



RS BHAYANGKARA Tk.III POLDA LAMPUNG

JLN PRAMUKA No.88, BANDAR LAMPUNG, LAMPUNG
(0721) 706402, E-mail : renminrumkitpoldalampung@gmail.com

RIWAYAT PERAWATAN

| | | | |
|--------------------------------|---|---|--|
| No.RM | : 038164 | | |
| Nama Pasien | : MARIA SJAVIETRI | | |
| Alamat | : JL.H.KOMARUDIN NO.1/B KP MDN, RAJABASA RAYA, RAJABASA, KOTA BANDAR LAMPUNG | | |
| Jenis Kelamin | : Perempuan | | |
| Tempat & Tanggal Lahir | : PALEMBANG 1974-09-18 | | |
| Ibu Kandung | : - | | |
| Golongan Darah | : - | | |
| Status Nikah | : MENIKAH | | |
| Agama | : ISLAM | | |
| Pendidikan Terakhir | : - | | |
| Bahasa Dipakai | : LAMPUNG | | |
| Cacat Fisik | : TIDAK ADA | | |
| 1 No.Rawat | : 2025/02/04/000330 | | |
| No.Registrasi | : 005 | | |
| Tanggal Registrasi | : 2025-02-04 18:42:30 | | |
| Umur Saat Daftar | : 50 Th | | |
| Unit/Poliklinik | : Unit IGD | | |
| Dokter Poli | : dr. Gita Augesti | | |
| Cara Bayar | : BPJS | | |
| Penanggung Jawab | : - | | |
| Alamat P.J. | : JL.H.KOMARUDIN NO.1/B KP MDN, RAJABASA RAYA, RAJABASA, KOTA BANDAR LAMPUNG | | |
| Hubungan P.J. | : AYAH | | |
| Status | : Ranap | | |
| Triase Gawat Darurat | Cara Masuk | : Jalan | |
| | Transportasi | : - | |
| | Alasan Kedatangan | : Datang Sendiri | |
| | Keterangan Kedatangan | : - | |
| | Macam Kasus | : Non Trauma | |
| | Keterangan | Triase Sekunder | |
| | Anamnesa Singkat | Pasien datang dengan keluhan lemas sejak post HD.Nafsu makan dan minum berkurang. Keluhan demam (-), mual (-), muntah (-), sesak nafas (-), nyeri dada (-). BAB dan BAK normal. | |
| | Tanda Vital | Suhu (C) : 36.4, Nyeri : -, Tensi : 159/74, Nadi(/menit) : 82, Saturasi O2(%) : 94, Respirasi(/menit) : 22 | |
| | Pemeriksaan | Urgensi | |
| | JALAN NAFAS | Bebas | |
| | ASSESMENT TRIASE | Urgent/ Mendesak | |
| | Plan/Keputusan | Zona Kuning | |
| | | Petugas Triase Sekunder | |
| | Tanggal & Jam | 2025-02-04 18:55:47.0 | |
| | Catatan | - | |
| | Dokter/Petugas IGD | 2019199005018 DEVI PURNAMASARI,Amd.Kep | |
| Penilaian Awal Keperawatan IGD | : YANG MELAKUKAN PENGKAJIAN | | |
| | Tanggal : 2025-02-04 18:56:51.0 | Petugas : 2019199005018 DEVI PURNAMASARI,Amd.Kep | Informasi didapat dari : Autoanamnesis |
| | I. RIWAYAT KESEHATAN PASIEN | | |
| | Riwayat Penyakit Sekarang : Pasien datang dengan keluhan lemas sejak post HD.Nafsu makan dan minum berkurang. Keluhan demam (-), mual (-), muntah (-), sesak nafas (-), nyeri dada (-). BAB dan BAK normal. | | |
| | Riwayat Penyakit Dahulu : RPD : HT (+), DM (+), CKD, Pasien rutin HD hari Selasa dan Jumat | | |
| | Riwayat Penggunaan Obat : RPO : Bicnat, asam folat, CaCO3, Amlodipin 10mg, Candesartan 16mg, Lantus, Apidra | | |
| | Status Kehamilan : Tidak Hamil | | |
| | II. PEMERIKSAAN FISIK | | |
| | Tekanan Intrakranial : TAK | Pupil : Normal | Neurosensorik / Muskuloskeletal : TAK |
| | Integumen : TAK | Turgor Kulit : Baik | Edema : Tidak Ada |
| | Mukosa Mulut : Lembab | Perdarahan : Tidak Ada, Jumlah : false cc, Warna : false | Intoksikasi : Tidak Ada |
| | Eliminasi : | | |
| | BAB : Frekuensi : 1 X/ hari | , Konsistensi : padat | , Warna : kekuningan |
| | BAK : Frekuensi : 3 X/ hari | , Warna : kekuningan | , Lain-lain : |
| | III. RIWAYAT PSIKOLOGIS - SOSIAL - EKONOMI - BUDAYA - SPIRITUAL | | |
| | Kondisi Psikologis | : Tidak Ada Masalah | |
| | Gangguan Jiwa Di Masa Lalu | : Tidak | |
| | Adakah Perilaku | : Perilaku Kekerasan | |
| | Hubungan Pasien Dengan Anggota Keluarga | : Harmonis | |
| | Tinggal Dengan | : Sendiri | |
| | Kepercayaan / Budaya / Nilai-nilai Khusus Yang Perlu Diperhatikan | : Tidak Ada | |

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| | <table><tr><td>Pendidikan Penanggung Jawab</td><td colspan="3">: -</td></tr><tr><td>Edukasi Diberikan Kepada</td><td colspan="3">: Pasien</td></tr><tr><td colspan="4">IV. PENGKAJIAN FUNGSI</td></tr><tr><td>Kemampuan Aktifitas Sehari-hari : Mandiri</td><td>Aktifitas : Tirah Baring</td><td colspan="2">Alat Bantu : Tidak</td></tr><tr><td colspan="4">V. SKALA NYERI</td></tr><tr><td>Tingkat Nyeri : Tidak Ada Nyeri, Waktu / Durasi : Menit</td><td colspan="3">Penyebab : Proses Penyakit</td></tr><tr><td>Kualitas : Seperti Tertusuk</td><td colspan="3">Severity : Skala Nyeri 0</td></tr><tr><td colspan="4">Wilayah :</td></tr><tr><td>Lokasi :</td><td colspan="3">Menyebar : Tidak</td></tr><tr><td>Nyeri hilang bila : Istirahat</td><td colspan="3">Diberitahukan pada dokter ? Tidak</td></tr><tr><td colspan="4">VI. PENILAIAN RESIKO JATUH (GET UP AND GO)</td></tr><tr><td colspan="4">a. Cara Berjalan :</td></tr><tr><td>1. Tidak seimbang / sempoyongan / limbung</td><td colspan="3">: Tidak</td></tr><tr><td>2. Jalan dengan menggunakan alat bantu (kruk, tripot, kursi roda, orang lain)</td><td colspan="3">: Tidak</td></tr><tr><td>b. Menopang saat akan duduk, tampak memegang pinggiran kursi atau meja / benda lain sebagai penopang</td><td colspan="3">: Tidak</td></tr><tr><td colspan="4">Hasil : Tidak beresiko (tidak ditemukan a dan b) Dilaporkan kepada dokter ? Tidak</td></tr><tr><td colspan="2">MASALAH KEPERAWATAN :</td><td colspan="2">RENCANA KEPERAWATAN :</td></tr><tr><td>Mobilitas / Aktivitas</td><td colspan="3">Kaji TTV os Berikan os posisi yang nyaman Anjurkan keluarga membantu os beraktivitas kolaborasi dengan dokter dalam pemberian therapy</td></tr></table> | Pendidikan Penanggung Jawab | : - | | | Edukasi Diberikan Kepada | : Pasien | | | IV. PENGKAJIAN FUNGSI | | | | Kemampuan Aktifitas Sehari-hari : Mandiri | Aktifitas : Tirah Baring | Alat Bantu : Tidak | | V. SKALA 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 | | | VI. PENILAIAN RESIKO JATUH (GET UP AND GO) | | | | a. Cara Berjalan : | | | | 1. Tidak seimbang / sempoyongan / limbung | : Tidak | | | 2. Jalan dengan menggunakan alat bantu (kruk, tripot, 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 | | | | MASALAH KEPERAWATAN : | | RENCANA KEPERAWATAN : | | Mobilitas / Aktivitas | Kaji TTV os Berikan os posisi yang nyaman Anjurkan keluarga membantu os beraktivitas kolaborasi dengan dokter dalam pemberian therapy | | | |
