

LAMPIRAN A

TABEL INDUK

No.	Profil Pasien	Tanggal	Data Klinik, Laboratorium atau Mikrobiologi	Jenis, Dosis, Rute dan Frekuensi Antidiabetes	Jenis, Dosis, Rute dan Frekuensi Antibiotika	Jenis, Dosis, Rute dan Frekuensi Obat Lain
1.	Ny. MS Usia : 70 tahun Keluhan utama : nyeri pada luka, badan lemas MRS : 10-1-2009 KRS : 30-1-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis S	10-1-09	TD= 120/70, N= 88, Suhu= 36,5, Hb= 9,9, Leu= 28800, Thr= 489000, Hct= 26,1, GDA= 245	Actrapid 3 x 6 UI SC	Inj. Ceftriaxone 3 x 1 IV	Infus RL 20 tts/mmt
		13-1-09	TD= 120/80, N=84, Suhu= 36,5, Alb= 2,8	Tetap	Tetap	Captensin 25 mg 2 x ½ PO, Pletaal 2 x 50mg PO
		15-1-09	TD= 130/70, N=84, Suhu= 36,7, GDP= 122	Tetap	-	Captensin 25 mg 2 x ½ PO, Pletaal 2 x 50mg PO, Lasix 1 x 1 PO
		19-1-09	TD= 120/70, N= 88, Suhu= 36,5, GDP= 92, Leu= 16600, Hb= 8,3, Hct= 26,1, Thr= 345000, Alb= 2,7, Cre= 3,2, BUN= 68,5	Tetap	Flagyl supp 2 x 1 gr	Pletaal 2 x 50 mg PO, New Diatabs 3 x 1 PO, Transfusi PRC
		24-1-09	TD= 120/80, N= 88, Suhu= 36,5, Na= 140, K= 5,6, Cl= 116, Leu= 9100, Hb=10,4, Hct= 31,8, Thr= 305000, GDP= 102, Cre= 4,16, BUN= 100,1	-	Tetap	Inj. Alinamin-F 1 x 1 IV

		29-1-09	TD=130/80, N=88, Suhu= 36, GD 2J PP= 129, Leu= 9700, Hb= 10,6, Hct= 32,6, Thr= 194000, Alb= 2,7, Na= 142, K= 4,6, Cl= 110	-	-	Tetap
2.	Ny. SD Usia : 38 tahun Keluhan utama : Kaki kanan terasa nyeri MRS : 2-01- 2009 KRS : 14-01-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren	2-1-09	TD= 120/70, N= 80, Suhu= 36, Leu= 17900, Hb= 11,1, Hct= 30, Thr= 396000, GDA= 382	RCI Actrapid 3 x 4 UI IV, Actrapid 3 x 12 UI SC	Inj. Foricef 2 x 1 gr IV	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO
		3-1-09	TD= 120/80, N= 84, Suhu= 36,5, GDP= 360, SGOT= 22, SGPT= 29, Alb= 3,7, Cre= 0,5, BUN= 14, Na= 140, K= 3,8, Cl= 100, GDA= 477	Actrapid 3 x 12 UI SC, Insulatard 6 UI SC	Tetap	Aspilets 1 x 1 PO, Citaz 2 x 1 PO
		5-1-09	TD= 120/80, N= 84, Suhu= 36,5, GDA= 239	Tetap	Tetap	Tetap
		9-1-09	TD= 120/80, N= 84, Suhu= 36,5, GDA= 360, Alb= 3,4, Hb= 8,5	Actrapid 3 x 12 UI SC	Tetap	-
		14-1-09	TD= 120/80, N= 84, Suhu= 36,5, GD 2J PP= 444	Tetap	Tetap	-
3.	Tn. BA Usia : 48 tahun Keluhan utama : Luka di kaki kanan sejak 2 bulan lalu, mual, muntah, keringat dingin MRS : 19-01-2009 KRS : 28-01-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Komplikasi : Nefropati	19-1-09	TD= 100/70, N= 88, Suhu= 37, GDA= 294, Cre= 1,27, BUN= 13,5, Na= 12, K= 4,9, Cl= 79, Leu= 26500, Hb= 7,4, Hct= 24,3, Thr= 605000	Actrapid 3 x 6 UI SC	Inj. Foricef 2 x 1 gr IV	Aspilets 1 x 1 PO, Citaz 2 x 1 PO
		20-1-09	TD= 120/70, N= 88, Suhu= 37, GDA= 147, Hb= 7,4, SGOT= 24, SGPT= 18, GDP= 69, Alb= 2,7, Glo= 3,7, Cre= 1,2, BUN= 11,3, Na= 120, K= 4,3, Cl= 84	Tetap	Inj. Foricef 2 x 1 gr IV, Infus Metrofusin 3 x 1	Aspilets 1 x 1 PO, Citaz 2 x 1 PO, Transfusi PRC

		24-1-09	TD= 110/70, N= 84, Suhu= 36,5, GDA= 131, Alb= 2,3, Hb= 7,8, Hct= 21,2, Thr= 424000	-	Inj. Foricef 2 x 1 gr IV, Infus Metrofusin 3 x 1, Inj. Cefotaxime 3 x 1 IV, Inj. Hypobhac 2 x 1 IV	Aspilets 1 x 1 PO, Citaz 2 x 1 PO, Transfusi PRC, Transfusi Albumin 100ml
		27-1-09	TD= 120/80, N= 88, Suhu= 37, Alb= 3, GDP= 100	-	Infus Metrofusin 3 x 1, Inj. Cefotaxime 3 x 1 IV, Inj. Hypobhac 2 x 1 IV	Tetap
4.	Tn. SW Usia : 65 tahun Keluhan utama : Nyeri pada kaki kiri, badan terasa lemas MRS : 14-01-2009 KRS : 27-01-2009 Alasan : Diijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis Riwayat Penyakit : Hepatitis	14-1-09	TD= 120/90, N= 80, Suhu= 36, GDA= 57, Hb= 9,8, Leu= 11100, Thr= 511000, Hct= 30,4, BUN= 12,6, Cre= 1,38, Na= 138, K=5, Cl= 104	-	Infus Jayacin 3 x 1	Neurodex 1 x 1 PO, Aspilets 1 x 1 PO
		16-1-09	TD= 130/80, N= 84, Suhu= 36, GDA= 145, SGOT= 27, SGPT= 22, Leu= 8800, Hct= 28,1, Thr= 495000, Hb= 9,2, HbA1c= 5,2, GDP= 122, Alb= 2,9	-	Tetap	Neurodex 1 x 1 PO, Aspilets 1 x 1 PO, Transfusi PRC
		20-1-09	TD= 120/80, N= 80, Suhu= 36, Hb= 11,3, Alb= 3,2, GDP= 194, Kultur pus= <i>Staphylococcus</i> sp. coagulase positif (Resisten: Ampicillin dan Cloxacillin. Sensitif: Ciprofloxacin, Cefazoline, Ceftriaxone, Cefotaxime, Levofloxacin, Meropenem)	Actrapid 3 x 4 UI SC	Tetap	Neurodex 1 x 1 PO, Aspilets 1 x 1 PO

		27-1-09	TD= 120/80, N=88, Suhu= 36, GDP= 191, GD 2J PP= 307	Tetap	Infus Jayacin 2 x 1	-
5.	Tn. NY Usia : 43 tahun Keluhan utama : Luka pada kaki yang tidak sembuh MRS : 12-01-2009 KRS : 23-01-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren	12-1-09	TD= 120/80, N= 80, Suhu= 36,4, Leu= 9100, Hct= 21,6, Hb= 6,7, Thr= 405000, GDA= 468	Actrapid 12-12-10 UI SC	Inj. Foricef 2 x 2 gr IV, Infus Metrofusin 3 x 1	Aspilets 1 x 1 PO, Vifferon 1 x 1 PO, Citaz 2 x 1 PO
		13-1-09	TD= 130/80, N= 84, Suhu= 36,5, GDP= 194, SGOT= 19, SGPT= 10, BUN= 10, Cre= 1,6, Alb= 2,7, Na= 133, K= 4,3, Cl= 99, Kultur pus= <i>Staphylococcus</i> sp. coagulase positif (Resisten: Ciprofloxacin, Cefazoline, Tetrasiklin, Levofloxacin. Sensitif: Cefotaxime, Meropenem)	Tetap	Tetap	Aspilets 1 x 1 PO, Vifferon 1 x 1 PO, Citaz 2 x 1 PO, Transfusi PRC
		15-1-09	TD= 130/80, N= 88, Suhu= 36,7, GDP= 261, Hb= 8,9, GDA= 127, Leu= 9400, Hct= 28,1, Thr= 637000, Alb= 2,7	Tetap	Tetap	Tetap
		19-1-09	TD= 120/90, N= 88, Suhu= 37, GD 2J PP= 275, GDP= 233, Hb= 11,5, Thr= 619000, Hct= 34,5	Actrapid 3 x 18 UI SC	Tetap	Novalgin 4 x 1 PO
6.	Ny. MN Usia : 42 tahun Keluhan utama : Luka di kaki kanan, mual, muntah MRS : 19-01-2009	20-1-09	TD= 130/80, N= 88, RR=30, Suhu= 36,5, GD 2J PP= 213, Na= 135, K= 3,9, Cl= 102, Alb= 2,6, Cre= 1,1, BUN= 7,6	Actrapid 3 x 16 UI SC	Infus Metrofusin 3 x 1, Infus Ciprofloxacin 1 x 1	-

	KRS : 30-01-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D + Cellulitis Riwayat Penyakit : Diabetes Mellitus sejak 2 tahun lalu, asam urat	25-1-09	TD= 130/80, N=84, Suhu= 36,5, GD 2J PP= 281, Kultur Pus= Tidak ada pertumbuhan kuman	Tetap	Infus Ciprofloxacin 1 x 1, Inj. Soclaf 3 x 1 IV	Pletaal 100 mg 3 x 1 PO
		27-1-09	TD= 120/70, N=80, Suhu= 36,7, GD 2J PP= 260, GDA= 265, Alb= 2,4, Cre= 0,8, BUN= 6,1, Hb= 10,2	Actrapid 3 x 18 UI SC Glucodex 1 x ½ tab PO	Inj. Cefotaxime 3 x 1 gram IV	Tetap
		28-1-09	TD= 120/80, N=84, Suhu= 36,5, GDA= 235, GD 2J PP= 383, Alb= 3,1, Leu= 11000, Hb= 10,2	Tetap	Inj. Cefotaxime 3 x 1 gram IV, Infus Metrofusin 3 x 1, Infus Ciprofloxacin 2 x 1	-
7.	Tn. SA Usia : 59 tahun Keluhan utama : Nyeri pada luka di kaki MRS : 22-01-2009 KRS : 17-02-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren	22-1-09	TD= 130/80, N=88, Suhu= 36,7, GDA= 281, Hb= 7,9, Leu= 12100, Thr= 389000, Hct= 24,5, Alb= 2,4, BUN= 18,4, Cre= 1,1	Lantus 3 x 10 UI SC	Inj. Ceftriaxone 2 x 2 IV, Inj. Gentamycin 3 x 80 IV, Infus Metrofusin 3 x 1	Transfusi PRC
		24-1-09	TD= 120/80, N=88, Suhu= 36,5, GD 2J PP= 187, Hb= 9, GDA= 145, GDP= 141, Alb= 2,3, SGOT= 26, SGPT= 13, Hb= 10,4, Leu= 8400, Thr= 309000	Actrapid 3 x 10 UI SC	Inj. Ceftriaxone 2 x 2 IV, Infus Metrofusin 3 x 1	Transfusi Albumin 100ml
		28-1-09	TD= 120/80, N=80, Suhu= 36,5, GDP= 145, Alb= 2,4, Hb= 10,8, GDA= 138	Tetap	-	-
		30-1-09	TD= 120/70, N=84, Suhu= 36,5, GDP= 187, Alb= 2,3	Actrapid 3 x 18 UI SC	Infus Metrofusin 3 x 1	Transfusi Albumin 100ml

		2-2-09	TD= 130/80, N=80, Suhu= 36,5, GDP= 134, Alb= 3	Tetap	Inj. Ceftriaxone 2 x 2 IV, Infus Metrofusin 3 x 1	-
		9-2-09	TD= 120/80, N= 84, Suhu= 36,7, GDP= 195, Hb= 9,5, Leu= 9400, Thr= 398000, Hct= 31,3	Actrapid 3 x 20 UI SC	-	Transfusi PRC
		13-2-09	TD= 120/90, N= 80, Suhu= 36, RR= 30, Hb= 11,6, Leu= 9000, Thr= 299000, Hct= 36,9	Tetap	-	-
		16-2-09	TD= 120/80, N=84, Suhu= 36, GDP= 130	Tetap	-	-
8.	Ny. WT Usia : 64 tahun Keluhan utama : Nyeri pada luka di kaki MRS : 17-01-2009 KRS : 28-01-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis S	17-1-09	TD=110/80, N= 88, Suhu= 37, GDA= 315, Hb= 7,9, Leu= 12100, Thr= 410000, Hct= 26	Actrapid 3 x 12 UI SC	Infus Metrofusin 2 x 1	Neurodex 1 x 1 PO, Transfusi PRC
		19-1-09	TD= 130/80, N= 88, Suhu= 36,5, GDP= 249, Alb= 3,6, SGOT= 12, SGPT= 14, BUN= 44,6, Cre= 4,5, Na= 136, K= 5,3, Cl= 105, Hb= 11,5, Kultur pus= Tidak ada pertumbuhan kuman	Tetap	Infus Jayacin 3 x 1	-
		21-1-09	TD= 130/80, N=84, Suhu= 37, GDA= 200, Alb= 3,3, Hb= 10,5, Leu= 9400, Thr= 264000, Hct= 33	Apidra 3 x 14 UI SC	Tetap	-
		27-1-09	TD= 120/80, N= 80, Suhu= 37, GDA= 302, GDP= 203, Alb= 3,6, BUN= 47,5, Cre= 4,8	Tetap	Tetap	-

