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| **Reporte:** |  | Inicial |  | seguimiento |  |  |  |  |
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| **Tipo de reporte:** |  | Espontáneo |  | Reporte de Estudio |  | Otro |  | Desconocido |

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| **Datos del Paciente** |

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| Iniciales del paciente: |  | Nº de Ficha: |  |  | Sexo: |  | M |  | F |  | Desconocido |

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| Unidad/Servicio: |  | *(Ej.: Pediatría)* | Peso |  | Kg | Talla |  | cm |
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| Grupo etario: |  | *(anote el dígito correspondiente según el siguiente listado)* | Edad: |  | *(N°)* |  | *(Unidad. Ej.: meses, años)* |

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| 1 | **Recién Nacido**  *(menor de 1 mes)* | 3 | **Preescolar**  *(2 años y menor de 6 años)* | 5 | **Adolescente**  *(12 años y menor de 18 años)* | 7 | **Adulto Mayor**  *(65 o más años)* |
| 2 | **Lactante**  *(de 1 a menor de 24 meses)* | 4 | **Escolar**  *(6 años y menor de 12 años)* | 6 | **Adulto**  *(18 años y menor de 65 años)* | 8 | **Desconocido** |

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| Declara pueblo originario: |  |  | *(anote los dos dígitos correspondientes según el siguiente listado)* |

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| 00   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | Ninguno | 1 | Alacalufe (kawashkar) | 2 | Atacameño (Lickan Antay) | 3 | Aimara | 4 | Colla | | 5 | Diaguita | 6 | Mapuche | 7 | Quechua | 8 | Rapa Nui | 9 | Yámana (Yagán) | | 10 | No Sabe | 11 | Otro pueblo originario declarado: | | | 12 | No Responde | 13 | No es posible preguntar el dato | | Ninguno | 03 | Aimara | 06 | Mapuche | 09 | Yámana (Yagán) | 12 | No Responde |
| 01 | Alacalufe (kawashkar) | 04 | Colla | 07 | Quechua | 10 | No Sabe | 13 | No es posible preguntar el dato |
| 02 | Atacameño (Lickan Antay) | 05 | Diaguita | 08 | Rapa Nui | 11 | Otro pueblo originario declarado: | | |

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| **Descripción de la Reacción Adversa** (incluyendo datos de laboratorio) |

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| **FECHA INICIO RAM \*:** |  | Duración de la RAM: |  | *(N°)* | minutos |  | horas |  | días |  | meses |  | años |  |
|  | *(dd/mm/aaaa)* |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ¿La RAM ocurrió después de la administración del Fármaco Sospechoso? |  | Sí |  | No |  | Desconocido |

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| **DESCRIPCIÓN DE LA REACCIÓN ADVERSA:** |

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| **Fármaco(s)** | | | | Recibió Fármaco Concomitante | | | | | | | | | | | S = Fármaco Sospechoso  C = Fármaco Concomitante | | |
| Sí |  | No | |  | Desconocido | | |  | |  |
|  |  |  | |
| S | C | Fármaco(s) | Marca® | Lote (esencial para productos biológicos) | | | Dosis | | | Frecuencia | Vía de  Adm. | | Fecha Inicio | | | Fecha Término | Motivo de  la Prescripción |
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| **Tratamiento de la RAM** |

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| Paciente recibió tratamiento específico para la RAM *(incluyendo suspensión de fármacos o ajustes de dosis)*: | Sí |  | No |  | Desconocido |  |
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| Describa: | | | | | | |

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| **Resultado de la RAM** | Recuperado |  | No Recuperado | |  | Muerte |  | Fecha de muerte |  |
|  | | | | | | | | |
| Causa de muerte | | |  | | | | | |

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| ¿Se suspendió el fármaco sospechoso luego de la aparición de la RAM? | Sí |  | No |  | Desconocido |  |  |
|  |  |  |  |  |  |  |  |
| ¿Tras disminuir o suspender el fármaco sospechoso disminuyó o desapareció la RAM? | Sí |  | No |  | No Aplica |  |  |
|  |  |  |  |  |  |  |  |
| ¿Se readministró el fármaco sospechoso luego de suspenderlo? | Sí |  | No |  | No Aplica |  |  |
|  |  |  |  |  |  |  |  |
| ¿Reapareció o se intensificó la RAM luego de la readministración del fármaco sospechoso? | Sí |  | No |  | No Aplica |  |  |
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| **Consecuencia de la RAM en el paciente. Debido a la RAM el paciente:**  Requirió hospitalización  sí  si  No    S  No  Señale días  no | | | | | | | | | | | | | | | | | |
| ¿Requirió hospitalización? | Si |  | No |  | ¿Prolongó hospitalización? | | | | Si | |  | No |  | Señale días | |  |  |
|  |  | | | | | | | | | | | | | | | | |
| ¿Puso en peligro la vida? | Si |  | No |  | Secuela SI |  | No |  |  | Describa secuelas | | | | |  | | |

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| **Comentarios** (Ej. Antecedentes Clínicos Relevantes, Patología de Base, Alergias, Exposición Previa al Fármaco y Evolución) |
| Describa: |

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| **Informado por** | | | | | | | | | | | | | | |
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| Médico | |  | | Químico Farmacéutico |  | Enfermera |  | Otro |  | (Señalar): | | |  | |
|  | | | | | | | | | | | | | | |
| Nombre: | | |  | | | | | | | | | | | |
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| Establecimiento *(Donde se detecta la RAM)*: | | | | |  | | | | | | Fecha de Reporte: | | |  |
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| Dirección: | | |  | | | | | | | | Teléfono: | | |  |
|  | | | | | | | | | | | | | | |
| E-Mail: | | |  | | | | | | | |  | Comuna: | |  |
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