| Pendidikan Penanggung Jawab | : - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Edukasi Diberikan Kepada | : Pasien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. PENGKAJIAN FUNGSI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kemampuan Aktifitas Sehari-hari : Mandiri | Aktifitas : Tirah Baring | Alat Bantu : Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V. SKALA 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. PENILAIAN RESIKO JATUH (GET UP AND GO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Cara Berjalan : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Tidak seimbang / sempoyongan / limbung | : Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Jalan dengan menggunakan alat bantu (kruk, tripot, 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MASALAH KEPERAWATAN : | | RENCANA KEPERAWATAN : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobilitas / Aktivitas | Kaji TTV os Berikan os posisi yang nyaman Anjurkan keluarga membantu os beraktivitas kolaborasi dengan dokter dalam pemberian therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Penilaian Awal Medis IGD | : YANG MELAKUKAN PENGKAJIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tanggal : 2025-02-04 18:44:03.0 | Dokter : A0028 dr. Gita Augesti | Anamnesis : Autoanamnesis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | I. RIWAYAT KESEHATAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Keluhan Utama : lemas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Riwayat Penyakit Sekarang : Pasien datang dengan keluhan lemas sejak post HD.Nafsu makan dan minum berkurang. Keluhan demam (-), mual (-), muntah (-), sesak nafas (-), nyeri dada (-). BAB dan BAK normal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Riwayat Penyakit Dahulu : RPD : HT (+), DM (+), CKD, Pasien rutin HD hari Selasa dan Jumat | | Riwayat Alergi : - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Riwayat Penyakit Keluarga : - | | Riwayat Penggunaan Obat : RPO : Bicnat, asam folat, CaCO3, Amlodipin 10mg, Candesartan 16mg, Lantus, Apidra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | II. PEMERIKSAAN FISIK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kedadaan Umum : Sakit Sedang | Kesadaran : Compos Mentis | GCS(E,V,M) : 15 | TB : Cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BB : Kg | TD : 169/74 mmHg | Nadi : 82 x/menit | RR : 22 x/menit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Suhu : 36,4 °C | SpO2 : 94 % | Kepala : Normal | Mata : Abnormal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Gigi & Mulut : Normal | Leher : Normal | Thoraks : Normal | Abdomen : Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Genital & Anus : Normal | Ekstremitas : Normal | Keterangan Fisik : Mata : CA (+/+), SI (-/-) Thoraks : Retraksi (-/-) Cor : BJ 1-2 reguler, murmur (-), gallop (-) Pulmo : Vesikuler (+/+), Ronkhi (+/+), Wheezing (-/-) Abdomen: BU (+) Normal, Timpani, Nyeri tekan (-), supel Ekstremitas : Akral Hangat, CRT 2 dtk, edema (-/-) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | III. STATUS LOKALIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Keterangan : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IV. PEMERIKSAAN PENUNJANG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EKG : terlampir | Radiologi : | Laborat : DL GDS U/C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|---|------------------|--------------------|---------------------|-----------------------|------------|------------|----------------------------|----------|----------------------------|--|------------|--------------------------------------|--|--------------------------------------|--|-----------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------------------|--|-----------------------------|------------------|---|---|--|--|--|--|------------------------------|--|--|--|-----------------|----------------|--|-------------|---------------------------------|-------------|--|--|------------------|--|--|--|----------------|-----------------------------|--|-----------------------|-------------|-------|--------------|-------------------|----------------------|---------------------|-------------------------|-------------------------|-----------------|--|--|-----------------|--------------------|--------|----|----|----------------|----------------|----|---------------|----------------------|--------------------|--|----------------------|------------|----------------------------|--|--|-------------|--|--|--|----------------|----------------------|--|--------------------------------|---------------|--|--|------------------------|----------------------|--|--|--|--------------|--|--|--|----------------|---|---------------|------------------------------|------------------|--|--|--|-----------------------|--------------------------|--|----------------------|------------------------|---------------------------------------|--|--|-------------|--|--|--|-------------------------------|---------------------|--|----------------|-------------------------------|----------------|--|-------------|-----------------|-----------------------|----------------------|---------------------|---------------------|--|-----------------------|---------------------------|--------------------|
| | <div>V. DIAGNOSIS/ASESMEN Anemia chronic disease ec CKD on HD</div> <div>VI. TATALAKSANA 02 3lpm IVFD NaCl 0,9% 5 tpm Asam folat tab 3x1 Bicnat tab 3x1 CaCO3 tab 3x1 Amlodipin tab 1x10mg Transfusi PRC 2 kolf</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pemeriksaan Rawat Jalan | <table><tr><td>No.</td><td>Tanggal</td><td colspan="8">Dokter/Paramedis</td><td colspan="2">Profesi/Jabatan/Departemen</td></tr><tr><td>1</td><td>2025-02-04 18:55:45</td><td colspan="8">2019199005018 DEVI PURNAMASARI,Amd.Kep</td><td colspan="2">-</td></tr><tr><td></td><td></td><td>Subjek</td><td colspan="10">: Pasien datang dengan keluhan lemas sejak post HD.Nafsu makan dan minum berkurang. Keluhan demam (-), mual (-), muntah (-), sesak nafas (-), nyeri dada (-). BAB dan BAK normal.</td></tr><tr><td></td><td></td><td>Objek</td><td colspan="10">: ku sedang pasien tampak lemas</td></tr><tr><td></td><td></td><td>Suhu(C)</td><td>Tensi</td><td>Nadi(/menit)</td><td>Respirasi(/menit)</td><td>Tinggi(Cm)</td><td>Berat(Kg)</td><td>SpO2(%)</td><td>GCS(E,V,M)</td><td>Kesadaran</td><td>L.P.(Cm)</td></tr><tr><td></td><td></td><td>36.4</td><td>169/74</td><td>82</td><td>22</td><td>-</td><td>-</td><td>94</td><td>15</td><td>Compos Mentis</td><td></td></tr><tr><td></td><td></td><td>Asesmen</td><td colspan="9">: gangguan mobilitas fisik</td></tr><tr><td></td><td></td><td>Plan</td><td colspan="9">: Kaji TTV os Berikan os posisi yang nyaman Anjurkan keluarga membantu os beraktivitas kolaborasi dengan dokter dalam pemberian therapy</td></tr><tr><td></td><td></td><td>Instruksi</td><td colspan="9">: 02 3lpm IVFD NaCl 0,9% 5 tpm Asam folat tab 3x1 Bicnat tab 3x1 CaCO3 tab 3x1 Amlodipin tab 1x10mg Transfusi PRC 2 kolf</td></tr><tr><td></td><td></td><td>Evaluasi</td><td colspan="9">: pasien ranap lanutkan intervensi</td></tr></table> | No. | Tanggal | Dokter/Paramedis | | | | | | | | Profesi/Jabatan/Departemen | | 1 | 2025-02-04 18:55:45 | 2019199005018 DEVI PURNAMASARI,Amd.Kep | | | | | | | | - | | | | Subjek | : Pasien datang dengan keluhan lemas sejak post HD.Nafsu makan dan minum berkurang. Keluhan demam (-), mual (-), muntah (-), sesak nafas (-), nyeri dada (-). BAB dan BAK normal. | | | | | | | | | | | | Objek | : ku sedang pasien tampak lemas | | | | | | | | | | | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) | Kesadaran | L.P.(Cm) | | | 36.4 | 169/74 | 82 | 22 | - | - | 94 | 15 | Compos Mentis | | | | Asesmen | : gangguan mobilitas fisik | | | | | | | | | | | Plan | : Kaji TTV os Berikan os posisi yang nyaman Anjurkan keluarga membantu os beraktivitas kolaborasi dengan dokter dalam pemberian therapy | | | | | | | | | | | Instruksi | : 02 3lpm IVFD NaCl 0,9% 5 tpm Asam folat tab 3x1 Bicnat tab 3x1 CaCO3 tab 3x1 Amlodipin tab 1x10mg Transfusi PRC 2 kolf | | | | | | | | | | | Evaluasi | : pasien ranap lanutkan intervensi | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Tanggal | Dokter/Paramedis | | | | | | | | Profesi/Jabatan/Departemen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2025-02-04 18:55:45 | 2019199005018 DEVI PURNAMASARI,Amd.Kep | | | | | | | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subjek | : Pasien datang dengan keluhan lemas sejak post HD.Nafsu makan dan minum berkurang. Keluhan demam (-), mual (-), muntah (-), sesak nafas (-), nyeri dada (-). BAB dan BAK normal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Objek | : ku sedang pasien tampak lemas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) | Kesadaran | L.P.(Cm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 36.4 | 169/74 | 82 | 22 | - | - | 94 | 15 | Compos Mentis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Asesmen | : gangguan mobilitas fisik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Plan | : Kaji TTV os Berikan os posisi yang nyaman Anjurkan keluarga membantu os beraktivitas kolaborasi dengan dokter dalam pemberian therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Instruksi | : 02 3lpm IVFD NaCl 0,9% 5 tpm Asam folat tab 3x1 Bicnat tab 3x1 CaCO3 tab 3x1 Amlodipin tab 1x10mg Transfusi PRC 2 kolf | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Evaluasi | : pasien ranap lanutkan intervensi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Penilaian Awal Keperawatan Rawat Inap Umum | <div>YANG MELAKUKAN PENGKAJIAN</div> <table><tr><td>Tanggal</td><td>: 2025-02-04 21:42:45.0</td><td>Anamnesis</td><td>: Autoanamnesis, -</td></tr><tr><td>Tiba di Ruang Rawat</td><td>: Jalan Tanpa Bantuan</td><td>Cara Masuk</td><td>: Poli</td></tr><tr><td>Macam Kasus</td><td>: Trauma</td><td>Pengkaji 1</td><td>: 2018199104077 Ns.EKA APRILIANA,S.Kep</td></tr><tr><td>Pengkaji 2</td><td>: 2021199902176 FERRIYAN ADI ANGGORO</td><td>DPJP</td><td>: A0001 dr.Awal Bachtera Barus,Sp.Pd</td></tr></table> <div>I. RIWAYAT KESEHATAN</div> <table><tr><td>Riwayat Penyakit Saat Ini : pasien mengatakn lemas</td><td>Riwayat Penyakit Dahulu : -</td></tr><tr><td>Riwayat Penyakit Keluarga : -</td><td>Riwayat Penggunaan Obat : -</td></tr><tr><td>Riwayat Pembedahan : -</td><td>Riwayat Dirawat Di RS :</td></tr><tr><td>Alat Bantu Yang Dipakai : Kacamata</td><td>Apakah Dalam Keadaan Hamil / Sedang Menyusui : Tidak</td></tr><tr><td>Riwayat Transfusi Darah : -</td><td>Riwayat Alergi :</td></tr><tr><td colspan="2">Kebiasaan : Merokok : Tidak, - batang/hari Alkohol : Tidak, - gelas/hari Obat Tidur : Tidak Olah Raga : Tidak</td></tr></table> <div>II. PEMERIKSAAN FISIK</div> <table><tr><td colspan="4">Kesadaran Mental : sedang Keadaan Umum : Baik GCS(E,V,M) : 15 TD : 122/88 mmHg Nadi : 88 x/menit RR : 22 x/menit Suhu : 36,4 °C SpO2 : 99 % BB : - Kg TB : cm</td></tr><tr><td colspan="4">Sistem Susunan Saraf Pusat :</td></tr><tr><td>Kepala : TAK, -</td><td colspan="2">Wajah : TAK, -</td><td>Leher : TAK</td></tr><tr><td>Kejang : TAK, -</td><td colspan="3">Leher : TAK</td></tr><tr><td colspan="4">Kardiovaskuler :</td></tr><tr><td>Pulsasi : Kuat</td><td colspan="2">Sirkulasi : Akral Hangat, -</td><td>Denyut Nadi : Teratur</td></tr><tr><td colspan="4">Respirasi :</td></tr><tr><td>Retraksi : Tidak Ada</td><td>Pola Nafas : Normal</td><td>Suara Nafas : Vesikuler</td><td>Batuk & Sekresi : Tidak</td></tr><tr><td>Volume : Normal</td><td colspan="2">Jenis Pernafasaan : Pernafasan Dada, -</td><td>Irama : Teratur</td></tr><tr><td colspan="4">Gastrointestinal :</td></tr><tr><td>Mulut : TAK, -</td><td colspan="2">Lidah : TAK, -</td><td>Gigi : TAK, -</td></tr><tr><td>Tenggorokan : TAK, -</td><td colspan="2">Abdomen : Supel, -</td><td>Peistatik Usus : TAK</td></tr><tr><td colspan="4">Anus : TAK</td></tr><tr><td colspan="4">Neurologi :</td></tr><tr><td>Sensorik : TAK</td><td colspan="2">Penglihatan : TAK, -</td><td>Alat Bantu Penglihatan : Tidak</td></tr><tr><td>Motorik : TAK</td><td colspan="2">Bicara : TAK</td><td>Pendengaran : Jelas, -</td></tr><tr><td colspan="4">Kekuatan Otot : Kuat</td></tr><tr><td colspan="4">Integument :</td></tr><tr><td>Kulit : Normal</td><td>Warna Kulit : Normal</td><td>Turgor : Baik</td><td>Resiko Decubitus : Tidak Ada</td></tr><tr><td colspan="4">Muskuloskletal :</td></tr><tr><td>Oedema : Tidak Ada, -</td><td colspan="2">Pergerakan Sendi : Bebas</td><td>Kekuatan Otot : Baik</td></tr><tr><td>Fraktur : Tidak Ada, -</td><td colspan="3">Nyeri Sendi : Tidak Ada, -</td></tr><tr><td colspan="4">Eliminasi :</td></tr><tr><td>BAB : Frekuensi : 1 X/ sehari</td><td colspan="2">Konsistensi : padat</td><td>Warna : kuning</td></tr><tr><td>BAK : Frekuensi : 4 X/ sehari</td><td colspan="2">Warna : kuning</td><td>Lain-lain :</td></tr></table> <div>III. POLA KEHIDUPAN SEHARI - HARI</div> <div>a. Pola Aktifitas :</div> <table><tr><td>Mandi : Mandiri</td><td>Makan/Minum : Mandiri</td><td>Berpakaian : Mandiri</td></tr><tr><td>Eliminasi : Mandiri</td><td colspan="2">Berpindah : Mandiri</td></tr></table> <div>b. Pola Nutrisi :</div> <table><tr><td>Porsi Makan : 1 porsi</td><td>Frekuensi Makan : 3x/hari</td><td>Jenis Makanan : nb</td></tr></table> | Tanggal | : 2025-02-04 21:42:45.0 | Anamnesis | : Autoanamnesis, - | Tiba di Ruang Rawat | : Jalan Tanpa Bantuan | Cara Masuk | : Poli | Macam Kasus | : Trauma | Pengkaji 1 | : 2018199104077 Ns.EKA APRILIANA,S.Kep | Pengkaji 2 | : 2021199902176 FERRIYAN ADI ANGGORO | DPJP | : A0001 dr.Awal Bachtera Barus,Sp.Pd | Riwayat Penyakit Saat Ini : pasien mengatakn lemas | Riwayat Penyakit Dahulu : - | Riwayat Penyakit Keluarga : - | Riwayat Penggunaan Obat : - | Riwayat Pembedahan : - | Riwayat Dirawat Di RS : | Alat Bantu Yang Dipakai : Kacamata | Apakah Dalam Keadaan Hamil / Sedang Menyusui : Tidak | Riwayat Transfusi Darah : - | Riwayat Alergi : | Kebiasaan : Merokok : Tidak, - batang/hari Alkohol : Tidak, - gelas/hari Obat Tidur : Tidak Olah Raga : Tidak | | Kesadaran Mental : sedang Keadaan Umum : Baik GCS(E,V,M) : 15 TD : 122/88 mmHg Nadi : 88 x/menit RR : 22 x/menit Suhu : 36,4 °C SpO2 : 99 % BB : - Kg TB : cm | | | | Sistem Susunan Saraf Pusat : | | | | Kepala : TAK, - | Wajah : TAK, - | | Leher : TAK | Kejang : TAK, - | Leher : TAK | | | Kardiovaskuler : | | | | Pulsasi : Kuat | Sirkulasi : Akral Hangat, - | | Denyut Nadi : Teratur | Respirasi : | | | | Retraksi : Tidak Ada | Pola Nafas : Normal | Suara Nafas : Vesikuler | Batuk & Sekresi : Tidak | Volume : Normal | Jenis Pernafasaan : Pernafasan Dada, - | | Irama : Teratur | Gastrointestinal : | | | | Mulut : TAK, - | Lidah : TAK, - | | Gigi : TAK, - | Tenggorokan : TAK, - | Abdomen : Supel, - | | Peistatik Usus : TAK | Anus : TAK | | | | Neurologi : | | | | Sensorik : TAK | Penglihatan : TAK, - | | Alat Bantu Penglihatan : Tidak | Motorik : TAK | Bicara : TAK | | Pendengaran : Jelas, - | Kekuatan Otot : Kuat | | | | Integument : | | | | Kulit : Normal | Warna Kulit : Normal | Turgor : Baik | Resiko Decubitus : Tidak Ada | Muskuloskletal : | | | | Oedema : Tidak Ada, - | Pergerakan Sendi : Bebas | | Kekuatan Otot : Baik | Fraktur : Tidak Ada, - | Nyeri Sendi : Tidak Ada, - | | | Eliminasi : | | | | BAB : Frekuensi : 1 X/ sehari | Konsistensi : padat | | Warna : kuning | BAK : Frekuensi : 4 X/ sehari | Warna : kuning | | Lain-lain : | Mandi : Mandiri | Makan/Minum : Mandiri | Berpakaian : Mandiri | Eliminasi : Mandiri | Berpindah : Mandiri | | Porsi Makan : 1 porsi | Frekuensi Makan : 3x/hari | Jenis Makanan : nb |
| Tanggal | : 2025-02-04 21:42:45.0 | Anamnesis | : Autoanamnesis, - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tiba di Ruang Rawat | : Jalan Tanpa Bantuan | Cara Masuk | : Poli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Macam Kasus | : Trauma | Pengkaji 1 | : 2018199104077 Ns.EKA APRILIANA,S.Kep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pengkaji 2 | : 2021199902176 FERRIYAN ADI ANGGORO | DPJP | : A0001 dr.Awal Bachtera Barus,Sp.Pd | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Riwayat Penyakit Saat Ini : pasien mengatakn lemas | Riwayat Penyakit Dahulu : - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Riwayat Penyakit Keluarga : - | Riwayat Penggunaan Obat : - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Riwayat Pembedahan : - | Riwayat Dirawat Di RS : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alat Bantu Yang Dipakai : Kacamata | Apakah Dalam Keadaan Hamil / Sedang Menyusui : Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Riwayat Transfusi Darah : - | Riwayat Alergi : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kebiasaan : Merokok : Tidak, - batang/hari Alkohol : Tidak, - gelas/hari Obat Tidur : Tidak Olah Raga : Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kesadaran Mental : sedang Keadaan Umum : Baik GCS(E,V,M) : 15 TD : 122/88 mmHg Nadi : 88 x/menit RR : 22 x/menit Suhu : 36,4 °C SpO2 : 99 % BB : - Kg TB : cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sistem Susunan Saraf Pusat : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kepala : TAK, - | Wajah : TAK, - | | Leher : TAK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kejang : TAK, - | Leher : TAK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kardiovaskuler : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulsasi : Kuat | Sirkulasi : Akral Hangat, - | | Denyut Nadi : Teratur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirasi : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retraksi : Tidak Ada | Pola Nafas : Normal | Suara Nafas : Vesikuler | Batuk & Sekresi : Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Volume : Normal | Jenis Pernafasaan : Pernafasan Dada, - | | Irama : Teratur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gastrointestinal : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mulut : TAK, - | Lidah : TAK, - | | Gigi : TAK, - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tenggorokan : TAK, - | Abdomen : Supel, - | | Peistatik Usus : TAK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anus : TAK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurologi : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sensorik : TAK | Penglihatan : TAK, - | | Alat Bantu Penglihatan : Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motorik : TAK | Bicara : TAK | | Pendengaran : Jelas, - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kekuatan Otot : Kuat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Integument : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kulit : Normal | Warna Kulit : Normal | Turgor : Baik | Resiko Decubitus : Tidak Ada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muskuloskletal : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oedema : Tidak Ada, - | Pergerakan Sendi : Bebas | | Kekuatan Otot : Baik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fraktur : Tidak Ada, - | Nyeri Sendi : Tidak Ada, - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eliminasi : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAB : Frekuensi : 1 X/ sehari | Konsistensi : padat | | Warna : kuning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAK : Frekuensi : 4 X/ sehari | Warna : kuning | | Lain-lain : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mandi : Mandiri | Makan/Minum : Mandiri | Berpakaian : Mandiri | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eliminasi : Mandiri | Berpindah : Mandiri | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Porsi Makan : 1 porsi | Frekuensi Makan : 3x/hari | Jenis Makanan : nb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|------------------------|--|---|---------------------|--------------------------------------|--|---------------------------|---------------------------------|---|---|---------|------------|---------------|
| | c. Pola Tidur : Lama Tidur 12 jam/hari, Tidak Ada Gangguan | | | | | | | | | | | |
| | IV. PENGKAJIAN FUNGSI | | | | | | | | | | | |
| | a. Kemampuan Aktifitas Sehari-hari : Mandiri | | | | b. Berjalan : TAK, - | | | | c. Aktifitas : Tirah Baring | | | |
| | d. Alat Ambulasi : Walker | | | | e. Ekstremitas Atas : TAK, - | | | | f. Ekstremitas Bawah : TAK, - | | | |
| | g. Kemampuan Menggenggam : Tidak Ada Kesulitan, - | | | | h. Kemampuan Koordinasi : Tidak Ada Kesulitan, - | | | | i. Kesimpulan Gangguan Fungsi : Tidak (Tidak Perlu Co DPJP) | | | |
| | V. RIWAYAT PSIKOLOGIS – SOSIAL – EKONOMI – BUDAYA – SPIRITUAL | | | | | | | | | | | |
| | a. Kondisi Psikologis | | | | | | | : Tidak Ada Masalah | | | | |
| | b. Adakah Perilaku | | | | | | | : Tidak Ada Masalah, - | | | | |
| | c. Gangguan Jiwa di Masa Lalu | | | | | | | : Tidak | | | | |
| | d. Hubungan Pasien dengan Anggota Keluarga | | | | | | | : Harmonis | | | | |
| | e. Agama | | | | | | | : ISLAM | | | | |
| | f. Tinggal Dengan | | | | | | | : Sendiri, - | | | | |
| | g. Pekerjaan | | | | | | | : PNS | | | | |
| | h. Pembayaran | | | | | | | : BPJS | | | | |
| | i. Nilai-nilai Kepercayaan/Budaya Yang Perlu Diperhatikan | | | | | | | : Tidak Ada, - | | | | |
| | j. Bahasa Sehari-hari | | | | | | | : LAMPUNG | | | | |
| | k. Pendidikan Pasien | | | | | | | : - | | | | |
| | l. Pendidikan P.J. | | | | | | | : - | | | | |
| | m. Edukasi Diberikan Kepada | | | | | | | : Pasien, - | | | | |
| | VI. PENILAIAN TINGKAT NYERI | | | | | | | | | | | |
| | Tingkat Nyeri : Tidak Ada Nyeri, Waktu / Durasi : - Menit | | | | | | | Penyebab : Proses Penyakit, - | | | | |
| | Kualitas : Seperti Tertusuk, - | | | | | | | Severity : Skala Nyeri 4 | | | | |
| | Wilayah : | | | | | | | | | | | |
| | Lokasi : - | | | | | | | Menyebar : Tidak | | | | |
| | Nyeri hilang bila : Istirahat, - | | | | | | | Diberitahukan pada dokter ? Tidak, Jam : - | | | | |
| | VII. PENILAIAN RESIKO JATUH | | | | | | | | | | | |
| | Skala Morse : | | | | | | | | | | | |
| | Faktor Resiko | | | | | | | Skala | | Poin | | |
| | 1. Riwayat Jatuh | | | | | | | Tidak | | 0 | | |
| | 2. Diagnosis Sekunder (≥ 2 Diagnosis Medis) | | | | | | | Tidak | | 0 | | |
| | 3. Alat Bantu | | | | | | | Tidak Ada/Kursi Roda/Perawat/Tirah Baring | | 0 | | |
