

RINGKASAN PASIEN PULANG (DISCHARGE SUMMARY)

No Rekam Medis	: 2024/10/24/000266	
NIK	RM :170801 Tgl.Lhr : 14/12/20	
Nama Pasien	: NIK :3372015412030003	
Tgl. Lahir/Umur	PREMULUNG RT 2 RW 7, SONDAI	KAN,
Alamat	:	
Ruang Rawat	: Carula 2	
Tgl. Masuk RS	: 24/10/2024	
Tgl. Keluar RS	: 26/10/2024	

NOMOR/ KODE RUJU	JKAN						
RINGKASAN PERAWATAN PASIEN (Tulislah dengan huruf cetak)							
KELUHAN UTAMA DIAGNOSIS MASUK INDIKASI DIRAWAT ALERGI PEMERIKSAAN	Onai Ols ps Om @ Omple Go note -						
FISIK							
HASIL PEMERIKSAAN PENUNJANG	thos Pyo Ce						
TERAPI UTAMA YANG DIBERIKAN SAAT DI RUMAH SA	G lew rovolms ful 37%. With wolin mul 20						

DIAGNOSIS UTAMA (HANYA ADA SATU DIAGNOSIS UTAMA):			KODE ICD - 10 AOLO
No	Tanggal Tindakan / Operasi	NAMA TINDAKAN / OPERASI	KODE ICD - 9-CM
1.			93.18
2.		1	90.53
3.			99.21
4.			
PENYEBAB LUAR / CIDERA / KECELAKAAN (BILA ADA):			KODE ICD - 10
No	DIAGNOSIS SEKUNDE	KODE ICD - 10	
1.	fever on a	alut -	102.9
2.			
3.			
4.	4	26	

KONDISI PASIEN PULANG	KONDISI: Membaik □ Sembuh □ APS □ Rujuk □ Pulang Paksa □ Meninggal < 48 jam □ Meninggal >48 jam							
	TD: 119/23m	TD: 10/21mmHg HR:		\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)				
OBAT YANG DIBAWA PULANG :								
No. Nama Ob	at Juml	ah	Aturan Pakai / I	Minum	Keterangan			
1. Jens 171								
2 Mil, 2 24	(_				†			
3. Sand 37								
4. Smyul 38	1 ,		*	1				
5. Octiv 201		9						
6.								
7.					± 4			
8.				4				
9.			4					
HASIL PENUNJANG: YANG TERTUNDA Diambil tanggal di:								
PERAWATAN SELANJUTNYA								
☐ Kontrol di RSUP Surakarta			□ Rujuk atau Rujuk Balik di Luar RSUP Surakarta					
□ Klinik :			□ RS : : : : : : : : : : : : : : : : : :					
Tanggal: Selasa 5	11/2024		Tanggal:					
EDUKASI PASIEN : Penyakit :								
Diet :								
☐ Implan : Pasien telah dipasang implan khusus, mohon Kontrol Tepat Waktu untuk menghindari kejadian yang tidak diinginkan.								
BILA TERJADI HAL-HAL LAIN SEBELUM WAKTU KONTROL HUBUNGI SEGERA SARANA KESEHATAN TERDEKAT' "KESEHATAN ANDA PRIORITAS KAMI"								
Surakarta,								
A dolon / Rollinga								
dr. Makiya	ul Munawaroh, Sp.PD				Joe Joe			
(SIP: 337/24.57144/DS/01/KS.23.01/0187/III/2024 (Apr nry bug.)								

Keterangan

1. Lembar pertama arsip rekam medis rawat inap

2. Lembar kedua untuk pasien