

# Síndrome Vertiginoso CIE 10

L Reisser

*Clasificación Internacional de Enfermedades (CIE)-10.<sup>a</sup> revisión-5.<sup>a</sup> edición-enero 2024 Centro Nacional de Estadísticas de Salud (NCHS), Departamento de Salud del Gobierno Federal de EEUU (DHHS), 2024-01-01 Título original de la obra: The International Classification of Diseases, 10th Revision, Clinical Modification. © The National Center for Health Statistics (NHCS). <https://www.cdc.gov/nchs/icd/icd-10-cm.htm> Nota a la quinta edición: La CIE-10-ES se compone de dos tomos. Este primer tomo corresponde a la Modificación Clínica de la Clasificación Internacional de la CIE-10 para diagnósticos y se acompaña de un segundo tomo que corresponde al Sistema de Clasificación de Procedimientos. Ambas clasificaciones han sido traducidas y validadas para su uso en España por el Ministerio de Sanidad, con la colaboración de expertos de todas las Comunidades Autónomas y de Sociedades Científicas. Para la notificación de erratas correspondientes a esta quinta edición, solicitamos la cumplimentación del formulario disponible a tal efecto, en la siguiente página electrónica:*

<https://www.eciemaps.sanidad.gob.es/errata> La información sanitaria que necesita un país debe estructurarse en torno a su modelo de protección de la salud. Este modelo se configura en España como un Sistema Nacional de Salud (SNS) que es marco de garantías generales para la ciudadanía. En su funcionamiento, sin embargo, y en consonancia con el modelo constitucional y político, el SNS es uno de los más descentralizados de nuestro entorno, lo que nos obliga a dotarnos de herramientas que faciliten su cohesión, entre las que se encuentran los Sistemas de Información. Por ese motivo, el Sistema de Información del SNS tiene como finalidad facilitar la relación y comunicación entre los diferentes agentes del mismo, ya sean éstos ciudadanos, pacientes, profesionales sanitarios, investigadores, gestores o responsables políticos. Uno de los pilares básicos que sustenta la construcción y mantenimiento del Sistema de Información del SNS es el de la normalización, solo a través de la cual es posible obtener una información homogénea, basada por tanto en criterios consensuados, proceso que, ya en el ámbito clínico se materializa con la adopción de sistemas de clasificación y codificación validados para sus diferentes usos. En 2016, tras casi treinta años de vigencia de la CIE-9-MC y coincidiendo con la implantación de un nuevo modelo de datos del CMBD que pasó a constituirse en Registro de Atención Especializada, RAE-CMBD, se dio paso en España a la CIE-10-ES como clasificación de referencia para la codificación clínica y registro de la morbilidad en aplicación del Real Decreto 69/2015 que regula el mencionado registro. La CIE-10-ES integra dos clasificaciones, la de diagnósticos que corresponde a la modificación clínica estadounidense de la CIE10 (ICD10CM) y un sistema de clasificación de

procedimientos, las cuales fueron traducidas y validadas por el Ministerio en colaboración con expertos de Comunidades Autónomas y Sociedades Científicas. A pesar del enorme trabajo preparatorio, el uso de la CIE-10-ES, tanto en su país de origen como en otros en donde se implantó casi simultáneamente, puso en evidencia carencias y limitaciones que han dado lugar a extensas actualizaciones y modificaciones. Estas incluyen también la corrección de erratas e inexactitudes de la edición en español. Esta quinta edición de la CIE-10-ES, que se corresponde con el período enero de 2024-diciembre de 2025, es fruto del trabajo de multitud de expertos y profesionales que han contribuido en las diferentes etapas de su desarrollo. Páginas totales (dos tomos): 2.176 páginas; tomo I Diagnósticos: 1448 páginas; tomo II Procedimientos 728 páginas. Formato: 210 mm. x 302 mm. Tirada: 800 ejemplares Peso: Tomo I: Diagnósticos - 2.997 gramos. Tomo II - Procedimientos - 1.473 gramos Edición: 5.<sup>a</sup> edición Editado por el Ministerio de Sanidad, Secretaría General Técnica © Ministerio de Sanidad ISBN: 978-84-340-2953-8 NIPO MS: 133-23-094-7 (edición en papel) NIPO MS: 133-23-09 2 (edición en línea, pdf) NIPO AEBOE: 090-23-1 0-6 (edición en papel) NIPO AEBOE: 090-23-149-3 (edición en línea, pdf) Depósito legal: M-31377-2023

