

APPENDICES

Appendix 1

Findings:

(A1) Spelling

(A2) Punctuation

(A3) Sentence

(A4) Structure

(A5) vocabulary

| (1) Title: Epilepsy | | | |
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| No | Error | Correct | Problem |
| 1. | Pg.1 title. PRELIMINERY REPORT OF EPILEPSY | PRELIMINARY REPORT OF EPILEPSY | (A1) Spelling |
| 2. | Pg.1 pr.1 The part of the central nerve located in the skull cranium | The part of the central nerve is located in the skull cranium | (A3) Sentence (less of to be) |
| 3. | Pg.1 pt.a The forebrain becomes the cerebral hemisphere, the stiautum corpus, | The forebrain becomes the cerebral hemisphere, the striatum corpus, | (A1) Spelling |
| 4. | Pg.1 pt.a The forebrain becomes the cerebral hemisphere, the stiautum corpus, the thalamus and | The forebrain becomes the cerebral hemisphere, the stiautum corpus, the thalamus, and the | (A2) Punctuation (it must there is |

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| | the hypothalamus. | hypothalamus. | comma before and) |
| 5. | Pg.1 pt.b Midbrain, this brain becomes the tegmentum, crushing the cerebrum, the quadrigeminus corpus. | Midbrain, this brain becomes the tegmentum, crushing the cerebrum, the quadrigeminal corpus. | (A1) Spelling |
| 6. | Pg.1 pt.c Rear brain (pons), a prominent part of the brain that is composed of layers of fiber and includes cells involved in respiratory control, where the pons consist of varoli pons, medulla oblongata and cerebellum | Rear brain (pons), a prominent part of the brain that is composed of layers of fiber and includes cells involved in respiratory control, where the pons consist of varolii pons, medulla oblongata, and cerebellum | (A1) Spelling (A2) Punctuation |
| 7. | Pg.1 pt.c The brain is protected by the scalp, hair, skull bones, and vertebral column and meninges (the lining of the brain). | The brain is protected by the scalp, hair, skull bones, and vertebral column, and meninges (the lining of the brain). | (A2) Punctuation |
| 8. | Pg.1 pt.c Parts of the brain outline consist of cerebrum, brainsteam, and cerebellum. | Parts of the brain outline consist of the cerebrum, brainstem, and cerebellum. | (A1) Spelling |
| 9. | Pg.1 pr.2 According to | According to Syaifuddin (2006), | (A4) Structure |

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| | 12 Syaifuddin (2006), cerebrum or cerebrum is the largest and largest part of the brain, egg-shaped, fully filling the front of the upper cavity, each called the anterior canalis fossa upper and lower. | the cerebrum or is the largest and largest part of the brain, egg-shaped, fully filling the front of the upper cavity, each called the anterior canal fossa upper and lower. | (Double word) and (A1) Spelling |
| 10. | Pg.1 pt.a The frontal lobe , is part of the cerebrum located in front of the central sulcus. | The frontal lobe is part of the cerebrum located in front of the central sulcus. | (A2) Punctuation (without “,”) |
| 11. | Pg.1 pt.b The pariental parietal lobe, | The parietal lobe, | (A1) Spelling |
| 12. | Pg.2 tittle. Brain Stem | Brainstem | (A1) Spelling |
| 13. | Pg.2 pt.a Dianzefalon , the uppermost part of the brain stem between the cerebellum and meansefalon | Diencephalon, the uppermost part of the brain stem between the cerebellum and mesencephalon | (A1) Spelling |
| 14. | Pg2 pt.b Meansefalon , meansefalon consists of 4 parts protruding upward, 2 on the top called the corpus kudrigeminus | Mesencephalon, mesencephalon consists of 4 parts protruding upward, 2 on the top called the corpus quadrigemina inferior | (A1) Spelling |

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| | inferior oculomotor nerve fibers running into the medial ventricles, trochlear nerve fibers running toward the dorsal crossing the midline to the other side. | ocular motor nerve fibers running into the medial ventricles, trochlear nerve fibers running toward the dorsal crossing the midline to the other side. | |
| 15. | Pg2 pt.c Pons varoli , pontis brachium that connects the mesencephalon with pons varoli with the cerebellum is located in front of the cerebellum between the midbrain and medulla oblongata. | Pons varolii, brachium pontis that connects the mesencephalon with pons varolii with the cerebellum is located in front of the cerebellum between the midbrain and medulla oblongata. | (A1) Spelling |
| 16. | Pg2 pt.c Here there are premotaxides which regulate breathing and reflex movements. | Here there are premotaxides regulate breathing and reflex movements. | (A3) Sentence (that, because “which” is used for animal or plant) |
| 17. | Pg.2 pt.d Medulla Oblongata, is the lower part of the brain stem that connects the varoli with the spinal cord | Medulla Oblongata is the lower part of the brain stem that connects the varolii with the spinal cord | (A1) Spelling (A2) Punctuation (without ‘,’) and spelling |