9.	Ny. TW Usia : 52 tahun Keluhan utama : Badan lemas, mual, nafsu makan turun, luka di kaki kanan MRS : 13-02-2009 KRS : 20-02-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Komplikasi : Nefropati Riwayat Obat : terapi HBO	13-2-09	TD= 110/80, N= 88, Suhu= 36,5, GDA= 456	RCI Actrapid 3 x 8 UI IV, Actrapid 3 x 12 UI SC	Infus Metrofusin 3 x 1, Inj. Ceftriaxone 2 x 1 IV	Pletaal 2 x 1 PO, Captopril 25 mg 3 x 1 PO, Pamol 3 x 1 PO
		15-2-09	TD= 120/80, N=88, Suhu= 36,7, GDA= 456	Actrapid 3 x 18 UI SC	Tetap	Pletaal 2 x 1 PO, Captopril 25 mg 3 x 1 PO
		17-2-09	TD= 160/100, N= 88, Suhu= 37, GDA= 466	Tetap	Infus Metrofusin 3 x 1, Inj. Ceftriaxone 2 x 1 IV, Inj. Hypobhac 2 x 1 IV	Pletaal 2 x 1 PO, Captopril 25 mg 3 x 1 PO, Bisoprolol 1 x 1 PO, Lasix 2-0-0 PO
10.	Ny. IS Usia : 47 tahun Keluhan utama : Luka pada kaki yang tidak sembuh2 MRS : 2-02-2009 KRS : 9-02-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S Komplikasi : Hipertensi	2-2-09	TD= 180/100, N=86, Suhu= 36,5, GDA= 202, Leu= 13900, Hb= 13,3, Hct= 41,9, Thr= 491000, Cre= 0,9, BUN= 10,7, Na= 145, K= 5,3, Cl= 101	Apidra 3 x 16 UI SC	Inj. Foricef 2 x 1 gr IV	Citaz 2 x 1 PO
		3-2-09	TD= 150/90, N=84, Suhu= 37, GDP= 190, GD 2J PP= 143, Kultur pus= <i>Staphylococcus</i> sp. coagulase + (Resisten : Amoxicillin, Ampicillin, Cloxacillin, Ciprofloxacin, Cefazoline, Ceftriaxone, Cefotaxime, Meropenem. Sensitif : Levofloxacin)	Tetap	Inj. Foricef 2 x 1 gr IV, Infus Metrofusin 3 x 1	Tetap
		5-2-09	TD= 120/80, N= 88, Suhu= 37, Leu= 11500, Hb= 12,2, Hct= 36,5, Thr= 400000, Alb= 3,0	Lantus 24-0-4 UI SC	Tetap	-

		9-2-09	TD= 120/80, N= 88, Suhu= 37, GD 2J PP= 330, Leu= 7700, Hb= 12,8, Hct= 40,1, Thr= 340000, GDP= 298	Lantus 24-0-10 UI SC	Inj. Foricef 2 x 1 IV	-
11.	Tn. AH Usia : 44 tahun Keluhan utama : Demam, ada luka di kedua kaki MRS : 3-02-2009 KRS: 10-02-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D dan S	3-2-09	TD= 110/80, N= 90, Suhu= 38, GDA= 182, Leu= 18400, Hb= 9,6, Hct= 28,7, Thr= 640000	-	Inj. Foricef 2 x 1 IV, Inj. Gentamycin 3 x 1 IV, Infus Metrofusin 3 x 1	Sistenol 2 x 1 PO, Transfusi PRC
		4-2-09	TD= 110/70, N= 92, Suhu= 37, GD 2J PP= 85, GDP= 100, Na= 138, K= 3,5, Cl= 102, SGOT= 13, SGPT= 12, Alb= 3,4, Cre= 1,17, BUN= 13,7, Kultur pus= <i>Klebsiella ozaenae</i> (Resisten : Ampicillin, Ciprofloxacin, Cefazoline, Ceftriaxone, Cefotaxime, Gentamycin, Levofloxacin, Meropenem)	-	Tetap	Sistenol 2 x 1 PO
		6-2-09	TD= 110/70, N= 84, Suhu= 36,7, GDP= 68, Alb= 2,6, Leu= 12500, Hb= 10,8, Hct= 33,1, Thr= 546000	Actrapid 3 x 4 UI SC	Inj. Gentamycin 3 x 1 IV, Infus Metrofusin 3 x 1, Inj. Fosmidex 2 x 2 gr IV	Sistenol 2 x 1 PO, Aggravan 1 x 1 PO, Infus RL 20 tts/mnt
		9-2-09	TD= 120/70, N= 88, Suhu= 37, GD 2J PP= 110, GDP= 95	Tetap	Tetap	Aggravan 1 x 1 PO
12.	Ny. SD Usia : 51 tahun Keluhan utama : Luka pada kaki, bengkak, pusing,	20-2-09	TD= 120/70, N= 80, Suhu= 37, Leu= 25900, Hb= 12,2, Hct= 30,7, Thr= 302000, GDA= 270	Actrapid 3 x 12 UI SC	Inj. Ceftriaxone 2 x 2 IV, Inj. Gentamycin 2 x 80 IV	Infus RL 20 tts/mnt

	lemas, mual, muntah MRS : 20-02-2009 KRS : 3-03-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis S Riwayat Obat : Glibenklamid	23-2-09	TD= 130/80, N= 88, Suhu= 37, GDA= 298, GD 2J PP= 294	Tetap	Inj. Ceftriaxone 2 x 2 IV, Inj. Gentamycin 2 x 80 IV, Flagyl supp 2 x 1 gr	Neurobion 1 x 1 PO
		24-2-09	TD= 110/70, N=90, Suhu= 37, GDA= 224	Tetap	Tetap	Tetap
		2-3-09	TD= 100/60, N= 84, Suhu= 36,5, Hb= 10,2	Actrapid 3 x 8UI SC	Inj. Gentamycin 2 x 80 IV	-
13.	Tn. MS Usia : 43 tahun Keluhan utama : Luka pada kaki kanan tidak sembuh, pusing MRS : 30-01-2009 KRS : 1-02-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus Hipoglikemi + Gangren Pedis D	30-1-09	TD= 130/80, N= 88, Suhu=37	-	Inj. Ceftriaxone 2 x 1 IV	Neurodex 2 x 1 PO, Sistenol 3 x 1 PO
		31-1-09	TD= 130/80, N= 88, Suhu= 36,7	-	-	Tetap
14.	Ny. SP Usia : 64 tahun Keluhan utama : Nyeri pada luka di kaki MRS : 13-03-2009 KRS : 31-03-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Riwayat penyakit : amputasi 4x	16-3-09	TD= 130/60, N= 88, Suhu= 36,5, GDA= 162, GD 2J PP= 158	Hum-R 3 x 8 UI SC	Infus Jayacin 3 x 1	-
		23-3-09	TD= 130/80, N= 86, Suhu= 36,5, GDP= 172	Tetap	Infus Jayacin 3 x 1, Inj. Cefotaxime 3 x 1 IV	-
		25-3-09	TD= 130/70, N= 84, Suhu= 36,5, GDA= 176, Alb= 3,6, SGOT= 31, SGPT= 12, BUN=32, Cre= 1,4, Na= 142, K= 5,3, Cl= 100, Hb= 13,7, Leu= 8200, Thr= 341000, Hct= 35,7	Tetap	Infus Jayacin 3 x 1, Inj. Cefotaxime 3 x 1 IV, Infus Metrofusin 3 x 1	-

		30-3-09	TD= 120/80, N= 80, Suhu= 36, GDP= 180	Tetap	Tetap	-
15.	Ny. LS Usia : 61 tahun Keluhan utama : Luka di kaki kanan yang tidak sembuh2, mual, muntah, pingsan MRS : 19-02-2009 KRS : 20-02-2009 Alasan : Meninggal Diagnosa akhir : Diabetes Mellitus + Gangren pedis D + Sepsis	19-2-09	TD= 120/80, N= 120, Suhu= 36,5, RR= 19x	-	Inj. Ceftriaxone 2 x 1 IV	-
16.	Tn. BA Usia : 60 tahun Keluhan utama : Luka yang tidak sembuh, terasa panas MRS : 23-02-2009 KRS : 13-03-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S Riwayat Penyakit : DM sejak 5 tahun lalu	23-2-09	TD= 140/90, N= 84, Suhu= 36,4, GDA= 404, Na= 129, K= 4,6, Cl= 96, Hb= 11,6, Leu= 8700, Thr= 257000, Hct= 22,7	Novorapid 16-16-14 UI SC	Infus Jayacin 3 x 1	-
		24-2-09	TD= 120/80, N= 80, Suhu= 37, GD 2J PP= 420, GDP= 407, Chol= 139, Tri= 159, Urat= 4,1, Alb= 3,2, SGOT= 11, SGPT= 10, BUN= 23,5, Cre= 2,1, Na= 134, K= 4,8, Cl= 100	Tetap	Tetap	Pletaal 50 mg 2 x 1 PO
		26-2-09	TD= 120/70, N= 86, Suhu= 36,6, GDA= 335, Alb= 3,2, Hb= 11,1	Tetap	Tetap	Pletaal 50 mg 2 x 1 PO, Aspilets 1 x 1 PO, Sohobion 5000 1 x 1 PO
		2-3-09	TD= 110/80, N= 80, Suhu= 36,5, GDP= 246	Novorapid 20-12-18 UI SC	Tetap	Tetap

		5-3-09	TD= 130/70, N= 84, Suhu= 37, Leu= 8600, Hb= 10,6, Thr= 476000, SGOT= 10, SGPT= 10, BUN= 9,1, Cre= 1,68	Novorapid 3 x 20 UI SC	Tetap	-
		10-3-09	TD= 120/80, N= 88, Suhu= 36,6, GDP= 210	Tetap	Tetap	-
17.	Tn. ER Usia : 68 tahun Keluhan utama : Panas dingin sejak pagi, ada luka di kaki kiri MRS : 25-03-2009 KRS : 31-03-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Hiperglikemi + Gangren Pedis S Riwayat Penyakit : Diabetes Mellitus sejak tahun 2005	25-3-09	TD= 130/80, N= 88, Suhu= 36,6, GDA= 337, Hb= 11,3, Leu= 19000, Thr= 282000, Hct= 30,7, GD 2J PP= 511, Alb= 3,9, BUN= 22,9, Cre= 2,11, Na= 133, K= 4,5, Cl= 94	Actrapid 3 x 8 UI SC	Inj. Ceftriaxone 2 x 1 IV	Neurodex 1 x 1 PO, Aspilets 3 x 1 PO
		26-3-09	TD= 120/70, N= 88, Suhu= 37, GDP= 155	Tetap	Inj. Ceftriaxone 2 x 1 IV, Infus Jayacin 2 x 1	Tetap
		30-3-09	TD= 130/80, N= 80, Suhu= 37, GDP= 235	Tetap	Tetap	-
18.	Ny. JYH Usia : 55 tahun Keluhan utama : Badan lemas, nafsu makan menurun, luka di telapak kaki kanan MRS : 27-03-2009 KRS : 31-03-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Riwayat Penyakit : Diabetes mellitus sejak 5 tahun lalu	27-3-09	TD= 140/90, N= 84, Suhu= 36,7, GDA= 206, Leu= 22800, Hb= 10,0, Hct= 25,8, Thr= 405000	Actrapid 3 x 4 UI SC	-	Ardium 2 x 1 PO
		30-3-09	TD= 120/80, N= 80, Suhu= 36,5, GD 2J PP= 146	Tetap	Inj. Gentamycin 3 x 80 mg IV, Inj. Fosmidex 2 x 2 gr IV	Tetap
		31-3-09	TD= 120/80, N= 88, Suhu= 37, GDP= 257, GD 2J PP= 448	Tetap	Tetap	-

