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| Nombres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tipo de identificación | | | | | | | R.C | | | | | | |  | | | | | T.I | | | | |  | | | |
| Apellidos: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No. identificación: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de nacimiento: | | | | | | | | | | | | | | | | | | Edad | | | | | | Años | | | | | |  | | | Meses | | | | | |  | | Etnia: Indígena  ROM  Afrocolombiano  Mestizo | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del cuidador (a): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dirección: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teléfono: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Antecedentes Personales** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | NO | | | |  | | | | | | | | |  | | | | | | SI | | | | | | | | | | NO | | | | | | | | | |
| Embarazo planeado | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | Resultados  paraclínicos  del RN | | | | | | | | | TSH | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Atención prenatal | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | Hemoclasificaciòn | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Patologías durante embarazo-parto-puerperio | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | Serología materna | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| ¿Cuáles? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Alimentación | | | | | | | | LM exclusiva | | | | Hasta       meses | | | | | | | | | | | | | | | | | | | | | | |
| Tipo de Parto | | | | | Vaginal | | | | | | | | | | | | |  | | | | | | | Cesárea | | | | |  | | | | | Complementaria | | | | A partir de       meses | | | | | | | | | | | | | | | | | | | | | | |
| Atención del parto | | | | | Med. /Enf. | | | | | | | |  | | | | | Partera | | | | | | |  | | | | Esp. GO | | | |  | | Suspensión LM | | | | A partir de       meses | | | | | | | | | | | | | | | | | | | | | | |
| Otro | | | |  | | | | | | | ¿Quién? | | | | | | | | | | | | | | | | | | | Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Edad madre | | | | años | | | | | | | | | | Edad gestacional al nacimiento | | | | | | | | | | | | Sema. | | | | | | | | |
| Edad padre | | | | años | | | | | | | | | |
| Medidas antropométricas al nacimiento: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Antecedentes de hospitalizaciones | | | | | | | | | | | | | | | | | SI | | | | |  | | | | | | NO | | | |  | | |
| Peso       gr. | | | | | | | | | | | | | | | | | | | | Talla       cm. | | | | | | | | | | | | | | | ¿Cuáles? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PC       cm | | | | | | | | | | | | PT       cm | | | | | | | | | | | | | | | | | | | | | | | Antecedentes quirúrgicos | | | | | | | | | | | | | | | | | | SI | | | | |  | | | | | | NO | | | |  | |
| APGAR 1min | | |  | | | | 5 min | | | | | | | |  | | | | | | | 10 min | | | | | |  | | | | | | | ¿Cuáles? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Patologías crónicas | | | | | | | | | | | | | | | | SI | | | | |  | | | | | | NO | | | | | |  | |
| ¿Cuáles? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANTECEDENTES FAMILIARES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **RIESGOS SICOSOCIALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | SI | | NO | | | | | | | Observaciones | | | | | | | | | | | | | | |
| No. Hermanos (as) | | | |  | | Vivos | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Bajo grado escolar padres | | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | |
| Muertos < 5 años | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Bajo nivel Socioeconómico | | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | |
| Causas de mortalidad: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Violencia | | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | |
| Patologías familiares |  | | | | | | | | | | SI | | | | | | NO | | | | Parentesco | | | | | | | | | | | | | | | Trabajo | | | | | | | | | |
| Hipertensión arterial | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | Inasistencia escolar | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | |
| Diabetes | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | Huérfano/a | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | |
| Enf. Mentales | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | Discapacidad | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | |
| Tuberculosis | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | Otros | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | |
| Asma | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | ¿Cuáles? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Otras | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |
| ¿Cuáles?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONDICIONES DE LA VIVIENDA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vivienda | | Propia | | | | | |  | | Cuenta con | | | | | | | | | Acueducto | | | | | | | | | | | | | Si | |  | | | No | | |  | | | | | Electricidad | | | | | | | | | Si | | | | |  | | | | | | No | | | |  |
| Arrendada | | | | | |  | | Alcantarillado | | | | | | | | | | | | | Si | |  | | | No | | |  | | | | | Recolección basuras | | | | | | | | | Si | | | | |  | | | | | | No | | | |  |
| Número de cuartos | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **EDUCACIÓN** | | | | | |
| Estudia: Si  No  NA | | | Nivel: No escolarizado  Jardín  Primaria | | Grado Cursado |
| Años Aprobados: |  | Años Repetidos:¿Causa? | | Problemas en la Escuela Sí  No  ¿Cuáles? | |
| Deserción: Si  No  Causa: | | | |
| **ESQUEMA PAI** | | | | | |
| Completo para la edad Si  No  Vacunas faltantes: | | | | | |

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| **Señales de alarma en la última semana** | | | | | | SI | | NO | **Observaciones** | | | | | | |
| ¿Puede el niño beber o tomar el pecho? | | | | | |  | |  |  | | | | | | |
| ¿Vomita todo lo que ingiere? | | | | | |  | |  |  | | | | | | |
| ¿Ha tenido el niño convulsiones? | | | | | |  | |  |  | | | | | | |
| ¿Tiene el niño o niña dificultad para respirar? | | | | | |  | |  |  | | | | | | |
| ¿Tiene el niño o niña diarrea? | | | | | |  | |  |  | | | | | | |
| ¿Tiene el niño o la niña fiebre? | | | | | |  | |  |  | | | | | | |
| ¿Tiene el niño o niña problemas de oído? | | | | | |  | |  |  | | | | | | |
| ¿Tiene el niño o niña problema de garganta? | | | | | |  | |  |  | | | | | | |
| ¿Otra?  ¿Cuál? | | | | | | | | |  | | | | | | |
| **Examen Físico** | | | | | | | | | | | | | | | |
| FC:       x min. FR:       x min. T:       °C | | | | | | | Peso       Kg. Talla       cm. PC       cm. Interpretación Curva PC  PB       Interpretación curva PB: | | | | | | | | |
|  | | Normal | Anormal | Observaciones | | | | | | | | | | | |
| Aspecto general | |  |  |  | | | | | | | | | | | |
| Ojos | |  |  |  | | | | | | | | | | | |
| ORL | |  |  |  | | | | | | | | | | | |
| Cuello | |  |  |  | | | | | | | | | | | |
| Tórax | |  |  |  | | | | | | | | | | | |
| Cardio-pulmonar | |  |  |  | | | | | | | | | | | |
| Abdomen | |  |  |  | | | | | | | | | | | |
| Genitourinario | |  |  |  | | | | | | | | | | | |
| Musculo-esquelético | |  |  |  | | | | | | | | | | | |
| Extremidades | |  |  |  | | | | | | | | | | | |
| Piel y anexos (valoración higiene) | |  |  |  | | | | | | | | | | | |
| SNC | |  |  |  | | | | | | | | | | | |
| **VALORACIÓN NUTRICIONAL** | Indicador peso/edad 0 -2 años | | | | Peso muy bajo | | | |  | Peso bajo |  | Riesgo peso bajo |  | Peso adecuado |  |
| Indicador talla/edad 0 -5 años | | | | Talla baja | | | |  | Riesgo de talla baja | | |  | Talla adecuada |  |
| Indicador peso/talla 0 -5 años | | | | Peso muy bajo para talla (DNT Aguda Severa) | | | |  | Peso bajo para talla (DNT Aguda) |  | Riesgo peso bajo para talla |  | Peso adecuado para talla |  |
| Sobrepeso |  | Obesidad |  |
| Indicador IMC/edad 0 -5 años | | | | Sobrepeso | | | |  | Obesidad |  |  | | | |

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| **VALORACIÓN DEL DESARROLLO**  (menor 5 años) | Motora | | Alerta |  | Medio |  | Medio Alto |  | Alto |  | TOTAL | Alerta |  |
| Adaptativa | | Alerta |  | Medio |  | Medio Alto |  | Alto |  | Medio |  |
| Lenguaje | | Alerta |  | Medio |  | Medio Alto |  | Alto |  | Medio Alto |  |
| Personal-Social | | Alerta |  | Medio |  | Medio Alto |  | Alto |  | Alto |  |
| **RESULTADO PRUEBA DE DESARROLLO COGNITIVO (mayor de 5 años):** | | | | | | | | | | | | | |
| **DIAGNÓSTICO (S)** | | | | | | | | | | | | | |
| Diagnóstico Principal       Tipo Diagnóstico: ID  CN  CR    Diagnostico relacionado 1:  Diagnostico relacionado 2: | | | | | | | | | | | | | |
| **CONDUCTAS** | | | | | | | | | | | | | |
| Diagnósticas | |  | | | | | | | | | | | |
| Terapéuticas | |  | | | | | | | | | | | |
| Remisorias | |  | | | | | | | | | | | |
| Educativas | |  | | | | | | | | | | | |
| Otras | |  | | | | | | | | | | | |
| Próxima cita de control: (dd/mm/aaaa) Responsable: | | | | | | | | | | | | | |
| Firma y registro del médico (a): | | | | | | | | | | | | | |