**ASUHAN KEPERAWATAN**

**Nama KliniPasien : Tanggal :**

**Hari Ke Jam :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Data** | **Diagnosa** | **Kriteria Hasil (NOC)** | **Intervensi (NIC)** | **Implementasi** | **Evaluasi** |
|  |  |  |  |  |  |  |