Formulario de Informe Radiográfico con Metodología OIT

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| **PLACA Nº** | | | |  | | | | | | | | | | **HCL** | | | | |  | | | | | | **Lector** | | | | | |  | | | | | | | | | | | | |
| **Nombre** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Edad** | | | | |  | | | | | | | | |
| **Fecha de Lectura** | | | |  | |  | |  | |  |  | | |  | | | | | **Fecha de radiografía** | | | | | | | | |  | |  | |  | | |  | | |  | |  | | | |
| día | | | | mes | | | año | | | día | | | | mes | | | | | | Año | | | | | |
| **I.Calidad**  **Radiográfica** | | | | | **1** | | Buena | | | | | | |  | Causas | | | | 1 | Sobreexposición | | | | | | | | | | |  | 5 | | Escapulas | | | | | | |  | | |
| **2** | | Aceptable | | | | | | |  | 2 | Subexposicion | | | | | | | | | | |  | 6 | | Artefacto | | | | | | |  | | |
| **3** | | Baja Calidad | | | | | | |  | 3 | Posición centrado | | | | | | | | | | |  | 7 | | Otros | | | | | | |  | | |
| **4** | | Inaceptable | | | | | | |  | 4 | Inspiración Insuficiente | | | | | | | | | | |  |  | |  | | | | | | |  | | |
| Comentario sobre defectos Técnicos | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II. ANORMALIDADES PARENQUIMATOSAS (**si **NO** hay anormalidades parenquimatosas pase a **III** A. Pleurales**)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.1. Zonas Afectadas** (marque TODAS las zonas afectadas) | | | | | | | | | **2.2. Profusión (opacidades pequeñas)(escala de 12 puntos)** (Consulte las radiografías estándar – marque la subcategoría de profusión) | | | | | | | | | | **2.3. Forma y Tamaño :** (Consulte las radiografías estándar; se requieren dos símbolos; marque un primario y un secundario) | | | | | | | | | | **2.4. Opacidades Grandes** (Marque 0 si no hay ninguna o marque A, B o C | | | | | | | | | | | | | | |
|  | | **Der.** | | **Izq.** | | | | | **0/-** | | | **0/0** | | | **0/1** | | | | **Primaria** | | | **Secundaria** | | | | | | |  | | | | **O** | | | | |  | | | | | |
| **Superior** | |  | |  | | | | | **1/0** | | | **1/1** | | | **1/2** | | | | **p** | **s** | | **p** | | **s** | | | | | **A** | | | | |
| **Medio** | |  | |  | | | | | **2/1** | | | **2/2** | | | **2/3** | | | | **q** | **t** | | **q** | | **t** | | | | | **B** | | | | |
| **Inferior** | |  | |  | | | | | **3/2** | | | **3/3** | | | **3/+** | | | | **r** | **u** | | **r** | | **u** | | | | | **C** | | | | |
| **III. ANORMALIDADES PLEURALES** (si **NO** hay anormalidades pase a símbolos \*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SI** | | |  | | | | **NO** | | |  | | | | |
| **3.1. Placas Pleurales** (0=Ninguna, D=Hemitórax derecho; I= Hemitórax izquierdo) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sitio  (Marque las casillas adecuadas) | | | | | | | | | | Calcificación (marque) | | | | | Extensión (pared Torácica; combinada para placas de perfil y de frente) | | | | | | | | | | | Ancho (opcional)  (ancho mínimo exigido: 3 mm) | | | | | | | | | | | | | | | | | |
| **1** | | | < ¼ de la pared lateral del tórax | | | | | | | | **a** | | | De 3 a 5 mm | | | | | | | | | | | | | | |
| **2** | | | Entre ¼ y ½ de la pared lateral del tórax | | | | | | | | **b** | | | De 5 a 10 mm | | | | | | | | | | | | | | |
| **3** | | | > ½ de la pared lateral del tórax | | | | | | | | **c** | | | Mayor a 10 mm | | | | | | | | | | | | | | |
| Pared Torácica de perfil | | | **0** | | **D** | | **I** | | | **0** | | **D** | **I** | |  | | | **0 D** | | | **O** | | **I** | | |  | | | **D** | | | | | | | **I** | | | | | |  |
|  | | | | | | |  | | | | | **1** | **2** | **3** | **1** | **2** | **3** | | | **a** | | **b** | | **c** | | | **a** | | **b** | | **c** | |
| De frente | | | **0** | | **D** | | **I** | | | **0** | | **D** | **I** | |  | | | | | | | | | | |  | | | | | | | | | | | | |
| Diafragma | | | **0** | | **D** | | **I** | | | **0** | | **D** | **I** | |
| Otro(s) sitio(s) | | | **0** | | **D** | | **I** | | | **0** | | **D** | **I** | |
| Obliteración del Angulo Costofrénico | | | | | | | | | | | | | | | **0** | | | **D** | **I** |  | | | | | |
| **3.2. Engrosamiento Difuso de la Pleura** (0=Ninguna, D=Hemitórax derecho; I= Hemitórax izquierdo) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pared Torácica | | | | | | | | | | Calcificación | | | | | | Extensión | | | | | | | | | | Ancho | | | | | | | | | | | | | | | | | |
| De perfil | | | **0** | | **D** | | | **I** | | **0** | | **D** | | **I** | |  | | **0 D** | | | **O** | | **I** | | |  | | **D** | | | | | | | | **I** | | | | | | | |
|  | | |  | |  | | |  | |  | |  | |  | | **1** | **2** | **3** | **1** | **2** | | **3** | | **a** | | | **b** | | **c** | | | **a** | | | **b** | | **c** | | |
| De frente | | | **0** | | **D** | | | **I** | | **0** | | **D** | | **I** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV. SIMBOLOS \*** | | | | | | | | | | | | | | | | | | | | | **SI** | | | |  | | | | | | **NO** | | | | | |  | | | | | | |
| (Rodee con un circulo la respuesta adecuada; si rodea **od,** escriba a continuación un **COMENTARIO)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **aa** | **at** | | **ax** | | | **bu** | | | | **ca** | | **cg** | | | **cn** | | **co cp** | | | | **cv** | | **di** | | | | **ef** | | | | **em** | | | | **es** | | | | **od** | | | | |
| **fr** | **hi** | | **ho** | | | **id** | | | | **ih** | | **kl** | | | **me** | | **pa pb** | | | | **pi** | | **px** | | | | **ra** | | | | **rp** | | | | **tb** | | | |
| **COMENTARIOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Firma y Sello de Medico** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |