

Nama :

Tanggal Lahir :

Nomor RM :

NIK :

RM 18

**FORMULIR TRANSFER PASIEN ANTAR RUMAH SAKIT**

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| Jenis Kelamin L / P | **: ………………………………………...…..** | Tanggal Masuk | **: …………………………………….** |
| DPJP | **: ………………………………………...…..** | Ruang / Kamar | **: …………………………………….** |
|  |  | Tanggal / Jam Pindah | **: …………………………………….** |
|  |  | Pindah ke Rumah Sakit | **: …………………………………….** |
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| **I. RINGKASAN RIWAYAT PASIEN**   |  |  |  | | --- | --- | --- | | Anamnesis |  | | | Keluhan Utama | **: …………………………………………………………………………………………………………………** | | |  | **….……………………………………………………………………………………………………………….** | | | Indikasi Rawat | **: …………………………………………………………………………………………………………………** | | |  | **….……………………………………………………………………………………………………………….** | | | Riwayat Penyakit | **: …………………………………………………………………………………………………………………** | | |  | **….……………………………………………………………………………………………………………….** | | | Riwayat Alergi | **: …………………………………………………………………………………………………………………** | | | Risiko Jatuh | **….……………………………………………..** | Risiko Nyeri **..………………………………………** | | Pemeriksaan Fisik | **: …………………………………………………………………………………………………………………** | | | Tekanan darah **:** mHg Nadi **:** x/mnt | | Suhu **:** 0C Pernapasan **:** x/mnt | | Status Generalis | **: …………………………………………………………………………………………………………………** | | | Status Khusus | **: …………………………………………………………………………………………………………………** | |   **II. PEMERIKSAAN PENUNJANG YANG SUDAH DILAKUKAN**   |  | | --- | | ……………………………………………………………………………………………………………………………………………… | | ……………………………………………………………………………………………………………………………………………… | | ……………………………………………………………………………………………………………………………………………… |   **III DIAGNOSA**  ………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………..  **IV. PROSEDUR ATAU TINDAKAN YANG DILAKUKAN**   * Transfusi **:** Jenis darah …………… Golongan darah ………… Kolf darah yang terpasang yang Ke :…………………..  |  | | --- | |  |   **V. OBAT YANG DIBERIKAN**   |  |  | | --- | --- | | * Infus …………………………………………………………………………………………………………………………………… | | | * Obat Injeksi **:** | | | 1. **………………………………………………………………** | 5. **……………………………………………………………………** | | 2. **………………………………………………………………** | 6. **……………………………………………………………………** | | 3. **………………………………………………………………** | 7 **……………………………………………………………………** | | 4………………………………………………………………. | 8 …………………………………………………………………… | | * Obat Oral **:** |  | | 1. **………………………………………………………………** | 4. **……………………………………………………………………** | | 2. **………………………………………………………………** | 5. **……………………………………………………………………** | | 3. **………………………………………………………………**  **DERAJAT KEBUTUHAN PERAWATAN PASIEN**  □ Derajat 0 □ Derajat 0.5 □ Derajat 1  □ Derajat 2 □ Derajat 3 | 6. **……………………………………………………………………** | |  |  | | | | |

**MONITORING PASIEN SELAMA PROSES TRANSFER KE RUMAH SAKIT LAIN**

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| **MONITORING SELAMA TRANSFER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jam | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| Saturasi O2 | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| Obat | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| P | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  | 220 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 26 |  | 200 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 24 |  | 180 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 20 |  | 140 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 18 |  | 120 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 16 |  | 100 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 12 |  | 90 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 | 180 | 80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8 | 160 | 70 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 140 | 60 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 120 | 40 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 100 | 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 80 | 40 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **KONDISI PASIEN** | 60 | 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Sebelum transfer** | Keadaan Umum : …………………………………………………………………………………………  Kesadaran : …………………………………………………………………………………………….  Pemeriksaan Tanda-tanda vital :  Tekanan Darah : mmHg Nafas : x / mnt Suhu : oC Nadi : x/ mnt  Catatan Penting …………………………………………………………………………………………… |
| **Selama transfer** | Keadaan Umum : …………………………………………………………………………………………..  Kesadaran : ……………………………………………………………………………………………....  Catatan Penting ……………………………………………………………………………………………. |
| **Setelah transfer** | Keadaan Umum : ………………………………………………………………………………………..…  Kesadaran : …………………………………………………………………………………………….…  Pemeriksaan Tanda-tanda vital :  Tekanan Darah : mmHg Nafas : x / mnt Suhu : oC Nadi : x/ mnt  Catatan Penting …………………………………………………………………………………………… |

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| **Petugas yang menyerahkan**  **Petugas Medis**  **(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** | **Petugas yang menerima**  **Petugas Medis**  **( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** |