



SOLCA  
NÚCLEO DE QUITO

# REGISTRO DE ANESTESIA

DIRECCIÓN MÉDICA  
ANESTESIA

|  |      |                                       |          |  |                  |
|--|------|---------------------------------------|----------|--|------------------|
| APELLIDO PATERNO                           |      | MATERNO                               |          | NOMBRES  |                  |
| GUARDERAS FREIRE ALEJANDRO HERNAN PATRICIO |      |                                       |          |  |                  |
| FECHA                                      | EDAD | SEXO                                  | ESTATURA | PESO   | Ocupación ACTUAL |
| 08/08/2023                                 | 68   | M                                     | 166.     | 60   |                  |
| DIAGNÓSTICO PREOPERATORIO                  |      | DIAGNÓSTICO POST-OPERATORIO           |          | OPERACIÓN PROPUESTA                                  |                  |
| Adenocarcinoma de recto                    |      | Adenocarcinoma de recto               |          | Laparoscopia diagnóstica + resección anterior total. |                  |
| CIRUJANO                                   |      | AYUDANTES                             |          | OPERACIÓN REALIZADA                                  |                  |
| DR. CATUTA SANTIAGO                        |      | DR. AYALA JONATHAN - DRA. RON MICAELA |          | Protección laparoscópica + Angiotomía + Enterolisis. |                  |
| ANESTESIOLOGO                              |      | AYUDANTES                             |          | INSTRUMENTISTA                                       |                  |
| DRA. RAMIREZ ORIANA                        |      | Dr. Pino                              |          | SR. GUALACATA PAUL - LIC. MORIN JESSICA              |                  |

## REGISTRO TRANS-ANESTÉSICO

|                 |   |    |    |    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|-----------------|---|----|----|----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|
| AGENTES / HORA  | 7 | 15 | 30 | 45 | 8    | 15   | 30   | 45   | 9    | 15   | 30   | 45   | 10   | 15   | 30   | 45   | 11   | 15   | 30   | 45   | 12. |
| Oxígeno L/min   |   |    |    |    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2   |
| Air Flow        |   |    |    |    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    |     |
| Sangre          |   |    |    |    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    |     |
| Rembolado meq/l |   |    |    |    | 0.15 | 0.1  | 0.1  | 0.1  | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 |     |
| TA              |   |    |    |    | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 | 90/2 |     |
| MAX             |   |    |    |    | 21   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| MIN             |   |    |    |    | 19   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| PULSO           |   |    |    |    | 180  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| BUCCIÓN         |   |    |    |    | 17   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| ANESTESIA       |   |    |    |    | 160  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| RESPIRACIÓN     |   |    |    |    | 15   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| ESP             |   |    |    |    | 140  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| ASIS.           |   |    |    |    | 13   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| CONT.           |   |    |    |    | 11   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| TEMPERATURA     |   |    |    |    | 100  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| FETO            |   |    |    |    | 9    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| PRES. VENOSA    |   |    |    |    | 80   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
| TORNQUETE       |   |    |    |    | 7    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|                 |   |    |    |    | 60   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|                 |   |    |    |    | 5    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|                 |   |    |    |    | 40   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|                 |   |    |    |    | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|                 |   |    |    |    | 20   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|                 |   |    |    |    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|                 |   |    |    |    | 0    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |

|                      |                |                  |              |                        |                      |                |                |                  |    |                    |     |      |  |  |  |  |  |  |  |  |
|----------------------|----------------|------------------|--------------|------------------------|----------------------|----------------|----------------|------------------|----|--------------------|-----|------|--|--|--|--|--|--|--|--|
| DRUGAS ADMINISTRADAS |                |                  |              |                        |                      |                |                |                  |    |                    |     |      |  |  |  |  |  |  |  |  |
| POSICIÓN             |                |                  |              |                        |                      |                |                |                  |    |                    |     |      |  |  |  |  |  |  |  |  |
| No                   | TIPO           | 4                | 5            | 6                      | 7                    | 8              | 9              | 10               | 11 | DURACIÓN ANESTESIA | HS: | MIN: |  |  |  |  |  |  |  |  |
| 1                    | Lidocaina 60mg | Dexametasona 8mg | Fentanyl 6mg | Sulfato de Magnesio 1g | Levobupivacaina 10mg | Furosemida 5mg | Paracetamol 1g | Indometacina 5mg |    | 05                 | 30  |      |  |  |  |  |  |  |  |  |
| 3                    | Piracetam 30mg |                  |              |                        |                      |                |                |                  |    | 04                 | 30  |      |  |  |  |  |  |  |  |  |