| | 4. Terpasang Infuse | | | | | | | Ya | | 20 | | |
| | 5. Gaya Berjalan | | | | | | | Normal/Tirah Baring/Imobilisasi | | 0 | | |
| | 6. Status Mental | | | | | | | Sadar Akan Kemampuan Diri Sendiri | | 0 | | |
| | | | | | | | | Total : | | 20 | | |
| | Tingkat Resiko : Risiko Rendah (0-24), Tindakan : Intervensi pencegahan risiko jatuh standar | | | | | | | | | | | |
| | Skala Sydney : | | | | | | | | | | | |
| | Faktor Resiko | | | | | | | Skala | | Poin | | |
| | 1. Gangguan Gaya Berjalan (Diseret, Menghentak, Diayun) | | | | | | | Tidak | | 0 | | |
| | 2. Pusing / Pingsan Pada Posisi Tegak | | | | | | | Tidak | | 0 | | |
| | 3. Kebingungan Setiap Saat | | | | | | | Tidak | | 0 | | |
| | 4. Nokturia / Inkontinen | | | | | | | Tidak | | 0 | | |
| | 5. Kebingungan Intermiten | | | | | | | Tidak | | 0 | | |
| | 6. Kelemahan Umum | | | | | | | Tidak | | 0 | | |
| | 7. Obat-obat Beresiko Tinggi (Diuretic, Narkotik, Sedativ, Anti Psikotik, Laksatif, Vasodilator Antiaritmia, Antihipertensi, Obat Hipoglikemik, Anti Depresan, Neuroleptik, NSAID) | | | | | | | Tidak | | 0 | | |
| | 8. Riwayat Jatuh Dalam Waktu 12 Bulan Sebelumnya | | | | | | | Tidak | | 0 | | |
| | 9. Osteoporosis | | | | | | | Tidak | | 0 | | |
| | 10. Gangguan Pendengaran Dan Atau Penglihatan | | | | | | | Tidak | | 0 | | |
| | 11. Usia 70 Tahun Ke Atas | | | | | | | Tidak | | 0 | | |
| | | | | | | | | Total : | | 0 | | |
| | Tingkat Resiko : Risiko Rendah (1-3), Tindakan : Intervensi pencegahan risiko standar | | | | | | | | | | | |
| | VIII. SKRINING GIZI | | | | | | | | | | | |
| | No | Parameter | | | | | Nilai | | | | | |
| | 1 | Apakah ada penurunan BB yang tidak diinginkan selama 6 bulan terakhir ? | | | | | Tidak ada penurunan berat badan | | | 0 | | |
| | 2 | Apakah asupan makan berkurang karena tidak nafsu makan ? | | | | | Tidak | | | 0 | | |
| | Total Skor : | | | | | 0 | | | | | | |
| | Pasien dengan diagnosis khusus : Tidak | | | | | | | | | | | |
| | Sudah dibaca dan diketahui oleh Dietisien : Tidak | | | | | | | | | | | |
| | MASALAH KEPERAWATAN : | | | | | | | RENCANA KEPERAWATAN : | | | | |
| | Perfungsi Jaringan | | | | | | | - monitor ttv - anjurkan istirahat - kolaborasi dengan dokter | | | | |
| Pemeriksaan Rawat Inap | : | No. | Tanggal | Dokter/Paramedis | | | | | Profesi/Jabatan/Departemen | | | |
| | | 1 | 2025-02-04 21:18:50 | 2018199104077 Ns.EKA APRILIANA,S.Kep | | | | | PERAWAT | | | |
| | | | | Subjek | | : pasien mengatakan lemas | | | | | | |
| | | | | Objek | | : ku sedang | | | | | | |
| | | | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) | Kesadaran |
| | | | | 36,7 | 143/77 | 88 | 22 | | | 99 | 15 | Compos Mentis |

| | | | | | | | | | | |
|---|---------------------|--|--|--------------|-------------------|------------|-----------|---------|------------|---------------|
| | | Asesmen | : gangguan perfusi jaringan | | | | | | | |
| | | Plan | : - monitor ttv - berikan posisi nyaman - anjurkan istirahat - kolaborasi dengan dokter | | | | | | | |
| | | Instruksi | : - iufd nacl 5 tpm - asam folat 3x1 - bicnat 3x1 - caco 3x1 - amlodpin 1x10 | | | | | | | |
| | | Evaluasi | : rencana transfusi 2 kolf | | | | | | | |
| 2 | 2025-02-05 09:44:13 | 2022200009207 RIDA INATUL PARIDA,Amd.Kep | | | | | | | - | |
| | | Subjek | : pasien mengatakan lemas sudah berkurang (-) | | | | | | | |
| | | Objek | : ku sedang | | | | | | | |
| | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) | Kesadaran |
| | | 36,5 | 156/77 | 81 | 20 | | | 96 | 15 | Compos Mentis |
| | | Asesmen | : gangguan perfusi jaringan | | | | | | | |
| | | Plan | : - monitor ttv - berikan posisi nyaman - anjurkan istirahat - kolaborasi dengan dokter | | | | | | | |
| | | Instruksi | : - iufd nacl 5 tpm - asam folat 3x1 - bicnat 3x1 - caco 3x1 - amlodpin 1x10 | | | | | | | |
| | | Evaluasi | : rencana transfusi 2 kolf | | | | | | | |
| 3 | 2025-02-05 15:43:07 | 2024199707385 LIA ANGGRAENI,S.Kep.Ns | | | | | | | - | |
| | | Subjek | : pasien mengatakan lemas sudah berkurang (-) | | | | | | | |
| | | Objek | : ku sedang | | | | | | | |
| | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) | Kesadaran |
| | | 36,7 | 150/83 | 80 | 20 | | | 99 | 15 | Compos Mentis |
| | | Asesmen | : gangguan perfusi jaringan | | | | | | | |
| | | Plan | : - monitor ttv - berikan posisi nyaman - anjurkan istirahat - kolaborasi dengan dokter | | | | | | | |
| | | Instruksi | : - iufd nacl 5 tpm - asam folat 3x1 - bicnat 3x1 - caco 3x1 - amlodpin 1x10 | | | | | | | |
| | | Evaluasi | : rencana transfusi 2 kolf | | | | | | | |
| 4 | 2025-02-05 20:22:22 | 2023199908347 Ns. FINANTIA MUTIARA PUTRI,S.Kep | | | | | | | - | |
| | | Subjek | : pasien mengatakan lemas sudah berkurang, os mengatakan ketika bernapas terdengar suara mengi | | | | | | | |
| | | Objek | : ku sedang | | | | | | | |
| | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) | Kesadaran |
| | | 36,4 | 183/93 | 88 | 20 | | | 99 | 15 | Compos Mentis |
| | | Asesmen | : perfusi perifer tidak efektif berhubungan dengan penurunan konsentrasi HB | | | | | | | |
| | | Plan | : - monitor ttv - berikan posisi nyaman - anjurkan istirahat - kolaborasi dengan dokter | | | | | | | |
| | | Instruksi | : - iufd nacl 5 tpm - asam folat 3x1 - bicnat 3x1 - caco 3x1 - amlodpin 1x10 - Nebu combivent + pulmicort/extra | | | | | | | |
| | | Evaluasi | : rencana transfusi 2 kolf (+) - R/ Cek HB post tranfusi besok (06/02/2025) - epodion/extra | | | | | | | |
| 5 | 2025-02-06 08:38:38 | 2018199104077 Ns.EKA APRILIANA,S.Kep | | | | | | | PERAWAT | |
| | | Subjek | : pasien mengatakan lemas sudah berkurang, | | | | | | | |
| | | Objek | : ku sedang | | | | | | | |
| | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) | Kesadaran |
| | | 36,4 | 163/93 | 88 | 20 | | | 99 | 15 | Compos Mentis |
| | | Asesmen | : perfusi perifer tidak efektif berhubungan dengan penurunan konsentrasi HB | | | | | | | |
| | | Plan | : - monitor ttv - berikan posisi nyaman - anjurkan istirahat - kolaborasi dengan dokter | | | | | | | |
| | | Instruksi | : - iufd nacl 5 tpm - asam folat 3x1 - bicnat 3x1 - caco 3x1 - amlodpin 1x10 - Nebu combivent + pulmicort/extra | | | | | | | |
| | | Evaluasi | : transfusi 2 kolf (+) - R/ Cek HB post tranfusi besok (06/02/2025) - epodion/extra | | | | | | | |
| 6 | 2025-02-06 13:27:23 | 2018199104077 Ns.EKA APRILIANA,S.Kep | | | | | | | PERAWAT | |

| | | | | | | | | | | |
|-----------------------|---|-----|--|--|--------------|---|------------|-----------|---------|---------------|
| | | | Subjek | : pasien mengatakan lemas sudah berkurang, | | | | | | |
| | | | Objek | : ku sedang | | | | | | |
| | | | Suhu(C) | Tensi | Nadi(/menit) | Respirasi(/menit) | Tinggi(Cm) | Berat(Kg) | SpO2(%) | GCS(E,V,M) |
| | | | 36,4 | 153/93 | 88 | 20 | | | 99 | 15 |
| | | | | | | | | | | Compos Mentis |
| | | | Asesmen | : perfusi perifer tidak efektif berhubungan dengan penurunan konsentrasi HB | | | | | | |
| | | | Plan | : - monitor ttv - berikan posisi nyaman - anjurkan istirahat - kolaborasi dengan dokter | | | | | | |
