**Quadro Neurológico**: Nível de Consciência – Glasgow\_\_\_\_\_\_\_\_\_\_(AO\_\_\_\_\_RV\_\_\_\_\_RM\_\_\_\_\_) ou Nível de Sedação – RASS\_\_\_\_\_

**Via Aérea**: ☐ Sem VAA - ☐ Ar Ambiente - ☐Oxigenoterapia (\_\_\_\_L/min) ☐TOT (n°\_\_\_\_/CL\_\_\_\_) TQT (n°\_\_\_\_)

Ventilador:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Modo Ventilação Mecânica:\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Padrão Respiratório\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parametros Determinados:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PC/PS | VC | PEEP | TI | FLUXO | FR | FiO² |
| cmH20 | mL | cmH²O | s | L/min | ipm |  |
|  |  |  |  |  |  |  |

**Dados Ventilatórios do Paciente:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pmáx | VC | VM | I:E | Assincronia ☐ |
| cmH²O | mL | L/min |  |  |

**Nova GSA:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| pH | PaCO² | PaO² | HCO³ | BE | SaO² | Lac | PaO²/FiO² |
|  |  |  |  |  |  |  |  |

**Ausculta Pulmonar**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tosse**: ☐Eficaz - ☐Ineficaz - ☐Improdutiva - ☐Produtiva – Secreção Pulmonar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drenos**: ☐Mediastínico (☐Oscilante/☐S/ Fuga) ☐Plaural\_\_\_\_(☐Oscilante/☐S/ Fuga) OBS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amplitude Articular:** ☐ACM global ☐ =AIM (Local:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Força Muscular**

|  |  |  |  |
| --- | --- | --- | --- |
| MSD | MSE | MID | MIE |
| GRAU | GRAU | GRAU | GRAU |

**Capacidade Funcional**: ☐Independente ☐Parcialmente Dependente ☐Totalmente Dependente OBS.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnóstico Clínico:**

|  |
| --- |
|  |
|  |

**Exames Complementares:**

|  |  |  |
| --- | --- | --- |
|  | Data | Detalhes |
| ECO | ( / / ) |  |
|  |
| CAT | ( / / ) |  |
|  |
| Outros | ( / / ) |  |
|  |

­­­Infusões:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Inspeção** |
| Cianose | Icterícia | Deformidades | Edema | Outros |
| ☐ | ☐ | ☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |  |

|  |
| --- |
| **Exame Físico:** |
| FC | FR | PA | SpO² | SpO² | Tax. |
| bpm | ipm |  X mmhg | %(AA) | %O² | °C |

**Comorbidades:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DM | HAS | DPOC | Dislipidemia | DAOP | IRC | Obesidade | DAC | DVP | AVC | OUTROS |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |

**História Social:**

|  |  |  |
| --- | --- | --- |
| ☐Tabagismo | ☐Etilismo | ☐Sedentarismo |

**Anamnese**

Queixa principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

História da Doença atual/cirurgia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identificação**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Naturalidade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data de Nascimento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-Data de Internação:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Prontuário:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gênero:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-Peso:\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Altura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_-Idade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_