|                   |                     |                     |                              |  |                                |
|-------------------|---------------------|---------------------|------------------------------|--|--------------------------------|
| TÉCNICAS          |                     | INFUSIONES          |                              | COMPLICACIONES OPERATORIAS                             |                                |
| GENERAL           | CONDUCTIVA          | S                   | SOLUCIÓN SALINA 500 cc       | HIPOTENSIÓN  | ARRITMIAS                      |
| SISTEMA ABIERTO   | ASEPSIA DE PIEL CON | D                   | DEXTROSAS cc                 | DEPRESIÓN RESPIRATORIA                                 | PERFORACIÓN DURAMADRE          |
| SISTEMA CERRADO   | Lidocaina           | R                   | LACTATO RINGER 1200 cc       | DIFICULTAD TÉCNICA                                     | NAUSEAS-VÓMITOS                |
| SISTEMA SEMI-CERR | HABON               | S                   | SANGRE cc                    | CONDUCTIVA INSUFICIENTE                                | LARINGOESPASMO                 |
| APARATOS USADOS   | RAQUIDEA            | E                   | EXPANSORES cc                | PARO CARDIACO  | OTRAS                          |
| CIRC.             | VAIVEN              | TOTAL               | 2200. cc                     | CAMBIO DE TÉCNICA                                      |                                |
| MASCARA           | SIMPLE              | HEMORRAGIA          |                              | VIA VENOSA PERIFÉRICA                                  | #18 ASE, #16 ASE               |
| NTB TRAGEUAL      | CONTINUA            | 10cc cc APROX       |                              | VIA VENOSA CENTRAL                                     |                                |
| ORAL              | NASAL               | ALTURA PUNCIÓN: 1-2 | APGAR                        | MONITOREO OSCILOSCÓPICO                                | EX6, TA, FL, SPO2, ET602, TOF, |
| RAP               | LENT                | PUNCIÓN LAT.        | 1 Min 5 Min 10 Min F. MUERTO | Temperatura, conox, PO invasiva (linea radial derecha) |                                |
| TUBO No           | 7,5                 | LINEA MEDIA         |                              | BALANCE HÍDRICO  |                                |
| MANGUITO INFLAB   | AGUJA No 18         | TÉCNICAS ESPECIALES |                              | BALANCE HEMÁTICO                                       |                                |
| TAPONAMIENTO      | NIVEL               |                     |                              | EXPLICACIÓN COMPLICACIÓN: Diaprens: 250                |                                |
| ANST TÓPICA       | HIPERBARA           |                     |                              |  |                                |
| ANST TRANSORAL    | POSICIÓN PACIENTE:  | CONDUCTIVO A:       |                              | Protección ocular y de zonas de presión. Uso de        |                                |
|                   |                     | POR:                |                              | mañá térmica   |                                |
|                   |                     | HORA                |                              | ALDRETE:   |                                |

FIRMA DEL ANESTESIOLOGO:

SOLCA NÚCLEO DE QUITO  
Dra. Oriana Ramirez Lazaro  
ANESTESIOLOGA  
C.N. 172225021