| | | | Instruksi | : - iufd nacl 5 tpm - asam folat 3x1 - bicnat 3x1 - caco 3x1 - amlodpin 1x10 - Nebu combivent + pulmicort/extra | | | | | | |
| | | | Evaluasi | : transfusi 2 kolf (+) - hb 9,2 | | | | | | |
| Pemantauan EWS Dewasa | : | No. | Tanggal & Petugas | Pemantauan | | Hasil Pemantauan | | | | Skor |
| | | 1 | 2025-02-04 18:56:39.0 2019199005018 DEVI PURNAMASARI,Amd.Kep | 1. Laju Respirasi/Menit | | 21 - 24 | | | | 2 |
| | | | | 2. Saturasi Oksigen | | 94 - 95 | | | | 1 |
| | | | | 3. Suplemen Oksigen | | Tidak | | | | 0 |
| | | | | 4. Tekanan Darah Sistolik | | 111 - 180 | | | | 0 |
| | | | | 5. Laju Jatung/Menit | | 51 - 90 | | | | 0 |
| | | | | 6. Kesadaran | | Sadar | | | | 0 |
| | | | | 7. Temperatur | | 36.1 - 38 | | | | 0 |
| | | | | Monitoring & Total Skor | | Asesment segera oleh perawat senior, respon segera, maks 5 menit, eskalasi perawat dan frekuensi monitoring per 4-6 jam, jika diperlukan assesment oleh dokter jaga bangsal | | | | 3 |
| | | 2 | 2025-02-04 18:56:46.0 2019199005018 DEVI PURNAMASARI,Amd.Kep | 1. Laju Respirasi/Menit | | 21 - 24 | | | | 2 |
| | | | | 2. Saturasi Oksigen | | >= 95 | | | | 0 |
| | | | | 3. Suplemen Oksigen | | Ya | | | | 2 |
| | | | | 4. Tekanan Darah Sistolik | | 111 - 180 | | | | 0 |
| | | | | 5. Laju Jatung/Menit | | 51 - 90 | | | | 0 |
| | | | | 6. Kesadaran | | Sadar | | | | 0 |
| | | | | 7. Temperatur | | 36.1 - 38 | | | | 0 |
| | | | | Monitoring & Total Skor | | Asesment segera oleh perawat senior, respon segera, maks 5 menit, eskalasi perawat dan frekuensi monitoring per 4-6 jam, jika diperlukan assesment oleh dokter jaga bangsal | | | | 4 |
| | | 3 | 2025-02-04 21:18:53.0 2018199104077 Ns.EKA APRILIANA,S.Kep | 1. Laju Respirasi/Menit | | 12 - 20 | | | | 0 |
| | | | | 2. Saturasi Oksigen | | >= 95 | | | | 0 |
| | | | | 3. Suplemen Oksigen | | Tidak | | | | 0 |
| | | | | 4. Tekanan Darah Sistolik | | 111 - 180 | | | | 0 |
| | | | | 5. Laju Jatung/Menit | | 51 - 90 | | | | 0 |
| | | | | 6. Kesadaran | | Sadar | | | | 0 |
| | | | | 7. Temperatur | | 36.1 - 38 | | | | 0 |
| | | | | Monitoring & Total Skor | | Beresiko rendah, ulangi setiap 7 jam | | | | 0 |
| | | 4 | 2025-02-05 00:00:00.0 2024199707385 LIA ANGGRAENI,S.Kep.Ns | 1. Laju Respirasi/Menit | | 12 - 20 | | | | 0 |
| | | | | 2. Saturasi Oksigen | | >= 95 | | | | 0 |
| | | | | 3. Suplemen Oksigen | | Tidak | | | | 0 |
| | | | | 4. Tekanan Darah Sistolik | | 111 - 180 | | | | 0 |
| | | | | 5. Laju Jatung/Menit | | 51 - 90 | | | | 0 |
| | | | | 6. Kesadaran | | Sadar | | | | 0 |
| | | | | 7. Temperatur | | 36.1 - 38 | | | | 0 |
| | | | | Monitoring & Total Skor | | Beresiko rendah, ulangi setiap 7 jam | | | | 0 |
| | | 5 | 2025-02-05 09:45:58.0 202220009207 RIDA INATUL PARIDA,Amd.Kep | 1. Laju Respirasi/Menit | | 12 - 20 | | | | 0 |
| | | | | 2. Saturasi Oksigen | | >= 95 | | | | 0 |
| | | | | 3. Suplemen Oksigen | | Tidak | | | | 0 |
| | | | | 4. Tekanan Darah Sistolik | | 111 - 180 | | | | 0 |
| | | | | 5. Laju Jatung/Menit | | 51 - 90 | | | | 0 |
| | | | | 6. Kesadaran | | Sadar | | | | 0 |
| | | | | 7. Temperatur | | 36.1 - 38 | | | | 0 |
| | | | | Monitoring & Total Skor | | Beresiko rendah, ulangi setiap 7 jam | | | | 0 |
| | | 6 | 2025-02-05 20:22:24.0 2023199908347 Ns. FINANTIA MUTIARA PUTRI,S.Kep | 1. Laju Respirasi/Menit | | 12 - 20 | | | | 0 |
| | | | | 2. Saturasi Oksigen | | >= 95 | | | | 0 |
| | | | | 3. Suplemen Oksigen | | Tidak | | | | 0 |
| | | | | 4. Tekanan Darah Sistolik | | 111 - 180 | | | | 0 |
| | | | | 5. Laju Jatung/Menit | | 51 - 90 | | | | 0 |
| | | | | 6. Kesadaran | | Sadar | | | | 0 |
| | | | | 7. Temperatur | | 36.1 - 38 | | | | 0 |
| | | | | Monitoring & Total Skor | | Beresiko rendah, ulangi setiap 7 jam | | | | 0 |
| | | 7 | 2025-02-06 08:38:41.0 2018199104077 Ns.EKA | 1. Laju Respirasi/Menit | | 12 - 20 | | | | 0 |
| | | | | 2. Saturasi Oksigen | | >= 95 | | | | 0 |

| | | APRILIANA,S.Kep | 3. Suplemen Oksigen | Tidak | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--------------------------------------|---------------------------------|------------------------------|------------------|--|---|------------------------------|------------------|--|---------------------|---------|------------------------|------------------------------|---------|---|---------------------|---------|---------------------|------------------|--------|---|---------------------|---------|-------------------------------------|------------------------------|--------|-----|---------|------|-------------------------|-----------|-------|---|---------------------|---------|--------------|---------------------------------|--------|-----|---------|------|-------------------------|--------|-----------|-------|---|---------------------|---------|---|------------------------------|------------------------|---------|---|---------------------|---------|--------------|------------------|---------------------------------|--------|---|---------------------|---------|-----|------------------|--------------------|--------|
| | | | 4. Tekanan Darah Sistolik | 111 - 180 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 5. Laju Jatung/Menit | 51 - 90 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6. Kesadaran | Sadar | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 7. Temperatur | 36.1 - 38 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Monitoring & Total Skor | Beresiko rendah, ulangi setiap 7 jam | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | 2025-02-06 13:27:26.0 2018199104077 Ns.EKA APRILIANA,S.Kep | 1. Laju Respirasi/Menit | 12 - 20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2. Saturasi Oksigen | >= 95 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 3. Suplemen Oksigen | Tidak | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4. Tekanan Darah Sistolik | 111 - 180 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 5. Laju Jatung/Menit | 51 - 90 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6. Kesadaran | Sadar | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 7. Temperatur | 36.1 - 38 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Monitoring & Total Skor | Beresiko rendah, ulangi setiap 7 jam | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skrining Nutrisi Pasien Dewasa | : YANG MELAKUKAN PENGKAJIAN Tanggal : 2025-02-04 19:00:39.0 Petugas : 2019199005018 DEVI PURNAMASARI,Amd.Kep TANDA VITAL BB : 95 Kg TB/PB : 165 Cm TD : 169/74 mmHg HR : 82 x/menit RR : 22 x/menit Suhu : 36.4 °C SpO2 : 94 % Alergi : % SKRINING GIZI AWAL DENGAN MST(MALNUTRITION SCREENING TOOL) BAGI PERAWAT <table><tr><th>Parameter</th><th>Pilihan</th><th>Skor</th></tr><tr><td>1. Apakah Ada Penurunan Berat Badan Yang Tidak Diinginkan Selama 6 Bulan Terakhir ?</td><td>Tidak</td><td>0</td></tr><tr><td>2. Apakah Nafsu Makan Berkurang Karena Tidak Nafsu Makan ?</td><td>Tidak</td><td>0</td></tr><tr><td>Total Skor</td><td></td><td>0</td></tr></table> Bila Skor >= 2, Pasien Beresiko Malnutrisi, Konsul Ke Ahli Gizi | | | | | Parameter | Pilihan | Skor | 1. Apakah Ada Penurunan Berat Badan Yang Tidak Diinginkan Selama 6 Bulan Terakhir ? | Tidak | 0 | 2. Apakah Nafsu Makan Berkurang Karena Tidak Nafsu Makan ? | Tidak | 0 | Total Skor | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parameter | Pilihan | Skor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Apakah Ada Penurunan Berat Badan Yang Tidak Diinginkan Selama 6 Bulan Terakhir ? | Tidak | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Apakah Nafsu Makan Berkurang Karena Tidak Nafsu Makan ? | Tidak | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Skor | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transfer Pasien Antar Ruangan | : YANG MELAKUKAN PENGKAJIAN Tanggal Masuk : 2025-02-04 18:57:42.0 Tanggal Pindah : 2025-02-04 18:57:42.0 Indikasi Pindah : Kondisi Pasien Stabil Asal Ruang Rawat : igd Ruang Rawat Selanjutnya : kelas 1 Metode Pemindahan : Kursi Roda Petugas / Perawat Yang Menyerahkan : 2019199005018 DEVI PURNAMASARI,Amd.Kep Petugas / Perawat Yang Menerima : 2022199705173 DEBI TUNING ULFASIH,S.Kep.Ners DIAGNOSA & PROSEDUR Diagnosa Utama : Anemia chronic disease ec CKD on HD Diagnosa Sekunder : - Prosedur Yang Sudah Dilakukan : infus ekg OBAT & PEMERIKSAAN PENUNJANG Obat Yang Telah Diberikan : 02 3lpm IVFD NaCl 0,9% 5 tpm Asam folat tab 3x1 Bicnat tab 3x1 CaCO3 tab 3x1 Amlodipin tab 1x10mg Transfusi PRC 2 kolf Pemeriksaan Penunjang Yang Sudah Dilakukan : DL GDS U/C PERSETUJUAN KELUARGA Peralatan Yang Menyertai : Infus Pasien/Keluarga Mengetahui & Menyetujui Alasan Pemindahan : Ya KEADAAN PASIEN SAAT PINDAH SEBELUM TRANSFER Keluhan Utama : lemas <table><tr><td>Keadaan Umum : Compos Mentis</td><td>TD : 169/74 mmHg</td></tr><tr><td>Nadi : 82 x/menit RR : 22 x/menit</td><td>Suhu : 36,4 °C</td></tr></table> KEADAAN PASIEN SAAT PINDAH SETELAH TRANSFER Keluhan Utama : lemas <table><tr><td>Keadaan Umum : Compos Mentis</td><td>TD : 160/70 mmHg</td></tr><tr><td>Nadi : 80 x/menit RR : 22 x/menit</td><td>Suhu : 36.0 °C</td></tr></table> | | | | | Keadaan Umum : Compos Mentis | TD : 169/74 mmHg | Nadi : 82 x/menit RR : 22 x/menit | Suhu : 36,4 °C | Keadaan Umum : Compos Mentis | TD : 160/70 mmHg | Nadi : 80 x/menit RR : 22 x/menit | Suhu : 36.0 °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Keadaan Umum : Compos Mentis | TD : 169/74 mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nadi : 82 x/menit RR : 22 x/menit | Suhu : 36,4 °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Keadaan Umum : Compos Mentis | TD : 160/70 mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nadi : 80 x/menit RR : 22 x/menit | Suhu : 36.0 °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Berkas Digital Perawatan | : No. Berkas Digital 1 BERKAS LAB_MARIA_SJAVIETRI_DL_04.02.25.pdf 2 BERKAS LAB_MARIA_SJAVIETRI_DL_06.02.2025.pdf 3 BERKAS LAB_MARIA_SJAVIETRI_GDS_UC_04.02.25.pdf 4 BERKAS RESUME_04-02-25-HD-MARIA.pdf 5 BERKAS RESUME_ekg_maria_04-02-2025_18.22.pdf | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Biaya & Perawatan | : Administrasi : 10,000 Tindakan Rawat Jalan Dokter <table><tr><th>No.</th><th>Tanggal</th><th>Kode</th><th>Nama Tindakan/Perawatan</th><th>Dokter</th><th>Biaya</th></tr><tr><td>1</td><td>2025-02-04 12:00:29</td><td>RJ00468</td><td>Konsultasi Dokter Umum</td><td>dr.Awal Bachtera Barus,Sp.Pd</td><td>100,000</td></tr><tr><td>2</td><td>2025-02-04 18:49:51</td><td>RJ00260</td><td>Tindakan Dokter IGD</td><td>dr. Gita Augesti</td><td>40,000</td></tr><tr><td>3</td><td>2025-02-04 18:50:18</td><td>RJ00004</td><td>Konsultasi Dokter Spesialis on Call</td><td>dr.Awal Bachtera Barus,Sp.Pd</td><td>75,000</td></tr></table> Tindakan Rawat Jalan Paramedis <table><tr><th>No.</th><th>Tanggal</th><th>Kode</th><th>Nama Tindakan/Perawatan</th><th>Paramedis</th><th>Biaya</th></tr><tr><td>1</td><td>2025-02-04 18:50:39</td><td>RJ00005</td><td>Jasa Perawat</td><td>RIA PRATIWI SINHTA DEWI,Amd.Kep</td><td>15,000</td></tr></table> Tindakan Rawat Jalan Dokter & Paramedis <table><tr><th>No.</th><th>Tanggal</th><th>Kode</th><th>Nama Tindakan/Perawatan</th><th>Dokter</th><th>Paramedis</th><th>Biaya</th></tr><tr><td>1</td><td>2025-02-04 12:00:40</td><td>RJ00256</td><td>Konsultasi Dokter Spesialis dan Perawat</td><td>dr.Awal Bachtera Barus,Sp.Pd</td><td>FRISCA DWI OKTA, Amd.P</td><td>714,500</td></tr><tr><td>2</td><td>2025-02-04 18:51:04</td><td>RJ00006</td><td>Infus Dewasa</td><td>dr. Gita Augesti</td><td>RIA PRATIWI SINHTA DEWI,Amd.Kep</td><td>50,000</td></tr><tr><td>3</td><td>2025-02-04 18:51:04</td><td>RJ00019</td><td>ECG</td><td>dr. Gita Augesti</td><td>RIA PRATIWI SINHTA</td><td>50,000</td></tr></table> | | | | | No. | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Biaya | 1 | 2025-02-04 12:00:29 | RJ00468 | Konsultasi Dokter Umum | dr.Awal Bachtera Barus,Sp.Pd | 100,000 | 2 | 2025-02-04 18:49:51 | RJ00260 | Tindakan Dokter IGD | dr. Gita Augesti | 40,000 | 3 | 2025-02-04 18:50:18 | RJ00004 | Konsultasi Dokter Spesialis on Call | dr.Awal Bachtera Barus,Sp.Pd | 75,000 | No. | Tanggal | Kode | Nama Tindakan/Perawatan | Paramedis | Biaya | 1 | 2025-02-04 18:50:39 | RJ00005 | Jasa Perawat | RIA PRATIWI SINHTA DEWI,Amd.Kep | 15,000 | No. | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Paramedis | Biaya | 1 | 2025-02-04 12:00:40 | RJ00256 | Konsultasi Dokter Spesialis dan Perawat | dr.Awal Bachtera Barus,Sp.Pd | FRISCA DWI OKTA, Amd.P | 714,500 | 2 | 2025-02-04 18:51:04 | RJ00006 | Infus Dewasa | dr. Gita Augesti | RIA PRATIWI SINHTA DEWI,Amd.Kep | 50,000 | 3 | 2025-02-04 18:51:04 | RJ00019 | ECG | dr. Gita Augesti | RIA PRATIWI SINHTA | 50,000 |
| No. | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Biaya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2025-02-04 12:00:29 | RJ00468 | Konsultasi Dokter Umum | dr.Awal Bachtera Barus,Sp.Pd | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2025-02-04 18:49:51 | RJ00260 | Tindakan Dokter IGD | dr. Gita Augesti | 40,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2025-02-04 18:50:18 | RJ00004 | Konsultasi Dokter Spesialis on Call | dr.Awal Bachtera Barus,Sp.Pd | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Tanggal | Kode | Nama Tindakan/Perawatan | Paramedis | Biaya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2025-02-04 18:50:39 | RJ00005 | Jasa Perawat | RIA PRATIWI SINHTA DEWI,Amd.Kep | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Paramedis | Biaya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2025-02-04 12:00:40 | RJ00256 | Konsultasi Dokter Spesialis dan Perawat | dr.Awal Bachtera Barus,Sp.Pd | FRISCA DWI OKTA, Amd.P | 714,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2025-02-04 18:51:04 | RJ00006 | Infus Dewasa | dr. Gita Augesti | RIA PRATIWI SINHTA DEWI,Amd.Kep | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2025-02-04 18:51:04 | RJ00019 | ECG | dr. Gita Augesti | RIA PRATIWI SINHTA | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---------------------|---------------------|-------------------------|------------|------------------------------|------------------------------|---------------------------------|--------|---------|
