**RINGKASAN MASUK DAN KELUAR**

*PORP : xxxxxxxxxxxxx*

*MR1 : xxxxxxxxxxxxx*

|  |
| --- |
| Nama pasien : Aldrian Nova No. Dok. Medik :xxxxxxxxxxxxxxxxxxxxx  Tanggal Lahir : 12 Desember 1990  Pendidikan : SMA Agama : Islam  Pekerjaan : Karyawan Swasta Sex : 1. Lk 2. Pr Alamat : Jl. Prapat Kurung, Perak Utara, Surabaya |
|  |
| Nama Lengkap : Aldrian Nova Cara Masuk dikirim :  1. Dokter  Status Perkawinan 2. Puskesmas   1. Kawin 4. Janda 3. RS. Lain 2. Belum Kawin 5. Dibawah Umur 4. Instansi Lain 3. Duda 5. Kasus Polisi   6 Datang Sendiri |

|  |  |
| --- | --- |
| Nama Penanggung Jawab  Pembayaran  BPJS  Nama Alamat : Jl. Prapat Kurung, Perak Utara, Surabaya  Keluarga Terdekat : Suprapto  Bag/Spes Ruangan Kelas  Mata 23 1 | Tanggal Masuk :  Tanggal : 3  Bulan : Januari  Tahun : 2022  Jam : 19.00  Tanggal Keluar :  Tanggal : 5  Bulan : Januari  Tahun : 2022  Jam : 15.00 |
|  | |
| Diagnosa Masuk : ……………………………. Lama Dirawat :2vHari | |
| Diagnosa Utama :……………………………. | |
| Akhir dan Kode Komplikasi :…………………. | |
| Penyebab Luar Cedera dan Keracunan/Morfologi Neoplasma | |
| Nama Operasi - Tindakan Gol. O Jenis Anesti Tanggal :…………… | |
| No. Kode :………….. | |
| Infeksi Nosokomial: Penyebab Infeksi : | |
| …………………………………………. …………………………………………. | |

|  |
| --- |
| Imunisasi yang 1. BCG 4. TFI Pengobatan Radioterapi/  pernah didapat 2. DPT 5. Campak Kedokteran Nuklir  3. Polio  Imunisasi yang diperoleh 1. BCG 4. TFI Transfusi Darah : cc selama dirawat 2. DPT 5. Campak  3. Polio |

|  |
| --- |
| Keadaan Keluar Cara Keluar   1. Sembuh 1. Diizinkan Pulang 2. Membaik 2. Pulang Paksa 3. Belum Sembuh 3. Lari 4. Mati < 48 Jam 4. Pindah Rumah Sakit 5. Mati > 48 Jam 5. Dirujuk Ke :…………………. |

|  |
| --- |
| Dokter yang merawat Tanda Tangan |

POPRSO : MR.2

Bag. Ruangan No. Reg

ANAMNESE

PEMERIKSAAN FISIK

1. Keadaan Umum
2. Kepala - Leher
3. Thorax
4. Abdomen
5. Extremitas
6. Status Neorologis

DIAGNOSA KERJA

|  |  |  |
| --- | --- | --- |
| CATATAN  PERAWAT / BIDAN  Diisi oleh Paramedis | Nama : ………………...  Ruang :…………………. | Umur :  Nomor : |

|  |  |  |  |
| --- | --- | --- | --- |
| Tanggal / Jam | Pengobatan dan Diet | Catatan | Tanda Tangan |
|  |  |  |  |

HASIL PEMERIKSAAN

Nama :……………….

Ruangan :……………….

Alamat :……………….

Umur :……………..

Nomor :……………..

|  |  |
| --- | --- |
| Tanggal |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| GRAFIK | Nama | : …………………. |  |
| Diisi oleh Paramedis | Ruangan | :………………….. | Nomor :…………….. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tanggal Hari Ke | |  | | | |  | | | |  | | | |  | | | |  | | | |
| Nadi | Suhu | 06 | 12 | 18 | 24 | 06 | 12 | 18 | 24 | 06 | 12 | 18 | 24 | 06 | 12 | 18 | 24 | 06 | 12 | 18 | 24 |
| **180** | **42** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **140** | **40** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **120** | **39** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **100** | **38** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **80** | **37** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **60** | **36** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **40** | **35** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pernapasan Tekanan Darah BB/TB  Parenteral Kemih Muntah Defikasi Berkemih  Catatan |  |  |  |  |  |

POPRSO : MR.5

|  |  |  |  |
| --- | --- | --- | --- |
| PERJALANAN PENYAKIT INSTRUKSI DOKTER DISISI OLEH ASS. DOKTER | | Nama :………………  Ruang :………………. | Umur : …………….  Nomor :…………….. |
| Tanggal / Jam | Perjalanan Penyakit  ( Diisi Pend. Tindakan yg diambil Operasi ) | Instruksi Dokter | Tanda Tangan |
|  |  |  |  |