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| **Mes:** | | | | | | | | **Año:** | | | | | |
| **Fecha** | **Hora** | **Nombres y Apellidos** | **Identificación** | **Procedimiento** | | | | | | | **Responsable** | **Firma Usuario** | **Observación** |
| **IY** | **CH** | **GL** | **TA** | | **ATA** | **RS** |
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**CONVENCIONES**: **IY**:(Inyección: describir si es intramuscular (IM), Subcutánea (SB) o Endovenosa (EV). **CH**: (Curación de herida). **GL**:(Glucometrìa).

**TA:**(Toma de tensión arterial). **ATA:**(Afinamiento de Tensión arterial) **RS**:(Retiro de sutura)