**REGISTRO REVISION DE CADUCIDADES MATERIAL CARRO PARADA**

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| **Unidad de Gestión Clínica:** |  | **GFH:** |  |

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| **MATERIAL / MES** | **Ene** | **Feb** | **Mar** | **Abr** | **May** | **Jun** | **Jul** | **Ago** | **Sep** | **Oct** | **Nov** | **Dic** |
| **SISTEMA RESPIRATORIO** |  |
| Balón autohinchable (ambú) con reservorio y alargadera de oxígeno |  |  |  |  |  |  |  |  |  |  |  |  |
| Cánula Guedel: | * Núm. 3
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 4
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 5
 |  |  |  |  |  |  |  |  |  |  |  |  |
| Guía intubación |  |  |  |  |  |  |  |  |  |  |  |  |
| Pilas de laringoscopio |  |  |  |  |  |  |  |  |  |  |  |  |
| Bala de O2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Humidificador |  |  |  |  |  |  |  |  |  |  |  |  |
| Lubricante hidrófilo |  |  |  |  |  |  |  |  |  |  |  |  |
| Mascarilla de O2 facial transparente: | * Mediana
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Grande
 |  |  |  |  |  |  |  |  |  |  |  |  |
| Mascarilla oxígeno con reservorio |  |  |  |  |  |  |  |  |  |  |  |  |
| Sonda aspiración: | * Núm. 14
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 16
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 18
 |  |  |  |  |  |  |  |  |  |  |  |  |
| Tubo endotraqueal: | * Núm. 7
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 7,5
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 8
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 8,5
 |  |  |  |  |  |  |  |  |  |  |  |  |
| Mascarillas laríngeas: | * Tamaño 4
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Tamaño 5
 |  |  |  |  |  |  |  |  |  |  |  |  |

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| **FLUIDOS** |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Bicarbonato 1 molar 250 cc |  |  |  |  |  |  |  |  |  |  |  |  |
| Suero fisiológico 100 cc |  |  |  |  |  |  |  |  |  |  |  |  |
| Suero fisiológico 500 cc |  |  |  |  |  |  |  |  |  |  |  |  |
| Glucosado 50% 100 cc |  |  |  |  |  |  |  |  |  |  |  |  |
| Suero glucosado 5% 500 cc |  |  |  |  |  |  |  |  |  |  |  |  |
| Suero ringer lactato 500cc |  |  |  |  |  |  |  |  |  |  |  |  |

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| **MEDICACIÓN** |  |  |  |  |  |  |  |  |  |  |  |  |
| Kit medicación RCP  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kit medicación refrigerada |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SISTEMA CARDIOVASCULAR** |  |  |  |  |  |  |  |  |  |  |  |  |
| Agujas IV |  |  |  |  |  |  |  |  |  |  |  |  |
| Agujas subcutáneas |  |  |  |  |  |  |  |  |  |  |  |  |
| Catéter venoso: | * Núm. 16
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 18
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Núm. 20
 |  |  |  |  |  |  |  |  |  |  |  |  |
| Electrodos monitorización |  |  |  |  |  |  |  |  |  |  |  |  |
| Palas adhesivas DESA (paquete) |  |  |  |  |  |  |  |  |  |  |  |  |
| Gel conductor |  |  |  |  |  |  |  |  |  |  |  |  |
| Jeringas: | * 5 ml
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * 10 ml
 |  |  |  |  |  |  |  |  |  |  |  |  |
| Jeringas de gasometría |  |  |  |  |  |  |  |  |  |  |  |  |
| Llave tres pasos con alargadera |  |  |  |  |  |  |  |  |  |  |  |  |
| Sistema bomba infusión |  |  |  |  |  |  |  |  |  |  |  |  |
| Sistema infusión venosa |  |  |  |  |  |  |  |  |  |  |  |  |

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| **OTRO MATERIAL** |  |
| Apósitos |  |  |  |  |  |  |  |  |  |  |  |  |
| Betadine |  |  |  |  |  |  |  |  |  |  |  |  |
| Compresas |  |  |  |  |  |  |  |  |  |  |  |  |
| Esparadrapo |  |  |  |  |  |  |  |  |  |  |  |  |
| Gasas |  |  |  |  |  |  |  |  |  |  |  |  |
| Guantes: | * Pequeño
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Mediano
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Grande
 |  |  |  |  |  |  |  |  |  |  |  |  |
| Vendas |  |  |  |  |  |  |  |  |  |  |  |  |
| Renovación completa de material y documentación\* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Apellidos y nombre enfermera responsableFecha revisión |  |  |  |  |  |  |  |  |  |  |  |  |
| Apellidos y nombre auxiliar enfermería responsableFecha revisión |  |  |  |  |  |  |  |  |  |  |  |  |
| \****En la revisión de enero de cada año, se realizará una renovación completa del material y documentación de cada carro*** |