

| SOLCA <small>SOLCA NUCLEO DE QUITO</small> | | REGISTRO DE ANESTESIA | | | | DIRECCIÓN MÉDICA ANESTESIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APPELLIDO PATERNO CEPEDA CHACON JENNY FERNANDA | | MATERNO CEPEDA CHACON JENNY FERNANDA | | NOMBRES Ceilo: C73. | | CI: 1717391240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FECHA 31/08/2023 | EDAD 38 | SEXO F. | ESTATURA 1.50 | PESO 62.1. | OCCUPACIÓN ACTUAL | SERVICIO ANESTESIA | H.CL. 275067 | CAMA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIAGNÓSTICO PRE-OPERATORIO TUMOR MALIGNO DE LA GLANDULA TIROIDES | | | DIAGNÓSTICO POST-OPERATORIO TUMOR MALIGNO de G. Glándula TIROIDES. | | | Operación Realizada Tiroidectomía total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CIRUJANO DR. VIVANCO HUGO | | | AYUDANTES DRA. REINA DOMENICA | | | OPERACIÓN REALIZADA Tiroidectomía total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTESIOLOGO DRA. RAMIREZ ORIANA | | | AYUDANTES Dra. Belén Mena | | | INSTRUMENTISTA LIC. QUISINTUÑA TATIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08:00 | | 09:00 | | 10:00 | | 11:00 | | 12:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGISTRO TRANS-ANESTÉSICO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>AGENTES / HORA</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>Oxígeno / Aire (l/min)</td> <td>21</td> <td>21</td> <td>21</td> <td>21</td> <td>21</td> <td>21</td> <td>21</td> <td>21</td> <td>21</td> </tr> <tr> <td>Sufl. Purpura (an. uar)</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Pomilantenoilo mg/kg/min</td> <td>0.1</td> <td>0.1</td> <td>0.14</td> <td>0.14</td> <td>0.14</td> <td>0.14</td> <td>0.1</td> <td>0.1</td> <td>0.0</td> </tr> </tbody> </table> | | | | | | | | | | AGENTES / HORA | 15 | 30 | 45 | 15 | 30 | 45 | 15 | 30 | 45 | Oxígeno / Aire (l/min) | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | Sufl. Purpura (an. uar) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | Pomilantenoilo mg/kg/min | 0.1 | 0.1 | 0.14 | 0.14 | 0.14 | 0.14 | 0.1 | 0.1 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENTES / HORA | 15 | 30 | 45 | 15 | 30 | 45 | 15 | 30 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxígeno / Aire (l/min) | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sufl. Purpura (an. uar) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pomilantenoilo mg/kg/min | 0.1 | 0.1 | 0.14 | 0.14 | 0.14 | 0.14 | 0.1 | 0.1 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>TA</th> <th>220</th> <th>210</th> <th>200</th> <th>190</th> <th>180</th> <th>170</th> <th>160</th> <th>150</th> <th>140</th> <th>130</th> <th>120</th> <th>110</th> <th>100</th> <th>90</th> <th>80</th> <th>70</th> <th>60</th> <th>50</th> <th>40</th> <th>30</th> <th>20</th> <th>10</th> <th>0</th> </tr> </thead> <tbody> <tr> <td>MAX</td> <td>120</td> <td>110</td> <td>100</td> <td>90</td> <td>80</td> <td>70</td> <td>60</td> <td>50</td> <td>40</td> <td>30</td> <td>20</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>MIN</td> <td>120</td> <td>110</td> <td>100</td> <td>90</td> <td>80</td> <td>70</td> <td>60</td> <td>50</td> <td>40</td> <td>30</td> <td>20</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> | | | | | | | | | | TA | 220 | 210 | 200 | 190 | 180 | 170 | 160 | 150 | 140 | 130 | 120 | 110 | 100 | 90 | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 | 0 | MAX | 120 | 110 | 100 | 90 | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | MIN | 120 | 110 | 100 | 90 | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA | 220 | 210 | 200 | 190 | 180 | 170 | 160 | 150 | 140 | 130 | 120 | 110 | 100 | 90 | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAX | 120 | 110 | 100 | 90 | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MIN | 120 | 110 | 100 | 90 | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>PULSO</th> <th>40</th> <th>30</th> <th>20</th> <th>10</th> <th>0</th> </tr> </thead> <tbody> <tr> <td>INDUCCIÓN</td> <td>40</td> <td>30</td> <td>20</td> <td>10</td> <td>0</td> </tr> <tr> <td>FIN-ANESTESIA</td> <td>40</td> <td>30</td> <td>20</td> <td>10</td> <td>0</td> </tr> </tbody> </table> | | | | | | | | | | PULSO | 40 | 30 | 20 | 10 | 0 | INDUCCIÓN | 40 | 30 | 20 | 10 | 0 | FIN-ANESTESIA | 40 | 30 | 20 | 10 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PULSO | 40 | 30 | 20 | 10 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDUCCIÓN | 40 | 30 | 20 | 10 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIN-ANESTESIA | 40 | 30 | 20 | 10 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>RESPIRACIÓN</th> <th>36</th> <th>34</th> <th>32</th> <th>30</th> <th>28</th> <th>26</th> <th>24</th> <th>22</th> <th>20</th> <th>18</th> <th>16</th> <th>14</th> <th>12</th> <th>10</th> <th>8</th> <th>6</th> <th>4</th> <th>2</th> <th>0</th> </tr> </thead> <tbody> <tr> <td>ESP</td> <td>36</td> <td>34</td> <td>32</td> <td>30</td> <td>28</td> <td>26</td> <td>24</td> <td>22</td> <td>20</td> <td>18</td> <td>16</td> <td>14</td> <td>12</td> <td>10</td> <td>8</td> <td>6</td> <td>4</td> <td>2</td> <td>0</td> </tr> <tr> <td>ASIS.</td> <td>36</td> <td>34</td> <td>32</td> <td>30</td> <td>28</td> <td>26</td> <td>24</td> <td>22</td> <td>20</td> <td>18</td> <td>16</td> <td>14</td> <td>12</td> <td>10</td> <td>8</td> <td>6</td> <td>4</td> <td>2</td> <td>0</td> </tr> <tr> <td>CONT.</td> <td>36</td> <td>34</td> <td>32</td> <td>30</td> <td>28</td> <td>26</td> <td>24</td> <td>22</td> <td>20</td> <td>18</td> <td>16</td> <td>14</td> <td>12</td> <td>10</td> <td>8</td> <td>6</td> <td>4</td> <td>2</td> <td>0</td> </tr> </tbody> </table> | | | | | | | | | | RESPIRACIÓN | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | ESP | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | ASIS. | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | CONT. | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRACIÓN | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESP | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASIS. | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONT. | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TEMPERATURA | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FETO | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRES. VENOSA | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TORNIQUETE | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DRUGAS ADMINISTRADAS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSICIÓN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | TIPO | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Lidocaine 60 mg IV | Oprometazone 8 mg IV | Ornopiazol 40 mg IV | Ornopiazol 40 mg IV | Ornopiazol 40 mg IV | Ornopiazol 40 mg IV | Ornopiazol 40 mg IV | Ornopiazol 40 mg IV | Ornopiazol 40 mg IV | Ornopiazol 40 mg IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | Propofol 120 mg IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | Vecuronio 35 mg IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Miembro Superior Derecho</td> </tr> <tr> <td>NTB TRACHEAL</td> <td><input type="checkbox"/></td> <td>CONTINUA</td> <td><input type="checkbox"/></td> <td colspan="2">30 cc APROX</td> <td></td> <td>VIA VENOSA CENTRAL</td> <td colspan="3"></td> </tr> <tr> <td>ORAL <input checked="" type="checkbox"/> NASAL</td> <td><input type="checkbox"/></td> <td>ALTURA PUNCIÓN:</td> <td><input type="checkbox"/></td> <td colspan="2">APGAR</td> <td></td> <td>MONITOREO OSCILOSCÓPICO</td> <td colspan="3">EKG: PANI, Sudo: ETCO2, FC, Fe.</td> </tr> <tr> <td>RAP <input checked="" type="checkbox"/> LENT</td> <td><input type="checkbox"/></td> <td>PUNCIÓN LAT.</td> <td><input type="checkbox"/></td> <td>1 Min</td> <td>5 Min</td> <td>10 Min</td> <td>F MUERTO</td> <td colspan="3"></td> </tr> <tr> <td>TUBO No 7.0</td> <td><input type="checkbox"/></td> <td>LÍNEA MEDIA</td> <td><input type="checkbox"/></td> <td colspan="2"></td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td>MANGUITO INFLAS</td> <td><input type="checkbox"/></td> <td>AGUJA No.</td> <td><input type="checkbox"/></td> <td colspan="2">TÉCNICAS ESPECIALES</td> <td></td> <td>BALANCE MÓRICO</td> <td colspan="3"></td> </tr> <tr> <td>TAPONAMIENTO</td> <td><input type="checkbox"/></td> <td>NIVEL</td> <td><input type="checkbox"/></td> <td colspan="2"></td> <td></td> <td>BALANCE HEMÁTICO</td> <td colspan="3"></td> </tr> <tr> <td>ANST TÓPICA</td> <td><input type="checkbox"/></td> <td>HIPERBARA</td> <td><input type="checkbox"/></td> <td colspan="2"></td> <td></td> <td>EXPLICACIÓN COMPLICACIÓN</td> <td colspan="3"></td> </tr> <tr> <td>ANST TRANSORAL</td> <td><input type="checkbox"/></td> <td>POSICIÓN PACIENTE:</td> <td><input type="checkbox"/></td> <td colspan="2"></td> <td></td> <td></td> <td colspan="3"></td> </tr> </tbody> </table> | | | | | | | | | | TÉCNICAS | | | | INFUSIONES | | | | COMPLICACIONES OPERATORIAS | | | | GENERAL | <input checked="" type="checkbox"/> | CONDUCTIVA | <input type="checkbox"/> | S | SOLUCIÓN SALINA | 100 cc | HIPOTENSIÓN | <input type="checkbox"/> | ARRITMIAS | <input type="checkbox"/> | SISTEMA ABIERTO | <input type="checkbox"/> | ASEPSIA DE PIEL CON | <input type="checkbox"/> | D | DEXTROSAS | cc | DEPRESIÓN RESPIRATORIA | <input checked="" type="checkbox"/> | PERFORACIÓN DURAMADRE | <input type="checkbox"/> | SISTEMA CERRADO | <input type="checkbox"/> | | <input type="checkbox"/> | R | LACTATO RINGER | 800 cc | DIFICULTAD TÉCNICA | <input type="checkbox"/> | NAÚSEAS/VÓMITOS | <input type="checkbox"/> | SISTEM. SEMI-CERR. | <input checked="" type="checkbox"/> | HABON | <input type="checkbox"/> | S | SANGRE | cc | CONDUCTIVA INSUFICIENTE | <input type="checkbox"/> | LARINGOSPASMO | <input type="checkbox"/> | APARATOS USADOS | <input type="checkbox"/> | RAQUIDEA | <input type="checkbox"/> | E | EXPANSORES | cc | PARO CARDIACO | <input type="checkbox"/> | OTRAS | <input type="checkbox"/> | CIRC. <input checked="" type="checkbox"/> VALVEN | <input type="checkbox"/> | EPIDURAL CAJO. | <input type="checkbox"/> | TOTAL | | 900 cc | CAMBIO DE TÉCNICA | | | | MASCARA | <input type="checkbox"/> | SAMPLE | <input type="checkbox"/> | HEMORRAGIA | | | VIA VENOSA PERIFÉRICA | #. Miembro Superior Derecho | | | NTB TRACHEAL | <input type="checkbox"/> | CONTINUA | <input type="checkbox"/> | 30 cc APROX | | | VIA VENOSA CENTRAL | | | | ORAL <input checked="" type="checkbox"/> NASAL | <input type="checkbox"/> | ALTURA PUNCIÓN: | <input type="checkbox"/> | APGAR | | | MONITOREO OSCILOSCÓPICO | EKG: PANI, Sudo: ETCO2, FC, Fe. | | | RAP <input checked="" type="checkbox"/> LENT | <input type="checkbox"/> | PUNCIÓN LAT. | <input type="checkbox"/> | 1 Min | 5 Min | 10 Min | F MUERTO | | | | TUBO No 7.0 | <input type="checkbox"/> | LÍNEA MEDIA | <input type="checkbox"/> | | | | | | | | MANGUITO INFLAS | <input type="checkbox"/> | AGUJA No. | <input type="checkbox"/> | TÉCNICAS ESPECIALES | | | BALANCE MÓRICO | | | | TAPONAMIENTO | <input type="checkbox"/> | NIVEL | <input type="checkbox"/> | | | | BALANCE HEMÁTICO | | | | ANST TÓPICA | <input type="checkbox"/> | HIPERBARA | <input type="checkbox"/> | | | | EXPLICACIÓN COMPLICACIÓN | | | | ANST TRANSORAL | <input type="checkbox"/> | POSICIÓN PACIENTE: | <input type="checkbox"/> | | | | | | | |
| TÉCNICAS | | | | INFUSIONES | | | | COMPLICACIONES OPERATORIAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MASCARA | <input type="checkbox"/> | SAMPLE | <input type="checkbox"/> | HEMORRAGIA | | | VIA VENOSA PERIFÉRICA | #. Miembro Superior Derecho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NTB TRACHEAL | <input type="checkbox"/> | CONTINUA | <input type="checkbox"/> | 30 cc APROX | | | VIA VENOSA CENTRAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RAP <input checked="" type="checkbox"/> LENT | <input type="checkbox"/> | PUNCIÓN LAT. | <input type="checkbox"/> | 1 Min | 5 Min | 10 Min | F MUERTO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TUBO No 7.0 | <input type="checkbox"/> | LÍNEA MEDIA | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANGUITO INFLAS | <input type="checkbox"/> | AGUJA No. | <input type="checkbox"/> | TÉCNICAS ESPECIALES | | | BALANCE MÓRICO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">CONDUCIDO A: Upps.</th> <th colspan="2">Código:</th> </tr> </thead> <tbody> <tr> <td>POR</td> <td>Dra Ramirez</td> <td>ALDRETE:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HORA</td> <td>10:30</td> <td>BROMAGE:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | | | | | CONDUCIDO A: Upps. | | Código: | | POR | Dra Ramirez | ALDRETE: | <input type="checkbox"/> | HORA | 10:30 | BROMAGE: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCIDO A: Upps. | | Código: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">FIRMA DEL ANESTESIOLOGO:</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> </tbody> </table> | | | | | | | | | | FIRMA DEL ANESTESIOLOGO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRMA DEL ANESTESIOLOGO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SOLCA NUCLEO DE QUITO Dra. Oriana Ramirez Lazaro ANESTESIOLOGA C.I. 175774529 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |