Consecutivo: \_\_\_\_\_\_\_\_\_\_ Código CRT: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha y Hora del reporte: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Médico Coordinador a cargo: | | | | | | | | | | | | | | | | | | | Teléfonos disponibles para coordinar oferta: | | | | | | | | | | | | | | |
| **DATOS DEL DONANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mecanismo de Donación | | | | | | | | | | Edad | | | | Sexo | | | | | | | | | | Raza | | | | | | | Nacionalidad | | |
| CF | | | PL | | | | | | | M | | | | | F | | | | |
| Regional Generadora: | | | | | | | | | | IPS Generadora: | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha y hora de ingreso a IPS | | | | | | | | | | Servicio | | | | | | | | | | | | | | | | | GS | | | | Rh | | |
| Día | Mes | | | | | Año | | | | Urgencias | | | | | | | UCI | | | | Otro | | | | | |  | | | |  | | |
| **DATOS DE LA MUERTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha y hora de la muerte | | | | | | | | | | | | | | **Observaciones** | | | | | | | | | | | | | | | | | | | |
| Día | Mes | | | | | Año | | | | Hora | | | |
| Causa de Muerte | | | | | | | | | | | | | | TAC (SI / NO) Resultado | | | | | | | | | | | | | | | | | | | |
| **TCE** | |  | | | | | | | Causa | | | | | | | | | | | | | | | | | | | | | | | | |
| **ECV** | | **Hemorrágico** | | **Isquémico**. | | | | | Causa | | | | | | | | | | | | | | | | | | | | | | | | |
| **EHI** | |  | | | | | | | Causa | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tumor** | |  | | | | | | | Tipo | | | | | | | | | | | | | | | | | | | | | | | | |
| **Otra** | |  | | | | | | | Causa | | | | | | | | | | | | | | | | | | | | | | | | |
| Pruebas Certeza: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANTECEDENTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patológicos  ***Si / No (Cuales)*** | | | | | | | | | | | | | | | Familiares  ***Si / No (Cuales)*** | | | | | | | | | | | | | | | | | | |
| Quirúrgicos  ***Si / No (Cuales)*** | | | | | | | | | | | | | | | Tóxico-alérgicos  ***Si / No (Cuales)*** | | | | | | | | | | | | | | | | | | |
| Farmacológicos ***Si / No (Cuales)*** | | | | | | | | | | | | | | | Inmunológicos ***Si / No (Cuales)*** | | | | | | | | | | | | | | | | | | |
| Traumáticos  ***Si / No (Cuales)*** | | | | | | | | | | | | | | | Hospitalarios  ***Si / No (Cuales)*** | | | | | | | | | | | | | | | | | | |
| Tatuajes y/o Piercing | | | | | | | | | | | | | | | Otros/Observaciones | | | | | | | | | | | | | | | | | | |
| Número | | | | Mes y año del más reciente | | | | | | | | | | |
| Tiempo de ventilación mecánica | | | | | | | | | | | | | | | Suministro de nutrición enteral | | | | | | | | | | | | | | | | | | |
| **Si** | | **No** | | (Horas) | | | | | | | | | | | Si | | | | No | | | | | | Número de días | | | | | | | | |
| Fiebre ***Si / No*** | | | | Manejo | | | | | | | | | | | Hipotensión ***Si / No*** | | | | | | | | | | Manejo | | | | | | | | |
| RCP ***Si / No*** | | | | Manejo | | | | | | | | | | | Infección ***Si / No*** | | | | | | | | | | Manejo | | | | | | | | |
| Intervenciones Qx ***Si / No*** | | | | Cuales | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***EXAMEN FÍSICO*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peso (Kg) | |  | | | Talla (Cms) | | | | | | |  | | | Perímetro Abdominal | | | | | |  | | | | | | | Perímetro Torácico | | | |  | |
| Lesiones | | | | | | | | | | | | | | | Otros/Observaciones | | | | | | | | | | | | | | | | | | |
| **MANTENIMIENTO DEL DONANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA | |  | | | Media: | | | | | | |  | | | FC | | | | | | |  | | | | | | FR | | | |  | |
| T° | |  | | | SaO2 % | | | | | | |  | | | Diuresis (cc/h) | | | | | | |  | | | | | | Otros: | | | |  | |
| Líquidos endovenosos (Tipo, cantidad) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transfusiones ***Si / No*** | | | Tipo: | | | | | | | | | | | | | | | | | No. de Unidades: | | | | | | | | | Fecha y hora de la última Unidad: | | | | |
| Observaciones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AYUDAS DIAGNÓSTICAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx Tórax: | | | | | | | | | | | | | | | | Eco. Abdominal: | | | | | | | | | | | | | | | | | |
| ECG: | | | | | | | | | | | | | | | | Ecocardiograma: | | | | | | | | | | | | | | | | | |
