

RM 59

Nama :

Tgl. Lahir/Umur :

No. RM :

NIK :

**CHECK LIST PERHITUNGAN LAPORAN PERAWAT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tanggal: | | OK NO. :  1  2  3 | | | | | | | | | | | Time Out :  ya  Tidak | | | |
| Waktu Mulai | Tiba  \_\_\_\_\_\_ | Masuk OK  \_\_\_\_\_\_ | | | | Bius  \_\_\_\_\_\_ | | Operasi  \_\_\_\_\_\_ | | | Ruang RR  \_\_\_\_\_\_ | | Jenis Anastesi :  General Regional Lokal Epidural Spinal  IV Sedasi | | | |
| Waktu Selesai |  | | | | | | | | | | | |
| Ahli Bedah : | Asisten Bedah : | | | | Perawat instrument : | | | | | | | Sebab Mundurnya Operasi :  Ahli bedah Anastesi Perawatan  Alat lain- lain, yaitu : | | | | |
| Anastesi : | Asisten anastesi | | | | Perawat sirkuler : | | | | | | | Tindakan Operasi : | | | | |
| Klasifikasi luka :  Bersih  Kontaminasi  Kotor | | | | | | | | | | | |  Elektif CITO | | | | |
| Jenis | Hitungan Pertama | | | Penambahan | | | Hitungan kedua | | | | | Penambahan | | Hitungan Total | | Keterangan |
| Mata pisau |  | | |  | | |  | | | | |  | |  | |  |
| Jarum Autromatic |  | | |  | | |  | | | | |  | |  | |  |
| Jarum lepas |  | | |  | | |  | | | | |  | |  | |  |
| Kassa op |  | | |  | | |  | | | | |  | |  | |  |
| Big kassa |  | | |  | | |  | | | | |  | |  | |  |
| Roll tampon |  | | |  | | |  | | | | |  | |  | |  |
| Depper |  | | |  | | |  | | | | |  | |  | |  |
| Pincet |  | | |  | | |  | | | | |  | |  | |  |
| Gunting |  | | |  | | |  | | | | |  | |  | |  |
| Klem |  | | |  | | |  | | | | |  | |  | |  |
| Doek klem |  | | |  | | |  | | | | |  | |  | |  |
| Koher |  | | |  | | |  | | | | |  | |  | |  |
| Depper tang |  | | |  | | |  | | | | |  | |  | |  |
|  |  | | |  | | |  | | | | |  | |  | |  |
| Nama petugas |  | | | | | |  | | | | | | |  | |  |
| Desinfektan |  | | | | | | | | | | | | | | | |
| Diatermi | * Ya Lokasi | | | | | | | | | * Tidak | | | | | | |
| Drain | * Ya Jenis | | | | | | | | | * Tidak | | | | | | |
| Catheter | * Ya No: | | | | | | | | | * Tidak | | | | | | |
| Patologi | * Ya | | | | | | | | | * Tidak | | | | | | |
| Kultur | * Ya | | | | | | | | | * Tidak | | | | | | |
| Protesis | * Ya | | | | | | | | | * Tidak | | | | | | |
| Perdarahan | …………….. CC | | | | | | | | | | | | | | | |
| Mengetahui bahwa hitungan benar/tidak benar | | | | | | | | | | | | | | | | |
| **(Dokter bedah)** | | | **(Asisten bedah)** | | | | | | **(Perawat instrument )** | | | | | | **(Perawat sirkuler)** | |