Respiratorio

Cardiovascular

Endocrino

Musculoesqueletico

Sistema Nervioso

Anestesicoqurúrgico

Alergicos

Otros

TRATAMIENTO

**EXPLORACIÓN FÍSICA**

Frec. Cardiaca Buen Edo. Gral. Integro Tranquilo Constitución Física Índice de

Tensión Arterial Mal Edo. Gral No Integro Aprensivo Ectodermico Masa

Peso Corporal Actitud Libre Conciente Inquieto Mesodermico Corporal

Estructura Actitud Forzado Inconciente Soporoso Endodermico %

CABEZA:

|  |  |  |  |
| --- | --- | --- | --- |
| R. Pupilares: | presentes |  | ausentes |

|  |  |  |  |
| --- | --- | --- | --- |
| Pupilas: | isocoria |  | Anisicoria |

|  |  |  |  |
| --- | --- | --- | --- |
| Conjuntiva: | Normal |  | Palida |

Narinas:

|  |  |  |
| --- | --- | --- |
| Permeables |  | No permeables |

Boca:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Apertura | cm. | >4 |  | 4a3 |  | <3 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Úvula: |  | 3/3 |  | 2/3 |  | 1/3 |  | Base |

|  |  |  |  |
| --- | --- | --- | --- |
| Mucosa Oral | Húmeda |  | Seca |

Coloración peribucal:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Normal |  | Pálida |  | Cianótica |

Dentadura:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completas |  | Incompletas |  | Adoncia |

Prótesis:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fija |  | Postes |  | Móvil |

CUELLO:

|  |  |  |  |
| --- | --- | --- | --- |
| Volumen: | Grueso |  | Delgado |

|  |  |  |  |
| --- | --- | --- | --- |
| Tamaño: | Largo |  | Corto |

|  |  |  |  |
| --- | --- | --- | --- |
| Tumoración: | Presente |  | Ausente |

Extensión Cervical:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Un tercio |  | Dos tercios |  | Completa |

Pulsos carotideos:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Palpables |  | No palpables |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Homócronos |  | Sincrónicos |

Tráquea:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Central |  | Desplazada |  | Móvil |  | Fija |

Distancia > mentoniano - laríngeo:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 través |  | 2 treveses |  | + 2 treveses |

Longitd Tiromentoneana \_\_\_\_\_\_\_\_ cm.

Longitud Esternomentoneana\_\_\_\_\_\_\_ cm.

TORAX:

|  |  |  |  |
| --- | --- | --- | --- |
| Amplexión: | Limitada |  | Nolimitada |

|  |  |  |  |
| --- | --- | --- | --- |
| Amplexación: | Limitada |  | Nolimitada |

|  |  |  |  |
| --- | --- | --- | --- |
| Hemitórax: | Izquierdo |  | Derecho |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Apex |  | Cuerpo |  | Base |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ventilación: | Bien |  | Limitada |  | Mal |

Ruidos Agregados:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sibilancias |  | Estertores |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Rítmicos |  | Arrítmicos |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Frotes |  | Soplos |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sistolicos |  | Diastolicos |

|  |  |  |  |
| --- | --- | --- | --- |
|  | En límites |  | Fuera de Límites |

ABDOMEN:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plano |  | En batea |  | Globoso |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hiperestesia |  | Hiperbaralgesia |

PERISTALSIS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Presente |  | de Lucha |  | Ausente |

COLUMNA VERTEBRAL:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Alineada |  | No Alineada |

Espacios Espinosos:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Palpables |  | No palpables |

Zonas o cuerpos dolorosos:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cervical |  | Dorsal |  | Lumbar |  | Sacro |

EXTREMIDADES:

Volumen:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Normal |  | Aumento |  | Perdida |

Coloración Distal:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cianosis |  | Palidez |  | Normal |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Llenado Capilar: |  | 2 | 3 | 4 | 5 | Seg. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Edema: |  | + |  | ++ |  | +++ |  | ++++ |

Trayectos Venosos:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Visibles |  | No visibles |  | Torturosos |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sindrome Varicoso: |  | I |  | II |  | III |  | IV |

LABORATORIO:

VALORACIÓN INTEGRAL

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Edo. F. De A.S.A. |  | I |  | II |  | III |  | IV |  | V |  | VI |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| R. Card. GOLDMAN |  | I |  | II |  | III |  | IV |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| F. Eq. Aldrete - Pizarro |  | I |  | II |  | III |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| R. Tomboembolia P. |  | Bajo |  | Moderado |  | Alto |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Riesgo de Aspiración |  | Presente |  | Ausente |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mallampati |  | I |  | II |  | III |  | IV |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patil - Aldrati |  | I |  | II |  | III |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bellhause - Dore |  | I |  | II |  | III |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| P. Mandibular |  | < 1 cm |  | 1 cm |  | > 1 cm |  |  |

ANESTESIA LOCAL

ANESTESIA REGIONAL

ANESTESIA GENERAL

PACIENTE AMBULATORIO

MISMO DIA

INTERNAMIENTO PREVIO

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hb Albumina

Hto. Globulina

Plaq Colesterol

T.P. Trigliceridos

Ctrol. Bilirubina T.

T.P.T Glucemia

Ctrol Creatinina

Na pH

K. Bicarbonato

Cl. % So 2

Otros

NOTA PREINDUCTORIA:

MEDICO ANESTESIÓLOGO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE DEL PACIENTE FECHA

EDAD SEXO CAMA NÚMERO SERVICIO TRATANTE

DIAGNOSTICO INICIAL SALA

TRATAMIENTO INICIAL