Clasificación Internacional de Enfermedades (CIE)-10.<sup>a</sup> revisión-4.<sup>a</sup> edición-enero 2022 Centro Nacional de Estadísticas de Salud (NCHS), Departamento de Salud del Gobierno Federal de EEUU (DHHS), 2022-01-01 La información sanitaria que necesita un país debe estructurarse en torno a su modelo de protección de la salud. Este modelo se configura en España como un Sistema Nacional de Salud (SNS) que es marco de garantías generales para la ciudadanía. En su funcionamiento, sin embargo, y en consonancia con el modelo constitucional y político, el SNS es uno de los más descentralizados de nuestro entorno, lo que nos obliga a dotarnos de herramientas que faciliten su cohesión, entre las que se encuentran los Sistemas de Información. Por ese motivo, el Sistema de Información del SNS tiene como finalidad facilitar la relación y comunicación entre los diferentes agentes del mismo, ya sean éstos ciudadanos, pacientes, profesionales sanitarios, investigadores, gestores o responsables políticos. Uno de los pilares básicos que sustenta la construcción y mantenimiento del Sistema de Información del SNS es el de la normalización, solo a través de la cual es posible obtener una información homogénea, basada por tanto en criterios consensuados, proceso que, ya en el ámbito clínico se materializa con la adopción de sistemas de clasificación y codificación validados para sus diferentes usos. En 2016, tras casi treinta años de vigencia de la CIE-9-MC y coincidiendo con la implantación de un nuevo modelo de datos del CMBD que pasó a constituirse en Registro de Atención Especializada, RAE-CMBD, se dio paso en España a la CIE-10-ES como clasificación de referencia para la codificación clínica y registro de la morbilidad en aplicación del Real Decreto 69/2015 que regula el mencionado registro. La CIE-10-ES integra dos clasificaciones, la de diagnósticos que corresponde a la modificación clínica estadounidense de la CIE10 (ICD10CM) y un sistema de clasificación de procedimientos, las cuales fueron traducidas y validadas por el Ministerio en colaboración con expertos de Comunidades Autónomas y Sociedades Científicas. A pesar del enorme trabajo preparatorio, el uso de la CIE-10-

ES, tanto en su país de origen como en otros en donde se implantó casi simultáneamente, puso en evidencia carencias y limitaciones que han dado lugar a extensas actualizaciones y modificaciones. Estas incluyen también la corrección de erratas e inexactitudes de la edición en español. Esta cuarta edición de la CIE-10-ES, que entrará en vigor en enero de 2022, es fruto del trabajo de multitud de expertos y profesionales que han contribuido en las diferentes etapas de su desarrollo.