# REGISTRO DE ANESTESIA

DIRECCIÓN MÉDICA  
ANESTESIA

|  <b>SOLCA</b><br><small>SOLUCIONES CLÍNICAS</small>  |   | <p style="text-align: center;">Hoja #2</p>              |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
|---|---|---|---|--|---|--|---|---|--|--|---|----------------|-----|-----|-------|-------------|-------------|------|--------------|----------------------------|-----|----|----|---------|--|---|--|--|--|---|---|---|---|---|---|-----------------|---|--|--|--|---|---|---|---|---|---|-----------------|---|--|--|--|---|---|---|---|---|---|-------------------|---|--|--|--|---|---|---|---|---|---|-----------------|--|--|---|--|---|--|---|---|--|--|-------|--|--|---|--|---|--|---|---|--|--|---------|--|--|---|--|---|---|---|---|--|--|--------------|--|--|---|--|---|---|---|---|--|--|------|---|---|--|---|---|---|---|--|--|--|-----|--|--|---|---|---|---|--|--|--|--|----------|--|--|---|---|---|---|--|--|--|--|-----------------|--|--|---|---|---|---|--|--|--|--|--------------|--|--|---|---|---|---|--|--|--|--|--------------|--|--|---|---|---|---|--|--|--|--|-----------------|--|--|---|---|---|---|--|--|--|--|
| APELLIDO PATERNO  |   | MATERNO   |   | NOMBRES  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| GUARDERAS FREIRE ALEJANDRO HERNAN PATRICIO  |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| FECHA   | EDAD  | SEXO  | ESTATURA  | PESO   | OCUPACIÓN ACTUAL  |  | SERVICIO  | H.C.L.  | CAMA   |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| 08/08/2023  | 68  | M   | 166   | 60   |   |  | Cirujía   | 305967  | 1210   |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| DIAGNÓSTICO PREOPERATORIO   |   |   | DIAGNÓSTICO POST-OPERATORIO                         |  |   | OPERACIÓN PROPUESTA                                    |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| Adenocarcinoma de recto   |   |   | Adenocarcinoma de recto                             |  |   | Laparoscopia diagnóstica + Resección rectal baja       |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| CIRUJANO  |   |   | AYUDANTES   |  |   | OPERACIÓN REALIZADA                                    |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| DR. CATUTA SANTIAGO   |   |   | DR. AYALA JONATHAN - DRA. RON MICAELA               |  |   | Protección laparoscópica + Anatomosis + Enterotomía    |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| ANESTESIOLOGO   |   |   | AYUDANTES   |  |   | INSTRUMENTISTA   |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| DRA. RAMIREZ ORIANA   |   |   | Dr. Pino  |  |   | SR. GUALACATA PAUL - LIC. MORIN JESSICA                |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| REGISTRO TRANS-ANESTÉSICO   |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| <table border="1"> <thead> <tr> <th>AGENTES / HORA</th> <th>12</th> <th>15</th> <th>30</th> <th>45</th> <th>13</th> <th>15</th> <th>30</th> <th>45</th> <th>14</th> <th>15</th> <th>30</th> <th>45</th> <th>15</th> <th>30</th> <th>45</th> <th>15</th> <th>30</th> <th>45</th> </tr> </thead> <tbody> <tr> <td>Dejano 1hr</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Air 1hr</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Small 1hr</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Perif. 1hr</td> <td>0.01</td> <td>0.08</td> <td>0.08</td> <td>0.08</td> <td>0.03</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |   |   |   |  |   |  |   |   |  |  |   | AGENTES / HORA | 12  | 15  | 30    | 45          | 13          | 15   | 30           | 45                         | 14  | 15 | 30 | 45      | 15   | 30  | 45   | 15   | 30   | 45  | Dejano 1hr                                    | 2   | 2   | 2   | 2   | 2               |   |  |  |  |   |   |   |   |   |   |                 |   |  | Air 1hr                                    | 1  | 1   | 1   | 1   | 1   |   |   |                   |   |  |  |  |   |   |   |   |   |   | Small 1hr       | 2  | 2  | 2   | 2  | 2   |  |   |   |  |  |       |  |  |   |  |   |  |   | Perif. 1hr  | 0.01   | 0.08   | 0.08    | 0.08                                       | 0.03   |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| AGENTES / HORA  | 12  | 15  | 30  | 45   | 13  | 15   | 30  | 45  | 14   | 15   | 30  | 45             | 15  | 30  | 45    | 15          | 30          | 45   |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| Dejano 1hr  | 2   | 2   | 2   | 2  | 2   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| Air 1hr   | 1   | 1   | 1   | 1  | 1   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| Small 1hr   | 2   | 2   | 2   | 2  | 2   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| Perif. 1hr  | 0.01  | 0.08  | 0.08  | 0.08   | 0.03  |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| <table border="1"> <thead> <tr> <th>TA</th> <th>MAX</th> <th>MIN</th> <th>PULSO</th> <th>RESPIRACIÓN</th> <th>TEMPERATURA</th> <th>FETO</th> <th>PRES. VENOSA</th> <th>TORNIQUETE</th> </tr> </thead> <tbody> <tr> <td>40°</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>38°</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36°</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>34°</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>32°</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |   |   |   |  |   |  |   |   |  |  |   | TA             | MAX | MIN | PULSO | RESPIRACIÓN | TEMPERATURA | FETO | PRES. VENOSA | TORNIQUETE                 | 40° |    |    |         |  |   |  |  |  | 38°   |   |   |   |   |   |                 |   |  | 36°  |  |   |   |   |   |   |   |                 | 34°   |  |  |  |   |   |   |   |   | 32°                                       |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| TA  | MAX   | MIN   | PULSO   | RESPIRACIÓN                                      | TEMPERATURA   | FETO   | PRES. VENOSA  | TORNIQUETE  |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| 40°   |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| 38°   |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| 36°   |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| 34°   |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| 32°   |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| DROGAS ADMINISTRADAS  |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| POSICIÓN  |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| No  | TIPO  |   |   |  |   |  |   |   | DURACIÓN ANESTESIA                                     |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| 3   | Sugammadex 100mg  |   |   |  |   |  |   |   | HS: 05 MIN: 30   |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| DURACIÓN OPERACIÓN  |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| HS: 04 MIN: 32  |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
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checked="" type="checkbox"/> POSICIÓN PACIENTE: | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | TAPONAMIENTO | <input checked="" type="checkbox"/> LENT | <input checked="" type="checkbox"/> PUNCIÓN LAT. | <input checked="" type="checkbox"/> LINEA MEDIA | <input checked="" type="checkbox"/> AGUJA No. | <input checked="" type="checkbox"/> NIVEL | <input checked="" type="checkbox"/> HIPERBARA | <input checked="" type="checkbox"/> POSICIÓN PACIENTE: | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | ANST. TÓPICA | <input checked="" type="checkbox"/> LENT | <input checked="" type="checkbox"/> PUNCIÓN LAT. | <input checked="" type="checkbox"/> LINEA MEDIA | <input checked="" type="checkbox"/> AGUJA No. | <input checked="" type="checkbox"/> NIVEL | <input checked="" type="checkbox"/> HIPERBARA | <input checked="" type="checkbox"/> POSICIÓN PACIENTE: | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | ANST. TRANSORAL | <input checked="" type="checkbox"/> LENT | <input checked="" type="checkbox"/> PUNCIÓN LAT. | <input checked="" type="checkbox"/> LINEA MEDIA | <input checked="" type="checkbox"/> AGUJA No. | <input checked="" type="checkbox"/> NIVEL | <input checked="" type="checkbox"/> HIPERBARA | <input checked="" type="checkbox"/> POSICIÓN PACIENTE: | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS |
| TÉCNICAS  |   |   |   | INFUSIONES                                       |   |  |   | COMPLICACIONES OPERATORIAS                                |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| GENERAL   | <input checked="" type="checkbox"/> CONDUCTIVA          | <input checked="" type="checkbox"/> ASEPSIA DE PIEL CON | <input checked="" type="checkbox"/> LACTATO RINGER  | <input checked="" type="checkbox"/> SANGRE       | <input checked="" type="checkbox"/> EXPANSORES            | <input checked="" type="checkbox"/> HIPOTENSIÓN        | <input checked="" type="checkbox"/> ARRITMIAS               | <input checked="" type="checkbox"/> PERFORACIÓN DURAMADRE | <input checked="" type="checkbox"/> NAUSEAS-VÓMITOS    | <input checked="" type="checkbox"/> LARINGOSPASMO            | <input checked="" type="checkbox"/> OTRAS |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| SISTEMA