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| **INFORME DEL EVENTO** | | | | | | |
| **UPGD NOTIFICADORA** | |  | | | | |
| **NOMBRE DEL EVENTO** | |  | | | | |
| **FUENTE** | SIVIGILA |  | **FECHA NOTIFICACION IPS** | DIA | MES | AÑO |
| ENTIDAD TERRITORIAL |  | **SEMANA NOTIFICACION IPS** |  | | |
| BAI - BAC |  | **FECHA NOTIFICACION SSYPS** | DIA | MES | AÑO |
| OTROS |  | **SEMANA NOTIFICACION SSYPS** |  | | |

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| **IDENTIFICACIÓN DEL PACIENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMER NOMBRE** | | **SEGUNDO NOMBRE** | | | | | | | | | | | | | | **PRIMER APELLIDO** | | | | | | | | **SEGUNDO APELLIDO** | | | | | | | | |
| **TIPO DE DOCUMENTO** | CC | | TI | | | RC | | | PA | CE | | | MS | | | | | AS | | PEP | | | OTRO | | | **EDAD** | |  | | | | |
| **NUMERO DOCUMENTO** |  | | | | | | | | | | | | | | **SEXO** | | | | **F M** | | | | | **FEC. NAC.** | | | | | DIA | MES | | AÑO |
| **REGIMEN AFILIACION** | CONT | | | SUBS | | | | EXCEP | | | ESPEC | | | | | | NO ASEG | | | | INDET | | **EPS** | |  | | | | | | | |
| **DIRECCIÓN** |  | | | | | | | | | | | | | | | | | | | | | | | | | | **ESTRATO** | | | |  | |
| **AREA** | **URBANA** | | | |  | | **RURAL** | | | | |  | | **BARRIO/VEREDA** | | | | | | | |  | | | | | | | | | | |
| **TELÉFONOS** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OCUPACIÓN** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE FAMILIAR** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **SITUACION ENCONTRADA** | | | | | | | | | | | | | |
| **FECHA VISITA DOMICILIARIA** | | | | DIA | | MES | AÑO | **HORA VISITA** |  | | | | |
| **VISITA EFECTIVA** | **SI** |  | **NO** | |  | **SE REALIZA SEGUIMIENTO TELEFONICO** | | | | **SI** |  | **NO** |  |
| **MOTIVO DE NO EFECTIVA:** | | | | | | | | | | | | | |

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| **GRUPOS POBLACIONALES** | | | | | |
| DISCAPACITADO |  | HABITANTE EN CALLE |  | POBLACION ICBF |  |
| DESPLAZADO |  | MADRE COMUNITARIA |  | DESMOVILIZADO |  |
| MIGRANTE |  | POBLACION PSIQUIATRICA |  | VICTIMA DE VIOLENCIA ARMADA |  |
| CARCELARIO |  | GESTANTE |  | SEMANAS DE GESTACION |  |

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| **CONDICIONES DE SANEAMIENTO BÁSICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VENTILACIÓN ADECUADA** | | | | | | | | SI | |  | | | NO | |  | **HACINAMIENTO** | | | | | SI | | |  | NO | | |  |
| **CONDICIONES HIGIÉNICAS ADECUADAS** | | | | | | | | SI | |  | | | NO | |  | **ACCESO FACIL** | | | | | SI | | |  | NO | | |  |
| **CALIDAD DEL AGUA** | POTABLE | | | | |  | | | | | | | NO POTABLE | | | |  | | DESCONOCIDA | | | | | | | |  | |
| **ALMACENAN AGUA** | SI | |  | | NO | | | |  | | | DESTAPADA | | | | |  | | CUBIERTA | | | | | |  | | | |
| **PRESENCIA DE BASURAS** | SI | |  | | NO | | | |  | | | **VIVIENDA CON SERVICIOS PUBLICOS** | | | | | | | | | | | SI |  | NO | | |  |
| **ANIMALES EN LA VIVIENDA** | | PERROS | |  | | | GATOS | | | |  | | | ROEDORES | | |  | INSECTOS | |  | | OTROS | | | |  | | |

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| **ESPECIFICOS** | | | | |
| ¿DESPLAZAMIENTO EN LOS ÚLTIMOS 15 DÍAS? O SÍ O NO | | | | |
| MUNICIPIO / DEPARTAMENTO AL QUE SE DESPLAZÓ |  | | | |
| ¿ALGÚN FAMILIAR O CONVIVIENTE HA TENIDO SINTOMATOLOGÍA DE DENGUE EN LOS ÚLTIMOS 15 DÍAS? | | SÍ | NO | DESCONOCIDO |
| NOMBRE DEL ESTABLECIMIENTO DONDE ESTUDIA O TRABAJA: | | | | |

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| **DATOS PARA CLASIFICACIÓN DEL DENGUE** | | | | | | | |
| **DENGUE SIN SIGNOS DE ALARMA** | | **DENGUE CON SIGNOS DE ALARMA** | | | | **DENGUE GRAVE** | |
| Fiebre |  | Dolor abdominal |  | Hemorragias importantes en mucosas |  | Extravasación severa de plasma |  |
| Cefalea |  | Vómito |  | Hipotermia |  | Hemorragia con compromiso hemodinámico |  |
| Dolor retroocular |  | Diarrea |  | Aumento hematocrito |  | Shock por dengue |  |
| Mialgias |  | Somnolencia o irritabilidad |  | Caída de plaquetas (<100.000) |  | Daño grave de órganos |  |
| Artralgias |  | Hipotensión |  | Acumulación de líquidos |  | Extravasación severa de plasma |  |
| Erupción o rash |  | Hepatomegalia |  | Otra |  | Hemorragia con compromiso hemodinámico |  |

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| **CLASIFICACIÓN FINAL Y ATENCION DEL CASO** |
| **CLASIFICACIÓN FINAL:** O NO APLICA O DENGUE SIN SIGNOS DE ALARMA  O DENGUE CON SIGNOS DE ALARMA O DENGUE GRAVE |
| **CONDUCTA** O NO APLICA O AMBULATORIA  O UNIDAD DE CUIDADOS INTENSIVOS O REMISIÓN PARA HOSPITALIZACIÓN  O HOSPITALIZACIÓN PISO O OBSERVACIÓN |

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| **EXÁMENES DE DIAGNOSTICO** | | | | | | | | |
| **NOMBRE DE LA PRUEBA** | **FECHA DE LA TOMA** | | | **LABORATORIO QUE PROCESA** | **RESULTADO** | **FECHA DEL RESULTADO** | | |
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| **OBSERVACIONES FINALES – EXAMEN FISICO** | | | | | | | | | |
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| **DIAGNÓSTICO FINAL:** | | | | | | | | | |
| **SE DA EDUCACION** | SI |  | NO |  | **SE REMITE A SERVICIOS SALUD** | SI |  | NO |  |
| **FIRMA DEL PACIENTE O FAMILIAR:** | | | | | | | | | |
| **FIRMA DEL FUNCIONARIO:** | | | | | | | | | |
| **NOMBRE:** | | | | | | | | | |
| **CARGO:** | | | | | | | | | |

Con la firma del presente formato usted autoriza a la Administración Municipal y a la ESE Hospital del Sur, para que utilice la información consignada en el mismo con fines “estadísticos y/o académicos”. En cumplimiento del artículo 7 del decreto 1377 de 2013 por medio de la cual se reglamenta la Ley 1581 de 2012 en la que se expidió el régimen general de la protección de datos personales.