

| LABEL IDENTITAS | | |
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RUJUKAN PASIEN

| FORMULIR | ΡΙΝΏΔΗ ΡΙΙΜΔΗ SΔ | KIT | | | JUKAN PASIEI | | | | | | |
|---|---------------------------------|------------------------|--------|---|-------------------------------------|---------------------------------------|------------|-----------|---------|-------|--|
| FORMULIR PINDAH RUMAH SAKIT | | | | Lt | No.RM | | 1 | <u> </u> | | | |
| Nama pasien :Tgl lahir :Tgl masuk :Tgl pindah :Na | | | | Umur : Jenis kelamin : L / P | | | | | | | |
| Tgl masuk : | | an : | | | RS dan alamat yang Tanggal / jam | g dituju | | | | | |
| Penanggung P | Pembayaran : | | | | | DPJP: | | | | | |
| Transportasi : | | | | Pendamping : □ Dokter □Perawat □ keluarga | | | | | | | |
| □ Ambulance Transport □ Kendaraan RS/ pribadi | | | | □ Lain- lain Nama pendamping : | | | | | | | |
| □ Ambulance | Emergensi | | | | | ivailla pelluai | Billd | | | | |
| □ Lain – lain | | | | Alasan Pinda | - | | | | | | |
| | | | | ☐ Tempat penuh ☐ Permintaan pasien | | | | | | | |
| | | | | | | □ Fasilitas tic | | | | | |
| TTV Saat Pinc | lah : kesadaran : 🗆 CM ប | - | | | en | ALERGI: □ Ob | | | | | |
| | □ Sope | | | | | □M | akanan _ | | | | |
| | , Tekanan darah : | | | | | | | | | | |
| RR: | X/ mnt , Status nyeri sk | ala : | | , Risi | (0 ; | | | | | | |
| INFORMASI M | 1EDIS | | | | | RESU | ME KLII | NIS | | | |
| Disabilitas | Inkontinensia | | | | Anamnesis (Kond | mnesis (Kondisi Pasien) : | | | | | |
| ☐ Amputasi | □ Blader | | | | - | · · · · · · · · · · · · · · · · · · · | | | | | |
| _ Paralisis | □ Bowel | | | | | | | | | | |
| □ Kontraktur □ Saliva | | | | | | | | | | | |
| Cacat | Pasien tahu diagnosa | | | | Pemeriksaan Fisik | : | | | | | |
| □ Mental | _ | Ya □ T | ïdak | | | | | | | | |
| □ Fisik | · | | | | Dana adlas a a Dana | | | | | | |
| | | | | | Pemeriksaan Penu | injang / Diagn | OSTIK : | | | | |
| | | | | | | | | | | | |
| Stat | us Kemandirian | М | ВВ | TM | | | | | | | |
| Aktifitas di | Berguling | | | | Terapi/ Pengobata | an corta Hacil | Conculta | ci Salam | na di R | · C · | |
| TT | Duduk | | | | Terapi/ Ferigobata | an serta masin | NOTISUITA. | 31 Jeiaii | ia ui i | .J . | |
| | Wajah rambut | | | | | | | | | | |
| Hygiene | tangan | | | | | | | | | | |
| Pribadi | Batang tubuh & | | | | | | | | | | |
| TTIDAGI | perineum | | | | | | | | | | |
| | Extremitas bawah | | | | Diagnosa Utama | | | | | | |
| | Kandung kemih | | | | Diagnosa Utama : | | | | | | |
| | Program usus | | | | Diagnosa Sekunde | ar · | | | | | |
| Berpakaian | Ektremitas atas | | | | Diagilosa Sekullut | | | | | | |
| Бегракатат | Batang tubuh | | | | Tindakan / Proceed | ur · | | | | | |
| | Extremitas bawah | | | | Tindakan / Prosedur : | | | | | | |
| Cara membe | | | | | | | | | | | |
| Transfer | Duduk | + | | | | | | | | | |
| Transfer | Berdiri | | | | | | | | | | |
| | | + | | | Kurangi 1 Kolom (| Naik Pemerik | saan Fisil | k): | | | |
| | Mandi | - | | | | | - | • | | | |
| 4 / 8 4 | Toilet | / - : | 1. 8.6 | I: · · | | | | | | | |
| ı(Mandiri) E | BB (Butuh Bantuan) TM | ı (Tida | k Ma | ndiri) | | | | | | | |
| | / Perencanaan / Hasil | | | | | | | | | | |

| Tanda Tangan Dan Nam | | Tanda Tangan Dan Nama Lengkap | | | | |
|--|-----------------------|-------------------------------|--------------|--------------------|-------------|---------------------|
| Tecagos rang Menerilla A | iiii Tanggung Jawab | | i etugi | us rang merujuk | , wienyerar | ikan Tanggang Jawab |
| , | Pkllih Tanggung Jawah | | | | | ıkan Tanggung Jawab |
| Keadaan pasien saat dil | akukan serah terima: | | | | | |
| □Oksigen nasal □ Sungkur | | | | | | |
| Penata laksanaan Resusita | - | | | | | |
| Penata laksanaan resusitas | si : Dimulai pukul : | , | Resusitasi (| dilakukan oleh : _ | | |
| Waktu kejadian : | | jadian , | | Penyebab | | |
| Resusitasi jika dibutuhka | n | | | | | |
| Akral | | | | | | |
| Nadi | | | | | | |
| RR / suara nafas | | | | | | |
| Saturasi oksigen Heart rate | | | | | | |
| Tekanan darah | | | | | | |
| Suhu | | | | | | |
| Kesadaran | | | | | | |
| Waktu | | | | | | |
| Perubahan Kondisi Pasien | Dan Status Pasien | ı | | I | <u> </u> | |
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| | | | | | | |
| | | | | | | |
| Nama Obat | Jumlah | De | osis | Frekwensi | (| Cara Pemberian |
| Terapi Saat Pindah : | | | | | | |
| | | | | | | |
| selanjutnya care plan | | | | | | |
| Rencana perawatan | | | | | | |
| Diet | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| selesal / dipending | | | | | | |
| penunjang yang belum selesai / dipending | | | | | | |
| Hasil pemeriksaan | | | | | | |
| | | | | | | |

Juli 2016, Keterangan: Rangkap 2 (Lembar 1. Arsip BRM, Lembar 2. RS Penerima Rujukan)