|  |
| --- |
| ***Material Parte superior.*** |
| ***FECHA.*** | ***CANT*** |  |  |  |  |  |  |  | ***FECHA CADUCIDAD*** |
| ***FARMACO*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** |
| **ADRENALINA 1MG/1ML** | **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AMIODARONA 150 MG/3 ML** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ADENOSINA 6 MG/2 ML** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ATROPINA 1MG/1ML** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ESMOLOL 100 MG/10 ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BICARBONATO DE SODIO 7.5%** | **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BROM. DE VECURONIO 4 MG** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CLOROPIRAMINA 20 MG/2 ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DEXTROSA 50% 50ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DIAZEPAM 10MG** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DIFENILHIDANT 250 MG/5 ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DOBUTAMINA 250MG/10ML** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DOPAMINA 200MG/5ML** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FENTANIL 0.5MG/10ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PROPOFOL 200MG/20 ML AMPULA** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FUROSEMIDE 20 MG/2 ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GLUCONATO DE CALCIO** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HIDROCORTISONA 100 MG** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HIDROCORTISONA 500 MG** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **LIDOCAINA 10%/100 ML SPRAY** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **LIDOCAINA AL 2% FCO AMP 50ML** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **METILPREDNISOLONA 500 MG** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DEXAMETASONA 8mg AMPULA** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MIDAZOLAM 15 MG/3 ML** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NITROGLICERINA 5mg / 5ml** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NITROPRUSIATO DE SODIO 50 MG** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NOREPINEFRINA 4MG/4ML** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SALBUTAMOL EN AEROSOL** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SULFATO DE MAGNESIO** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***CAJON 1***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AGUJAS DESECHABLES**  | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER 22GA** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER PERIFERICO FR. 14** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER PERIFERICO FR. 16** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER PERIFERICO FR. 18** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER PERIFERICO FR. 22** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER PERIFERICO FR. 24** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER SUBCLAVIO CORTO** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CVC FR. 7 , 3 Lumen o 2 Lumen** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EQ. MACRO P/BOMBA INFUS.** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EQ. NORMOGOTERO** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EQ. TRANSFUSIÓN** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **JERINGA 1CC** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **JERINGA DE 3 CC** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **JERINGA DE 5CC** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **JERINGA DE 10 CC** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **JERINGAS DE 20 CC** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **JERINGA 60ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **LLAVE DE 3 VIAS C/EXT** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **LANCETAS** | **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PILAS P/ H. LARINGOSCOPIO Y TIPO C** | **2/2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CUBREBOCAS /ELECTRODOS ECG** | **10/10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AP. AD. TRANSPARENTE IV 5X5.7 CM** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AP. AD. TRANSPARENTE IV 8.8.X10.5CM** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***CAJON 2***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B. REANIMACIÓN NEONATAL**  | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B. REANIMACIÓN PEDIATRICO** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B. DE REANIMACIÓN ADULTO**  | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR. 2.5 S/G** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR. 3 S/G** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.3.5 S/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.4.0 S/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.5.0 S/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.5.5 S/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.6.0 S/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.6 C/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.6.5 C/G**  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.7.0 C/G**  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR. 7.5 C/G**  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.8 C/G**  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.8.5 C/G**  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.9 .0C/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. OROTRAQUEAL FR.9.5 C/G** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CANULA DE GUEDEL 00**  | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CANULA DE GUEDEL 0** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CAULA DE GUEDEL 1** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CANULA DE GUEDEL 2** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CANULA DE GUEDEL 3** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CANULA DE GUEDEL 4** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CANULA DE GUEDEL 5** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CANULA DE GUEDEL 6** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CATETER NASAL DE OXIGENO**  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CONECTORES SIMS GRUESOS** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **COLA DE RATON**  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GUÍA METALICA ADULTO** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GUÍA METALICA PEDIATRICA**  | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***CAJON 3***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** | ***M*** | ***V*** | ***N*** |  |
| **H. LARINGOS RECTA No-00** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **H. LARINGOS RECTA No 0** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **H. LARINGOS RECTA No-1** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **H. LARINGOS RECTA No-3** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **H. LARINGOS. CURVA No-3** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **H. LARINGOS. CURVA No-4** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **M. RESERVORIO PEDIATRICO** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **M. RESERVORIO DULTO** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MANGO DE LARINGOSCOPIO** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MASCARILLA LARINGEA 1** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MASCARILLA LARINGEA 1.5** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MASCARILLA LARINGEA 2.0** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MASCARILLA LARINGEA 3.0** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MASCARILLA LARINGEA 4.0** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MASCARILLA LARINGEA 5.0** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SONDA YANKAWER** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SONDA DE ASPIRACION 10/14** | **1/1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**BASE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOL. GLUC 5% 250ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SOL HARTMAN 500ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SOL HARTMAN 1000ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SOL. FISIOL 0.9% 250ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SOL. FISIOL 0.9% 500 ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SOL. FISIOL 0.9% 1000 ML** | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SOL. FISIOL 0.9% 100 ML** | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***PARTE EXTERNA***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MANUAL DEL DESFIBRILADOR** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TABLA DE RCP / TANQUE DEO OXIG.** | **1/1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CAJA DE GUANTES EXPLORACIÓN** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GEL CONDUCTOR P /ECG** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PAPEL P/ DESFRIBIL.** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TIJERAS /LIGADURA/CRONOMETRO** | **1/1/1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Recibe***  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ***FECHA:*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***SI*** | ***NO*** | ***SI*** | ***NO*** | ***SI*** | ***NO*** | ***SI*** | ***NO*** | ***SI*** | ***NO*** | ***SI*** | ***NO*** | ***SI*** | ***NO*** |
| ***1.- El carro rojo está ubicado en un espacio del área, que permite un desplazamiento rápido y sencillo*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***2.-Las conexiones eléctricas del desfibrilador funcionan adecuadamente*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***3.- El tanque de oxígeno se encuentra lleno*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***4.- Se ha realizado prueba de funcionamiento de desfibrilador*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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