19.	<p>Ny. MSN Usia : 65 tahun Keluhan utama : Luka di kaki kanan yang sudah lama, semakin membesar, basah dan bau MRS : 12-03-2009 KRS : 16-03-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes mellitus + Gangren pedis D Riwayat Penyakit : Diabetes Mellitus sejak tahun 2001</p>	12-3-09	TD= 130/70, N= 92, Suhu= 37, Leu= 14200, Hb= 9,1, Hct= 25,1, Thr= 241000, GDA= 128	-	Inj. Ceftriaxone 2 x 2 gr IV, Biodasin 300 3 x 1 PO	Aspilets 1 x 1 PO, Transfusi PRC
		16-3-09	TD= 120/70, N= 84, Suhu= 36,5, GD 2J PP= 480	Novorapid 3 x 12 UI SC	Inj. Ceftriaxone 2 x 2 gr IV, Infus Metrofusin 2 x 1, Biodasin 300 3 x 1 PO	Lasix 1 x 1 PO
20.	<p>Tn. KM Usia : 58 tahun Keluhan utama : Luka yang tidak sembuh, panas dingin MRS : 26-02-2009 KRS : 13-03-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis S Riwayat penyakit : Alergi Penicillin, Diabetes Mellitus sejak 9 tahun yang lalu</p>	26-2-09	TD= 120/70, N= 88, Suhu= 36,5, GDA= 277, Alb= 3,4, Leu= 8900, Hb= 11,9, Hct= 31,3, Thr= 226000	Novorapid 3 x 12 UI SC	Infus Metrofusin 3 x 1	-
		27-2-09	TD= 130/70, N= 92, Suhu= 36,7, GDP= 200, SGOT= 9, SGPT= 9, BUN= 9,9, Cre= 0,83, Na= 153, K= 4,5, Cl= 94, Kultur pus = <i>C. freundi</i> (Resisten : Ampicillin. Sensitif : Amikacin, Ciprofloxacin, Ceftriaxone, Ceftazidime, Gentamycin, Levofloxacin, Meropenem)	Tetap	Tetap	-
		3-3-09	TD= 130/80, N=86, Suhu= 36,5, GDP= 200, Alb= 3,2, Hb= 11,6, GDA= 137	Tetap	Inj. Ceftriaxone 3 x 1 IV, Infus Jayacin 3 x 1	-
		10-3-09	TD= 120/80, N= 86, Suhu= 36,5, GDP= 123, GD 2J PP= 128	Tetap	Tetap	-

21.	Tn. ADM Usia : 65 tahun Keluhan utama : Ada luka di kaki, terasa panas dan cekot2 MRS : 31-03-2009 KRS : 14-04-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes mellitus + Gangren pedis D Riwayat penyakit : Diabetes mellitus sejak 13 tahun lalu, asam urat, jantung koroner, kolesterol	31-3-09	TD= 130/90, N= 88, Suhu= 36,5, GDA= 192	Apidra 3 x 8 UI SC	Inj. Ceftriaxone 2 x 1 IV, Infus Metrofusin 2 x 1	-
		1-4-09	TD= 130/80, N= 86, Suhu= 36,5, GDP= 264, Leu= 11300, Hct= 37,7, Hb= 15,1, Thr= 192000, Alb= 3,4, SGOT= 10, SGPT= 6, BUN= 17,7, Cre= 1,0, Na= 133, K= 3,7, Cl= 98	Apidra 3 x 14 UI SC	Infus Jayacin 3 x 1	Aspilets 1 x 1 PO, Neurodex 2 x 1 PO
		6-4-09	TD= 130/70, N= 88, Suhu= 36, GDA= 212, Hb= 14,5, Alb= 4,0	Tetap	Tetap	-
		13-4-09	TD= 130/80, N= 88, Suhu= 36,5, GDP= 163	Tetap	-	-
22.	Tn. HY Usia : 45 tahun Keluhan utama : Ada luka di kedua kaki, meriang, gemetar MRS : 10-03-2009 KRS : 20-03-2009 Alasan : Dijinkan pulang Diagnosa akhir: Diabetes Mellitus + Gangren pedis D dan S Komplikasi : Hipertensi Riwayat Penyakit : Diabetes sejak 1998, Hipertensi sejak 2004	10-3-09	TD= 210/100, N= 116, Suhu= 38,7, GDA= 427, Leu= 13900, Hb= 14,6, Hct= 37,9, Thr= 270000, BUN= 17,4, Cre= 1,5, Na= 143, K= 4,3, Cl= 103	Humulin R 3 x 12 UI SC	Inj. Ceftriaxone 2 x 1 IV, Infus Jayacin 2 x 1	Vitaneuron 2 x 1 PO
		11-3-09	TD= 200/110, N= 88, Suhu= 36,5, GDP= 305, GD 2J PP= 271, Tri= 206, Urat= 6,9, Cho= 190, SGOT= 26, SGPT= 16, Alb= 3,4	Tetap	Tetap	Tetap
		12-3-09	TD= 190/100, N= 96, Suhu= 37, GD 2J PP= 298, Kultur pus = <i>Staphylococcus</i> sp. (Resisten : Ciprofloxacin, Levofloxacin. Sensitif : Cefazolin, Ceftriaxone, Cefotaxime, Cefuroxime, Meropenem)	Tetap	Tetap	Vitaneuron 2 x 1 PO, Adalat Oros 1 x 1 PO

		16-3-09	TD= 150/90, N= 84, Suhu= 36,5, GD 2J PP= 179	Tetap	Tetap	-
		19-3-09	TD= 140/80, N= 88, Suhu= 36,5, GD 2J PP= 168	Tetap	Infus Jayacin 2 x 1	-
23.	Ny. KS Usia : 67 tahun Keluhan utama : Luka pada kaki kiri, mual, muntah, pusing, lemas MRS : 19-02-2009 KRS : 2-03-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis S	19-2-09	TD= 130/80, N= 88, Suhu= 37, GDA= 273, Leu= 12300, Hb= 11,5, Hct= 33,6, Thr= 315000	Actrapid 3 x 14 UI SC	Inj. Foricef 2 x 1 IV	Citaz 2 x 1 PO, Sumagesic 4 x 1 PO, Ranitidin 2 x 1 PO, Invomit 2 x1 PO
		2-3-09	TD= 120/80, N= 84, Suhu= 36,7, GDP= 199, BUN= 17, Cre= 1,62, Na= 140, K= 3,4, Cl= 98, Leu= 10600, Hb= 11,2, Hct= 35,4, Thr= 346000	Tetap	-	-
24.	Tn. MA Usia : 63 tahun Keluhan utama : Luka di kaki kiri, bermanah, demam, menggigil, mudah lelah MRS : 29-03-2009 KRS : 5-04-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S Komplikasi : Hipertensi Riwayat Penyakit : Diabetes Mellitus sejak 7 tahun lalu, Penyakit Jantung Koroner Riwayat Obat : HBO	29-3-09	TD= 140/80, N= 88, Suhu= 37, GDA= 166, Leu= 21600, Hb= 8, Hct= 20,9, Thr= 413000, BUN= 20,7, Cre= 1,29, Na= 131, K= 5,2, Cl= 99	Apidra 3 x 4 UI SC	Inj. Foricef 2 x 2 IV	Aspilets 1 x 1 PO, Citaz 2 x 1 PO
		30-3-09	TD= 130/80, N= 86, Suhu= 36,5, GD 2J PP= 100	Tetap	Tetap	Tetap
		31-3-09	TD= 130/90, N= 84, Suhu= 37, Leu= 16800, Hb= 7,6, Hct= 19,8, Thr= 379000, Alb= 2,6, SGOT= 84, SGPT= 88, Tri= 128, Urat= 4,7, Chol= 124, HDL= 15, LDL= 90, Kultur Pus = <i>Ps. aeruginosa</i> (Resisten : Gentamisin. Sensitif : Amikacin, Ciprofloxacin, Cefazoline, Ceftriaxone, Meropenem, Levofloxacin)	Tetap	Infus Metrofusin 3 x 1	Aspilets 1 x 1 PO, Citaz 2 x 1 PO, Transfusi PRC

		2-4-09	TD= 120/80, N= 88, Suhu= 37, GDA= 184, Leu= 19700, Hb= 8,8, Hct= 23,2, Thr= 321000	Tetap	Tetap	Aspilets 1 x 1 PO, Citaz 2 x 1 PO
		4-4-09	TD= 120/80, N= 88, Suhu= 37, Leu= 15200, Hb= 6,9, Hct= 18,5, Thr= 301000	Tetap	Tetap	Aspilets 1 x 1 PO, Citaz 2 x 1 PO, Transamin 4 x 2 PO, Transfusi PRC
25.	Tn. SP Usia : 58 tahun Keluhan utama : Luka di kaki kanan, mual, muntah MRS : 15-03-2009 KRS : 17-03-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Riwayat Penyakit : Diabetes Mellitus sejak tahun 1997	15-3-09	TD= 150/90, N=88, Suhu= 37, GDA= 192, Leu= 16000, Hb= 14,5, Hct= 38,6, Thr= 273000	Actrapid 3 x 4 UI SC	Inj. Foricef 2 x 1 IV	Infus RL 20 tts/mnt
		16-3-09	TD= 140/80, N= 84, Suhu= 36,5, GDP= 205, SGOT= 23, SGPT= 28, Alb= 3,2, Cre= 0,8, BUN= 8,4, Na= 133, K= 3,8, Cl= 96	Tetap	Tetap	Aspilets 1 x 1 PO, Citaz 2 x 1 PO
26.	Tn. BS Usia : 61 tahun Keluhan utama : Luka di kedua kaki tidak sembuh2, pusing, lemas MRS : 19-03-2009 KRS : 6-04-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D dan S Komplikasi : Hipertensi, Penyakit Jantung Koroner	19-3-09	TD= 140/80, N= 88, Suhu= 36,7, GDA= 385, Leu= 21800, Hb= 10,5, Hct= 28,2, Thr= 397000	Novomix 18-0-16 UI SC	Infus Jayacin 3 x 1	Aspilets 1 x 1 PO, Inj. Sohobion 5000 1 x 1 IV
		20-3-09	TD= 130/80, N= 86, Suhu= 36,5, Tri= 220, Urat= 3,6, BUN= 12, Cre= 0,71, Na= 123, K= 4, Cl= 83, GDP= 220, Kultur Pus= <i>Staph. sp</i> coagulase positif (Resisten : Cefazoline. Sensitif : Ciprofloxacin, Ceftriaxone, Cefotaxime, Meropenem, Levofloxacin)	Tetap	Tetap	Tetap

		23-3-09	TD= 140/90, N= 88, Suhu= 37, GDP= 182	Novomix 20-0-20 UI SC	Tetap	Tetap
		30-3-09	TD= 130/80, N= 88, Suhu= 37, GDP= 192, Alb= 2,9	Tetap	Tetap	-
		6-4-09	TD= 130/80, N= 88, Suhu= 37, GDP= 177, Leu= 19200, Hb= 9,4, Hct= 24,1, Thr= 506000	Tetap	Infus Jayacin 3 x 1, Inj. Ceftriaxone 2 x 1 IV	-
27.	Ny. ZE Usia : 58 tahun Keluhan utama : Luka di kaki kiri tidak sembuh2, terasa gatal dan membusuk MRS : 13-06-2009 KRS : 26-06-2009 Alasan : Diijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S Riwayat Obat : Glibenklamid, Metformin	13-6-09	TD= 140/90, N= 80, Suhu= 36,4, GDA= 319, GD 2J PP= 325, Leu= 17000, Hb= 10,7, Hct= 28,7, Thr= 259000	RCI Actrapid 3 x 4 UI IV, Actrapid 3 x 6 UI SC	Inj. Terfacef 1 x 1 gr IV	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO
		14-6-09	TD= 130/90, N= 100, Suhu= 37, RR= 18, GDA= 275, GD 2J PP= 371, SGOT= 45, SGPT= 10, Alb= 3,2, Cre= 1,0, BUN= 13, Chol= 207, Tri= 146, Urat= 3,0	Tetap	Inj. Ceftriaxone 2 x 1 IV, Infus Metrofusin 3 x 1	-
		15-6-09	TD= 130/90, N= 96, Suhu= 37, GDP= 160, GD 2J PP= 195, Kultur Pus = <i>Staphylococcus</i> sp. coagulase positif (Resisten: Ampicillin, Cefazoline, Ceftriaxone, Cefotaxime, Gentamycin. Sensitif : Ciprofloxacin, Levofloxacin, Meropenem)	Tetap	Inj. Ceftriaxone 2 x 1 IV, Infus Metrofusin 2 x 1	-
		16-6-09	TD= 120/70, N= 88, Suhu= 36,5, GDP= 166	Tetap	Inj. Ceftriaxone 2 x 1 IV, Infus Metrofusin 1 x 1	-
		19-6-09	TD= 120/80, N= 74, Suhu= 36,5, Leu= 7800, Hb= 8,2, Hct= 23,0, Thr= 321000	Tetap	Inj. Cefazidime 2 x 1 IV	Transfusi PRC

