



**KEMENTERIAN KESEHATAN RI**  
**DIREKTORAT JENDERAL PELAYANAN KESEHATAN**  
**RUMAH SAKIT UMUM PUSAT ( RSUP ) SURAKARTA**

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**HASIL PEMERIKSAAN ECG**

Nar **173627**  
3310141804580001  
MIYARNO (L)  
Um 18-04-1958 / 66 Th  
GATAK RT. 003/003, PUNDUNGAN,  
Ala JUWIRING, KAB. KLATEN

L/P

No. RM/Ruang :  
Tanggal : / /  
Dokter :

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> CHECK UP                  | <input type="checkbox"/> HIPERTENSI        | <input type="checkbox"/> ARRHYTMIA |
| <input type="checkbox"/> CHES PAIN                 | <input type="checkbox"/> PULMONARY DISEASE | <input type="checkbox"/> OBESITAS  |
| <input type="checkbox"/> Keluhan/gejala lain ..... |  |                                    |

- |   |  |               |
|---|--|---------------|
| <input type="checkbox"/> Synus Rhythme                | <input type="checkbox"/> QRS Rate                    | ...../Menit   |
| <input type="checkbox"/> Synus Tachycardia            | <input type="checkbox"/> P-P Rate                    | ...../Menit   |
| <input type="checkbox"/> Synus Arrhythmia             | <input type="checkbox"/> QRS Axis                    | ...../derajat |
| <input type="checkbox"/> Synus Bradycardia            | <input type="checkbox"/> P-R Interval                | ...../Detik   |
| <input type="checkbox"/> Low Voltage                  | <input type="checkbox"/> Q-t Interval                | ...../Detik   |
| <input type="checkbox"/> AF/AFF                       | <input type="checkbox"/> SVES/VES                    | ...../Detik   |
| <input type="checkbox"/> CVT (PAT)                    | <input type="checkbox"/> Delta Wave / U wave di lead |               |
| <input type="checkbox"/> VT / VF                      |  |               |
| <input type="checkbox"/> RBBB Complete / incomplete   | <input type="checkbox"/> Q Wave di lead              |               |
| <input type="checkbox"/> LBBB Complete / incomplete   |  |               |
| <input type="checkbox"/> LVH                          | <input type="checkbox"/> r Premordial di lead        |               |
| <input type="checkbox"/> RVH                          |  |               |
| <input type="checkbox"/> LAH                          | <input type="checkbox"/> ST depressed di lead        |               |
| <input type="checkbox"/> RAH                          |  |               |
| <input type="checkbox"/> Fist / second / third degree | <input type="checkbox"/> ST elevation di lead        |               |
| A-V Blok  |  |               |
|   | <input type="checkbox"/> T Flat/T inverted di lead   |               |

KESAN

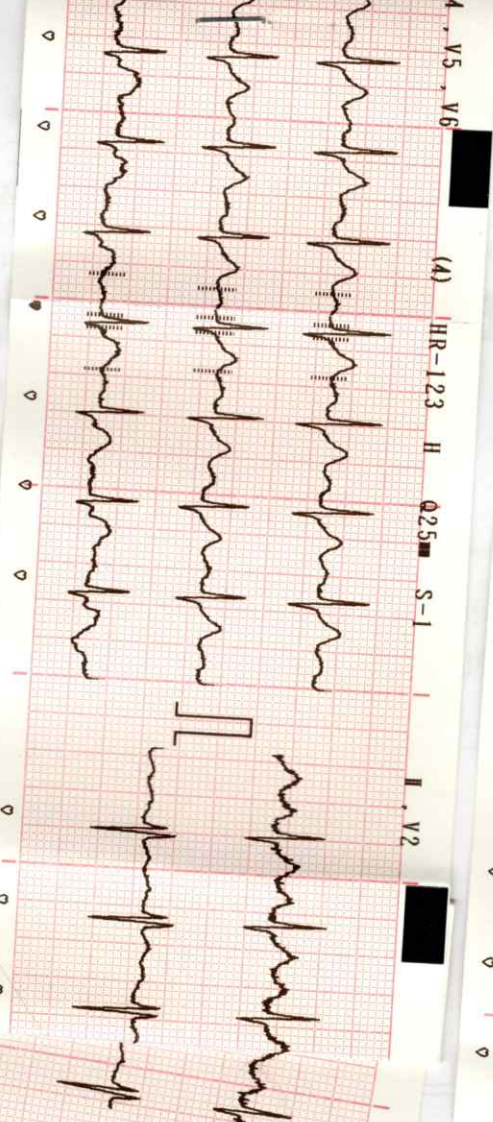
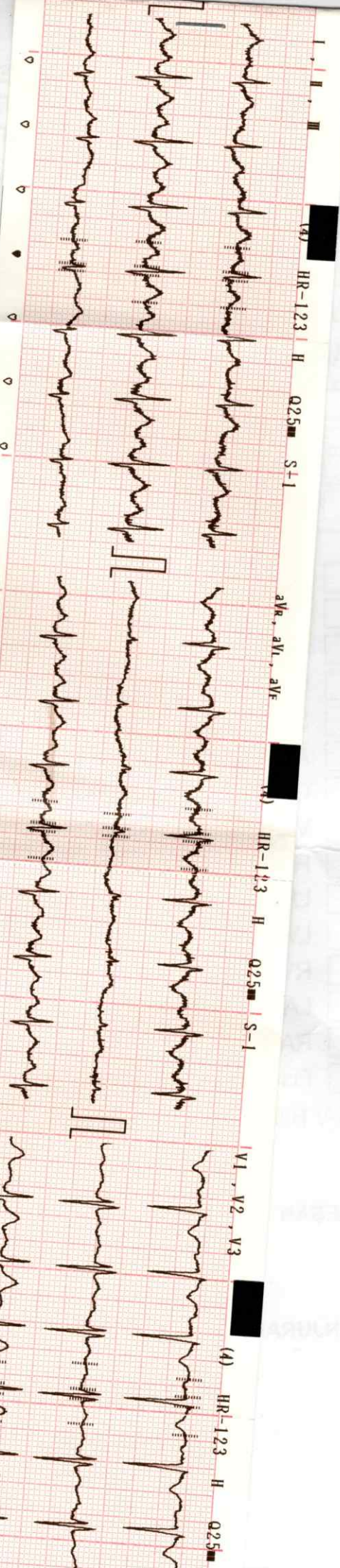
1. *True Tachycardia*  
2. *HR 118*  
3. *LAH*  
4. *RVH*

ANJURAN

1. ....  
2. ....  
3. ....

Dokter Pemeriksa





\* ADULT ECG \*  
 ID: 000000002  
 RATE : 123  
 PR : 41  
 QRS : 486ms  
 QT : 176ms  
 QTc : 273ms  
 IRV5 (6.9) + SV1 (11.3) : 18.2mm  
 IR (I) + S (III) - R (III) - S (I) : 2.5mm

0750 (V2) ANAL  
 R-R PATTERN  
 0873  
 TACHYCARDIA (EX)  
 0932 (I, II)  
 LEFT ATRIAL OVER  
 Physician must R

Maryam