**LEMBAR OBSERVASI**

Nama :

TD :

Nadi :

Suhu :

RR :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Keluhan Pasien** | **PRE** | **POST** | **ket** |
| **berhasil** | **Tidak berhasil** | **berhasil** | **Tidak berhasil** |
| 1 | Pasien merasa sesak |  |  |  |  |  |
| 2 | Pasien merasa lemas |  |  |  |  |  |
| 3 | Pasien merasa batuk |  |  |  |  |  |
| 4 | Pasien berkeringat |  |  |  |  |  |
| 5 | Terlihat Cemas |  |  |  |  |  |
| 6 | Suara napas mengi |  |  |  |  |  |
| 7 | Pasien rewel |  |  |  |  |  |