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| FECHA VISITA | DD | MM | AA | HORA INICIO VISITA | | DD | MM | AA | HORA FINALIZACION VISITA | | DD | MM | AA |
| **SECRETARIA DE SALUD MUNICIPAL DE IBAGUE** | | | | **DIRECCION DE SALUD PÚBLICA**  **Correo electrónico:** saludpublica@ibague.gov.co | | | | | | | | | |
|  | | | | |  | | | | | | | | |
| Integrantes de la comisión técnica | | | | |  | | | | | | | | |
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| Tipo de Visita | | | | | Visita No programada \_\_\_ | | | | | Seguimiento\_\_\_\_ | | | |

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| Prestador de servicios de salud | | |  | | | | | |
| Código habilitación prestador | | |  | | | NIT |  | |
| Dirección |  | | | | | Teléfono | |  |
| Correo electrónico del prestador | | | |  | | | | |
| Representante Legal | |  | | | | | | |
| Colaboradores que reciben la visita no programada | | | | | Cargo | | | |
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**Desarrollo de la visita**

Siendo las \_\_\_\_ horas, del día \_\_\_\_ del mes de \_\_\_\_\_\_\_\_\_\_de \_\_\_\_\_ se presentan en las instalaciones del prestador en mención, los miembros de la comisión técnica de la Secretaría de Salud Municipal de Ibagué, quienes proceden a presentarse y a comunicar el objeto de la visita consistente en realizar el proceso de inspección y vigilancia a Prestadores de Servicios de Salud del municipio, en el área de estadísticas vitales. Se solicitaal Representante legal o funcionario asignado, manifieste si conoce de cualquier tipo de inhabilidad o incompatibilidad para intervenir en la visita no programada, en caso contrario se considera todos los miembros hábiles.

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| **Semaforización** | | |
| Cumple con las condiciones Básicas | Verde | 90 – 100 |
| Cumple Parcialmente con las condiciones Básicas | Amarillo | 80 – 89 |
| Cumple con Mínimas condiciones | Naranja | 50 – 79 |
| No Cumple con las condiciones Básicas | Rojo | Menor de 50 |
| **Puntaje Obtenido** |  |  |

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| **COMPROMISOS Y TAREAS** | **RESPONSABLE** | **PLAZO CUMPLIMIENTO** |
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Se da por terminada la visita siendo las horas.

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| **NOMBRES Y APELLIDOS** | **CORREO ELECTRONICO** | **TELEFONO** | **FIRMA** |
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Firmas:

Anexo (Lista de Chequeo o protocolo).

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| **Elaboró** | **Revisó** | **Aprobó** |
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| **LISTA DE CHEQUEO DE INSPECCIÓN Y VIGILANCIA EN SALUD MENTAL PARA URGENCIAS** | | | | | |
|  |
| **No.** |  | **REQUISITO** | **CUMPLE** | **NO CUMPLE** | **OBSERVACIÓN** |  |
| 1 | Intento de Suicidio | Cuenta con protocolo y/o guía de Atención para Intento de Suicidio |  |  |  |  |
| 2 | Cuenta con clasificación de Triage para Intento de Suicidio |  |  |  |  |
| 3 | Cuenta con reporte oportuno de Ficha de Vigilancia Epidemiológica para Intento de Suicidio |  |  |  |  |
| 4 | Cuenta con Ruta de Atención Integral para Intento de Suicidio |  |  |  |  |
| 5 | Cuenta con Código de identificación para Salud Mental |  |  |  |  |
| 6 | Violencia | Cuenta con protocolo y/o guía de Atención para Violencia |  |  |  |  |
| 7 | Cuenta con clasificación de Triage para Violencia |  |  |  |  |
| 8 | Cuenta con reporte oportuno de Ficha de Vigilancia Epidemiológica para Violencia |  |  |  |  |
| 9 | Cuenta con Ruta de Atención Integral para Violencia |  |  |  |  |
| 10 | Cuenta con código de identificación para Salud Mental |  |  |  |  |
| 11 | Consumo de spa | Cuenta con ruta para atención a consumo de sustancias psicoactivas |  |  |  |  |
| 12 | Cuenta con clasificación de Triage para consumo de sustancias psicoactivas |  |  |  |  |
| 13 | Salud mental | Si identifica algún riesgo de problema o trastorno mental se aplica el instrumento de tamizaje Reporting Questionnaire for Children (RQC). |  |  |  |  |
| 14 | Si identifica algún riesgo de problema o trastorno mental se aplica el instrumento de tamizaje Self Report Questionnaire (SRQ) |  |  |  |  |
| 15 | Si identifica algún riesgo de problema o trastorno mental se aplica el instrumento de tamizaje Substance Involvement Screening Test (ASSIST) |  |  |  |  |
| 16 | Si identifica algún riesgo de problema o trastorno mental se aplica el instrumento de tamizaje Alcohol Use Disorders Identification Test (AUDIT) |  |  |  |  |
| 17 | Valorar la salud mental: Incluye el examen mental (apariencia y comportamiento, pensamiento, afecto y estado de ánimo, funcionamiento cognoscitivo, funcionamiento sensorial y motor) y la valoración de las estrategias de afrontamiento frente a sucesos vitales (normativos y no normativos) con el fin de prevenir alteraciones en la salud e identificar factores de riesgo para trastornos de comportamiento, problemas y trastornos mentales. |  |  |  |  |