

AMBULANS PALANG MERAH INDONESIA

(Ambulance Service Of Indonesian Red Cross)

FORMULIR TINDAKAN & RUJUKAN

(Treatment & Hand Over Sheet)

Kulit

Ket

							I anda Vital				
PMI Cabang (Branch)		: Cianjur					Jam	Nafas	Nadi	В	
Identitas Pasien (Patience I	Identity) :										
a. Nama (Name)		: L (Male)									
b. Umur (Age)		:tahı	ın (Year (s	s) old)							
Jenis Kejadian (Kind Of Action/accident)		: Mengalami Kasus		(Trauma/N	Medis)						
Penilaian Dini (Inisial Assessmen					_						
a. Nafas (Airway & Breathing)		/Lemah(weak)/Tidak		- / \		,	Gambar/Anatomi				
b. Nadi (Pulse/Circulation)											
c. Suhu (Body Temperatur)		Dingin(Cold)/Lembab berkeringat(Clammy)						E = = =		(9)	
	: Panas(Ha	ot)/Kering(Dry)		Normal		. °C					
								(8 1	/\	9 /	
d. Tekanan Darah (Blood Preasu.:		m	mHg					les h	. //	1 1	
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Respon Korban (Patience condi	ition)		Ketei	rangan					1		
		Awas							Mb. All	141	
		Suara						\ /\ /		\ \ \ \ \	
		Nyeri						/g / /g (9 ()9 (
		Tidak Respon								()()	
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Dimensat Design on a ver	. (a/Hallannasa).						•		00	
Riwayat Pasien(Patience History a. Keluhan (Complaint)	y) (Anamnes	,					X7 11				
· • •		:					Yang menyerahka				
b. Obat (Drugs)		:					Petugas Ambulane (Ambulance Officer In Cha.				
c. Makanan/Minuman (foot & I	Drinks)	:					(Amoulance Officer in Cha	rges)			
d. Penyakit (Disease)		:									
e. Alergi (Alergy)		:									
f. Kejadian (Accident)		:									
Penjelasan Tindakan (Treats	(D (20)					ı 			-		
renjelasan Tindakan (Tream	ment Detail)					4					
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