| | | | | | | DEWI,Amd.Kep | | | |
| 4 | 2025-02-04 18:51:04 | RJ00042 | O2 | | dr. Gita Augesti | | RIA PRATIWI SINHTA DEWI,Amd.Kep | | 10,000 |
| 5 | 2025-02-04 18:51:04 | RJ00043 | Observasi | | dr. Gita Augesti | | RIA PRATIWI SINHTA DEWI,Amd.Kep | | 25,000 |
| 6 | 2025-02-04 18:51:05 | RJ00042 | O2 | | dr. Gita Augesti | | RIA PRATIWI SINHTA DEWI,Amd.Kep | | 10,000 |
| 7 | 2025-02-04 18:51:07 | RJ00042 | O2 | | dr. Gita Augesti | | RIA PRATIWI SINHTA DEWI,Amd.Kep | | 10,000 |
| Tindakan Rawat Inap Dokter | | | | | | | : | | |
| No. | Tanggal | Kode | Nama Tindakan/Perawatan | | | Dokter | | Biaya | |
| 1 | 2025-02-06 09:05:10 | RI00011 | Visit Dokter Spesialis | | | dr.Awal Bachtera Barus,Sp.Pd | | 80,000 | |
| Tindakan Rawat Inap Paramedis | | | | | | | : | | |
| No. | Tanggal | Kode | Nama Tindakan/Perawatan | | | Paramedis | | Biaya | |
| 1 | 2025-02-04 21:25:09 | RI00096 | Injeksi SC/IV/IM/IC | | | Ns.EKA APRILIANA,S.Kep | | 18,000 | |
| 2 | 2025-02-04 21:25:14 | RI00012 | Jasa Perawat | | | Ns.EKA APRILIANA,S.Kep | | 60,000 | |
| 3 | 2025-02-04 21:25:22 | RI00129 | Perbaikan Infus | | | Ns.EKA APRILIANA,S.Kep | | 24,000 | |
| 4 | 2025-02-05 10:11:40 | RI00113 | Transfusi | | | RIDA INATUL PARIDA,Amd.Kep | | 43,000 | |
| 5 | 2025-02-05 10:11:40 | RI00096 | Injeksi SC/IV/IM/IC | | | RIDA INATUL PARIDA,Amd.Kep | | 18,000 | |
| 6 | 2025-02-05 10:11:40 | RI00012 | Jasa Perawat | | | RIDA INATUL PARIDA,Amd.Kep | | 60,000 | |
| 7 | 2025-02-05 10:11:40 | RI00129 | Perbaikan Infus | | | RIDA INATUL PARIDA,Amd.Kep | | 24,000 | |
| 8 | 2025-02-05 10:12:40 | RI00096 | Injeksi SC/IV/IM/IC | | | RIDA INATUL PARIDA,Amd.Kep | | 18,000 | |
| 9 | 2025-02-06 09:10:40 | RI00096 | Injeksi SC/IV/IM/IC | | | Ns.EKA APRILIANA,S.Kep | | 18,000 | |
| 10 | 2025-02-06 09:10:42 | RI00096 | Injeksi SC/IV/IM/IC | | | Ns.EKA APRILIANA,S.Kep | | 18,000 | |
| 11 | 2025-02-06 09:10:47 | RI00012 | Jasa Perawat | | | Ns.EKA APRILIANA,S.Kep | | 60,000 | |
| 12 | 2025-02-06 09:11:07 | RI00129 | Perbaikan Infus | | | Ns.EKA APRILIANA,S.Kep | | 24,000 | |
| Tindakan Rawat Inap Dokter & Paramedis | | | | | | | : | | |
| No. | Tanggal | Kode | Nama Tindakan/Perawatan | | Dokter | | Paramedis | | Biaya |
| 1 | 2025-02-05 10:13:20 | RI00420 | 1 KANTONG DARAH | | dr.Awal Bachtera Barus,Sp.Pd | | - | | 490,000 |
| Penggunaan Kamar | | | | | | | | : | |
| No. | Tanggal Masuk | Tanggal Keluar | Lama Inap | Kamar | | | Status | | Biaya |
| 1 | 2025-02-04 20:58:16 | 2025-02-05 11:34:30 | 3 | BK1A.2, 1A | | | - | | 750,000 |
| Pemeriksaan Laboratorium PK & MB | | | | | | | : | | |
| No. | Tanggal | Kode | Nama Pemeriksaan | | Dokter PJ | | Petugas | | Biaya |
| 1 | 2025-02-04 19:57:15 | J000015 | Gula Darah Sewaktu | | dr. Mulat Muliasih, Sp.PK | | RENI NUR APRILIANI,Amd.Ak | | 30,000 |
| | | | Detail Pemeriksaan | | Hasil | | Nilai Rujukan | | |
| | | | Glukosa Darah Sewaktu | | 153 mg/dl | | 80 - 140 | | 0 |
| | | J000022 | Urea | | dr. Mulat Muliasih, Sp.PK | | RENI NUR APRILIANI,Amd.Ak | | 30,000 |
| | | | Detail Pemeriksaan | | Hasil | | Nilai Rujukan | | |
| | | | Ureum | | 59.00 mg/dl | | 10.00 - 40.00 | | 0 |
| | | J000023 | Creatinin | | dr. Mulat Muliasih, Sp.PK | | RENI NUR APRILIANI,Amd.Ak | | 30,000 |
| | | | Detail Pemeriksaan | | Hasil | | Nilai Rujukan | | |
| | | | Kreatinin | | 4.5 mg / dl | | 0.5 - 1.1 | | 0 |
| 2 | 2025-02-06 08:03:42 | J000103 | Darah Lengkap | | dr. Mulat Muliasih, Sp.PK | | APRILIA KHIYARUNNISA,S.Tr.KES | | 60,000 |
| | | | Detail Pemeriksaan | | Hasil | | Nilai Rujukan | | |
| | | | Jumlah Eritrosit | | 3.2 10^6/uL | | 4.0 - 5.4 | | 0 |
| | | | Hemoglobin | | 9.2 g/dL | | 12 - 15 | | 0 |
| | | | Hematokrit | | 28 % | | 35 - 49 | | 0 |
| | | | Jumlah Eritrosit | | 3.2 10^6/uL | | 4.0 - 5.4 | | 0 |
| | | | MCV | | 90 fl | | 80 - 94 | | 0 |
| | | | MCH | | 29 pg | | 26 - 32 | | 0 |
| | | | MCHC | | 32 g/dl | | 32 - 36 | | 0 |
| | | | RDW-SD | | 70.2 fL | | 35.0 - 47.0 | | 0 |
| | | | RDW-CV | | 21 % | | 11.5 - 14.5 | | 0 |
| | | | Jumlah Leukosit | | 10.0 10^3/uL | | 4.5 - 11.5 | | 0 |
| | | | Neutrofil segmen | | 88 % | | 50 - 70 | | 0 |
| | | | Limfosit | | 8 % | | 18 - 42 | | 0 |
| | | | Monosit | | 4 % | | 2 - 11 | | 0 |
| | | | Eosinofil | | 0 % | | 1 - 3 | | 0 |
| | | | Basofil | | 0 % | | 0 - 2 | | 0 |
| | | | Trombosit | | 197 10^3/uL | | 150 - 450 | | 0 |
| | | | PDW | | 11.4 fL | | 9.0 - 13.0 | | 0 |
| | | | MPV | | 10.2 fL | | 7.2 - 11.1 | | 0 |
| | | | P-LCR | | 26.5 % | | 15.0 - 25.0 | | 0 |
| | | | PCT | | 0.20 % | | 0.17 - 0.35 | | 0 |

| Pemberian Obat/BHP/Alkes | | | | | : | |
|--------------------------|---------------------|---------------|--|----------|--------------|-----------|
| No. | Tanggal | Kode | Nama Obat/BHP/Alkes | Jumlah | Aturan Pakai | Biaya |
| 1 | 2025-02-04 18:47:04 | 0311001000002 | IV Catheter 20 | 2.0 PCS | | 15,444 |
| 2 | 2025-02-04 18:47:04 | 0311001000222 | Nasal O2 Dewasa Aximed | 1.0 - | | 8,580 |
| 3 | 2025-02-04 18:47:04 | 0311001000701 | Blood Set Terumo | 1.0 PCS | | 43,290 |
| 4 | 2025-02-04 18:47:04 | 0401001000711 | NaCl 500 mL | 1.0 Fle | | 9,975 |
| 5 | 2025-02-04 18:47:04 | 0401002001324 | Amlodipine 10 mg Tablet | 1.0 TAB | 1x1 | 139 |
| 6 | 2025-02-04 18:47:04 | 0401002001458 | Sodium Bicarbonat / BICNAT 500 mg Tablet | 3.0 TAB | 3x1 | 324 |
| 7 | 2025-02-04 18:47:04 | 0401002001978 | Calitoz Kaplet 60 | 3.0 TAB | 3x1 | 57 |
| 8 | 2025-02-04 18:47:04 | B000001867 | Asam Folat 1 mg Tablet | 3.0 TAB | 3x1 | 468 |
| 9 | 2025-02-04 21:44:11 | 0311001000701 | Blood Set Terumo | 1.0 PCS | - | 43,290 |
| 10 | 2025-02-04 21:44:11 | 0401001000711 | NaCl 500 mL | 2.0 Fle | | 19,950 |
| 11 | 2025-02-04 21:44:11 | 0401001000745 | Diphenhydramine 10 mg Injeksi | 2.0 AMP | | 8,658 |
| 12 | 2025-02-04 21:44:11 | 0401002001324 | Amlodipine 10 mg Tablet | 2.0 TAB | 1x1 | 278 |
| 13 | 2025-02-04 21:44:11 | 0401002001458 | Sodium Bicarbonat / BICNAT 500 mg Tablet | 3.0 TAB | 3x1 | 324 |
| 14 | 2025-02-04 21:44:11 | 0401002001978 | Calitoz Kaplet 60 | 3.0 TAB | 3x1 | 57 |
| 15 | 2025-02-04 21:44:11 | B000001867 | Asam Folat 1 mg Tablet | 3.0 TAB | 3x1 | 468 |
| 16 | 2025-02-05 06:53:11 | 0401002001325 | Amlodipine 5 mg Tablet | 10.0 TAB | | 6,180 |
| 17 | 2025-02-05 11:01:46 | 0311001000701 | Blood Set Terumo | 1.0 PCS | | 43,290 |
| 18 | 2025-02-05 11:01:46 | 0401001000745 | Diphenhydramine 10 mg Injeksi | 1.0 AMP | | 4,329 |
| 19 | 2025-02-05 19:41:44 | 0311001000067 | MASKER NEBULIZER DEWASA | 1.0 - | | 27,170 |
| 20 | 2025-02-05 20:42:57 | 0401001000711 | NaCl 500 mL | 2.0 Fle | | 19,950 |
| 21 | 2025-02-05 20:42:57 | 0401002001324 | Amlodipine 10 mg Tablet | 1.0 TAB | 1x1 | 139 |
| 22 | 2025-02-05 20:42:57 | 0401002001458 | Sodium Bicarbonat / BICNAT 500 mg Tablet | 3.0 TAB | 3x1 | 324 |
| 23 | 2025-02-05 20:42:57 | 0401002001978 | Calitoz Kaplet 60 | 3.0 TAB | 3x1 | 57 |
| 24 | 2025-02-05 20:42:57 | B000001867 | Asam Folat 1 mg Tablet | 3.0 TAB | 3x1 | 468 |
| 25 | 2025-02-05 20:42:57 | B000007733 | EPODION INJEKSI | 1.0 BOX | | 114,400 |
| Total Biaya | | | | | : | 3,332,109 |