

ABSTRAK

Latar Belakang: Formulir anak di Puskesmas Wonosobo I tidak pernah dicetak lagi, sehingga menggunakan formulir bp umum. Desain formulir anak terdahulu masih memiliki kekurangan dari aspek desain formulir. Formulir gigi belum ada, hanya terdapat lembar odontogram kecil berukuran 21,5 cm x 16,5 cm yang di stapler di formulir bp umum, data pemeriksaan menjadi menyatu dan pengkajian awal sering terlewat. Formulir catatan perkembangan antar unit kerja belum ada. Map RM belum efisien, No. RM tidak terlihat saat diletakkan di rak, map tidak ada pengaitnya sehingga formulir mudah jatuh tercecer dan menambah pekerjaan petugas karena dengan format map seperti ini yang beredar ke klinik adalah formulir bukan mapnya.

Tujuan: Merancang ulang formulir anak, gigi, catatan perkembangan antar unit kerja, map RM dan pembatas formulir dalam map untuk Puskesmas Wonosobo I.

Metode: Metode perancangan formulir dan map ini mengacu pada metode dan tahapan pengembangan formulir *RCH Forms Committee* (2006).

Hasil: Hasilnya dua desain alternatif formulir anak, gigi dan map. Setelah diskusi kelompok terpilihlah formulir anak alternatif 2 (pengkajian), dan alternatif 1 (catatan perkembangan), formulir gigi alternatif 2 (pengkajian), dan alternatif 1 (catatan perkembangan), map rekam medis alternatif 2, pembatas formulir alternatif 1. Formulir catatan perkembangan antar unit kerja tidak disetujui pihak puskesmas.

Kesimpulan: Dihasilkan formulir anak (pengkajian dan catatan perkembangan), formulir gigi (pengkajian dan catatan perkembangan), map RM, pembatas formulir dalam map. Formulir catatan perkembangan antar unit kerja tidak disetujui, menurut pihak puskesmas formulir tersebut tidak diperlukan.

Kata Kunci: Formulir anak, formulir gigi, map rekam medis, pembatas formulir, perancangan formulir, perancangan map.

ABSTRACT

Background: *The kid-patient form no longer produced due to its shortcoming in design aspect and replaced by outpatient form. Dental form does not exist, but odontogram sized 21.5 cm x 16.5 cm used which stapled on the outpatient form. This caused examination data merges with the form that leads to frequently missed preliminary assessment. Progress note form does not exist between work units. The folder is inefficient, medical record number is invisible on the shelf. There is no hook on the folder, so the form is easily scattered and it will burden the officers because the form is submitted to the clinic, not the folder.*

Objective: *To redesign the child forms, dental, progress notes between work units, medical record folders and form dividers in the folder for Puskesmas Wonosobo I.*

Method: *The method of redesigning forms and folders refers to the methods and stages of the RCH Forms Committee (2006) form development.*

Results: *Two alternative designs for child forms, dental, and folder. Based on group discussion, the child form-2 (assessment), alternative-1 (progress note), dental form-2 (assessment), and alternative-1 (progress note), alternative medical record folder-2, alternative form dividers-1 are chosen. The progress notes between work units are not approved by the Puskesmas.*

Conclusion: *Produced child forms (assessment and progress notes), dental forms (assessment and progress notes), the medical record folders, form dividers in the folders. The progress notes design are not approved since it is not required.*

Keywords: *Child form, dental form, medical record folder, form divider, form design, folder design.*