		21-6-09	TD= 130/80, N= 88, Suhu= 36,7, Leu= 9100, Hb= 11,4, Hct= 32,4, Thr= 339000	Actrapid 2 x 8 UI SC	Inj. Cefotaxime 2 x 1 IV, Infus Metrofusin 2 x 1	-
		22-6-09	TD= 120/80, N= 84, Suhu= 36,7, GDA= 213, GDP= 194, GD 2J PP= 319	Tetap	Inj. Cefotaxime 2 x 1 IV, Infus Metrofusin 1 x 1	-
		25-6-09	TD= 120/80, N= 84, Suhu= 36,4, GDP= 153, GD 2J PP= 114	Actrapid 2 x 14 UI SC	Inj. Cefotaxime 2 x 1 IV	-
28.	Tn. UM Usia : 50 tahun Keluhan utama : Luka di kedua kaki yang semakin meluas, hitam, berranah MRS : 13-04-09 KRS : 28-04-09 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D dan S Riwayat Penyakit : Diabetes Mellitus sejak 2 tahun lalu	13-4-09	TD= 130/70, N= 94, Suhu= 38, GDA= 434, Leu= 19600, Hb= 11,5, Hct= 29,5, Thr= 289000, BUN= 32, Cre= 1,32	Actrapid 3 x 16 UI SC	Inj. Foricef 2 x 1 IV	Aspilets 1 x 1 PO, Citaz 2 x 1 PO
		14-4-09	TD= 120/80, N= 88, Suhu= 37,4, GDP= 253, Alb= 3,4, Glo= 4,3	Tetap	Tetap	Tetap
		15-4-09	TD= 130/80, N= 88, Suhu= 37,2, GDP= 210, GDA= 138	Tetap	Tetap	Tetap
		16-4-09	TD= 150/100, N= 80, Suhu= 37,4, GDA= 165, Alb= 3,0, Hb= 9,6	Tetap	Tetap	Aspilets 1 x 1 PO, Citaz 2 x 1 PO, Transfusi PRC
		23-4-09	TD= 130/80, N= 80, Suhu= 36,7, GDP= 175, Alb= 3,3	Tetap	Tetap	Aspilets 1 x 1 PO, Citaz 2 x 1 PO
		25-4-09	TD= 130/80, N= 88, Suhu= 37, Leu= 10000, Hb= 10, Hct= 25,3, Thr= 484000	Tetap	Tetap	Tetap
		27-4-09	TD= 130/80, N= 88, Suhu= 36,7, GD 2J PP= 227, Leu= 10900, Hb= 9,8, Thr= 502000	Tetap	Tetap	Tetap

29.	Tn. SD Usia : 54 tahun Keluhan utama : Luka di kaki kanan MRS : 8-05-2009 KRS : 9-06-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Riwayat Obat : Post-HBO	8-5-09	TD= 130/80, N= 88, Suhu= 36,5, GDA= 324, Leu= 10100, Hb= 9,4, Hct= 25,9, Thr= 500000, BUN= 23, Cre= 0,68, Alb= 3,5	Actrapid 3 x 8 UI SC	Inj. Ceftriaxone 2 x2 gr IV, Inj. Gentamycin 2 x 80 mg IV	-
		11-5-09	TD= 130/70, N= 88, Suhu= 36,5, GDP= 189, GD 2J PP= 247, SGOT= 16, SGPT= 29, Na= 133, K= 3,7, Cl= 94	Tetap	Tetap	-
		15-5-09	TD= 120/80, N= 86, Suhu= 36,8, GDA= 148, Alb= 3,3, Leu= 5300, Hb= 8,7, Hct= 23,5, Thr= 239000	Tetap	-	-
		25-5-09	TD= 130/80, N= 80, Suhu= 36,5, GDP= 189, Alb= 3,5, Leu= 6900, Hb= 12, Hct= 32,4, Thr= 299000	Tetap	Inj. Fosmidex 2 x 2 IV	-
		27-5-09	TD= 130/90, N= 86, Suhu= 37, GDP= 219, GDA= 160, Alb= 3,3, Leu= 5500, Hb= 11,2, Hct= 30, Thr= 320000	Tetap	-	-
		1-6-09	TD= 160/110, N= 84, Suhu= 37,3, GDP= 208	Actrapid 3 x10 UI SC	Infus Jayacin 2 x 1, Inj. Fosmidex 2 x 2 IV	Infus Starquin 2 x 1, Aspilets 1 x 1 PO, Neurodex 1 x 1 PO, Pletaal 2 x 1 PO,
		8-6-09	TD= 130/70, N= 84, Suhu= 36,5, GDP= 191, GD 2J PP= 252, Chol= 141, Urat= 4,6	Tetap	Tetap	Tetap

30.	Tn. SM Usia : 50 tahun Keluhan utama : Luka di kaki kanan, demam, pusing, badan lemas MRS : 19-05-2009 KRS : 23-05-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Riwayat Penyakit : Diabetes Mellitus sejak tahun 2000	19-5-09	TD= 160/90, N= 84, Suhu= 37,4, GDA= 382, Leu= 23200, Hb= 12,3, Hct= 31,2, Thr= 376000, BUN= 23,8, Cre= 1,2	RCI Actrapid 3 x 4 UI IV Actrapid 3 x 12 UI SC	Infus Metrofusin 3 x 1, Inj. Ceftriaxone 2 x 1 IV	Infus RL 20 tts/mnt, Pamol 3 x 1 PO, Aspilets 1 x 1 PO, Vitaneuron 1 x 1 PO, Cardace 1 x 1 PO, Neurodex 1 x 1 PO
		21-5-09	TD=130/80, N= 88, Suhu= 37, GDP= 178, SGOT= 19, SGPT= 12, Alb= 3,6, Glo= 2,4	Actrapid 3 x 12 UI SC	Infus Metrofusin 3 x 1, Inj. Ceftriaxone 2 x 2 IV	-
31.	Tn. TY Usia : 42 tahun Keluhan utama : Kaki kiri bengkak dan luka bernanah MRS : 14-04-2009 KRS : 11-05-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis S Riwayat Penyakit : Diabetes Mellitus sejak tahun 1999	14-4-09	TD= 110/80, N= 84, Suhu= 37, GDA= 376, Leu= 18200, Hb= 13,9, Hct= 36,2, Thr= 334000, Alb= 3,6, BUN= 21,9, Cre= 1,0	RCI Actrapid 3 x 4 UI IV, Actrapid 3 x 10 UI SC	Inj. Ceftriaxone 2 x 1 IV	Inj. Ranitidin 2 x 1 IV
		17-4-09	TD= 120/80, N= 80, Suhu= 36, GDA= 159, Leu= 16800, Hb= 11,8, Hct= 30,7, Thr= 333000, Alb= 3,4	Actrapid 3 x 14 UI SC	Tetap	-
		7-5-09	TD= 120/80, N= 88, Suhu= 36,5, GDP= 199, Leu= 16300, Hb= 10,7, Hct= 30,1, Thr= 299000	Hum-R 3 x 14 UI SC, Hum-N 0-0-0-12 UI SC	Inj. Ceftriaxone 2 x 1 IV, Inj. Gentamycin 2 x 80 mg IV, Infus Metrofusin 2 x 1	Aspilets 1 x 1 PO, Vitaneuron 2 x 1 PO
		11-5-09	TD= 120/80, N= 84, Suhu= 36,5, GDP= 137	Hum-R 3 x 14 UI SC	-	-
32.	Tn. JN Usia : 65 tahun Keluhan utama : Luka di kaki kiri terasa nyeri, demam, nafsu makan	20-4-09	TD= 140/80, N=100, Suhu= 38, GDA= 296, Leu= 27300, Hb= 10,6, Hct= 27,6, Thr= 319000, BUN= 16,6, Cre= 0,96	RCI Apidra 3 x 4 UI IV, Apidra 3 x 10 UI SC	Inj. Ceftriaxone 2 x 2 IV	-

	menurun MRS : 20-04-2009 KRS : 6-05-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S + febris Riwayat Penyakit : Diabetes Mellitus sejak 10 tahun yang lalu	21-4-09	TD= 120/80, N= 88, Suhu= 37,2, GDP= 98, Alb= 2,7, SGOT= 47, SGPT= 28, Na= 130, K= 3,5, Cl= 87, Kultur Pus = <i>B. pseudomallei</i> (Resisten: Ciprofloxacin, Ceftriaxone, Ceftazidime. Sensitif : Amikacin, Meropenem, Fosmycin, Levofloxacin)	Apidra 3 x 10 UI SC	Tetap	-
		24-4-09	TD= 130/80, N= 88, Suhu= 37,5, GDP= 197, Alb= 2,5, Leu= 22000, Hb= 9,2, Hct= 23,1, Thr= 320000	Apidra 3 x 10 UI SC, Lantus 0-0-16 UI SC	Tetap	-
		30-4-09	TD= 130/80, N= 84, Suhu= 36,5, GDP= 286, Alb= 2,8, SGOT= 99, SGPT= 56	Tetap	-	-
		4-5-09	TD= 120/70, N= 88, Suhu= 36,5, GDP= 118, GDA= 130, Alb= 2,6	Tetap	-	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO
33.	Ny. SM Usia : 50 tahun Keluhan utama : Luka di kaki sudah 1 minggu, semakin luas, bengkak, nyeri dan bemanah MRS : 7-04-2009 KRS : 22-04-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis S Riwayat penyakit : Diabetes Mellitus sejak 10 tahun yang	7-4-09	TD= 110/80, N= 86, Suhu= 36,8, GDA= 235, Leu= 35900, Hb= 10,3, Hct= 43,4	Apidra 3 x 8 UI SC	Inj. Fosmidex 2 x 2 IV	-
		8-4-09	TD= 120/80, N= 84, Suhu= 36,8, GDP= 126, SGOT= 35, SGPT= 46, Alb= 3,7, Cre= 1,02, BUN= 26,2, Kultur Pus = <i>Staphylococcus</i> sp. coagulase positif (Resisten: Amikacin, Ceftriaxone. Sensitif : Ciprofloxacin, Cefazoline, Ceftazidime, Meropenem)	Tetap	Tetap	-

	lalu	9-4-09	TD= 110/60, N= 84, Suhu= 37, GDP= 212, Hb= 10,6, Leu= 27200, Hct= 26,5, Thr= 488000, Alb= 3,3, GDA= 169	Tetap	Tetap	Inj. Neurobion 5000 1 x 1 IV, Transfusi PRC
		13-4-09	TD= 130/90, N= 86, Suhu= 36,6, GDP= 268	Tetap	-	-
		14-4-09	TD= 130/80, N= 80, Suhu= 37, GDP= 296, Leu= 18800, Hb= 13,6, Hct= 36,3, Thr= 519000	Tetap	Inj. Fosmidex 2 x 2 IV	-
34.	Tn. AL Usia : 64 tahun Keluhan utama : Luka di kaki sudah 4 bulan, semakin luas, bernanah, berat badan menurun MRS : 28-06-2009 KRS : 30-06-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus Hipoglikemi + Gangren Pedis S	28-6-09	TD= 130/80, N= 84, Suhu= 36,8, GDA= 147, Leu= 26000, Hb= 10,7, Hct= 29,3, Thr= 409000, BUN= 14,3, Cre= 1,2, Na= 132, K= 4,1, Cl= 98	-	Inj. Foricef 2 x 1 IV, Inj. Gentamycin 2 x 80mg IV	Infus RL 20 tts/mnt
		29-6-09	TD= 120/80, N= 84, Suhu= 36,5, GDP= 79, GD 2J PP= 140	-	-	Infus RL 20 tts/mnt, Anadium 3 x 2 PO, Eflagen 2 x 50 mg PO
		30-6-09	TD= 120/80, N= 86, Suhu= 36,8, GDP= 87, GD 2J PP= 115, SGOT= 51, SGPT= 42, Leu= 15500, Hb= 9,8, Hct= 25,3, Thr= 379000, Alb= 2,3, Cre= 1,0, BUN= 10,1	-	Inj. Fosmidex 2 x 1 IV	Tetap
35.	Tn. TJ Usia : 55 tahun Keluhan utama : Luka pada telapak kaki kanan, demam	27-6-09	TD= 130/80, N= 84, Suhu= 38,6, Leu= 17100, Hb= 11,8, Hct= 31,1, Thr= 362000, GDA= 491	Actrapid 3 x 4 UI SC	Inj. Ceftriaxone 2 x 1 IV	Infus RL 14 tts/mnt, Aspilets 1 x 1 PO, Neurodex 1 x 1 PO

	<p>MRS : 27-06-2009 KRS : 6-07-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis D + sepsis Riwayat Penyakit : Diabetes Mellitus sejak 4 tahun yang lalu</p>	28-6-09	TD= 130/100, N= 88, Suhu= 37,5, GDP= 262, Alb= 3,1, SGOT= 92, SGPT= 210, BUN= 6, Cre= 1,1, Na= 140, K= 3,8, Cl= 101	Hum-R 3 x 4 UI SC	Tetap	Infus RL 14 tts/mnt
		29-6-09	TD= 130/80, N= 88, Suhu= 36,7, GDP= 288, Kultur Pus= <i>B. pseudomallei</i> (Resisten: Ampicillin, Cefotaxime, Eritromicin, Penicillin, Tetrasiklin. Sensitif : Amikacin, Meropenem, Pefloxacin, Levofloxacin)	Humalog 2 x 10 UI SC	Infus Jayacin 3 x 1, Infus Metrofusin 3x1, Inj. Starxon 2 x 1 gr IV	-
		2-7-09	TD= 120/80, N= 88, Suhu= 36,5, GDP= 352	Humalog 3 x 12 UI SC	Infus Jayacin 3 x 1, Infus Metrofusin 3x1, Inj. Starxon 3 x 1 gr IV	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO
		6-7-09	TD= 120/80, N= 88, Suhu= 37, GDP= 360, SGOT= 79, SGPT= 328	Tetap	Tetap	Tetap
36.	<p>Ny. SP Usia : 47 tahun Keluhan utama : Luka pada kaki kanan, bermanah, mual, lemas MRS : 22-06-2009 KRS : 1-07-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D</p>	22-6-09	TD= 130/80, N= 84, Suhu= 36,5, GDA= 115, Leu= 11300, Hb= 8,6, Hct= 23, Thr= 349000	-	-	Infus RL 20 tts/mnt, Aspilets 1 x 1 PO, Neurodex 1 x 1 PO, Transfusi PRC
		23-6-09	TD= 130/80, N= 86, Suhu= 36,5, GDP= 162, Hb= 8,7, SGOT= 32, SGPT= 95, Alb= 2,5, BUN= 24, Cre= 1,5, Na= 137, K= 4, Cl= 105	Novorapid 3 x 8 UI SC	Inj. Fosmidex 2 x 2 IV, Infus Metrofusin 3 x 1	Neurobion drip 1 x 1, Pletaal 2 x100 mg PO

