina Frasco
32 mg diluido en
100 ml de S. Salino 0.9%
IV en 24 horas
De 05:00 a 07:00

MESNAS ampollas
500 mg diluido en
100 ml de S. Salino 0.9%
intravenosamente después
de Ibuprofeno a 36h

Furosemida Ampolla
IV
10 mg
Ampolla
stop

Carbimazolo tabl.
V.O
160 mg An L-N-N
120 mg Pn.

2 ADMINISTRACIÓN

INDICADOR DEL RESPONSABLE

FUN+ABREVIATURA DE LA FUNCIÓN

DÍA - MES - AÑO

01/03/2023 02/04/2023 03/04/2023 4/9/2023 5-09-2023

HORA INI FUN HORA INI FUN HORA INI FUN HORA INI FUN HORA INI FUN

309 14:00 JE mt 18:00 GT Eto 18:00 DE DE 11:15 VE E3

DE 03 05 04 05



APellidos

ZERO (M-F)

EDAD

Nº HISTORIA CLÍNICA

Name	County	Pop.	Area	Dist.
...

μ	110	10000
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DIAGNÓSTICO:

Orkney Islands

ALERGIAS: No Reclamo.

1 MEDICAMENTO

2 ADMINISTRACIÓN

INIA HACIA EL DR. RESPONSALE

PLUG-IN SIGNATURE OF THE FUNCTION

PRESENTACIÓN, VÍA, DOSIS UNITARIA, FRECUENCIA

DIA - MES - AÑO

D. 1550.9 + 1000 ✓
+ 10 Mark
f.u. 3000/10

Sulfato de Magnésio
V.O

0.000000 Totaling
V.O.
2000 c/rk

Dextropropripheno Capsule
400
300mg c/bn

Compositional Table

	W.O	
1. H_2SO_4	80%	1724
2. H_2SO_4	80%	1724

25/50 inhaler
2 puff con
inhaler
c/12h

Salmeterol Inhalator
realizar 2 puffs con
inhalaciones c/b h

Clostridia na	Ampicillin
400mg 1u	STAT y C/6 hours

Sarcidida 25/125 Intakech.
2 puli con
Intakecamara -
clish

29/08/23			30/08/2023			31/08/2023								
HORA	INI	FUN	HORA	INI	FUN	HORA	INI	FUN	HORA	INI	FUN	HORA	INI	FUN
08:00	CH	AS	08:00	CS	CL	08:00	CH	CL						
09:00	GR	BE	09:00	CL	CL	09:00	CH	IN						
10:00	CS	CL	10:00	GR	BE	10:00	CH	IN						
06:00	GR	BE	06:00	CS	CL	06:00	GR	BE						
10:00	CH	GR	10:00	CH	GR	10:00	CH	GR						
08:00	CH	GR	08:00	CS	CL	08:00	GR	BE						
14:00	CH	GR	14:00	CH	GR	14:00	CH	GR						
22:00	CS	CL	22:00	GR	BE	22:00	CH	GR						
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12:00	GR	BE	12:00	CH	GR	12:00	CH	GR						
18:00	CH	GR	18:00	GR	BE	18:00	CH	GR						
24:00	CS	CL												
08:00	GR	BE	08:00	CS	CL	08:00	GR	BE						
14:00	CH	GR	14:00	CH	GR	14:00	CH	GR						
20:00	CS	CL	20:00	GR	BE									
			16:00	CL	CL	16:00	CH	GR						
			20:00	GR	BE	20:00	CH	GR						



HOG. 40 DE QUITO

HOSPITAL ONCOLÓGICO SOLÓN ESPINOSA AYALA

APELLIDOS

NOMBRES

SEXO (M/F)

EDAD

N° HISTORIA CLÍNICA

Aguiar Enriquez Diego Armando

M

11a

300506

DIAGNÓSTICO: Osteosarcoma tibia derecha

ALERGIAS: NO

1 MEDICAMENTO

PRESENTACIÓN, VÍA, DOSIS
UNITARIA, FRECUENCIADextrosa Solución Salina Frasco
IV
1000 cc 79ml/horalorazepam Tab
VO
10mg STATlorazepam Tab
VO
10mg HSParacetamol Frasco
IV
600mg Pasa autorizada por
PRDSereide Frasco
Inhalatoria
2 puff STATSalbutamol Frasco
Inhalatoria
2 puff STATSereide 25/50 Frasco
Inhalatoria
2 puff c/12 horasSalbutamol Frasco
Inhalatoria
2 puff c/8 horasDextrose en agua de 5% +
BicEq de Potasio
10
800ml 79ml/h

2 ADMINISTRACIÓN

IMP. INICIAL DEL RESPONSABLE
FUM. ABBREVIATURA DE LA FUNCIÓN

DIA - MES - AÑO

24/08/2023			25-08-2023			26/08/2023			27/08/2023			28/08/2023		
HORA	INI	FUN	HORA	INI	FUN	HORA	INI	FUN	HORA	INI	FUN	HORA	INI	FUN
9:50	AE	enf.												
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ADMINISTRACIÓN DE MEDICAMENTOS (1)

HABITACIÓN:

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