ABIERTO   | <input checked="" type="checkbox"/> ASEPSIA DE PIEL CON | <input checked="" type="checkbox"/> LACTATO RINGER      | <input checked="" type="checkbox"/> SANGRE          | <input checked="" type="checkbox"/> EXPANSORES   | <input checked="" type="checkbox"/> HIPOTENSIÓN           | <input checked="" type="checkbox"/> ARRITMIAS          | <input checked="" type="checkbox"/> PERFORACIÓN DURAMADRE   | <input checked="" type="checkbox"/> NAUSEAS-VÓMITOS       | <input checked="" type="checkbox"/> LARINGOSPASMO      | <input checked="" type="checkbox"/> OTRAS                    |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| SISTEMA CERRADO   | <input checked="" type="checkbox"/> ASEPSIA DE PIEL CON | <input checked="" type="checkbox"/> LACTATO RINGER      | <input checked="" type="checkbox"/> SANGRE          | <input checked="" type="checkbox"/> EXPANSORES   | <input checked="" type="checkbox"/> HIPOTENSIÓN           | <input checked="" type="checkbox"/> ARRITMIAS          | <input checked="" type="checkbox"/> PERFORACIÓN DURAMADRE   | <input checked="" type="checkbox"/> NAUSEAS-VÓMITOS       | <input checked="" type="checkbox"/> LARINGOSPASMO      | <input checked="" type="checkbox"/> OTRAS                    |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| SISTEMA SEMI-CERR   | <input checked="" type="checkbox"/> ASEPSIA DE PIEL CON | <input checked="" type="checkbox"/> LACTATO RINGER      | <input checked="" type="checkbox"/> SANGRE          | <input checked="" type="checkbox"/> EXPANSORES   | <input checked="" type="checkbox"/> HIPOTENSIÓN           | <input checked="" type="checkbox"/> ARRITMIAS          | <input checked="" type="checkbox"/> PERFORACIÓN DURAMADRE   | <input checked="" type="checkbox"/> NAUSEAS-VÓMITOS       | <input checked="" type="checkbox"/> LARINGOSPASMO      | <input checked="" type="checkbox"/> OTRAS                    |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| APARATOS USADOS   | <input checked="" type="checkbox"/> RAQUIDEA            | <input checked="" type="checkbox"/> EPIDURAL CAUD.      | <input checked="" type="checkbox"/> TOTAL           | <input checked="" type="checkbox"/> HEMORRAGIA   | <input checked="" type="checkbox"/> VIA VENOSA PERIFERICA | <input checked="" type="checkbox"/> VIA VENOSA CENTRAL | <input checked="" type="checkbox"/> MONITOREO OSCILOSCOPICO | <input checked="" type="checkbox"/> BALANCE HIDRICO       | <input checked="" type="checkbox"/> BALANCE HEMATICO   | <input checked="" type="checkbox"/> EXPLICACIÓN COMPLICACIÓN |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| CIRC.   | <input checked="" type="checkbox"/> VAIVEN              | <input checked="" type="checkbox"/> EPIDURAL CAUD.      | <input checked="" type="checkbox"/> TOTAL           | <input checked="" type="checkbox"/> HEMORRAGIA   | <input checked="" type="checkbox"/> VIA VENOSA PERIFERICA | <input checked="" type="checkbox"/> VIA VENOSA CENTRAL | <input checked="" type="checkbox"/> MONITOREO OSCILOSCOPICO | <input checked="" type="checkbox"/> BALANCE HIDRICO       | <input checked="" type="checkbox"/> BALANCE HEMATICO   | <input checked="" type="checkbox"/> EXPLICACIÓN COMPLICACIÓN |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| MASCARA   | <input checked="" type="checkbox"/> SIMPLE              | <input checked="" type="checkbox"/> CONTINUA            | <input checked="" type="checkbox"/> ALTURA PUNCIÓN: | <input checked="" type="checkbox"/> PUNCIÓN LAT. | <input checked="" type="checkbox"/> LINEA MEDIA           | <input checked="" type="checkbox"/> AGUJA No.          | <input checked="" type="checkbox"/> NIVEL                   | <input checked="" type="checkbox"/> HIPERBARA             | <input checked="" type="checkbox"/> POSICIÓN PACIENTE: | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| NTB TRACHEAL  | <input checked="" type="checkbox"/> SIMPLE              | <input checked="" type="checkbox"/> CONTINUA            | <input checked="" type="checkbox"/> ALTURA PUNCIÓN: | <input checked="" type="checkbox"/> PUNCIÓN LAT. | <input checked="" type="checkbox"/> LINEA MEDIA           | <input checked="" type="checkbox"/> AGUJA No.          | <input checked="" type="checkbox"/> NIVEL                   | <input checked="" type="checkbox"/> HIPERBARA             | <input checked="" type="checkbox"/> POSICIÓN PACIENTE: | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| ORAL  | <input checked="" type="checkbox"/> NASAL               | <input checked="" type="checkbox"/> ALTURA PUNCIÓN:     | <input checked="" type="checkbox"/> PUNCIÓN LAT.    | <input checked="" type="checkbox"/> LINEA MEDIA  | <input checked="" type="checkbox"/> AGUJA No.             | <input checked="" type="checkbox"/> NIVEL              | <input checked="" type="checkbox"/> HIPERBARA               | <input checked="" type="checkbox"/> POSICIÓN PACIENTE:    | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| RAP   | <input checked="" type="checkbox"/> LENT                | <input checked="" type="checkbox"/> PUNCIÓN LAT.        | <input checked="" type="checkbox"/> LINEA MEDIA     | <input checked="" type="checkbox"/> AGUJA No.    | <input checked="" type="checkbox"/> NIVEL                 | <input checked="" type="checkbox"/> HIPERBARA          | <input checked="" type="checkbox"/> POSICIÓN PACIENTE:      | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS    | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| TUBO No.  | <input checked="" type="checkbox"/> LENT                | <input checked="" type="checkbox"/> PUNCIÓN LAT.        | <input checked="" type="checkbox"/> LINEA MEDIA     | <input checked="" type="checkbox"/> AGUJA No.    | <input checked="" type="checkbox"/> NIVEL                 | <input checked="" type="checkbox"/> HIPERBARA          | <input checked="" type="checkbox"/> POSICIÓN PACIENTE:      | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS    | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| MANGUITO INFLAB   | <input checked="" type="checkbox"/> LENT                | <input checked="" type="checkbox"/> PUNCIÓN LAT.        | <input checked="" type="checkbox"/> LINEA MEDIA     | <input checked="" type="checkbox"/> AGUJA No.    | <input checked="" type="checkbox"/> NIVEL                 | <input checked="" type="checkbox"/> HIPERBARA          | <input checked="" type="checkbox"/> POSICIÓN PACIENTE:      | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS    | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| TAPONAMIENTO  | <input checked="" type="checkbox"/> LENT                | <input checked="" type="checkbox"/> PUNCIÓN LAT.        | <input checked="" type="checkbox"/> LINEA MEDIA     | <input checked="" type="checkbox"/> AGUJA No.    | <input checked="" type="checkbox"/> NIVEL                 | <input checked="" type="checkbox"/> HIPERBARA          | <input checked="" type="checkbox"/> POSICIÓN PACIENTE:      | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS    | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| ANST. TÓPICA  | <input checked="" type="checkbox"/> LENT                | <input checked="" type="checkbox"/> PUNCIÓN LAT.        | <input checked="" type="checkbox"/> LINEA MEDIA     | <input checked="" type="checkbox"/> AGUJA No.    | <input checked="" type="checkbox"/> NIVEL                 | <input checked="" type="checkbox"/> HIPERBARA          | <input checked="" type="checkbox"/> POSICIÓN PACIENTE:      | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS    | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| ANST. TRANSORAL   | <input checked="" type="checkbox"/> LENT                | <input checked="" type="checkbox"/> PUNCIÓN LAT.        | <input checked="" type="checkbox"/> LINEA MEDIA     | <input checked="" type="checkbox"/> AGUJA No.    | <input checked="" type="checkbox"/> NIVEL                 | <input checked="" type="checkbox"/> HIPERBARA          | <input checked="" type="checkbox"/> POSICIÓN PACIENTE:      | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS    | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS | <input checked="" type="checkbox"/> CONDUCTIVO A: UPPS       |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |
| FIRMA DEL ANESTESIOLOGO:  |   |   |   |  |   |  |   |   |  |  |   |                |     |     |       |             |             |      |              |                            |     |    |    |         |  |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                 |   |  |  |  |   |   |   |   |   |   |                   |   |  |  |  |   |   |   |   |   |   |                 |  |  |   |  |   |  |   |   |  |  |       |  |  |   |  |   |  |   |   |  |  |         |  |  |   |  |   |   |   |   |  |  |              |  |  |   |  |   |   |   |   |  |  |      |   |   |  |   |   |   |   |  |  |  |     |  |  |   |   |   |   |  |  |  |  |          |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |              |  |  |   |   |   |   |  |  |  |  |                 |  |  |   |   |   |   |  |  |  |  |