	Riwayat Penyakit : Diabetes Mellitus sejak 7 tahun yang lalu	24-6-09	TD= 130/80, N= 84, Suhu= 36,5, Kultur Pus = <i>Staphylococcus</i> sp. coagulase positif (Resisten: Ciprofloxacin, Cefotaxime, Gentamycin, Fosmycin, Levofloxacin. Sensitif : Amikacin, Meropenem)	Tetap	Tetap	Neurobion drip 1 x 1, Pletaal 2 x100 mg PO, Transfusi Albumin 100ml
		25-6-09	TD= 130/80, N= 88, Suhu= 38, GDA= 146, GDP= 170, GD 2J PP= 276, Alb= 3, Hb= 9,3	Tetap	Tetap	Neurobion drip 1 x 1, Pletaal 2 x100 mg PO
		29-6-09	TD= 120/90, N= 86, Suhu= 36,8, GDP= 293	Novorapid 3 x 14 UI SC, Lantus 0-0-14 UI SC	Infus Metrofusin 3 x 1	Pletaal 2 x 100 mg PO
37.	Tn. TR Usia : 57 tahun Keluhan utama : Luka di telapak kaki kanan, berwarna merah, mengeluarkan cairan, kesadaran berkurang, bicara pelo, tremor MRS : 2-07-2009 KRS : 17-07-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Riwayat Penyakit : Diabetes Mellitus sejak 15 tahun yang lalu + tidak dikontrol	2-7-09	TD= 120/80, N= 88, Suhu= 36,6, GDA= 187, Leu= 10700, Hb= 9,2, Hct= 23,7, Thr= 396000, Alb= 2,9	Lantus 0-0-10 UI SC	Infus Jayacin 3 x 1	Inj. Neurobion 5000 1 x 1 IV, Pletaal 2 x 100 mg PO, Aspilets 1 x 1 PO, Transfusi PRC
		6-7-09	TD= 130/80, N= 88, Suhu= 36,6, GDP= 142	Novorapid 3 x 18 UI SC, Lantus 0-0-10 UI SC	Infus Jayacin 3 x 1, Infus Metrofusin 3 x 1	Inj. Neurobion 5000 1 x 1 IV, Pletaal 2 x 100 mg PO, Aspilets 1 x 1 PO, Neurodex 1x1PO,
		10-7-09	TD= 120/80, N= 80, Suhu= 36,4, Leu= 7800, Hb= 13,2, Hct= 32,3, Thr= 302000	Novorapid 3 x 4 UI SC	Tetap	-
		13-7-09	TD= 130/90, N= 88, Suhu= 36,8, GDP= 147, Hb= 10	Tetap	Tetap	-

		17-7-09	TD= 120/80, N= 88, Suhu= 37, GDP= 192	Tetap	Tetap	-
38.	Ny. BW Usia : 53 tahun Keluhan utama : Luka di kaki kanan sudah 1 bulan tidak sembuh MRS : 3-06-2009 KRS : 10-06-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Riwayat Penyakit : Diabetes Mellitus sejak tahun 2000	3-6-09	TD= 130/70, N= 80, Suhu= 36,7, GDA= 226, Leu= 38600, Hb= 10,5, Hct= 26,3, Thr= 252000, BUN= 27, Cre= 1,6, Na= 139, K= 3,6, Cl= 102	Actrapid 3 x 8 UI SC	Inj. Ceftriaxone 2 x 2 IV, Flagyll supp 3 x 1, Clydamycin 2 x 300 mg PO	Aspilets 1 x 1 PO, Persantin 2 x 1 PO, Zegavit 1 x 1 PO
		5-6-09	TD= 110/70, N= 84, Suhu= 37, GD 2J PP= 434	Actrapid 3 x 12 UI SC	Tetap	Tetap
		8-6-09	TD= 120/90, N= 86, Suhu= 37, GDA= 495, Leu= 25500, Hb= 6,3, Hct= 17,5, Thr= 251000, Alb= 2,1	Tetap	Flagyll supp 3 x 1, Inj. Merosan 3 x 1 IV	Aspilets 1 x 1 PO, Transfusi PRC
		9-6-09	TD= 120/80, N= 80, Suhu= 38, GDA= 236, BUN= 29,8, Cre= 0,8, Na= 116, K= 2,2, Cl= 91	Tetap	Tetap	Tetap
39.	Ny. MI Usia : 59 tahun Keluhan utama : Luka di kaki kanan terasa nyeri, lemas, meriang MRS : 18-08-2009 KRS : 26-08-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Riwayat Penyakit : Diabetes Mellitus sejak 7 tahun lalu + tidak dikontrol	18-8-09	TD= 150/80, N= 88, Suhu= 37, GDA= 363, Leu= 22100, Hb= 9,6, Hct= 27,6, Thr= 314000	RCI Actrapid 3 x 4 UI IV, Actrapid 3 x 12 UI SC	Inj. Ceftriaxone 2 x 1 IV	Infus RL 20 tts/mnt, Aspilets 1 x 1 PO, Transfusi PRC
		19-8-09	TD= 150/80, N= 88, Suhu= 37, Alb= 3,1, Glo= 4,2, SGOT= 15, SGPT= 9, BUN= 23, Cre= 1,02, Na= 136, K= 3,5, Cl= 98, Kultur Pus= <i>Staphylococcus</i> sp. (Resisten: Cefazoline, Vancomycin, Oxacillin. Sensitif : Ceftriaxone, Fosmycin, Levofloxacin, Meropenem)	Novorapid 3 x 12 UI SC	Infus Metrofusin 3 x 1	-

		20-8-09	TD= 130/80, N= 84, Suhu= 37, GDP= 241, GDA= 211, Leu= 16000, Hb= 10,8, Hct= 29,3, Thr= 374000, Alb= 3,1	Tetap	Civell 3 x 1gr PO, Infus Metrofusin 3 x 1	Transfusi PRC, Aspilets 1 x 1 PO, Pletaal 2 x ½ tab PO, Transfusi PRC
		22-8-09	TD= 120/80, N= 88, Suhu= 37, GDP= 274, Hb= 11,8	Tetap	Tetap	Aspilets 1 x 1 PO, Pletaal 2 x ½ tab PO
		24-8-09	TD= 130/80, N= 88, Suhu= 36,9, GDP= 192	Novorapid 3 x 14 UI SC	-	-
40.	Ny. WN Usia : 42 tahun Keluhan utama : Luka pada kaki kiri tidak sembuh2, terasa nyeri, pusing, lemas MRS : 11-06-2009 KRS : 15-06-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S	11-6-09	TD= 110/80, N= 88, Suhu= 36,5, GDA= 377, Alb= 3,4, Glo= 3,2, SGOT= 10, SGPT= 13, BUN= 10,7, Cre= 0,79, Leu= 18000, Hb= 12, Thr= 268000, Hct= 30,4	Novorapid 3 x 20 UI SC, Glucodex 1-1-0 PO	Infus Jayacin 3 x 1, Inj. Hypobhac 2 x 1 IV	Aspilets 1 x 1 PO, Interhistin 2 x 1 PO, Pamol 3 x 1 PO
		12-6-09	TD= 120/80, N= 88, Suhu= 36,7, GD 2J PP= 397	Tetap	Tetap	Tetap
		13-6-09	TD= 120/80, N= 84, Suhu= 36,5, GD 2J PP= 341	Tetap	Tetap	Tetap
		15-6-09	TD= 120/80, N= 84, Suhu= 36,3, GD 2J PP= 279	Tetap	Tetap	Tetap
41.	Tn. SL Usia : 63 tahun Keluhan utama : Luka pada jari kelingking kiri, kesadaran berkurang MRS : 27-07-2009 KRS : 3-08-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S + Hipoglikemi Komplikasi : Hipertensi Riwayat Penyakit : Diabetes Mellitus sejak 6	27-7-09	TD= 160/80, N= 80, Suhu= 36,7, GDA= 58, Hb= 8,9, Leu= 24800, Thr= 367000, Hct= 25,7, BUN= 69,4, Cre= 9,4, Na= 139, K=3,6, Cl=109	-	Inj. Ceftriaxone 2 x 2 IV	Inj. Ketorolac 3 x 2 IV, Aspilets 1 x 1 PO, Infus D10%, Neurodex 2x 1 PO
		29-7-09	TD= 190/100, N= 84, Suhu= 36,8, GD 2J PP= 41, Alb= 3,0, SGOT= 61, SGPT= 46, Kultur Pus= <i>Ps. stutzeri</i> (Resisten: Ampicillin, Ciprofloxacin, Cefazoline, Ceftriaxone, Cefotaxime, Levofloxacin. Sensitif : Meropenem, Fosmycin)	-	Tetap	Tetap

	tahun yang lalu, Hipertensi sejak 2 tahun yang lalu	2-8-09	TD= 130/90, N= 84, Suhu= 37,5, GDA= 165, BUN= 99,9, Cre= 9,2, Na= 140, K= 3,8, Cl= 94	-	Tetap	Tetap
		3-8-09	TD= 120/80, N= 88, Suhu= 37, GDP= 192, Cre= 10,46, Hb= 6,9	-	Tetap	Tetap
42.	Tn. KK Usia : 50 tahun Keluhan utama : Luka bernanah pada telapak kaki kanan MRS : 13-08-2009 KRS : 26-08-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus Hiperglikemi + Gangren Pedis D Riwayat Penyakit : Diabetes Mellitus sejak 5 tahun yang lalu	13-8-09	TD= 120/80, N= 86, Suhu= 36,6, GDA= 415, Leu= 20000, Hb= 12,6, Hct= 33,5, Thr= 283000	RCI Actrapid 3 x 8 UI IV, Actrapid 3 x 8 UI SC	Inj. Soccef 2 x 1 IV, Inj. Tricefin 2 x 1 IV	Pamol 3 x 1 PO, Aspilets 1 x 1 PO, Neurodex 2 x 1 PO, Infus RL 20 tts/mnt
		14-8-09	TD= 120/80, N= 88, Suhu= 37, GDP= 181, SGOT= 18, SGPT= 15, Alb= 4,1, Cre= 1,15, BUN= 26,8, Na= 138, K= 4,2, Cl= 100	Tetap	Tetap	Tetap
		15-8-09	TD= 130/70, N= 84, Suhu= 36,5, GDP= 257, GD 2J PP= 262, Urat= 4,1	Actrapid 3 x 10 UI SC	Inj. Tricefin 2 x 1 IV	Sistenol 3 x 1 PO, Aspilets 1 x 1 PO, Neurodex 2 x 1 PO
		18-8-09	TD= 120/90, N= 84, Suhu= 37, GDP= 79, GD 2J PP= 96	Tetap	Tetap	Tetap
		21-8-09	TD= 120/80, N= 88, Suhu= 36,7, GDA= 122, Kultur Pus= <i>Staphylococcus</i> sp. (Resisten: Cefazoline, Ceftriaxone, Penicillin, Levofloxacin, Vancomycin, Oxacillin. Sensitif : Meropenem)	Tetap	Inj. Tricefin 2 x 1 IV, Inj. Terfacef 1 x 2 gr IV	Tetap
		24-8-09	TD= 120/80, N= 80, Suhu= 36,5, GDP= 96, GDA= 141, GD 2J PP= 181, Alb= 2,8, Hb= 10,7	Tetap	Tetap	Tetap

43.	Ny. NM Usia : 59 tahun Keluhan utama : Luka pada ibu jari kanan, bernanah MRS : 18-07-2009 KRS : 30-07-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Riwayat Penyakit : Diabetes Mellitus sejak 10 tahun lalu, Asam urat sejak 10 tahun lalu, post-amputasi	18-7-09	TD= 140/80, N= 80, Suhu= 36,4, GDA= 88, BUN= 31,8, Cre= 1,3, Na= 138, K= 2,7, Cl= 102	-	Inj. Ceftriaxone 2 x 1 IV, Inj. Gentamycin 2 x 80 mg IV	Infus NS 1 L/hr, Inj. Ketorolac 3 x 30 mg IV, Supp. Profenid 2 x 1, Ranitidin 2 x 1 PO
		19-7-09	TD= 120/80, N= 88, Suhu= 37, GDP= 111, GD 2J PP= 176, Alb= 2,9, BUN= 31,6, Cre= 1,2, Na= 148, K= 2,6, Cl= 110, Leu= 28800, Hb= 8,8, Thr= 371000, Hct= 24,1	Humalog 3 x 8 UI SC	Tetap	Inj. Ketorolac 3 x 30 mg IV, Supp. Profenid 2 x 1, Transfusi PRC
		21-7-09	TD= 140/80, N= 92, Suhu= 37,5, GDP= 137, SGOT= 15, SGPT= 7, Hb= 12	Tetap	Tetap	Aspilets 1 x 1 PO
		22-7-09	TD= 120/80, N= 88, Suhu= 36,5, GDA= 82, Alb= 2,7, Leu= 30200, Hb= 10,8, Hct= 30,5, Thr= 371000	-	Tetap	Inj. Ketorolac 3 x 30 mg IV
		27-7-09	TD= 130/80, N= 90, Suhu= 37, GDP= 57, Alb= 2,8, Leu= 28700, Hb= 10,2, Hct= 27,7, Thr= 483000	-	Tetap	Inj. Ketorolac 3 x 30 mg IV, Supp. Profenid 2 x 1, Terapi HBO
		30-7-09	TD= 130/80, N= 80, Suhu= 36,7, GDA= 80, Leu= 19900, Hb= 9,9, Hct= 26,9, Thr= 467000	-	Tetap	Inj. Ketorolac 3 x 30 mg IV, Supp. Profenid 2 x 1,
44.	Tn. IM Usia : 56 tahun Keluhan utama : Luka bernanah pada kaki kanan,	9-7-09	TD= 120/80, N= 88, Suhu= 39, GDA= 236, Leu= 20100, Hb= 13,1, Hct= 33,7, Thr= 216000	RCI Actrapid 3 x 4 UI IV, Actrapid 3 x 4 UI SC	Inj. Ceftriaxone 2 x 1 IV	Infus NS : RL= 2:1, Pamol 2 x 1 PO, Neurodex 2 x 1 PO

	demam, mual, muntah MRS : 9-07-2009 KRS : 16-07-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Riwayat Penyakit : Diabetes Mellitus sejak tahun 1999	13-7-09	TD= 120/80, N= 88, Suhu= 37, GDP= 131, GD 2J PP= 197, Chol= 170, Tri= 121, Alb= 4,1, Glo= 3,1	Hum-R 3 X 12 UI SC	Tetap	Infus RL 24 tts/mnt, Neurodex 2 x 1 PO, Aspilets 1 x 1 PO
		16-7-09	TD= 120/80, N= 88, Suhu= 37, GDP= 165	Tetap	Tetap	Tetap
45.	Ny. SC Usia : 56 tahun Keluhan utama : Nyeri pada luka di telapak kaki kanan MRS : 29-08-2009 KRS : 8-09-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Riwayat Penyakit : Diabetes Mellitus sejak 2002	29-8-09	TD= 120/80, N= 80, Suhu= 36,7, GDA= 205, BUN= 11, Cre= 1,6, Na= 146, K= 3,4, Cl= 101, Leu= 15100, Hb= 11,5, Hct= 31,8, Thr= 298000	Humalog 3 x 10 UI SC	Inj. Ceftriaxone 2 x 1 IV	Aspilets 1 x 1 PO, Infus Aminofusin 600 28 tts/mnt
		31-8-09	TD= 140/90, N= 88, Suhu= 36,7, GDP= 268, Alb= 3,5, Glo= 3,9, SGOT= 23, SGPT= 10	Tetap	Infus Metrofusin 3 x 1 IV	-
		2-9-09	TD= 150/90, N= 88, Suhu= 37, GDP= 253, Kultur Pus= <i>B. pseudomallei</i> (Resisten: Gentamycin, Penicillin. Intermediate: Levofloxacin. Sensitif : Amikacin, Ciprofloxacin, Cefotaxime, Fosmycin, Meropenem)	Tetap	Tetap	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO, Pletaal 2 x 50 mg PO
		7-9-09	TD= 130/80, N= 86, Suhu= 36,6, GDP= 197	Tetap	Tetap	Pletaal 2 x 50 mg PO
46.	Ny. SS Usia : 45 tahun Keluhan utama : Luka pada kaki kanan, demam,	12-8-09	TD= 90/70, N= 86, Suhu= 37, RR= 24, GDA= 310, Hb= 7,9, Leu= 13700, Thr= 614000, Hct= 22,5	RCI Actrapid 3 x 4 UI IV, Humalog 3 x 8 UI SC	Infus Metrofusin 2 x 1, Inj. Ceftazidime 3 x 1 IV	Infus NS 1 L/24jam, Transfusi PRC

	keringat dingin, mual, muntah MRS : 12-08-2009 KRS : 15-08-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Komplikasi : Anemia Riwayat Penyakit : Diabetes Mellitus sejak tahun 2003	13-8-09	TD= 100/70, N= 88, Suhu= 38, GDP= 217	Humalog 3 x 8 UI SC, Lantus 1 x 10 UI SC	Inj. Cefotaxime 3 x 1 IV	Pletaal 2 x 100 mg PO
47.	Tn. AHM Usia : 60 tahun Keluhan utama : Tidak sadar, Luka di kaki kiri bernanah MRS : 4-07-2009 KRS : 10-07-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis S	4-7-09	TD= 130/90, N= 90, Suhu= 36,6, GDA= 26, Leu= 14100, Hb= 12,8, Hct= 34,1, Thr= 419000, BUN= 7,1, Cre= 0,78, Na= 151, K= 4,7, Cl= 106	-	Inj. Foricef 2 x 1 IV	Infus D10%, Aspilets 1 x 1 PO, Infus NS : RL= 2:2, Anadium 2 x 1 PO
		5-7-09	TD= 130/90, N= 86, Suhu= 37,5, GDP= 81, SGOT= 30, SGPT= 13, Alb= 2,8	-	Infus Metrofusin 3 x 1	Anadium 2 x 1 PO, Inj. Neurosanbe 5000 1 x 1, Aspilets 1 x 1 PO
		6-7-09	TD= 120/80, N= 84, Suhu= 36,7, GD 2J PP= 178, GDP= 121, Na= 126, K= 5, Cl= 94, Cre= 0,81, BUN= 6,1	Actrapid 3 x 4 UI SC	Tetap	Tetap
		8-7-09	TD= 130/90, N= 92, Suhu= 36,5, GDP= 137, GD 2J PP= 181	Tetap	Infus Metrofusin 3 x 1, Inj. Ceftriaxone 3 x 1 IV	Tetap
48.	Tn. TS Usia : 54 tahun Keluhan utama : Luka di ibu jari kaki kanan, demam,	3-9-09	TD= 120/80, N= 86, Suhu= 36,5, GDA= 300, Hb= 10,3, Leu= 14400, Hct= 30,2, Thr= 437000	RCI Apidra 3 x 4 UI IV, Apidra 3 x 10 UI SC	Infus Civell 3 x 1	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO

mual MRS : 2-09-2009 KRS : 28-09-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D	4-9-09	TD= 120/80, N= 88, Suhu= 36,5, GDP= 142, Alb= 3,5, Glo= 4,2, SGOT= 10, SGPT= 10, BUN= 19,6, Cre= 4,19, Na= 133, K= 4,7, Cl= 102	Novorapid 3 x 10 UI SC	Inj. Gentamycin 2 x 80 mg IV	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO, Pletaal 2 x 100 mg PO
	7-9-09	TD= 110/80, N= 80, Suhu= 37, GDP= 104	Tetap	Tetap	Tetap
	9-9-09	TD= 120/80, N= 84, Suhu= 37, GDP= 156, Hb= 9,9, Alb= 3,6, Kultur Pus= <i>B. pseudomallei</i> (Resisten: Amoxicillin, Cefotaxime. Sensitif : Amikacin, Ciprofloxacin, Cefazidime, Gentamycin, Levofloxacin, Meropenem)	Tetap	Tetap	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO, Pletaal 2 x 100 mg PO, Transfusi PRC
	14-9-09	TD= 130/70, N= 84, Suhu= 36,4, GDP= 248, Alb= 3,8, Hb= 11,4	Tetap	Tetap	Tetap
	21-9-09	TD= 110/90, N= 88, Suhu= 36,8, GDP= 80, Alb= 3,7, Leu= 8300, Hb= 12, Hct= 35,2, Thr= 335000	Tetap	Tetap	Tetap
	24-9-09	TD= 130/80, N= 88, Suhu= 36,5, GDP= 125	Novorapid 10-12-12 UI SC	Tetap	-
	28-9-09	TD= 130/80, N= 88, Suhu= 36,5, GDP= 77	Tetap	Tetap	-

49.	Tn. DD Usia : 52 tahun Keluhan utama : Luka di kaki kiri, bengkak, nafsu makan menurun MRS : 5-10-2009 KRS : 12-10-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis S Komplikasi : Tuberkulosis Riwayat Penyakit : Diabetes Mellitus sejak tahun 1996 Riwayat Obat : Glibenklamid, metformin	5-10-09	TD= 130/80, N= 88, Suhu= 37, GDA= 345, Leu= 11700, Hb= 12,1, Hct= 38,3, Thr= 404000	RCI Actrapid 3 x 4 UI IV, Actrapid 3 x 12 UI SC	Inj. Ceftriaxone 3 x 1 IV	Aspilets 3 x 1 PO, Neurodex 2 x 1 PO, Infus NS : RL= 2:1, Invomit 2 x 1 PO, Dexanta syrup 3 x 1 PO
		6-10-09	TD= 120/70, N= 80, Suhu= 37,2, GDP= 465, SGOT= 25, SGPT= 42, Alb= 3,9, Cre= 0,9, BUN= 17	Tetap	Inj. Ceftriaxone 3 x 1 IV, Infus Metrofusin 3 x 1 IV	Aspilets 3 x 1 PO
		7-10-09	TD= 130/80, N= 80, Suhu= 36,5, RR= 20, Tri= 98, Chol= 200, HDL= 42,6, LDL= 124, Urat= 2,7	Tetap	Tetap	Tetap
		12-10-09	TD= 120/80, N= 88, Suhu= 36,5, RR= 20, GDP= 362	Tetap	Tetap	Tetap
50.	Ny. SM Usia : 54 tahun Keluhan utama : Luka di kaki kanan terasa nyeri MRS : 26-10-2009 KRS : 2-11-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Komplikasi : Hipertensi Riwayat Penyakit : Diabetes Mellitus sejak tahun 2000, Hipertensi sejak tahun 2005	26-10-09	TD= 130/80, N= 88, Suhu= 37,5, GDA= 310, Leu= 16100, Hb= 9,3, Hct= 25,5, Thr= 220000	RCI Hum-R 2 x 4 IV, Hum-R 3 x10 UI SC	Inj. Cepaflox 2 x 1 IV	Aspilets 1 x 1 PO
		27-10-09	TD= 130/70, N= 80, Suhu= 37,2, GDP= 336, SGOT= 14, SGPT= 8, Alb= 3,1, Glo= 3,6, Cre= 2,02, BUN= 32,5, Na= 136, K= 4,8, Cl= 103	Hum-R 3 x10 UI SC	Tetap	Tetap
		28-10-09	TD= 130/70, N= 88, Suhu= 37, Leu= 14100, Hb= 8, Hct= 22,8, Thr= 227000, GDP= 101, Kultur Pus= <i>C. freundii</i> (Resisten: Ciprofloxacin, Ceftazidime, Cefotaxime, Gentamycin, Levofloxacin. Sensitif : Amikacin, Fosmycin, Meropenem)	Tetap	Tetap	Aspilets 1 x 1 PO, Aggravan 2 x 1 PO

		2-11-09	TD= 130/80, N= 84, Suhu= 36,5, Leu= 11400, Hb= 9, Hct= 26,8, Thr= 264000, GDP= 137	Tetap	Tetap	Tetap
51.	Tn. WJ Usia : 49 tahun Keluhan utama : Luka pada kaki kiri yang tidak sembuh2, bemanah MRS : 24-10-2009 KRS : 10-11-2009 Alasan : Diijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis S Riwayat Penyakit : Diabetes Mellitus sejak 11 tahun yang lalu	24-10-09	TD= 120/80, N= 88, Suhu= 37, GDA= 310, BUN= 15,7, Cre= 0,81, Na= 126, K= 4,1, Cl= 89, Leu= 5700, Hb= 7,6, Hct= 23, Thr= 322000	RCI Actrapid 3 x 8 UI IV, Actrapid 3 x 4 UI SC	Inj. Ceftriaxone 2 x 1 IV	Aspilets 1 x 1 PO, Inj. Sohobion 5000 1 x 1 IV
		26-10-09	TD= 120/90, N= 88, Suhu= 37, GDP= 322, Alb= 2,4, Glo= 3,6, SGOT= 20, SGPT= 10, Kultur Pus= <i>B. pseudomallei</i> (Resisten : Amikacin, Amoxicillin, Ciprofloxacin, Ceftriaxone, Gentamycin, Levofloxacin. Intermediate : Ceftazidime. Sensitif : Cefoxitin)	Tetap	Tetap	Tetap
		27-10-09	TD= 120/80, N= 88, Suhu= 36,8, GDP= 388, Hb= 8,4	Tetap	Infus Metrofusin 3 x 1, Infus Civell 3 x 1	Tetap
		28-10-09	TD= 120/90, N= 88, Suhu= 36,8, GDA= 372, Hb= 11,6, GDP= 252, Alb= 2,0	Tetap	Tetap	Tetap
		1-11-09	TD= 130/80, N= 88, Suhu= 37, Hb= 11,1	Novorapid 3 x 12 UI SC	Tetap	Tetap
		4-11-09	TD= 130/80, N= 84, Suhu= 37, Alb= 2,0	Tetap	Tetap	Transfusi Albumin 100 ml
		5-11-09	TD= 130/70, N= 84, Suhu= 36,5, Alb= 2,4, GDP= 150	Tetap	Tetap	-
		10-11-09	TD= 130/70, N= 84, Suhu= 36,8, GDP= 239, GD 2J PP= 201	Novorapid 3 x 6 UI SC	-	-

52.	Tn. MD Usia : 58 tahun Keluhan utama : Luka pada kaki dan tangan kanan, tidak dapat digerakkan, pusing MRS : 25-10-2009 KRS : 10-11-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D	25-10-09	TD= 100/70, N= 88, Suhu= 37, GDA= 156, Leu= 11000, Hb= 6,4, Hct= 19,3, Thr= 307000	Novorapid 3 x 4 UI SC	Inj. Ceftriaxone 2 x 1 IV Inj. Starquin 2 x 1 IV	Infus NS : RL= 1:2, Inj. Neurobion 5000 2 x 1 IV, Dextanta syrup 3 x 1 PO, Aspilets 1 x 1 PO, Transfusi PRC
		26-10-09	TD= 130/90, N= 88, Suhu= 36,5, GDP= 90, Alb= 2,2, Glo= 3,6, SGOT= 26, SGPT= 27, BUN= 6,9, Cre= 0,9, Na= 135, K= 4,3, Cl= 99	Tetap	Infus Civell 3 x 1, Infus Metrofusin 3 x 1	Pletaal 2 x 50 mg PO, Anadium 2 x 1 PO, Transfusi Albumin 100ml
		28-10-09	TD= 110/80, N= 88, Suhu= 36,5, GDA= 84, Alb= 2,9, Hb= 9,5, GDP= 121, Kultur Pus= <i>A. cayiae</i> (Resisten: Cefotaxime. Sensitif : Amoxicillin, Ciprofloxacin, Ceftriaxone, Cefazidime, Gentamycin, Levofloxacin, Cefoxitin)	Tetap	Tetap	Pletaal 2 x 50 mg PO, Anadium 2 x 1 PO, Transfusi PRC
		2-11-09	TD= 130/80, N= 84, Suhu= 36,7, Hb= 11,6, GDP= 70	Tetap	Tetap	Tetap
		9-11-09	TD= 130/70, N= 80, Suhu= 36,1, GDP= 69, Alb= 2,7, GD 2J PP= 247	Tetap	Inj. Starquin 2 x 1 IV	Aspilets 1 x 1 PO, Inj. Takelin 1 x 1 IV
		53.	Tn. AB Usia : 62 tahun Keluhan utama : Luka bernanah pada jari kaki kiri MRS : 23-10-2009 KRS : 3-11-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes	23-10-09	TD= 140/90, N= 100, Suhu= 37, GDA= 138, Leu= 18600, Hb= 11,6, Hct= 31,1, Thr= 348000, Cre= 1,03, BUN= 15,5, Na= 133, K= 4,1, Cl= 95	Novorapid 4-0-4 UI SC
26-10-09	TD= 120/90, N= 88, Suhu= 36,5, GDP= 222, SGOT= 31, SGPT= 48, Alb= 3,4, Glo= 3,3			Tetap	Tetap	-

	Mellitus + Gangren pedis S Komplikasi : Hipertensi Riwayat Penyakit : Diabetes Mellitus sejak tahun 1986	27-10-09	TD= 140/80, N= 88, Suhu= 36,1, GDA= 243, Hb= 10,7	Tetap	Infus Metrofusin 3 x 1, Inj. Fosmycin 2 x 1 IV	Transfusi PRC
		28-10-09	TD= 150/90, N= 88, Suhu= 37, GDA= 239, Alb= 3,5, Hb= 11,8	Tetap	Infus Metrofusin 3 x 1 IV	-
		2-11-09	TD= 130/80, N= 88, Suhu= 37, GDP= 360	Novomix 16-0-16 UI SC	Tetap	Pletaal 2 x 50mg PO
54.	Ny. DW Usia : 59 tahun Keluhan utama : Luka pada kaki kanan sudah 1 bulan tidak sembuh MRS : 15-09-2009 KRS : 18-09-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis D	15-9-09	TD= 120/70, N= 80, Suhu= 37,3, R= 18, GDA= 327, Leu= 13800, Hb= 11,2, Hct= 32,6, Thr= 375000	RCI Actrapid 3 x 4 UI IV, Lantus 20 UI SC	Inj. Ceftriaxone 1 x 2gr IV	Infus NS 28 tts/mnt
		16-9-09	TD= 130/80, N= 88, Suhu= 36,7, GDP= 339, Alb= 2,5, Glo= 2,9, BUN= 18,2, Cre= 0,76, Na= 128, K= 5,2, Cl= 96	Humalog 3 x 12 UI SC	Inj. Gentamycin 2 x 80 IV, Inj. Starquin 3 x 1 IV	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO, Pletaal 2 x 100mg PO
		18-9-09	TD= 130/70, N= 88, Suhu= 37, GDP= 192, Alb= 2,7	Tetap	Tetap	Tetap
55.	Ny. SC Usia : 62 tahun Keluhan utama : Luka di kedua kaki, terasa nyeri, mual, sesak nafas MRS : 7-12-2009 KRS : 31-12-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D & S Komplikasi : Hipertensi Riwayat Penyakit : Diabetes Mellitus sejak 14 tahun yang	7-12-09	TD= 180/90, N= 88, Suhu= 37, GDA= 215, Leu= 12600, Hb= 6,9, Hct= 21, Thr= 525000	RCI Novorapid 3 x 4 UI SC	Inj. Ceftriaxone 1 x 2gr IV	Infus RL : PZ= 2:1, Neurodex 1 x 1 PO, Aspilets 1 x 1 PO
		8-12-09	TD= 150/90, N= 80, Suhu= 37, GDP= 248, SGOT= 11, SGPT= 15, BUN= 11,2, Cre= 0,7, Na= 137, K= 4, Cl= 100, Kultur Pus= <i>C. freundii</i> (Resisten : Amikacin, Ceftriaxone, Cefotaxime, Cefotaxime, Gentamycin, Fosmycin. Sensitif : Ciprofloxacin, Meropenem)	Apidra 3 x 10 UI SC	Infus Civell 3 x 1	Transfusi PRC

	lalu	10-12-09	TD= 150/90, N= 88, Suhu= 37, GDP= 256, Hb= 10,8, Alb= 2,9	Tetap	Tetap	Transfusi Albumin 100ml
		14-12-09	TD= 150/80, N= 80, Suhu= 37, GDP= 333, Leu= 7800, Hb= 10,4, Hct= 30,9, Thr= 374000	Tetap	Tetap	Aspilets 1 x 1 PO, Lansoprazole 1 x 1 PO, Norvask 1 x 1 PO
		21-12-09	TD= 130/80, N= 88, Suhu= 37, GDP= 154	Apidra 3 x 12 UI SC	Tetap	-
		23-12-09	TD= 140/80, N= 84, Suhu= 36,5, GDP= 262, Hb= 9,4, Alb= 3,7, GDA= 123	Tetap	Tetap	Transfusi PRC
		26-12-09	TD= 110/80, N= 88, Suhu= 37, Leu= 7800, Hb= 11,7, Hct= 35,1, Thr= 286000	Tetap	Inj. Merosan 3 x 1 IV	Tetap
		28-12-09	TD= 130/80, N= 84, Suhu= 36,7, GDP= 289, Hb= 12,8	Tetap	Tetap	Aspilets 1 x 1 PO
56.	Ny. EW Usia : 63 tahun Keluhan utama : Nyeri pada luka di kaki kiri MRS : 4-12-2009 KRS : 8-12-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis S Riwayat Penyakit : Diabetes Mellitus sejak 8 tahun lalu	4-12-09	TD= 120/90, N= 80, Suhu= 37, GDA= 258, BUN= 55,1, Cre= 1,9, Na= 123, K= 5, Cl= 89, Leu= 24900, Hb= 7,7, Hct= 22,4, Thr= 518000	Apidra 3 x 8 UI SC	Inj. Cefalosporine 3 x 500 mg IV, Infus Metrofusin 3 x 1	Transfusi PRC
		5-12-09	TD= 130/80, N= 84, Suhu= 37, GDP= 170, Alb= 2,5, Glo= 3,3, SGOT= 32, SGPT= 18, Chol= 124, Tri= 95, Urat= 10,2	Tetap	Infus Metrofusin 3 x 1, Infus Civell 1 x 1	-

		7-12-09	TD= 120/90, N= 80, Suhu= 37, GDA= 136, GDP= 179, Leu= 28400, Hb= 9,3, Hct= 26,8, Thr= 325000, Alb= 2,1, Kultur Pus= <i>C. freundii</i> (Resisten: Amikacin, Ceftriaxone, Ceftazidime, Cefotaxime, Gentamycin. Sensitif: Fosmycin, Meropenem, Levofloxacin)	Tetap	Tetap	Transfusi Albumin 100ml
57.	Ny. IZ Usia : 62 tahun Keluhan utama : Luka basah pada kaki kanan, lemas, muntah MRS : 4-10-2009 KRS : 6-10-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Riwayat Penyakit : Diabetes Mellitus sejak 12 tahun yang lali	4-10-09	TD= 120/80, N= 88, Suhu= 37, GDA= 126, Leu= 28500, Hb= 9,3, Hct= 25,9, Thr= 347000	Hum-R 3 x 4 UI SC	Inj. Ceftriaxone 3 x 1 IV	Infus RL 24 tts/mnt, Neurodex 3 x 1 PO, Transfusi PRC
		5-10-09	TD= 130/80, N= 80, Suhu= 36,5, GDP= 384, Alb= 3,1, Glo= 3,7, SGOT= 73, SGPT= 93, BUN= 22,1, Cre= 1,5, Na= 142, K= 4,5, Cl= 106	Tetap	Tetap	Neurodex 3 x 1 PO, Inj. Alinamin-F 2 x 1 IV
58.	Tn. JMh Usia : 40 tahun Keluhan utama : Luka di kaki yang tidak sembuh MRS : 14-12-2009 KRS : 20-12-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Riwayat Penyakit : Diabetes	14-12-09	TD= 150/90, N= 100, Suhu= 38, GDA= 229, Leu= 41700, Hb= 8,6, Hct= 23,5, Thr= 327000, BUN= 46,4, Cre= 1,5, Na= 110, K= 5,5, Cl= 78	Actrapid 3 x 10 UI SC	Inj. Terfacef 2 x 1 IV, Infus Metrofusin 3 x 1	Infus RL 28 tts/mnt, Aspilets 1 x 1 PO, Aggravan 2x1 PO, Transfusi PRC
		16-12-09	TD= 130/80, N= 92, Suhu= 38, GDA= 228, Alb= 2,7, Glo= 4,2, BUN= 21,5, Cre= 0,9	Tetap	Tetap	Transfusi Albumin 100ml

	Mellitus sejak 20 tahun yang lalu Riwayat Obat : Glucovance	17-12-09	TD= 120/80, N= 84, Suhu= 38,2, GDP= 162, GDA= 149, Leu= 44200, Hb= 10, Hct= 28,5, Thr= 343000, Alb= 3,8	Actrapid 3 x 8 UI SC	Tetap	-
		19-12-09	TD= 130/80, N= 100, Suhu= 37,8, GDA= 160	Tetap	Tetap	-
59.	Ny. IG Usia : 65 tahun Keluhan utama : Luka pada telapak kaki kanan tidak sembuh MRS : 8-11-2009 KRS : 24-11-2009 Alasan : Diiijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Komplikasi : Hipertensi, Asam urat Riwayat Penyakit : Diabetes Mellitus sejak 12 tahun yang lalu Riwayat Obat : Glibenklamid	8-11-09	TD= 130/80, N= 88, Suhu= 37, GDA= 368, Leu= 16700, Hb= 8,8, Hct= 24,2, Thr= 321000, BUN= 59,1, Cre= 2,3, Na= 120, K= 4,4, Cl= 81	RCI Actrapid 3 x 4 UI IV, Novorapid 3 x 10 UI SC	Infus Civell 3 x 1, Inj. Ampicillin 4 x 1 IV	Aspilets 1 x 1 PO, Inj. Sohobion 5000 1 x 1 IV, Transfusi PRC
		9-11-09	TD= 140/80, N= 94, Suhu= 37,5, GDP= 169, Alb= 3,1, SGOT= 73, SGPT= 19	Novorapid 3 x 10 UI SC	Tetap	Aspilets 1 x 1 PO, Inj. Sohobion 5000 1 x 1 IV
		12-11-09	TD= 120/80, N= 88, Suhu= 37, Kultur Pus= <i>P. vulgaris</i> (Resisten: Ceftriaxone, Ceftazidime. Intermediate: Unacyn. Sensitif: Amikacin, Ciprofloxacin, Gentamycin, Levofloxacin, Meropenem)	Tetap	Tetap	Tetap
		13-11-09	TD= 130/80, N= 86, Suhu= 37, Leu= 16400, Hb= 10, Hct= 26,5	Tetap	Tetap	Aspilets 1 x 1 PO, Inj. Sohobion 5000 1 x 1 IV, Prorenal 3 x 1 PO,
		16-11-09	TD= 130/80, N= 88, Suhu= 37, GDP= 108, GDA= 99, Alb= 2,7, Hb= 9	Tetap	Infus Civell 1 x 1	Interhistin 3 x 1 PO, Transfusi PRC
		20-11-09	TD= 140/80, N= 88, Suhu= 37, Hb= 12,1, Leu= 7900, Hct= 35,1, Thr= 354000	Tetap	Infus Civell 1 x 1, Inj. Ampicillin 1 x 1gr IV	-
		23-11-09	TD= 120/90, N= 88, Suhu= 36,8, GDP= 122, Alb= 2,6	Tetap	Tetap	-

60.	<p>Ny. MR Usia : 58 tahun Keluhan utama : Luka di kaki tidak sembuh, lemas, meriang MRS : 30-09-2009 KRS : 11-10-2009 Alasan : Meninggal Diagnosa akhir : Diabetes Mellitus + Gangren pedis D & S + Sepsis Komplikasi : Hipertensi Riwayat Penyakit : Diabetes Mellitus sejak 18 tahun yang lalu</p>	30-9-09	TD= 160/90, N= 92, Suhu= 37,5, GDA= 276, Leu= 25800, Hb= 7,5, Hct= 21,7, Thr= 258000	RCI Hum-R 3 x 4 UI IV, Hum-R 3 x 4 UI SC	Inj. Cefotaxime 3 x 1gr IV	Infus RL 20 tts/mnt, Neurodex 2 x 1 PO, Transfusi PRC
		1-10-09	TD= 150/90, N= 88, Suhu= 37, GDP= 347, Alb= 2, Glo= 3,5, SGOT= 24, SGPT= 24, BUN= 84,8, Cre= 8,72, Na= 130, K= 2,9, Cl= 101	Hum-R 3 x 8 UI SC	Tetap	Neurodex 2 x 1 PO, Magasida 3 x 1 PO
		5-10-09	TD= 130/80, N= 88, Suhu= 37, GDP= 230, Hb= 9,1	Tetap	Tetap	Transfusi PRC
		6-10-09	TD= 110/80, N= 88, Suhu= 36,8, Kultur Pus= <i>A. hydrophila</i> (Resisten : Amoxicillin, Gentamycin, Cefoxitin. Sensitif : Amikacin, Ciprofloxacin, Cefazidime, Levofloxacin)	Tetap	Tetap	-
		8-10-09	TD= 160/80, N= 86, Suhu= 37, Alb= 2, Hb= 11	Tetap	Tetap	Aspilets 1 x 1 PO
61.	<p>Ny. SS Usia : 59 tahun Keluhan utama : Luka pada kaki, bengkak, terasa nyeri dan panas MRS : 1-12-2009 KRS : 15-12-2009 Alasan : Diijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis D Komplikasi :</p>	1-12-09	TD= 110/80, N= 88, Suhu= 38, GDA= 419, Leu= 8500, Hb= 8,4, Hct= 25, Thr= 150000	RCI Novorapid 3 x 4 UI IV, Novorapid 3 x 10 UI SC	Inj. Ceftriaxone 3 x 1 IV	Aspilets 1 x 1 PO, Pamol 3 x 1 PO, Transfusi PRC
		3-12-09	TD= 120/70, N= 80, Suhu= 37, Alb= 2,3, Glo= 3,9	Novorapid 3 x 10 UI SC	Infus Civell 3 x 1, Infus Metrofusin 3 x 1	Aspilets 1 x 1 PO, Transfusi Albumin 100ml
		7-12-09	TD= 140/80, N= 88, Suhu= 37, GDA= 184, Alb= 2,5, Hb= 10,6	Tetap	Tetap	Aspilets 1 x 1 PO

	Hypercholesteremia, Tuberkulosis Riwayat Penyakit : Diabetes Mellitus sejak 10 tahun yang lalu	8-12-09	TD= 120/90, N= 84, Suhu= 36,5, GDA= 246, Alb= 2,5, Kultur urine= <i>E.coli</i> (Resisten: Ciprofloxacin, Cefazoline, Ceftriaxone, Ceftazidime, Levofloxacin. Sensitif: Amikacin, Fosmycin)	Tetap	Tetap	Tetap
		11-12-09	TD= 130/80, N= 86, Suhu= 37, Alb= 2,5	Tetap	Tetap	Transfusi Albumin 100ml
		15-12-09	TD= 130/80, N= 88, Suhu= 36,5, GDP= 205, Leu= 7900, Hb= 9,2, Hct= 28, Thr= 261000, Tri= 63, Urat= 4,9, BUN= 27,8, Cre= 1,8, Na= 134, K= 4, Cl= 100, Alb= 2,9	Tetap	Tetap	-
62.	Ny. SM Usia : 59 tahun Keluhan utama : Luka pada kaki kiri, bengkak, mual, muntah MRS : 1-11-2009 KRS: 10-11-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren pedis S Riwayat Penyakit : Diabetes Mellitus sejak tahun 1997	1-11-09	TD= 120/90, N= 88, Suhu= 36,5, GDA= 186, Leu= 22000, Hb= 10,5, Hct= 28, Thr= 163000, BUN= 46,7, Cre= 2,6, Na= 128, K= 3,8, Cl= 92	Novorapid 3 x 6 UI SC	Inj. Ceftriaxone 2 x 1gr IV	Infus NS 30 tts/mnt, Inj. Primperan 1 x 1 IV
		2-11-09	TD= 110/80, N= 88, Suhu= 36,5, Alb= 2,9, Glo= 2,9, SGOT= 20, SGPT= 55	Tetap	Infus Civell 3 x 1	Aspilets 1 x 1 PO
		4-11-09	TD= 120/70, N= 92, Suhu= 37,4, GDP= 118, GDA= 140, Alb= 2,6	Tetap	Inj. Ceftriaxone 2 x 1gr IV, Infus Civell 3 x 1	Inj. Ketorolac 3 x 1 IV, Transfusi PRC
		6-11-09	TD= 120/80, N= 84, Suhu= 37, Kultur Pus= <i>E. coli</i> (Resisten: Ciprofloxacin, Ceftriaxone, Ceftazidime, Gentamycin, Fosmycin. Sensitif : Amikacin, Levofloxacin, Meropenem)	Tetap	Tetap	Inj. Ketorolac 2 x 1 IV

		9-11-09	TD= 140/80, N= 84, Suhu= 36,5, Leu= 9200, Hb= 13,4, Hct= 35,9, Thr= 171000, GDP= 183, Alb= 2,7, BUN= 34,1, Cre= 2,2, Na= 136, K= 2,6, Cl= 102	Tetap	Infus Civell 3 x 1	Aspilets 1 x 1 PO
63.	Tn. SD Usia : 55 tahun Keluhan utama : Bengkak pada kedua tungkai, luka bernanah pada jempol kaki kanan MRS : 28-11-2009 KRS : 1-12-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Komplikasi : Hipertensi Riwayat Penyakit : Diabetes Mellitus sejak tahun 2001	28-11-09	TD= 180/70, N= 92, Suhu= 38, GDA= 93, Leu= 17000, Hb= 9, Hct= 26,2, Thr= 663000, BUN= 14,7, Cre= 1,09, Na= 140, K= 4,2, Cl= 101	Novorapid 3 x 4 UI SC	Inj. Terfacef 2 x 1 IV, Inj. Gentamycin 2 x 80 IV	Aspilets 1 x 1 PO, Anadium 3 x 2 PO, Transfusi PRC
		30-11-09	TD= 140/80, N= 88, Suhu= 37, GDP= 137, GD 2J PP= 222, SGOT= 22, SGPT= 29, Alb= 2,9, Glo= 4,1, Kultur Pus= <i>C. freundii</i> (Resisten : Amikacin, Ceftriaxone, Cefazidime, Cefotaxime, Gentamycin. Sensitif : Fosmycin, Levofloxacin, Meropenem)	Tetap	Inj. Terfacef 2 x 1 IV, Inj. Gentamycin 3 x 80 IV, Infus Metrofusin 3 x 1	Anadium 3 x 2 PO, Aggravan 1-0-1 PO, Furosemid 1-0-1 PO
		1-12-09	TD= 170/90, N= 92, Suhu= 37, GDA= 233, Leu= 18000, Hb= 10, Hct= 26,1, Thr= 704000, Alb= 3,1	Tetap	Tetap	Tetap
64.	Ny. PT Usia : 54 tahun Keluhan utama : Luka pada kaki kanan, demam, bicara pelo, lemas	29-9-09	TD= 120/80, N= 88, Suhu= 37, GDA= 334, Leu= 31400, Hb= 9,9, Hct= 29,3, Thr= 290000	RCI Novorapid 3 x 4 UI IV, Novorapid 3 x 8 UI SC	Inj. Ceftriaxone 2 x 1 IV, Inj. Starquin 2 x 1 IV	Infus RL 28 tts/mnt, Inj. Ranitidin 2 x 1 IV

	MRS : 29-09-2009 KRS : 8-10-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D	30-9-09	TD= 130/90, N= 88, Suhu= 37, GDP= 134, SGOT= 99, SGPT= 36, Na= 129, K= 4,4, Cl= 95	Novorapid 3 x 8 UI SC	Tetap	-
		5-10-09	TD= 130/80, N= 84, Suhu= 36,5, GDP= 61, Hb= 7,9	Tetap	Inj. Ceftriaxone 2 x 1 IV, Infus Metrofusin 3 x 1	Clobazam 2 x 1 PO, Transfusi PRC
		6-10-09	TD= 130/80, N= 88, Suhu= 37, Kultur Pus= <i>Staph. sp.</i> (Resisten: Ciprofloxacin, Gentamycin, Penicillin, Levofloxacin, Meropenem. Sensitif: Cefazoline, Ceftriaxone, Fosmycin)	Tetap	Tetap	-
		8-10-09	TD= 130/80, N= 84, Suhu= 37, GDP= 181, Alb= 2, Hb= 10	Tetap	Tetap	-
65.	Ny. IKS Usia : 45 tahun Keluhan utama : Kaki kanan bengkak dan memerah, luka pada ibu jari yang tidak sembuh2 MRS : 2-10-2009 KRS : 20-10-2009 Alasan : Dijinkan pulang Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D Riwayat Penyakit : Diabetes Mellitus sejak 8 tahun yang	2-10-09	TD= 120/80, N= 88, Suhu= 37, GDA= 367, Leu= 15900, Hb= 10, Hct= 28,6, Thr= 377000, BUN= 15, Cre= 1, Na= 134, K= 3,7, Cl= 97	RCI Apidra 3 x 4 UI IV, Apidra 3 x 8 UI SC	Inj. Ceftriaxone 2 x 1 IV, Infus Metrofusin 3 x 1	Infus RL 28 tts/mnt, Aspilets 1 x 1 PO, Neurodex 1 x 1 PO, Transfusi PRC
		5-10-09	TD= 120/70, N= 88, Suhu= 37, GD 2J PP= 328, Kultur Pus= <i>K. ozaenae</i> (Resisten: Fosmycin. Sensitif: Amikacin, Ciprofloxacin, Ceftazidime, Gentamycin, Levofloxacin, Meropenem)	Apidra 3 x 8 UI SC	Tetap	Aspilets 1 x 1 PO, Neurodex 1 x 1 PO

	lalu	12-10-09	TD= 130/80, N= 80, Suhu= 36,7, GDP= 308	Apidra 3 x 10 UI SC, Lantus 0-0-1 UI SC	Infus Jayacin 3 x 1, Infus Metrofusin 3 x 1	Aspilets 2 x 1 PO
		15-10-09	TD= 130/80, N= 84, Suhu= 37, GDP= 217	Tetap	Tetap	-
		17-10-09	TD= 120/80, N= 88, Suhu= 37, GDA= 255	Tetap	Tetap	-
		19-10-09	TD= 120/80, N= 88, Suhu= 37, GDP= 242	Tetap	Tetap	-
66.	Ny. SA Usia : 75 tahun Keluhan utama : Luka di kaki kanan tidak sembuh, gangren di kaki kiri MRS : 5-10-2009 KRS : 8-10-2009 Alasan : Pulang paksa Diagnosa akhir : Diabetes Mellitus + Gangren Pedis D & S Riwayat Penyakit : Diabetes Mellitus sejak 9 tahun lalu Riwayat Obat : Terapi HBO	5-10-09	TD= 110/70, N= 88, Suhu= 37, GDA= 233, Leu= 9500, Hb= 10,5, Hct= 30,5, Thr= 427000	Actrapid 3 x 8 UI SC	Infus Metrofusin 3 x 1	Aspilets 1 x 1 PO, Neurodex 2 x 1 PO, Infus RL : M10 = 1:1, Transfusi PRC
		6-10-09	TD= 120/70, N= 80, Suhu= 36,6, GDA= 320, GDP= 159, Alb= 2,6, SGOT= 17, SGPT= 13, Kultur Pus= <i>Ps. aeruginosa</i> (Resisten: Amoxicillin, Cefotaxime, Ceftazidime, Ceftriaxone, Gentamycin. Sensitif: Amikacin, Ciprofloxacin)	Humalog 3 x 10 UI SC	Tetap	Aspilets 1 x 1 PO, Anadium 2 x 2 PO, Inj. Lasix 1 x 1 IV
		8-10-09	TD= 120/80, N= 92, Suhu= 36,5, GDP= 295, Hb= 11,2	Tetap	Tetap	Aspilets 1 x 1 PO, Anadium 2 x 2 PO