*Compendio médico* Alexander Ramos, 2007 CÓMO USAR ESTE LIBRO Primero, recomiendo una hojeada general de la obra para familiarizarse con el estilo peculiar que tiene. He tratado de poner la información que se podría necesitar en una situación de urgencia, o para resolver una pregunta en el momento de la consulta externa, o para recordar un dato dentro de una ronda hospitalaria. Por ejemplo, ¿necesita saber la fecha probable de parto de una paciente? Remítase a la pág. 307, donde encontrará la regla de Nagele. Aunque una mejor opción, la encuentra en la pág. 306, donde está el calendario obstétrico, similar a una tarjeta rotatoria, que permite averiguarla sin necesidad de aplicar fórmulas. ¿O necesita calcular el puntaje Apache II para un paciente en cuidados intensivos? Remítase a la página 12. Allí se encuentran los parámetros a evaluar y además en la página siguiente aparece una corta explicación de cómo hacerlo. La escala de coma de Glasgow la encuentra en la pág. 296, pero además hay una explicación de cómo se interpreta y un cuadro con los resultados clínicos que se pueden esperar. Por ejemplo: con un puntaje de 8-10 se podría esperar una 27% de pacientes que terminarán en estado vegetativo o muerte. También aparecen en el libro algunos diagnósticos diferenciales, por ejemplo entre preeclampsia e hipertensión, pág. 315, entre una glomerulonefritis postestreptocócica y una membranoproliferativa, pág. 516. O posibilidades diagnósticas de un dolor abdominal en un paciente con sida, en la pág. 94. ¿Necesita formular loratadina a una embarazada y no recuerda si es seguro este medicamento para su paciente? A partir de la pág. 333 hay una extensa lista de medicamentos con su clasificación teratogénica. Tiene en Urgencias un paciente en el que sospecha muerte cerebral y necesita saber qué pasos seguir para saber si puede ser donante de órganos? Lo referente a este tema está en las págs. 513 y siguientes. ¿Tiene en su consultorio una reacción anafiláctica por una inyección de penicilina que fue aplicada a un paciente pediátrico? En la portada anterior del Compendio encuentra el manejo de esta entidad, con un párrafo donde se aclaran las dosis para niños. ¿Está a su cargo en el servicio un paciente anciano en el cual sospecha demencia? Saque una fotocopia ampliada del MiniMental State Examination, que se encuentra en la pág. 291 y aplíqueselo. ¿Necesita calcular el área de superficie corporal (ASC)? Los nomogramas rápidos para hacerlo están en la pág. 183, para adultos y en la pág. 435 para niños. Si quiere un estimado más rápido en un niño con talla normal para el peso, en la pág. 434 hay una regleta donde sólo necesita el peso para saber el ASC. Si tiene un paciente quemado y necesita estimar rápidamente el área de superficie afectada, la tabla de Lund y Browder está en la pág. 101. Saque una fotocopia ampliada y anéxela a su historia clínica. ¿Necesita saber el QT corregido en un electrocardiograma, o simplemente calcular de manera rápida la frecuencia cardíaca? Hay una minirregla electrocardiográfica de fácil uso en la pág. 25. Una guía para su lectura se encuentra en la pág.

29.No está seguro, a la luz de la medicina basada en la evidencia, cuál es la mejor opción para el tratamiento antiplaquetario de un paciente con angina inestable: ¿clopidogrel, ticlopidina o aspirina? En la pág. 74 los dos primeros medicamentos aparecen clasificados como Probablemente beneficiosos, mientras que el ácido acetilsalicílico se clasifica como Beneficioso. ¿No está seguro si en el POS se encuentra incluida la claritromicina, para una paciente a quien desea formular un régimen para erradicar el H. pylori? En la pág. 164 está el listado de medicamentos del POS. ¿Tiene un diagnóstico de fractura de Colles y quisiera un estimado de los días de incapacidad que puede autorizar? En la pág. 165 aparece esta entidad con 56 a 70 días de incapacidad temporal. Son muchos los ejemplos. Sin embargo, la mejor forma de sacar provecho de esta obra es tenerla siempre a mano, previo conocimiento de su contenido. EL AUTOR

*Ciencia e investigación ,1965*

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*Gazzetta degli ospedali e delle cliniche ,1916*

*Guía de bolsillo de la clasificación CIE-10 ,2000*

**CIE 10** ,2010 La edición española del capítulo F (V) sobre trastornos mentales y del comportamiento de la 10a edición de la Clasificación Internacionald de Enfermedades CIE-10 de la Organización Mundial de la Salud es fruto de un esfuerzo colectivo considerable.

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of any ideal gas at a temperature equal to  $273.15 \text{ K}$  and a pressure

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web the molar volume will be the volume occupied by one molar mass  $32 \text{ g}$  of the liquid expressing the density in liters instead of ml we have  $v = \frac{m}{M} \cdot N_A \cdot V_m$  where  $V_m = 22.4 \text{ L/mol}$

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web the molar volume of a gas from avogadro's law the volume is directly proportional to the number of moles the important point to keep in mind is that  $n$  can be moles of any gas since one mole always contains  $6.02 \times 10^{23}$  molecules and one molecule of any gas at the same temperature will have the same kinetic energy based on this principle it is found

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web apr 22 2020 molar volume of gases 1 counting in moles one mole is defined as  $6.02 \times 10^{23}$  particles this is the avogadro number an unchanging constant whether you are counting hydrogen atoms carbon dioxide molecules or carbonate ions a mole is always  $6.02 \times 10^{23}$  but as different particles have different mass their molar mass varies

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though and that calculation would be exactly the one you've described placing  $x$  moles of a gas in a container of volume  $v$  yields a concentration  $c = x/v$  with units of e.g.  $\text{mol}/\text{dm}^3$

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