**LEMBAR OBSERVASI**

Nama :

Umur :

Jenis Kelamin :

Pekerjaan :

Alamat :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Tanda Vital** | **Tgl :**  | **Tgl :**  | **Tgl :**  | **Tgl :**  |
| **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** |
| 1 | RR |  |  |  |  |  |  |  |  |
| 2 | Responden batuk |  |  |  |  |  |  |  |  |
| 3 | Responden merasa sesak |  |  |  |  |  |  |  |  |
| 4 | Terdapat suara mengi |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Tanda Vital** | **Tgl :**  | **Tgl :**  | **Tgl :**  |
| **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** |
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