|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CENTRO DE ATENCIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CODIGO | | | | | |  |  |  |  |  |
| 1. **DATOS DEL PACIENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No DNI | | | | | | | | | | | | | | |  | | | | | |  |  |  |  |  |
| **APELLIDOS NOMBRE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Fecha nacimiento**  Dia mes año | | | | | | | | | | | | | | | **PROGRAMAS ESPECIALES**  JUNTOS SI NO  AT. IN. P.INF. SI NO  SEG. ALIMENTARIA SI NO | | | | | | | | | | |
|  | |  |  | | | |  | |  | | | **SEXO** | | |
| **Nacionalidad**  Colombiano  si No | | | | | | | | **ETNIA**  Mestizo negro Indígena raizal Otro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | M  f | | |
| SISBEN: 1 2 3 ESTRATO: | | | | | | | | | | |
| **domicilio** | | Dirección\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ comuna \_\_\_\_\_\_\_\_\_\_Barrio\_\_\_\_\_\_\_Vereda\_\_\_\_\_\_\_ teléfono\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ANTECEDENTES PERINATALES** | | | | | | | | | | | | | | | | | | | | | sin datos pasar a numeral 3 | | | | | | | | | | | | | | | | | | | | | | | | **Parto institucional**: si no | | | | | | | | | |
| **PATOLOGIA EMBARAZO, PARTO Y PUERPERIO**  no si  fórceps  cesárea  podálica  Parto vaginal normal | | | **EDAD GESTACIONAL AL NACER**  Semanas  Menor 37s  Mayor 41s | | | | | | | | | | **PESO AL NACER**  < de 2500g  >4000g | | | | | | | | **TALLA cms.**  **PERIMETRO**  **CEFALICO**  Cms. | | | | | | | | | | | | | **APGAR**  **(minuto)**  1O  5O  Deprimido No si  Reanimación  No si  TSH si no | | | | | | | | | | | **PATOLOGIA DEL RECIEN NACIDO**  **NINGUNA**    respiratoria HIV  Malformaciones  infección congénita TORCH  Infección adquirida  Ictericia  Problemas neurológicos  Otros  Especificar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Egreso del RN sano con patología | | | | | | | | | |
| **CONTROL PRENATAL SI NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ANTECEDENTES** | | | | | | | | | | | | | | | | | | | | | | | | | | **sin datos pasar a numeral 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONALES** | | | | | **si** | | | | | **no** | | | | | | **ANTECEDENTES FAMILIARES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | padre | | | madre | | | | | | | hermano | | |  | | | | | | | padre | | madre | | hermano |
| Medicamentos/drogas | | | | |  | | | | |  | | | | | | cardiovasculares<55años | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | Alergias | | | | | | |  | |  | |  |
| Tabaco/alchol/tatuajes | | | | |  | | | | |  | | | | | | diabtes | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | Adicciones/tabaquismo | | | | | | |  | |  | |  |
| infectocontagiosas\* | | | | |  | | | | |  | | | | | | hta | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | infectocontagiosas | | | | | | |  | |  | |  |
| traumatismos | | | | |  | | | | |  | | | | | | asma | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | Otras\*\* | | | | | | |  | |  | |  |
| Otras patologías\* | | | | |  | | | | |  | | | | | | Trast. mentales | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | Especificar\*\* | | | | | | | | | | | |
| Esp0ecificar\* | | | | | | | | | | | | | | | | Malformaciones genéticas\*\* | | | | | | | | | | | | | |  | | |  | | | | | | |  | | |
| 1. **MADURACIÓN Y DESARROLLO (COLOCAR edad meses)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **sin datos pasar s numeral 5** | | | | | | | | | | | | | | |
| primeras palabras \_\_\_\_\_\_\_\_ sostuvo cabeza \_\_\_\_\_\_\_\_ \_\_ se volteó \_\_\_\_\_\_\_\_\_ gateó \_\_\_\_\_\_\_\_primeros pasos \_\_\_\_\_\_\_\_\_\_  Sonrisa social \_\_\_\_\_\_\_\_\_\_\_\_ reconoce los padres \_\_\_\_\_\_\_ reconoce otras personas \_\_\_\_\_\_\_\_\_\_ juegos otros niños \_\_\_\_\_\_\_  Primeros trazos \_\_\_\_\_\_\_\_\_\_ dibujo figura humana \_\_\_\_\_\_\_ número de palabras actual \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1 Escolaridad** | | | | Nnormal repetidor | | | | | | | | | | | | | | | | | | | | **desarrollo puberal y/o menarcal:** | | | | | | | | | | | | | | | | | | | | | | | **Tanner** | | | | | | | |
| **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.2 asistencia control de crecimiento y desarrollo** | | | | | | | | | | | | | | | | | | | | | | | | **Si no Número de controles al año\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **VACUNAS (COLOCAR FECHAS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **Dosis única/RN** | | | | | | | | | | | **2 meses** | | | | | | | | **4 meses** | | | | | | | | | | **6 meses** | | | | | | | | **1 año** | | | | | **18 meses** | | | | **5 años** | | |
| Hb | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| BCG | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| Pentavalente DPT,Hb,Hemophilus influenzae | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| Polio | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| Fiebre amarilla | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| Triple viral | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| DPT | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| TV Triple viral | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | |
| **observaciones** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FAMILIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTEGRANTES DEL HOGAR HERMANOS**  Madre padre hermanos abuelos tíos vivos muertos  Madrastra padrastro otros\_\_\_\_\_\_\_\_\_\_ protección desescolariazados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PADRE: A**pellido Nombre:  edad:  **TRABAJO si formal informal no ingresos**  **Da Apoyo en la crianza de los hijos si no** | | | | | | | | | | | | | | | | | | | | | | **escolaridad:**  Primaria Completa si no Secundaria completa si no  Tecnológica completa si no estudios superiores si  Educación no formal analfabetismo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MADRE: A**pellido Nombre:  edad: etnia:  **TRABAJO si formal informal no ingresos**  **Recibe apoyo en la crianza si no**  **Se respeta el tiempo de lactancia si no** | | | | | | | | | | | | | | | | | | | | | | **escolaridad:**  Primaria Completa si no Secundaria completa si no  Tecnológica completa si no estudios superiores si  Educación no formal analfabetismo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **VIVIENDA** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo de vivienda**  **Propia Piso**  **Alquilada material**  **inquilinato tierra**  **invasión**  **Paredes:**  **material**  **esterilla**  **cartón/plástico** | | | | | | | | | **Agua**  red pública Agua pozo Nacimiento abastecimiento otra  **Fuente energía** electricidad gas de pipa gas natural kerosene leña/carbón  **alcantarillado**  baño inodoro letrina no tiene  **Basuras**  recolección pública depósito abierto  **Riesgos sociales**: desplazamiento reclutamiento pandillas delincuencia común abuso sexual migración trabajo infantil consumo de SPA otros \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **personas que duermen por habitación:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FAMILIOGRAMA** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUJER PAREJA ABORTO RELACION  VARON HIJOS MUERTE ESTRECHA CONFLICTIVA SEPARACION  OBSERVACIONES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPETENCIAS PARENTALES PARA LA CRIANZA (Escala de Bayot) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | calificación | | | | | | | | | | | | | | | | | | | |
| Formas de castigo: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FUNCIONALIDAD FAMILIAR SEGÚN ESCALA DE OLSON | | | | | | | | | | | | | | | | | | | | | | | | | | | | Familia extrema rango medio balanceada | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conflictos relevantes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCTAS PROSOCIALES (Escala de Myers) | | | | | | | | | | | | | | | | | | | | | | | Riesgo alto riesgo medio riesgo bajo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONSULTA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Fecha: dia\_\_\_\_\_\_ mes \_\_\_\_\_ año\_\_\_\_** | | | | | | | | | | | | | | | |
| **MOTIVO DE CONSULTA Y ENFERMEDAD ACTUAL:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDAD** | **SIGNOS VITALES** | | | | | | | | | | **PESO** | | | | | | | | **TALLA** | | | | | | | | **PERÍMETRO**  **CEFALICO** | | | | | | | | | | **VACUNACIÓN/**  **EDAD** | | | | | | | | | **LACTANCIA**  **MATERNA** | | | | | | | | |
| Años  Meses | **Frec. cardiaca**:  **Frec. Respiratoria**:  Aleteo nasal  Cianosis  Tirajes:  Presión arterial: | | | | | | | | | | <perc.10  >perc. 90  Kilos  Gramos: | | | | | | | | < perc.3  Cms: | | | | | | | | +- 2DE  Cms: | | | | | | | | | | Si  no | | | | | | | | | **Sin lactancia**  Leche de formula  Leche de vaca sin pasteurizar  Leche pasteurizada  **Lactancia si**  Exclusiva hasta 6m  Pecho+ tete antes 6m  Pecho +Alimento  Complement. >6m  Edad destete | | | | | | | | |
| **CRECIMIENTO Y DESARROLLO**  Si  no | | | | | | | | |
| **ALIMENTACIÓN:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REVISIÓN POR SISTEMAS (SÍNTOMAS):**  órganos de los sentidos: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sistema Respiratorios:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sistema gastrointestinal: Cólicos Vómito frecuente: Diarrea: estreñimiento: Otros:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sistema genito-urinarios: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sistema urológico:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  piel y faneras: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sistema osteomuscular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXAMEN FISICO:** ASPECTOGENERAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| normal **ORGANO O SISTEMA** anormal | | | | | | | | | | | | | | | | | | OBSERVACIONES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | cabeza y cuello  boca  oídos, nariz, garganta  ojos  tórax  Auscultación Cardiaca  Auscultación pulmonar  Abdomen  Genitales  Extremidades  Piel y faneras  Reflejos  Tono muscular  marcha | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIAGNOSTICOS** | | | | | | | | | | | | | | | | | | | | TRATAMIENTOS | | | | | | | | | | | | | | | | | | | | | | HALLAZGOS**( +)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Desnutrición  Anemia  IRA ALTA  IRA BAJA  EDA  Obesidad | | | | | | | MALTRATO  Físico  Psicológico  Negligencia  Abuso sexual  Desescolarización  Niño (a) trabajadora  Otro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| RECOMENDACIONES DE PUERICULTURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE FIRMA Y CODIGO DE MEDICO TRATANTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha próxima consulta | | | | | | |  | | | | |  | | |  | | | | | Referencia no si nterconsulta hospitalización | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |