**RINGKASAN MASUK DAN KELUAR**

*PORP : xxxxxxxxxxxxx*

*MR1 : xxxxxxxxxxxxx*

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| Nama pasien : Aldrian Nova No. Dok. Medik :xxxxxxxxxxxxxxxxxxxxxTanggal Lahir : 12 Desember 1990Pendidikan : SMA Agama : IslamPekerjaan : Karyawan Swasta Sex : 1. Lk 2. Pr Alamat : Jl. Prapat Kurung, Perak Utara, Surabaya |
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| Nama Lengkap : Aldrian Nova Cara Masuk dikirim :1. DokterStatus Perkawinan 2. Puskesmas1. Kawin 4. Janda 3. RS. Lain
2. Belum Kawin 5. Dibawah Umur 4. Instansi Lain
3. Duda 5. Kasus Polisi

6 Datang Sendiri |

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| Nama Penanggung JawabPembayaranBPJSNama Alamat : Jl. Prapat Kurung, Perak Utara, SurabayaKeluarga Terdekat : SupraptoBag/Spes Ruangan Kelas Mata 23 1 | Tanggal Masuk :Tanggal : 3Bulan : JanuariTahun : 2022Jam : 19.00Tanggal Keluar :Tanggal : 5 Bulan : JanuariTahun : 2022Jam : 15.00 |
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| 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 : |
| …………………………………………. …………………………………………. |

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| Imunisasi yang 1. BCG 4. TFI Pengobatan Radioterapi/pernah didapat 2. DPT 5. Campak Kedokteran Nuklir3. PolioImunisasi yang diperoleh 1. BCG 4. TFI Transfusi Darah : cc selama dirawat 2. DPT 5. Campak3. Polio |

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| Keadaan Keluar Cara Keluar1. 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 :………………….
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| 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

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| CATATANPERAWAT / BIDANDiisi oleh Paramedis | Nama : ………………...Ruang :…………………. | Umur :Nomor : |

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| Tanggal / Jam | Pengobatan dan Diet | Catatan | Tanda Tangan |
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HASIL PEMERIKSAAN

Nama :……………….

Ruangan :……………….

Alamat :……………….

Umur :……………..

Nomor :……………..

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

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| 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** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **140** | **40** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **120** | **39** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **100** | **38** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **80** | **37** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **60** | **36** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **40** | **35** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Pernapasan Tekanan Darah BB/TBParenteral Kemih Muntah Defikasi BerkemihCatatan |  |  |  |  |  |

POPRSO : MR.5

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| 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 |
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