|  |  |  |
| --- | --- | --- |
| logo-Pemerintah-Kabupaten-Subang.png  RSUD KELAS B  KAB. SUBANG | **CLINICAL PATHWAYS**  **KATARAK**  **SENILIS MATUR / IMMATUR** | Nomor CP:  Tanggal berlaku:  Nomor revisi: |
| Nama pasien  Tanggal lahir pasien  Nomor rekam medik  Catatan khusus | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  : | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASPEK PELAYANAN** | | **PERTEMUAN KE 1** | **OP** | **KONTROL POST OP 1 MINGGU** | **KONTROL POST OP 3 MINGGU** |
|
| **1** | **RAWAT JALAN** |  |  |  |  |
| DPJP MATA | [ ] | [ ] | [ ] | [ ] |
| KONSUL KARDIOLOGI/KONSUL IPD |  |  |  |  |
| KONSUL ANASTESI |  |  |  |  |
| ASSESMEN KEPERAWATAN | [ ] |  | [ ] | [ ] |
| Keratometri | [ ] |  |  |  |
| Biometri | [ ] |  |  |  |
| Non Contact Tonometry |  | [ ] |  |  |
| Penjadwalan operasi | [ ] |  |  |  |
| **2** | **LABORATORIUM** |  |  |  |  |
| a. Darah rutin | [ ] |  |  |  |
| b. Gds | [ ] |  |  |  |
| c. BT/CT | [ ] |  |  |  |
| **3** | **RADIOLOGI** |  |  |  |  |
| EKG | [ ] |  |  |  |
| **4** | **TATALAKSANA MEDIS** |  |  |  |  |
| a. Ekstraksi lensa dengan SICS+ implantasi IOL / FEKO + IOL |  | [ ] |  |  |
|  |  |  |  |  |
| **5** | **TATALAKSANA KEPERAWATAN** |  |  |  |  |
| Persiapan operasi; edukasi, persiapan fisik: mandi, penyiapan organ enema, ganti pakaian, pelepasan perhiasan, persetujuan tindakan |  | [ ] |  |  |
| Edukasi persiapan operasi |  | [ ] |  |  |
| terapi relaksasi |  | [ ] |  |  |
| Check list pra bedah |  | [ ] |  |  |
| Manajemen Nyeri |  | [ ] |  |  |
| Medication : Oral |  |  |  |  |
|  |  |  |  |  |
| **6** | **TERAPI** |  |  |  |  |
| **A.OBAT PULANG** |  |  |  |  |
| Tobroson tts mata 6x1 tts (1 btl) |  | [ ] | [ ] | [ ] |
| cefadroxcil 2x500 (10 tab) |  | [ ] |  |  |
| asam mefenamat 3x 500 (15 tab) |  | [ ] |  |  |
| kassa steril + plester (2 box + plester sedang I b uah) |  | [ ] |  |  |
|  |  |  |  |  |
| **7** | **NUTRISI (enteral, parenteral, diet, pembatasan carian, makanan tambahan, dsb)** |  |  |  |  |
| Diet bebas |  | [ ] | [ ] | [ ] |
|  |  |  |  |  |
| **8** | **KEGIATAN (aktifitas, toileting, pencegahan jatuh)** |  |  |  |  |
| •      Tirah baring |  | [ ] |  |  |
| •      Duduk | [ ] |  | [ ] | [ ] |
| •      Berdiri | [ ] |  | [ ] | [ ] |
| •      Jalan | [ ] |  | [ ] | [ ] |
| **9** | **Konsultasi dan komunikasi tim (rujuk ke spesialis atau unit lain, jadwal konfrensi tim)** |  |  |  |  |
| **10** | **Konseling psikososial (kepastian dan kenyamanan bagi pasien/keluarga)** |  |  |  |  |
| Edukasi gaya hidup sehat (merokok, alcohol, olahraga) | [ ] |  |  |  |
| **11** | **Pendidikan dan komunikasi dengan pasien / keluarga (obat, diet, penggunaan alat, rehabilitasi, dsb** |  |  |  |  |
| •      Cara minum obat |  | [ ] |  |  |
| •      Edukasi diet |  | [ ] |  |  |
|  |  |  |  |  |
| **12** | **Rencana Pulang** |  |  |  |  |
| • TTV baik |  | [ ] |  |  |
| • Tidak ada komplikasi pasca operasi |  | [ ] |  |  |
| • Pulang |  | [ ] |  |  |

|  |  |  |  |
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| **Variasi pelayanan yang diberikan** | **Tanggal** | **Alasan** | **Tanda-tangan** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Tanggal masuk |  | Tanggal keluar |  |
|  |  |  |  |
| Diagnosa Utama |  | Kode ICD 10 |  |
| Diagnosa Penyerta |  | Kode ICD 10 |  |
| Komplikasi |  | Kode ICD 10 |  |
|  |  |  |  |
| Tindakan Utama |  | Kode ICD 9 |  |
| Tindakan Lain |  | Kode ICD 9 |  |