Norma 025 cuidados intensivos pdf

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1. History of Critical And Evolutionary Physician DR. EDGAR PEREZ VASQUEZ Resident of Dr. Alberto ESPINOSA Mendoza, head of teaching and general hospital research, La Villa, income criteria, intensive care unit and income criteria, and EGRESS's DEEGRESO unit of intensive care unit 2. Influenced by a few special technologies, the special influencing of technologies such as major medicines and dependent on benefits such as medicines and depending on the benefits or needs of treatment in key areas or treatment needs in key areas. 3. Medical services such as critical medicines exceed the availability of resources of institutions and suppliers are forced to prescribe equal and efficient distribution of available resources fairly. 4. The purpose of ICU is to provide in a methodological and systematic form, specialized care of the highest quality to terminally ill patients of 5.The patient is critical to the patient whose pathology affects one or more physiological systems that put his life at serious risk. 6. It is necessary to set the criteria to accept the patient to icu at 7.⚠ know the threshold of income for intensive therapy of ⚠ know the importance of income. ⚠ included criteria at the time of earning 8 doctors care crisis: the history of the Crimean War 1854-1856 Florence Nightingale II World War II, Korea and Vietnam. From the Health Service Police to DF Health Secretary of the Bureau of Postal Relief by Governor D. F. Guillermo de Landa Escandón and Dr. Thibault 1980 (New England J. Med.): The ICU increases the chances of survival in a catastrophic disease. Patients with a low risk of death High risk of patients dying in Thibault G.E. plant condition The ICU does not have the benefits that the UCI management does not benefit, too ill to benefit 12 resolutions of the Medical Crisis Care Conference in 1983. Economic resources or personnel The American College of Crisis Care Physicians, The Medical Association of Crisis Care. Guidelines Admission of intensive care units, discharge and triage of patient care North America spends more than 30% of the hospital budget (more than $47 trillion per year), the cost of sleeping days in the American ICU was approximately 31,174 Mexican pesos (PM) 2004, the Ministry of Health cost 2,050 to 2,371 PM in public hospitals, and 4,802 to 7,000 PM during 2002. Edit Asoc Mex Med Crit and Ter Int 2010;24(4): 159-166 15. Standard deviation days 6.31 range from 2 to 45 days High: 81.95% improved 18.05% by the death of Mendoza Rodríguez, M. Study of the cost effective and risk of critical patients. Federal Health Department secretary nominated a 2014 health officer to charge PATOLOGIA's unit of bed per day, the cost of the procedure, and nomina de personalized UTI medications totaled Sepsis $19,871.47 to $19,662.98 $13. 133.33 $52,667.78 SIRA $19,871.47 $15,268.14 $13,133.1 33 $48,272.94 TEC $19,871.47 $14,380.84 $13,133.33 $47.4 38 $19,871.47 $16,317.28 $13,133.33 $49,322.08 17. Cost analysis in Mexican concentration units Multisentrich education REV Asoc Mex Med Crit and Ter Int 2010;24(4):159-166 - Miguel Angel Martinez Gutierrez, head of ICU, CMN 21 century. Jose Angel Baltazar Torres, head of the ICU, CMN Larasa Jose Martinez Soto, head of the ICU, HGR-1 Gabriel Francisco Valencia. Escobar, head of the ICU, HGR-1, Alfredo Mercado Aguiran. ICU chief, HGR-72 Jose di Reyna Vargas. The head of the ICU, HGR-196 18.Cost analysis in mexican intensive therapy units. Multisentrich Multi-Study Center Rev Asoc Mex Med Crit and Ter Int 2010;24(4): 159-166 19. 5.5.1 Criterion list is based on two versions: 1.1.The function of the organ of the human body, the function of the organ of the human body 2.2.Attention prioritiesA Mexican official standard PROY-025-SSA3-2011 for the organization and operation of intensive care units 20.Form depends on the functioning of the organs of the human body: 5.5.1.1.1 patients presented with or indeed not the course of one or more important physiological systems, There is a reasonable chance of recovery of 5.5.1.1.2 official Mexican standard PROY-NOM-025-SSA3-2011, For the organization and operation of intensive care units 21. 5.5.1.1.3 • 5.5.1.1.4 Patients with brain death and potential organ donor 5.5.1.1.5 That requires palliative care, adjusted into the ICU. 5.5.1.2.1 Official Mexican Standard PROY-NOM-NOM-025-SSA3-2011, for the organization and operation of intensive care unit 23. Official Mexican Standard PROY-NOM-025-SSA3-2011, for the organization and operation of intensive care units 24. Official Mexican Standard PROY-NOM-025-SSA3-2011, for the organization and operation of intensive care unit 25. The admission of these patients should be selected individually, under unusual circumstances and in the opinion of the doctor responsible for The condition of patients in the ICU should be continuously assessed to indicate that any of them will not benefit from the ICU and their care may be obtained in other less complex units without harming the work of patients of the American College of Critical Medical Care of Crisis Care. Guidelines for admission to intensive care units, discharge and triage. 27. Prescribed: When the patient's problems provoke entry into their ICU are resolved and moved to another service unit or hospital, they will be cared for according to the concept of progressive patient care. Official Mexican Standard PROY-NOM-025-SSA3-2011, for the organization and operation of intensive care unit 28. Official Mexican Standard PROY-NOM-025-SSA3-2011, for the organization and operation of 30 intensive care units by death: according to the administrative procedures of each institution or establishment. Official Mexican standard PROY-NOM-025-SSA3-2011, for the organization and operation of intensive care units 31. These patients have a 70% mortality rate forecasting and index system is often unavailable for determining income to ICU doctors asking to know and assess the reasons for your application. • Intensive care units should include access and exit policies. • Review results supported by database The quality and efficiency of the intensive care unit must be constantly reassessed. 33. To consider the criteria for admission impartially. The quality and efficiency of the intensive care unit is the result of the entry and exit and policies of the valuation used. Use

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