**Semaforización Externa del Carro de Paro**

**Mes:** **Persona Responsable:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Semaforización** | | **Criterio** | **Valores** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **Verde** | | Carro de paro sin  novedades | Completo |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Amarillo** | | Carro de paro con  novedades | Medicamentos y/o insumos en proceso de reposición para garantizar stock mínimo (tiempo de reposición de 8 horas) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Rojo** | | Carro de paro con  novedades prioritarias | Falta de medicamentos y/o insumos, de tal manera que no se garantiza la atención segura en caso de emergencia. (reposición inmediata) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Observación:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |