



# RS SIMRS KHANZA

GUWOSARI, Pajangan, Bantul

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## RIWAYAT PERAWATAN

|  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
|--|---|---|-------------|--|--|---------------------------------|--------------------------------|--|--|-----------------|--|--|--|-------------|------------------|----------------|-------------|----------------|--|--|--|--------------------|--|--|--|-----------|-----------|---------------|--|------------------------|--|--|--|-------------------|--|--|--|-----------------------------|--|--------------------|--|-------------------------------|--|------------------------|--|----------------|--|--|--|--------------------|------------------|---|--|---|--|--|--|-------------------|--|----------|--|-----------------------------|--|--|--|--|--|--------|--|-------------------|--|-----------|--|------------|--|--------|--|---|--|-------------|--|--------------------------|--|----------|--|-----------------------------|--|--|--|--------------------|--|--|--|---|--|---------|--|---|--|---------|--|--|--|---------|--|--|--|--|--|--------------------|--|--|--|----|-----------|-------|--|---|---|-------|---|---|---|-------|---|------------|--|--|---|--------------------------------|--|--|--|---|--|----------------------------|--|-----------------------------|--|--------------------------|--|-----------|--|--|--|----------|--|------------------|--|-------------------------------|--|-----------------------------------|--|-----------------------|--|-----------------------|--|-------|--|---------|--|
| No.RM  | : 000011  |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Nama Pasien  | : SETIYAWAN KRISTANTO   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Alamat   | : JL. DOKTER CIPTI RT 01/RW01, BEDALI, LAWANG, KABUPATEN MALANG   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Jenis Kelamin  | : Laki-Laki   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Tempat & Tanggal Lahir   | : MALANG 1960-02-21   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Ibu Kandung  | : JUMINTEN  |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Golongan Darah   | : A   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Status Nikah   | : MENIKAH   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Agama  | : ISLAM   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Pendidikan Terakhir  | : -   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Bahasa Dipakai   | : INDONESIA   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Cacat Fisik  | : -   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| I No.Rawat   | : 2025/06/25/000001   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| No.Registrasi  | : 001   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Tanggal Registrasi   | : 2025-06-25 08:55:13   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Umur Saat Daftar   | : 65 Th   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Unit/Poliklinik  | : Poliklinik Penyakit Dalam   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Dokter Poli  | : dr. Hilyatul Nadia  |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Cara Bayar   | : UMUM  |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Penanggung Jawab   | : -   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Alamat P.J.  | : JL. DOKTER CIPTI RT 01/RW01, BEDALI, LAWANG, KABUPATEN MALANG   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Hubungan P.J.  | : SAUDARA   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Status   | : Ralan   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Pengkajian Awal Keperawatan Rawat Jalan Umum   | <table><tr><td colspan="4">YANG MELAKUKAN PENGKAJIAN</td></tr><tr><td>Tanggal : 2025-06-25 08:55:36.0</td><td>Petugas : 123124 FREDIAN AHMAD</td><td colspan="2">Informasi didapat dari : Autoanamnesis</td></tr><tr><td colspan="4">I. KEADAAN UMUM</td></tr><tr><td>TD : - mmHg</td><td>Nadi : - x/menit</td><td>RR : - x/menit</td><td>Suhu : - °C</td></tr><tr><td colspan="4">GCS(E,V,M) : -</td></tr><tr><td colspan="4">II. STATUS NUTRISI</td></tr><tr><td>BB : - Kg</td><td>TB : - Cm</td><td colspan="2">BMI : - Kg/m²</td></tr><tr><td colspan="4">III. RIWAYAT KESEHATAN</td></tr><tr><td colspan="4">Keluhan Utama : -</td></tr><tr><td colspan="2">Riwayat Penyakit Dahulu : -</td><td colspan="2">Riwayat Alergi : -</td></tr><tr><td colspan="2">Riwayat Penyakit Keluarga : -</td><td colspan="2">Riwayat Pengobatan : -</td></tr><tr><td colspan="4">IV. FUNGSIONAL</td></tr><tr><td>Alat Bantu : Tidak</td><td>Prothesa : Tidak</td><td colspan="2">Aktivitas Sehari-hari ( ADL ) : Mandiri</td></tr><tr><td colspan="4">V. RIWAYAT PSIKO-SOSIAL, SPIRITUAL DAN BUDAYA</td></tr><tr><td colspan="2">Status Psikologis</td><td colspan="2">: Tenang</td></tr><tr><td colspan="4">Status Sosial dan ekonomi :</td></tr><tr><td colspan="2">a. Hubungan pasien dengan anggota keluarga</td><td colspan="2">: Baik</td></tr><tr><td colspan="2">b. Tinggal dengan</td><td colspan="2">: Sendiri</td></tr><tr><td colspan="2">c. Ekonomi</td><td colspan="2">: Baik</td></tr><tr><td colspan="2">Kepercayaan / Budaya / Nilai-nilai khusus yang perlu diperhatikan</td><td colspan="2">: Tidak Ada</td></tr><tr><td colspan="2">Edukasi diberikan kepada</td><td colspan="2">: Pasien</td></tr><tr><td colspan="4">VI. PENGKAJIAN RESIKO JATUH</td></tr><tr><td colspan="4">a. Cara Berjalan :</td></tr><tr><td colspan="2">1. Tidak seimbang / sempoyongan / limbung</td><td colspan="2">: Tidak</td></tr><tr><td colspan="2">2. Jalan dengan menggunakan alat bantu (kruk, tripod, kursi roda, orang lain)</td><td colspan="2">: Tidak</td></tr><tr><td colspan="2">b. Menopang saat akan duduk, tampak memegang pinggiran kursi atau meja / benda lain sebagai penopang</td><td colspan="2">: Tidak</td></tr><tr><td colspan="4">Hasil : Tidak beresiko (tidak ditemukan a dan b)    Dilaporkan kepada dokter ? Tidak</td></tr><tr><td colspan="4">VII. SKRINING GIZI</td></tr><tr><td>No</td><td>Parameter</td><td colspan="2">Nilai</td></tr><tr><td>1</td><td>Apakah ada penurunan berat badan yang tidak diinginkan selama enam bulan terakhir ?</td><td>Tidak</td><td>0</td></tr><tr><td>2</td><td>Apakah nafsu makan berkurang karena tidak nafsu makan ?</td><td>Tidak</td><td>0</td></tr><tr><td colspan="3">Total Skor</td><td>0</td></tr><tr><td colspan="4">VIII. PENGKAJIAN TINGKAT NYERI</td></tr><tr><td colspan="2">Tingkat Nyeri : Tidak Ada Nyeri, Waktu / Durasi : Menit</td><td colspan="2">Penyebab : Proses Penyakit</td></tr><tr><td colspan="2">Kualitas : Seperti Tertusuk</td><td colspan="2">Severity : Skala Nyeri 0</td></tr><tr><td colspan="4">Wilayah :</td></tr><tr><td colspan="2">Lokasi :</td><td colspan="2">Menyebar : Tidak</td></tr><tr><td colspan="2">Nyeri hilang bila : Istirahat</td><td colspan="2">Diberitahukan pada dokter ? Tidak</td></tr><tr><td colspan="2">MASALAH KEPERAWATAN :</td><td colspan="2">RENCANA KEPERAWATAN :</td></tr><tr><td colspan="2">Nyeri</td><td colspan="2">DIRAWAT</td></tr></table> | YANG MELAKUKAN PENGKAJIAN               |             |  |  | Tanggal : 2025-06-25 08:55:36.0 | Petugas : 123124 FREDIAN AHMAD | Informasi didapat dari : Autoanamnesis |  | I. KEADAAN UMUM |  |  |  | TD : - mmHg | Nadi : - x/menit | RR : - x/menit | Suhu : - °C | GCS(E,V,M) : - |  |  |  | II. STATUS NUTRISI |  |  |  | BB : - Kg | TB : - Cm | BMI : - Kg/m² |  | III. RIWAYAT KESEHATAN |  |  |  | Keluhan Utama : - |  |  |  | Riwayat Penyakit Dahulu : - |  | Riwayat Alergi : - |  | Riwayat Penyakit Keluarga : - |  | Riwayat Pengobatan : - |  | IV. FUNGSIONAL |  |  |  | Alat Bantu : Tidak | Prothesa : Tidak | Aktivitas Sehari-hari ( ADL ) : Mandiri |  | V. RIWAYAT PSIKO-SOSIAL, SPIRITUAL DAN BUDAYA |  |  |  | Status Psikologis |  | : Tenang |  | Status Sosial dan ekonomi : |  |  |  | a. Hubungan pasien dengan anggota keluarga |  | : Baik |  | b. Tinggal dengan |  | : Sendiri |  | c. Ekonomi |  | : Baik |  | Kepercayaan / Budaya / Nilai-nilai khusus yang perlu diperhatikan |  | : Tidak Ada |  | Edukasi diberikan kepada |  | : Pasien |  | VI. PENGKAJIAN RESIKO JATUH |  |  |  | a. Cara Berjalan : |  |  |  | 1. Tidak seimbang / sempoyongan / limbung |  | : Tidak |  | 2. Jalan dengan menggunakan alat bantu (kruk, tripod, kursi roda, orang lain) |  | : Tidak |  | b. Menopang saat akan duduk, tampak memegang pinggiran kursi atau meja / benda lain sebagai penopang |  | : Tidak |  | Hasil : Tidak beresiko (tidak ditemukan a dan b)    Dilaporkan kepada dokter ? Tidak |  |  |  | VII. SKRINING GIZI |  |  |  | No | Parameter | Nilai |  | 1 | Apakah ada penurunan berat badan yang tidak diinginkan selama enam bulan terakhir ? | Tidak | 0 | 2 | Apakah nafsu makan berkurang karena tidak nafsu makan ? | Tidak | 0 | Total Skor |  |  | 0 | VIII. PENGKAJIAN TINGKAT NYERI |  |  |  | Tingkat Nyeri : Tidak Ada Nyeri, Waktu / Durasi : Menit |  | Penyebab : Proses Penyakit |  | Kualitas : Seperti Tertusuk |  | Severity : Skala Nyeri 0 |  | Wilayah : |  |  |  | Lokasi : |  | Menyebar : Tidak |  | Nyeri hilang bila : Istirahat |  | Diberitahukan pada dokter ? Tidak |  | MASALAH KEPERAWATAN : |  | RENCANA KEPERAWATAN : |  | Nyeri |  | DIRAWAT |  |
| YANG MELAKUKAN PENGKAJIAN  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Tanggal : 2025-06-25 08:55:36.0  | Petugas : 123124 FREDIAN AHMAD  | Informasi didapat dari : Autoanamnesis  |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| I. KEADAAN UMUM  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| TD : - mmHg  | Nadi : - x/menit  | RR : - x/menit                          | Suhu : - °C |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| GCS(E,V,M) : -   |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| II. STATUS NUTRISI   |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| BB : - Kg  | TB : - Cm   | BMI : - Kg/m²                           |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| III. RIWAYAT KESEHATAN   |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Keluhan Utama : -  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Riwayat Penyakit Dahulu : -  |   | Riwayat Alergi : -                      |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Riwayat Penyakit Keluarga : -  |   | Riwayat Pengobatan : -                  |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| IV. FUNGSIONAL   |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Alat Bantu : Tidak   | Prothesa : Tidak  | Aktivitas Sehari-hari ( ADL ) : Mandiri |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| V. RIWAYAT PSIKO-SOSIAL, SPIRITUAL DAN BUDAYA  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Status Psikologis  |   | : Tenang                                |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Status Sosial dan ekonomi :  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| a. Hubungan pasien dengan anggota keluarga   |   | : Baik                                  |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| b. Tinggal dengan  |   | : Sendiri                               |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| c. Ekonomi   |   | : Baik                                  |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Kepercayaan / Budaya / Nilai-nilai khusus yang perlu diperhatikan                                    |   | : Tidak Ada                             |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Edukasi diberikan kepada   |   | : Pasien                                |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| VI. PENGKAJIAN RESIKO JATUH  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| a. Cara Berjalan :   |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| 1. Tidak seimbang / sempoyongan / limbung  |   | : Tidak                                 |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| 2. Jalan dengan menggunakan alat bantu (kruk, tripod, kursi roda, orang lain)                        |   | : Tidak                                 |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| b. Menopang saat akan duduk, tampak memegang pinggiran kursi atau meja / benda lain sebagai penopang |   | : Tidak                                 |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Hasil : Tidak beresiko (tidak ditemukan a dan b)    Dilaporkan kepada dokter ? Tidak                 |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| VII. SKRINING GIZI   |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| No   | Parameter   | Nilai                                   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| 1  | Apakah ada penurunan berat badan yang tidak diinginkan selama enam bulan terakhir ?   | Tidak                                   | 0           |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| 2  | Apakah nafsu makan berkurang karena tidak nafsu makan ?   | Tidak                                   | 0           |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Total Skor   |   |   | 0           |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| VIII. PENGKAJIAN TINGKAT NYERI   |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Tingkat Nyeri : Tidak Ada Nyeri, Waktu / Durasi : Menit  |   | Penyebab : Proses Penyakit              |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Kualitas : Seperti Tertusuk  |   | Severity : Skala Nyeri 0                |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Wilayah :  |   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Lokasi :   |   | Menyebar : Tidak                        |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Nyeri hilang bila : Istirahat  |   | Diberitahukan pada dokter ? Tidak       |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| MASALAH KEPERAWATAN :  |   | RENCANA KEPERAWATAN :                   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Nyeri  |   | DIRAWAT                                 |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |
| Pengkajian Awal Medis Rawat  | : YANG MELAKUKAN PENGKAJIAN   |   |             |  |  |                                 |                                |  |  |                 |  |  |  |             |                  |                |             |                |  |  |  |                    |  |  |  |           |           |               |  |                        |  |  |  |                   |  |  |  |                             |  |                    |  |                               |  |                        |  |                |  |  |  |                    |                  |   |  |   |  |  |  |                   |  |          |  |                             |  |  |  |  |  |        |  |                   |  |           |  |            |  |        |  |   |  |             |  |                          |  |          |  |                             |  |  |  |                    |  |  |  |   |  |         |  |   |  |         |  |  |  |         |  |  |  |  |  |                    |  |  |  |    |           |       |  |   |   |       |   |   |   |       |   |            |  |  |   |                                |  |  |  |   |  |                            |  |                             |  |                          |  |           |  |  |  |          |  |                  |  |                               |  |                                   |  |                       |  |                       |  |       |  |         |  |

I. RIWAYAT KESEHATAN

Keluhan Utama : -

Riwayat Penyakit Sekarang : -

Riwayat Penyakit Dahulu : -

Riwayat Alergi : -

Riwayat Penyakit Keluarga : -

Riwayat Penggunaan Obat : -

II. PEMERIKSAAN FISIK

Kedadaan Umum : Sehat

Kesadaran : Compos Mentis

GCS(E,V,M) :

TB :  
Cm

BB : Kg

TD : mmHg

Nadi : x/menit

RR :  
x/menit

Suhu : °C

SpO2 : %

Kepala : Normal

Gigi &  
Mulut :  
Normal

THT : Normal

Thoraks : Normal

Abdomen : Normal

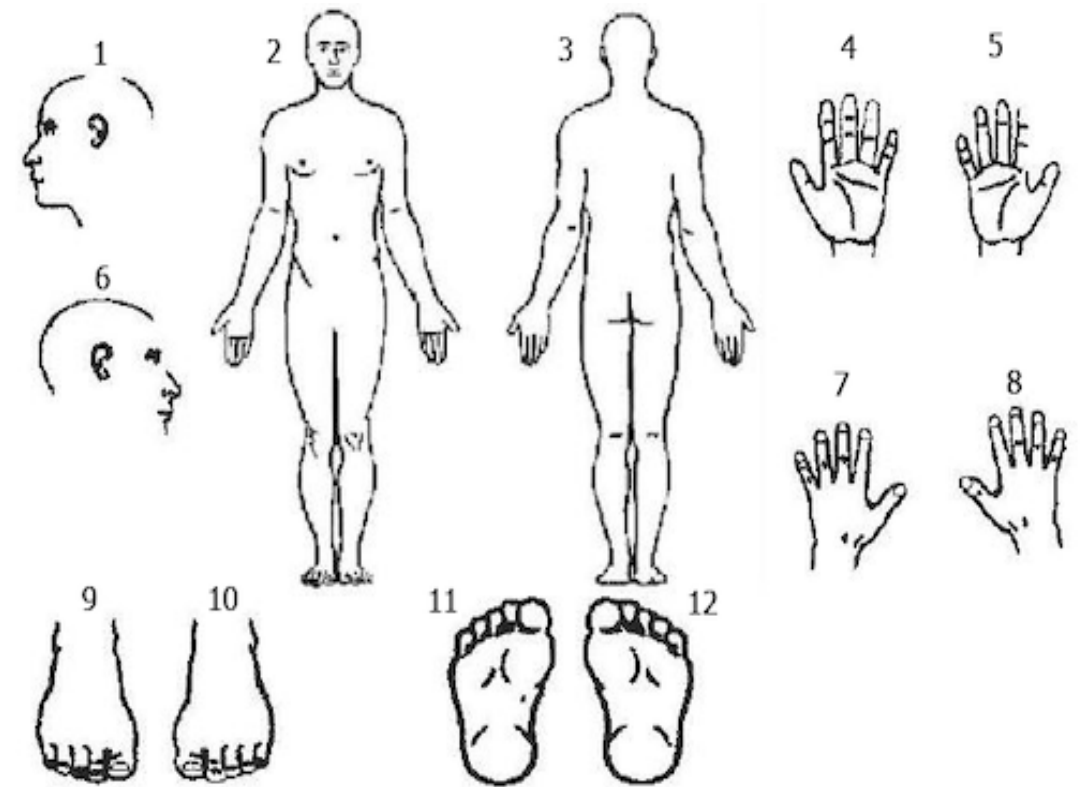
Genital  
&  
Anus :  
Normal

Ekstremitas : Normal

Kulit : Normal

Keterangan Fisik :

III. STATUS LOKALIS



Keterangan :

IV. PEMERIKSAAN PENUNJANG

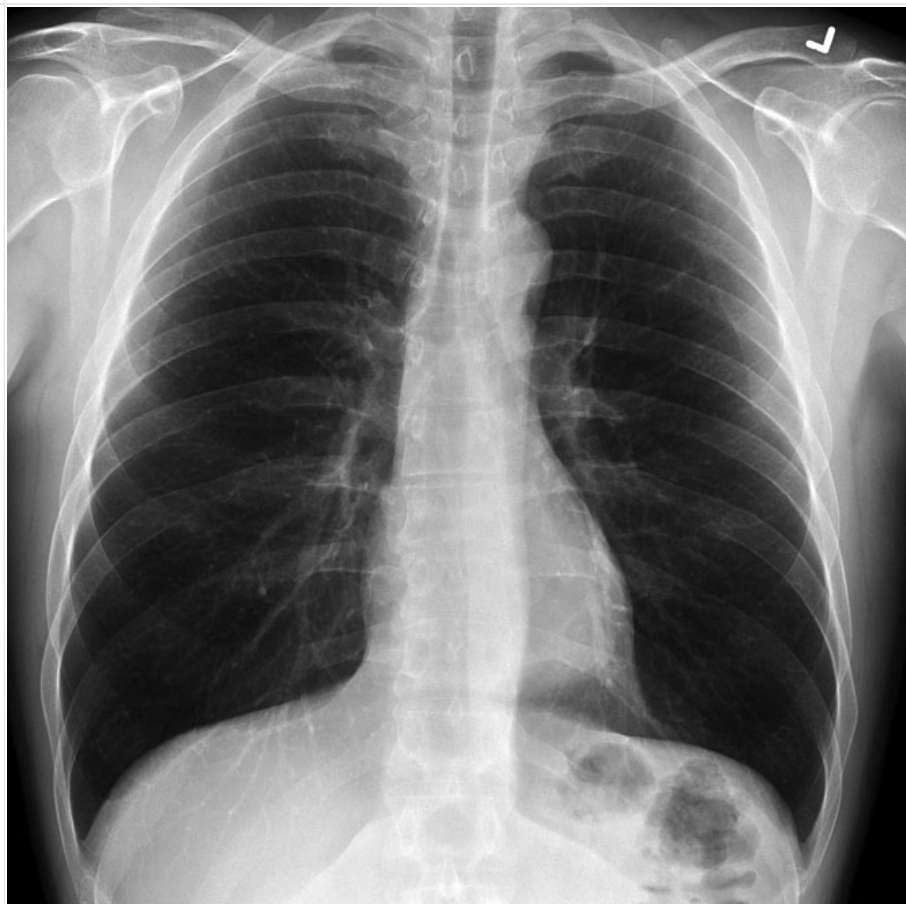
V. DIAGNOSIS/ASESMEN

VI. TATALAKSANA

VII. KONSUL/RUJUK

Pemeriksaan Rawat Jalan

|     |                     |                             |       |                           |                   |            |           |         |                            |               |          |  |
|-----|---------------------|-----------------------------|-------|---------------------------|-------------------|------------|-----------|---------|----------------------------|---------------|----------|--|
| No. | Tanggal             | Dokter/Paramedis            |       |                           |                   |            |           |         | Profesi/Jabatan/Departemen |               |          |  |
| 1   | 2025-06-25 08:59:38 | 123124 FREDIAN AHMAD        |       |                           |                   |            |           |         | -                          |               |          |  |
|     |                     | Subjek                      |       | : tes                     |                   |            |           |         |                            |               |          |  |
|     |                     | Objek                       |       | : tes                     |                   |            |           |         |                            |               |          |  |
|     |                     | Suhu(C)                     | Tensi | Nadi(/menit)              | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M)                 | Kesadaran     | L.P.(Cm) |  |
|     |                     | -                           | -     | -                         | -                 | -          | -         |         |                            | Compos Mentis |          |  |
| 2   | 2025-06-25 09:00:39 | D0000004 dr. Hilyatul Nadia |       |                           |                   |            |           |         | dokter umum                |               |          |  |
|     |                     | Subjek                      |       | : tes                     |                   |            |           |         |                            |               |          |  |
|     |                     | Suhu(C)                     | Tensi | Nadi(/menit)              | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M)                 | Kesadaran     | L.P.(Cm) |  |
|     |                     |                             |       |                           |                   |            |           |         |                            | Compos Mentis |          |  |
| 3   | 2025-06-28 11:10:55 | D0000004 dr. Hilyatul Nadia |       |                           |                   |            |           |         | dokter umum                |               |          |  |
|     |                     | Subjek                      |       | : NYERI DADA SEBELAH KIRI |                   |            |           |         |                            |               |          |  |
|     |                     | Objek                       |       | : SUHU : 37               |                   |            |           |         |                            |               |          |  |
|     |                     | Suhu(C)                     | Tensi | Nadi(/menit)              | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M)                 | Kesadaran     | L.P.(Cm) |  |
|     |                     |                             |       |                           |                   |            |           |         |                            | Compos        |          |  |

|                          |                          |                                  |                     |   |                             |          |                    |                    |         |        |
|--------------------------|--------------------------|----------------------------------|---------------------|---|-----------------------------|----------|--------------------|--------------------|---------|--------|
|                          |                          |                                  |                     |   |                             |          |                    |                    |         | Mentis |
|                          |                          |                                  | Asesmen             | : TYPHOID   |                             |          |                    |                    |         |        |
|                          |                          |                                  | Plan                | : LAB, RADIOLOGI  |                             |          |                    |                    |         |        |
| Diagnosa/Penyakit/ICD 10 | :                        | No.                              | Kode                | Nama Penyakit   |                             |          |                    |                    | Status  |        |
|                          |                          | 1                                | I50.0               | Congestive heart failure  |                             |          |                    |                    | Ralan   |        |
|                          |                          | 2                                | A01.1               | Paratyphoid fever A   |                             |          |                    |                    | Ralan   |        |
| Prosedur/Tindakan/ICD 9  | :                        | No.                              | Kode                | Nama Prosedur   |                             |          |                    |                    | Status  |        |
|                          |                          | 1                                | 00.02               | Therapeutic ultrasound of heart   |                             |          |                    |                    | Ralan   |        |
| Biaya & Perawatan        | :                        | Administrasi                     |                     |   |                             |          |                    |                    | :       | 10,000 |
|                          |                          | Tindakan Rawat Jalan Dokter      |                     |   |                             |          |                    | :                  |         |        |
|                          |                          | No.                              | Tanggal             | Kode  | Nama Tindakan/Perawatan     |          |                    | Dokter             | Biaya   |        |
|                          |                          | 1                                | 2025-06-28 11:10:55 | J000812   | Pemeriksaan Poliklinik Anak |          |                    | dr. Hilyatul Nadia | 130,000 |        |
|                          |                          | Pemeriksaan Radiologi            |                     |   |                             |          |                    | :                  |         |        |
|                          |                          | No.                              | Tanggal             | Kode  | Nama Pemeriksaan            |          | Dokter PJ          | Petugas            | Biaya   |        |
|                          |                          | 1                                | 2025-06-25 09:02:18 | ICU-01  | THORAX AP/PA                |          | dr. Hilyatul Nadia | ANJASMARA          | 180,000 |        |
|                          |                          | Bacaan/Hasil Radiologi           |                     |   |                             |          |                    |                    |         |        |
|                          |                          | No.                              | Tanggal             | Hasil Pemeriksaan   |                             |          |                    |                    |         |        |
|                          |                          | 1                                | 2025-06-25 09:02:18 | i<br><br>q<br><br>q<br><br>q  |                             |          |                    |                    |         |        |
|                          |                          | Gambar Radiologi                 |                     |   |                             |          |                    |                    |         |        |
|                          |                          | No.                              | Tanggal             | Gambar Radiologi  |                             |          |                    |                    |         |        |
|                          |                          | 1                                | 2025-06-25 09:02:18 |  |                             |          |                    |                    |         |        |
|                          |                          | Pemeriksaan Laboratorium PK & MB |                     |   |                             |          |                    |                    | :       |        |
|                          |                          | No.                              | Tanggal             | Kode  | Nama Pemeriksaan            |          | Dokter PJ          | Petugas            | Biaya   |        |
|                          |                          | 1                                | 2025-06-25 09:02:00 | 102-K.2   | Hematologi Darah Rutin      |          | dr. Aisyah         | FREDIAN AHMAD      | 85,000  |        |
|                          |                          |                                  |                     | Detail Pemeriksaan  |                             | Hasil    | Nilai Rujukan      |                    |         |        |
|                          |                          |                                  |                     | Hemoglobin  |                             | 3 g/dl   | 13.5-18.0          | 0                  |         |        |
|                          |                          |                                  |                     | MCH   |                             | 3 pg     | 27.0-31.0          | 0                  |         |        |
|                          |                          |                                  |                     | MCHC  |                             | 3 %      | 32.0-37.0          | 0                  |         |        |
|                          |                          |                                  |                     | LED   |                             | 3 mm/jam | < 10               | 0                  |         |        |
|                          |                          |                                  |                     | Rhesus  |                             |          |                    | 0                  |         |        |
|                          | Pemberian Obat/BHP/Alkes |                                  |                     |   |                             |          |                    | :                  |         |        |
|                          | No.                      | Tanggal                          | Kode                | Nama Obat/BHP/Alkes   |                             | Jumlah   | Aturan Pakai       | Biaya              |         |        |
|                          | 1                        | 2025-06-25 09:03:22              | B000000003          | Abbocath  |                             | 10.0 -   | 3 x 1              | 686,400            |         |        |
|                          | 2                        | 2025-06-25 09:03:22              | B000000556          | Acyclovir 200 mg Tablet   |                             | 10.0 TAB | 2 x 1              | 13,670             |         |        |

|                         |   |  |   |           |
|-------------------------|---|--|---|-----------|
|                         |   | PPN Obat   | : | 77,008    |
|                         |   | Total Biaya  | : | 1,182,078 |
| Tanda Tangan/Verifikasi | : | <div>Dokter Poli</div> <div></div> <div>dr. Hilyatul Nadia</div> |   |           |
|                         |   |  |   |           |