

RUMAH SAKIT UMUM "Dr. SOEROTO"

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PEMANTAUAN ANESTESI LOKAL

| Nama Pasien : DIAH IKA KI | JRNIA: | SARI | | | | | | | | | | | | | |
|--|---------------------------|--|----|-------------|--------------------------------|---------------------|-------|-----|------------------------|-----|------|-----|-----|--|--|
| Tgl Lahir/jenis kel : 16 Mei 1990 | / Pere | mpua | n | | | | | | | | | | | | |
| No RM : 00-00-54-94-59 | | | | | | | | | | | | | | | |
| Alamat : kedunggalar 4/3 | | | | | | | | | | | | | | | |
| Ruangan : Wijaya Kusuma - Ruang kelas 3 | | | | | Tanggal : - | | | | | | 5:42 | | | | |
| Skala Nyeri | | | | | : Prosedur operasi | | | | | | | | | | |
| Teknik Anestesi : Tanggal Tindakan | | | | | | | | | | | | :- | | | |
| Diagnosis Prabedah | : Diagnosis Pasca Bedah : | | | | | | | | | | | | | | |
| Kesadaran Prabedah : | | | | | | | | | | | | | | | |
| BB : TB : | | | | Gol darah : | | | | Ale | Alergi : X Ya : | | | | | | |
| ΓD : Nadi : | | | | Suhu : | | | | | : X Tidak | | | | | | |
| PEMERIKSAAN FISIK | | | | | | | | _ | | | | | | | |
| Jalan Nafas XNormal : | | | | | | X Abnormal : | | | | | | | | | |
| Obat local anestesi yang digunakan : Diencerkan : | | | | | | | | | | | | | | | |
| Dosis/Jumlah obat yang digunakan : Lokasi pemberian local anestesi : | | | | | | | | | | | | | | | |
| Jam pemberian : | | | | | | | | | | | | | | | |
| Menggunakan Adrenalin | | | | | | : Do | sis : | | | | | | | | |
| PEMANTAUAN STATUS FISIO | <u>LOGIS</u> | | | | | | | | | | | | | | |
| Hemodinamik | | Waktu setelah pemberian local anestesi | | | | | | | | | | | | | |
| | | 30 | 45 | 60 | 75 | 90 | 105 | 120 | 135 | 150 | 165 | 180 | 195 | | |
| Tekanan darah (mmHg) | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Nadi (x/menit) | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| RR (x/menit) | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| SpO2 (%) | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Skala nyeri | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| PASCA BEDAH | | | | | | | | | | | | • | | | |
| Kesadaran : Reaksi alergi | | | | | | | | | | | | : | | | |
| Tekanan darah : K | | | | | Komplikasi lain (jika salah) : | | | | | | | | | | |
| | | | | | Skala nyeri : | | | | | | | | | | |
| Respirasi | | : | | | | | | | | | | | | | |
| Suhu | | : | | | | | | | | | | | | | |
| | | | | | | | | | _ | | | | | | |
| Pembuat Laporan | | | | | Pembedah | | | | | | | | | | |
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| () Nama jelas dan Tanda jelas | | | | | | | | ` | a jelas d | | , | | | | |
| 1 12 , 2 12 0 00 | J | | | | | | | | , | | , | | | | |

Note : File ini telah sesuai dengan rekam medis RSUD Soeroto Ngawi. Dicetak oleh SuperAdmin, pada jam 14:43.