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| novologo1 | GOVERNO DO DISTRITO FEDERAL – GDF  SECRETARIA DE ESTADO DE SAÚDE  SUPERINTENDÊNCIA REGIONAL DE SAÚDE SUL  HOSPITAL REGIONAL DO GAMA  UNIDADE DE TERAPIA INTENSIVA |  |

**CHECK LIST DO CARRINHO DE PCR**

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| **Datas** | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |
| **Qtde** | **Turno**  **Med./Mat.** | | **M** | | **N** | | | **M** | | **N** | | **M** | | **N** | | **M** | | **N** | | **M** | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** |
| 30 | Atropina | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 50 | Adrenalina | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Diazepam | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Dormonid 15mg | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Fentanil | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | Clonidina | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | Amiodarona | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 01 | Lidocaína sem vaso | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | Vasopressina | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | Protamina | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | Hidrocortizo-na 500mg | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | Hidrocortizo-na 100mg | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | Hidralazina | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | Gluconato de cálcio | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | Decadron | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | Quelicin | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Prostigmine | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | Heparina | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Xilocaína geléia | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Xilocaína spray | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Gel condutor | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 10 | Água destilada | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Voluven | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Bicarbonato de sódio fr | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | Laringoscó-pio | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Lâmina de laringo nº 02 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Lâmina de laringo nº 03 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | Lâmina de laringo nº 04 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | TOT nº 6,5 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | TOT nº 7,0 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | TOT nº 7,5 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | TOT nº 8,0 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 05 | TOT nº 8,5 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 03 | TOT nº 9,0 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| 02 | TOT nº 10,0 | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |
| **Datas** | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |
| **Qtde** | **Turno**  **Med./Mat.** | **M** | | **N** | | **M** | | | **N** | | **M** | | **N** | | **M** | | **N** | | **M** | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** | | **M** | | | **N** | |
| 01 | Cânula de TQT nº 7,0 |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Cânula de TQT nº 7,5 |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 02 | Cânula de TQT nº 8,0 |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Cânula de TQT nº 9,0 |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Cânula de TQT nº 10,0 |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 10 | Luvas estéreis |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 20 | Seringas diversas |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 07 | Fio guia |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 15 | Agulhas |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 02 | Equipo simples |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 02 | Equipo de BIC |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Esparadrapo |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Fluxômetro de O2 |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Umidificador de O2 |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Óculos de proteção |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Ambú |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | Guedel |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 02 | Látex |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 10 | Eletrodos |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| - | Lâmpadas para laringo |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| - | Pilhas |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 01 | **TÁBUA** |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| - | **Teste do DESFIBRI-LADOR** |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| - | **Teste dos LARIN-GOSCÓPIOS** |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
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| **Enfermeiro (a)**  **+**  **Carimbo** | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |

GOVERNO DO DISTRITO FEDERAL – GDF

SECRETARIA DE ESTADO DE SAÚDE

SUPERINTENDÊNCIA REGIONAL DE SAÚDE SUL

HOSPITAL REGIONAL DO GAMA

**** **UNIDADE DE TERAPIA INTENSIVA**

**TROCA DOS LACRES DO CARRINHO DE PCR**

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| **Dias** | **Nº do Lacre** | **Data e Hora da Troca do Lacre** | **Enfermeiro (a)** |
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