Paciente\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Peso: \_\_\_\_\_\_\_\_\_\_\_\_\_

Especie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Raza\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Edad\_\_\_\_\_\_\_\_\_\_\_\_

Diagnóstico presuntivo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pronóstico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infeccioso \_\_\_\_ No infeccioso \_\_\_Postquirúrgico \_\_\_\_\_ Profesional responsable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| FECHA |  |  |  |  |  |  |
| HORA |  |  |  |  |  |  |  |  |  |  |  |  |
| ACTIVIDAD |  |  |  |  |  |  |  |  |  |  |  |  |
| F. CARDIACA |  |  |  |  |  |  |  |  |  |  |  |  |
| F. RESPIRATORIA |  |  |  |  |  |  |  |  |  |  |  |  |
| PULSO |  |  |  |  |  |  |  |  |  |  |  |  |
| CAL.PULSO |  |  |  |  |  |  |  |  |  |  |  |  |
| TEMPERATURA |  |  |  |  |  |  |  |  |  |  |  |  |
| MUCOSAS |  |  |  |  |  |  |  |  |  |  |  |  |
| TLLC |  |  |  |  |  |  |  |  |  |  |  |  |
| TURGENCIA |  |  |  |  |  |  |  |  |  |  |  |  |
| % DESHIDRATACION |  |  |  |  |  |  |  |  |  |  |  |  |
| SED |  |  |  |  |  |  |  |  |  |  |  |  |
| APETITO |  |  |  |  |  |  |  |  |  |  |  |  |
| VOMITO |  |  |  |  |  |  |  |  |  |  |  |  |
| MAT.FECAL |  |  |  |  |  |  |  |  |  |  |  |  |
| ORINA |  |  |  |  |  |  |  |  |  |  |  |  |
| FIRMA |  |  |  |  |  |  |  |  |  |  |  |  |

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| FECHA |  |  |  |  |  |  |
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| ACTIVIDAD |  |  |  |  |  |  |  |  |  |  |  |  |
| F. CARDIACA |  |  |  |  |  |  |  |  |  |  |  |  |
| F. RESPIRATORIA |  |  |  |  |  |  |  |  |  |  |  |  |
| PULSO |  |  |  |  |  |  |  |  |  |  |  |  |
| CAL.PULSO |  |  |  |  |  |  |  |  |  |  |  |  |
| TEMPERATURA |  |  |  |  |  |  |  |  |  |  |  |  |
| MUCOSAS |  |  |  |  |  |  |  |  |  |  |  |  |
| TLLC |  |  |  |  |  |  |  |  |  |  |  |  |
| TURGENCIA |  |  |  |  |  |  |  |  |  |  |  |  |
| % DESHIDRATACION |  |  |  |  |  |  |  |  |  |  |  |  |
| SED |  |  |  |  |  |  |  |  |  |  |  |  |
| APETITO |  |  |  |  |  |  |  |  |  |  |  |  |
| VOMITO |  |  |  |  |  |  |  |  |  |  |  |  |
| MAT.FECAL |  |  |  |  |  |  |  |  |  |  |  |  |
| ORINA |  |  |  |  |  |  |  |  |  |  |  |  |
| FIRMA |  |  |  |  |  |  |  |  |  |  |  |  |