| Otras Ayudas Dx: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAMENTOS (VASOPRESORES, ANTIBIÓTICOS, ETCÉTERA):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | Inicio | | | | | | | | Fin | | | | | | | | | | Dosis Máxima | | | | | | | |
| 2. | | | | | | | | Inicio | | | | | | | | Fin | | | | | | | | | | Dosis Máxima | | | | | | | |
| 3. | | | | | | | | Inicio | | | | | | | | Fin | | | | | | | | | | Dosis Máxima | | | | | | | |
| 4. | | | | | | | | Inicio | | | | | | | | Fin | | | | | | | | | | Dosis Máxima | | | | | | | |
| 5. | | | | | | | | Inicio | | | | | | | | Fin | | | | | | | | | | Dosis Máxima | | | | | | | |
| **LABORATORIOS**  Fecha y hora \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratorio de procesamiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Cuadro Hemático*** | | | | | | | | | | | | | ***Química sanguínea*** | | | | | | | | | | | | | | | | | ***Gases Arteriales*** | | | |
| Hb | | | | | | |  | | | | | | Creatinina | | | | | | | | | |  | | | | | | | pH | | |  |
| Hto% | | | | | | |  | | | | | | Bun (NU) | | | | | | | | | |  | | | | | | | pCO2 | | |  |
| Leucocitos | | | | | | |  | | | | | | ALT / GPT | | | | | | | | | |  | | | | | | | pO2 | | |  |
| Linfocitos | | | | | | |  | | | | | | AST /GOT | | | | | | | | | |  | | | | | | | H2CO3 | | |  |
| Neutrófilos | | | | | | |  | | | | | | Bilirrubina Total | | | | | | | | | |  | | | | | | | BE | | |  |
| Basófilos | | | | | | |  | | | | | | Bilirrubina Directa | | | | | | | | | |  | | | | | | | ***Coagulación*** | | | |
| Monocitos | | | | | | |  | | | | | | Bilirrubina Indirecta | | | | | | | | | |  | | | | | | | PT | | |  |
| Cayados | | | | | | |  | | | | | | Amilasa | | | | | | | | | |  | | | | | | | PTT | | |  |
| Eosinófilos | | | | | | |  | | | | | | Glicemia | | | | | | | | | |  | | | | | | | INR | | |  |
| Plaquetas | | | | | | |  | | | | | | CPK | | | | | | | | | |  | | | | | | | ***Parcial de Orina*** | | | |
| ***Electrolitos*** | | | | | | | | | | | | | CPK – MB | | | | | | | | | |  | | | | | | |  | | | |
| Sodio | | | | | | |  | | | | | | LDH | | | | | | | | | |  | | | | | | |
| Potasio | | | | | | |  | | | | | | GGT | | | | | | | | | |  | | | | | | | ***Cultivos*** | | | |
| Cloro | | | | | | |  | | | | | | Fosfatasa Alcalina | | | | | | | | | |  | | | | | | |  | | | |
| Calcio | | | | | | |  | | | | | | Albumina | | | | | | | | | |  | | | | | | |
| Otros | | | | | | |  | | | | | | Troponina | | | | | | | | | |  | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERFIL INFECCIOSO (Para diligenciamiento por el médico coordinador)**  Fecha y Hora de reporte \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratorio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ac= anticuerpos) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HVC / Ac Hepatitis C | | | | | | | | | | | | | | | | | | Chagas | | | | | | | | | | | | | | | |
| HBs Ag / Antígeno superficie Hepatitis B | | | | | | | | | | | | | | | | | | RPR / VDRL/ Serología para Sífilis | | | | | | | | | | | | | | | |
| HB ANTIC Ags /Ac Anti- Antígeno Superficie HB (AUSAB) | | | | | | | | | | | | | | | | | | HIV / Ac VIH | | | | | | | | | | | | | | | |
| HB Anticore Total/ Ac Hepatitis Anti Core Total | | | | | | | | | | | | | | | | | | Toxoplasma IgG/ Ac Toxoplasma IgG | | | | | | | | | | | | | | | |
| HB Anticore IgG / Ac anticore IgG HB | | | | | | | | | | | | | | | | | | Toxoplasma IgM/ Ac Toxoplasma IgM | | | | | | | | | | | | | | | |
| HB Anticore IgM/ Ac anticore IgM HB | | | | | | | | | | | | | | | | | | HTLV 1/ Ac Virus linfotrópico de células T Humanas | | | | | | | | | | | | | | | |
| CMV IgG / Ac Citomegalovirus IgG | | | | | | | | | | | | | | | | | | HTLV2/ Ac Virus linfotrópico de células T Humanas | | | | | | | | | | | | | | | |
| CMV IgM/ Ac Citomegalovirus IgM | | | | | | | | | | | | | | | | | | Epstein Barr/ Ac Epstein Barr | | | | | | | | | | | | | | | |
| Otra: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INMUNOLOGÍA – HLA**  Fecha y hora \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratorio de procesamiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| A1 | | | | | | | | | | | B1 | | | | | | | | | | | | | | | DR1 | | | | | | | |
| A2 | | | | | | | | | | | B2 | | | | | | | | | | | | | | | DR2 | | | | | | | |

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Firma y nombre Médico Coordinador Nombre del profesional responsable en el CRT

**Fuente: Instituto Nacional de Salud, Coordinación Nacional de Donación y Trasplantes.**