



FORMULARIO DE ATENCION DE URGENCIA

ESTABLECIMIENTO: SAPU AMANECER

NUMERO DE ATENCION: 12542639

K.A

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| ADMISION: 10/10/2022 09:19 | | INICIO DE ATENCION: 10/10/2022 09:37 | | MEDIO LLEGADA: PROPIOS MEDIOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE: KATHERINE MILLARAY RAPIMAN BELTRAN | | RUT: | 25572376 - 6 | TELEFONO: | 85025973 (CELULAR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECCION: CALLE ASCOLI 0770, | | PUEBLO ORIGINARIO DECLARADO: | PROCEDENCIA (URBANO / RURAL): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDAD: 5 años 10 meses 20 dias (20/11/2016) | | SEXO (GÉNERO): MUJER (FEMENINO) | PREVISION: FONASA - A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNS VITALES <table border="1"> <tr><td>Hora :</td><td colspan="2">10/10/2022 09:35</td></tr> <tr><td>Temperatura Axilar:</td><td colspan="2">36.3 [°C]</td></tr> <tr><td>Temperatura Rectal:</td><td colspan="2"></td></tr> <tr><td>Presión Sistólica:</td><td colspan="2"></td></tr> <tr><td>Presión Diastólica:</td><td colspan="2"></td></tr> <tr><td>Frecuencia Cardiaca:</td><td colspan="2">97 ['x]</td></tr> <tr><td>Frecuencia Respiratoria:</td><td colspan="2"></td></tr> <tr><td>Saturometría:</td><td colspan="2">99 [%]</td></tr> <tr><td>Latidos Cardio - Fetales:</td><td colspan="2"></td></tr> <tr><td>Hemoglucotest:</td><td colspan="2"></td></tr> <tr><td>Estado de Conciencia (AVDI):</td><td>ALERTA</td><td>A - V - D - I</td></tr> <tr><td>Dolor, EVA:</td><td colspan="2"></td></tr> <tr><td>Distresado:</td><td>SI - NO</td><td>SI - NO</td></tr> </table> | | | | | | Hora : | 10/10/2022 09:35 | | Temperatura Axilar: | 36.3 [°C] | | Temperatura Rectal: | | | Presión Sistólica: | | | Presión Diastólica: | | | Frecuencia Cardiaca: | 97 ['x] | | Frecuencia Respiratoria: | | | Saturometría: | 99 [%] | | Latidos Cardio - Fetales: | | | Hemoglucotest: | | | Estado de Conciencia (AVDI): | ALERTA | A - V - D - I | Dolor, EVA: | | | Distresado: | SI - NO | SI - NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hora : | 10/10/2022 09:35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperatura Axilar: | 36.3 [°C] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperatura Rectal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presión Sistólica: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presión Diastólica: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frecuencia Cardiaca: | 97 ['x] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frecuencia Respiratoria: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturometría: | 99 [%] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Latidos Cardio - Fetales: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemoglucotest: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estado de Conciencia (AVDI): | ALERTA | A - V - D - I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dolor, EVA: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distresado: | SI - NO | SI - NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motivo de Consulta MADRE REFIERE CONJUNTIVITIS, DOLOR DE OIDO Y TOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funcionario Que Atiende <table border="1"> <tr><td><input checked="" type="checkbox"/> Médico</td></tr> <tr><td><input type="checkbox"/> Odontólogo</td></tr> <tr><td><input type="checkbox"/> Matrón(a)</td></tr> <tr><td><input type="checkbox"/> Enfermero(a)</td></tr> <tr><td><input type="checkbox"/> Técnico Paramédico</td></tr> <tr><td><input type="checkbox"/> Kinesiólogo</td></tr> </table> | | | | | | <input checked="" type="checkbox"/> Médico | <input type="checkbox"/> Odontólogo | <input type="checkbox"/> Matrón(a) | <input type="checkbox"/> Enfermero(a) | <input type="checkbox"/> Técnico Paramédico | <input type="checkbox"/> Kinesiólogo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Médico | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Odontólogo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Matrón(a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Enfermero(a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Técnico Paramédico | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Kinesiólogo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tipo de Consulta : INFANTIL Atención Manifestación Social: NO Tipo de Paciente: NO APLICA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Origen de la Procedencia DOMICILIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Otros Datos * NINGUNO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EN CASO DE TRAUMA, COMPLETE LOS SIGUIENTES ANTECEDENTES <table border="1"> <tr> <td colspan="2">Naturaleza del Hecho</td> <td colspan="2">Elemento Causante</td> <td colspan="2">Fecha Aproximada del Hecho</td> </tr> <tr> <td><input type="checkbox"/> Accidente de tránsito</td><td><input type="checkbox"/> Contundente</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Accidente laboral</td><td><input type="checkbox"/> Cortante</td> <td><input type="checkbox"/> <input type="checkbox"/> Accidente escolar</td><td><input type="checkbox"/> <input type="checkbox"/> Punzante</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Accidente doméstico</td><td><input type="checkbox"/> <input type="checkbox"/> Corto-punzante</td> <td><input type="checkbox"/> <input type="checkbox"/> Accidente en la vía pública</td><td><input type="checkbox"/> <input type="checkbox"/> Arma de Fuego</td> <td><input type="checkbox"/> <input type="checkbox"/> Agresión</td><td><input type="checkbox"/> <input type="checkbox"/> Explosión</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Riña</td><td><input type="checkbox"/> <input type="checkbox"/> Calor</td> <td><input type="checkbox"/> <input type="checkbox"/> Violencia intrafamiliar</td><td><input type="checkbox"/> <input type="checkbox"/> Frío</td> <td><input type="checkbox"/> <input type="checkbox"/> Mordedura de perro</td><td><input type="checkbox"/> <input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Agresión sexual</td><td></td> <td><input type="checkbox"/> <input type="checkbox"/> Otro</td><td></td> <td><input type="checkbox"/> <input type="checkbox"/> Se requieren exámenes complementarios</td><td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>DIA</td> <td>MES</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">AÑO</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Hora aproximada del hecho</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> | | | | | | Naturaleza del Hecho | | Elemento Causante | | Fecha Aproximada del Hecho | | <input type="checkbox"/> Accidente de tránsito | <input type="checkbox"/> Contundente | <input type="checkbox"/> <input checked="" type="checkbox"/> Accidente laboral | <input type="checkbox"/> Cortante | <input type="checkbox"/> <input type="checkbox"/> Accidente escolar | <input type="checkbox"/> <input type="checkbox"/> Punzante | <input type="checkbox"/> <input type="checkbox"/> Accidente doméstico | <input type="checkbox"/> <input type="checkbox"/> Corto-punzante | <input type="checkbox"/> <input type="checkbox"/> Accidente en la vía pública | <input type="checkbox"/> <input type="checkbox"/> Arma de Fuego | <input type="checkbox"/> <input type="checkbox"/> Agresión | <input type="checkbox"/> <input type="checkbox"/> Explosión | <input type="checkbox"/> <input type="checkbox"/> Riña | <input type="checkbox"/> <input type="checkbox"/> Calor | <input type="checkbox"/> <input type="checkbox"/> Violencia intrafamiliar | <input type="checkbox"/> <input type="checkbox"/> Frío | <input type="checkbox"/> <input type="checkbox"/> Mordedura de perro | <input type="checkbox"/> <input type="checkbox"/> Otro | <input type="checkbox"/> <input type="checkbox"/> Agresión sexual | | <input type="checkbox"/> <input type="checkbox"/> Otro | | <input type="checkbox"/> <input type="checkbox"/> Se requieren exámenes complementarios | | | | | | DIA | MES | | | | | | | | | | | AÑO | | | | | | | | | | | | Hora aproximada del hecho | | | | | | | |
| Naturaleza del Hecho | | Elemento Causante | | Fecha Aproximada del Hecho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Accidente de tránsito | <input type="checkbox"/> Contundente | <input type="checkbox"/> <input checked="" type="checkbox"/> Accidente laboral | <input type="checkbox"/> Cortante | <input type="checkbox"/> <input type="checkbox"/> Accidente escolar | <input type="checkbox"/> <input type="checkbox"/> Punzante | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Accidente doméstico | <input type="checkbox"/> <input type="checkbox"/> Corto-punzante | <input type="checkbox"/> <input type="checkbox"/> Accidente en la vía pública | <input type="checkbox"/> <input type="checkbox"/> Arma de Fuego | <input type="checkbox"/> <input type="checkbox"/> Agresión | <input type="checkbox"/> <input type="checkbox"/> Explosión | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Riña | <input type="checkbox"/> <input type="checkbox"/> Calor | <input type="checkbox"/> <input type="checkbox"/> Violencia intrafamiliar | <input type="checkbox"/> <input type="checkbox"/> Frío | <input type="checkbox"/> <input type="checkbox"/> Mordedura de perro | <input type="checkbox"/> <input type="checkbox"/> Otro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Agresión sexual | | <input type="checkbox"/> <input type="checkbox"/> Otro | | <input type="checkbox"/> <input type="checkbox"/> Se requieren exámenes complementarios | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | DIA | MES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | AÑO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | Hora aproximada del hecho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pronóstico Médico Legal o Incapacidad Laboral <table border="1"> <tr><td><input type="checkbox"/> Paciente sin lesiones</td></tr> <tr><td><input type="checkbox"/> Leve (0 - 14 días)</td></tr> <tr><td><input type="checkbox"/> Mediana Gravedad (15 - 29 días)</td></tr> <tr><td><input type="checkbox"/> Grave (30 días o más)</td></tr> <tr><td><input type="checkbox"/> Se requieren exámenes complementarios</td></tr> </table> | | | | | | <input type="checkbox"/> Paciente sin lesiones | <input type="checkbox"/> Leve (0 - 14 días) | <input type="checkbox"/> Mediana Gravedad (15 - 29 días) | <input type="checkbox"/> Grave (30 días o más) | <input type="checkbox"/> Se requieren exámenes complementarios | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Paciente sin lesiones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Leve (0 - 14 días) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mediana Gravedad (15 - 29 días) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grave (30 días o más) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Se requieren exámenes complementarios | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnóstico (DAU Nº 12542639) <p>H608 : OTRAS OTITIS EXTERNAS H102 : OTRAS CONJUNTIVITIS AGUDAS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resultado aplicación protocolo selector de demanda C5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Condición del paciente al cierre de atención <input checked="" type="checkbox"/> Vivo <input type="checkbox"/> Fallecido | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Destino Inmediato del Paciente Alta domicilio Sin control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categorización Cierre Atención C5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicaciones al alta CLARAFENICOL COLIRIO 2 G C 4 H EN EL DIA Y C 8 H NOCHE P 7 D CAF UNG CADA NOCHE P 7 D AMOXICILINA 500MG / 5ML 5 ML C 8 HP 7 D LORATADINA 1/2 AL DIA PARACETAMOL 500MG 1/2 C 8 H ABUNDANTE LIQUIDO SOBRETODA ASEO NASAL CDA 30MIN REPOSO EN SU DOMICILIO POR 3 DIAS DESDE 11 DE OCT 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre y Firma del Funcionario que Atiende (DAU Nº 12542639) CLAUDIO TEBAÑE RETAMAL MEDICO APS 9287071-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |