**SOLICITAÇÃO DE TRANSFERÊNCIA VIA CROSS**

**FICHA NEUROCIRURGIA / NEUROLOGIA**

**Dados cadastrais\***

Nome do paciente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data de nascimento: \_\_\_/\_\_\_/\_\_\_

Nome da mãe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Raça: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexo: ( ) masculino ( ) feminino ( ) indeterminado

Endereço: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Município: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telefone de contato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tipo de lesão\***

( ) Rebaixamento a/e

( ) Déficit motor repentino

( ) Hidrocefalia aguda

( ) Convulsão

( ) Outros

( ) AVCH

**Detalhes do AVCH**

**Tipo de AVCH\***

( ) Hemorragia subaracnóide com inundação ventricular

( ) Hemorragia subaracnóide sem inundação ventricular

( ) Hematoma intraparenquimatoso

( ) Outros

( ) AVCI

**Detalhes do AVCI**

**Tem indicação para tratamento trombolítico? ( )Sim ( )Não**

**( )Não Avaliado**

**Contra – indicação? ( )Sim ( ) Não**

**Qual (critério AHA)?**

( ) Trauma

**Mecanismo do trauma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tipo de trauma\***

( ) Fratura crânio

( ) Hematoma epidural

( ) Hematoma subdural agudo

( ) Hematoma subdural crônico

( ) Hemorragia intraparenquimatosa

( ) Hipertensão intracraniana

( ) Lesão axonal difusa

( ) FAF crânio

( ) Outros

**Tempo de inicio do quadro\* Data\_\_\_/\_\_\_/\_\_\_\_ Hora\_\_\_\_:\_\_\_\_**

**Dados Clínicos**

**Antecedentes pessoais\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resumo clínico\***

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**Perda de consciência:** ( ) Sim ( ) Não **Glasgow de entrada:\_\_\_\_**

( ) Afasia/Disfasia ( ) Desvio de rima ( ) Nistagmo

**Déficit Motor:** ( ) Ausente ( ) Paresia ( ) Plegia

**Local do Déficit:**

( ) Membros Superiores

( ) Membros Inferiores

( ) Hemicorpo direito

( ) Hemicopo esquerdo

( ) MIE ( ) MID ( ) MSD ( ) MSE

**Pupilas:**

( ) Isocoria ( ) Anisocoria D>E ( ) Anisocoria E>D ( ) Miose ( ) Midríase

**Reflexo Motor:** ( ) Fotorreagente ( ) Não Fotorreagente

**Exame Neurológico**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tomografia / Ressonância Magnética / Exames de Imagem\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exame Físico\***

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**Estado geral\***

( )BEG ( )REG ( )MEG

**Ventilação\***

( )Espontânea/Ar ambiente ( )Espontânea/Traqueostomia

( )Espontânea/Cateter O2 ( )Espontânea/Máscara O2

( )Espontânea/CPAP/BPAP ( )Mecânica/IOT ( )Mecânica/Traqueostomia

**Consciência\***

( )Vigil ( )Confuso ( )Torporoso ( )Inconsciente

**Sedação\*** ( )Sim ( )Não **Glasgow\***\_\_\_\_

**PA**\* \_\_\_\_\_x\_\_\_\_\_ mmHg **FC**\* \_\_\_\_ **FR\*** \_\_\_\_ **Temperatura\***\_\_\_\_\_

**Sat. O2 (%)\***\_\_\_\_ **Peso (Kg)\***\_\_\_\_

**Outros** **Exames\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Em uso de drogas vasoativas:** ( ) Sim ( ) Não

**CID\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tipo de recurso\***

1. ( ) Especialidade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ( )Exame
3. ( )Leito

( ) cirurgia geral

( ) clinica médica

( ) cuidados prolongados

( ) observação/emergência

( )psiquiatria

( ) queimados

( ) UTI adulto

( ) UTI adulto com hemodiálise

( ) UTI infantil

( )UTI neonatal

( ) UTI pediátrica com hemodiálise

( ) UTI queimados

1. ( ) Transporte inter hospitalar (ambulância)

**Justificativa de solicitação\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Médico responsável\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CRM\*** \_\_\_\_\_\_

**Telefone para contato\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_