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| 18. | Pg.3 pr.2 The cerebellum is related to the brain stem via the cerebriinferior pendunkulus | The cerebellum is related to the brain stem via the cerebral inferior pedunculus. | (A1) Spelling |
| 19. | Pg.3 pr.2 According to Setiadi (2007), each movement requires coordination in the activities of a number of muscles. Antagonistic muscles must experience regular relaxation and muscles are required by various movements(Dian, 2009) | According to Setiadi (2007), each movement requires coordination in the activities of several/some/many number of muscles. Antagonistic muscles must experience regular relaxation and muscles are required by various movements(Dian, 2009) | (A3) Sentence (use several/some/m any) |
| 20. | Pg.3 pr.3 The cell membrane works as a very effective and selective dividing barrier between extra cellular fluid and intra cellular fluid. In the extra cellular space, around the neuron there is intracellular fluid, which is potassium. | The cell membrane works as a very effective and selective dividing barrier between extracellular fluid and intracellular fluid. In the extracellular space, around the neuron, there is intracellular fluid, which is potassium. | (A1) Spelling |
| 21. | Pg.3 pr.3 The cell membrane works as a very effective and selective | The cell membrane works as a very effective and selective | (A2) Punctuation |

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| | dividing barrier between extra cellular fluid and intra cellular fluid. In the extra cellular space, around the neuron there is intracellular fluid, which is potassium. | dividing barrier between extra cellular fluid and intra cellular fluid. In the extra cellular space, around the neuron, there is intracellular fluid, which is potassium. | (use ‘,’ after word ‘neuron’) |
| 22. | Pg.3 pr.4 Parts of the brain outline consists of cerebrum, brainsteam , cerebellum(Dian, 2009) | Parts of the brain outline consists of the cerebrum, brainstem, cerebellum (Dian, 2009) | (A1) Spelling |
| 23. | Pg.3 pt.2 Nerve center that handles, mental activity, intelligence intelligence , desires and memory. | Nerve center that handles, mental activity, intelligence, desires, and memory. | (A2) Punctuation (use ‘,’ after word desires and there is no space after comma). |
| 24. | Pg.3 pt.3 The center cries, defecates and urinates | The center cries, defecates, and urinates | (A2) Punctuation (use ‘,’ after word defecates) |
| 25. | Pg. 3 pr.1 transient seizures and / or symptoms of abnormal, | transient seizures and / or symptoms of abnormal, excessive | (A2) Punctuation |

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| | excessive or synchronous neuronal activity in the brain | or synchronous neuronal activity in the brain | (delete extra space between and & or = and/or) |
| 26. | Pg.4 pr.1 Epilepsy by Hipocrates was identified as a problem that had something to do with the brain. | Epilepsy by Hippocrates was identified as a problem that had something to do with the brain. | (A1) Spelling |
| 27. | Pg.4 pr.1 The nerves in the brain function as coordinators of all movements such as vision, touch, move, and think | The nerves in the brain function as coordinators of all movements such as vision, touching, movement, and thinking | (A3) Sentence (Noun agreement) |
| 28. | Pg.4 pr.2 In 1981, the International League of Epilepsy (ILAE) classified epilepsy based on the type of seizure, namely partial seizures, generalized seizures and unclassified seizures. | In 1981, the International League of Epilepsy (ILAE) classified epilepsy based on the type of seizure, namely partial seizures, generalized seizures, and unclassified seizures. | (A2) Punctuation (use ‘,’ after word seizures) |
| 29. | Pg.4 pr.2 Thus the prognosis of the disease will be better and the quality of life of people with epilepsy becomes more optimal | Thus the prognosis of the disease will be better and the quality of life of people with epilepsy becomes more optimal (Vera, Ayu, and | (A2) Punctuation (needs comma after Ayu). |

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| | (Vera, Ayu and Dewi, 2014). | Dewi, 2014). | |
| 30. | Pg.5 pr.1 Basically , wrong perceptions and beliefs about epilepsy have a serious impact on people with epilepsy, both clinically and socially. | Wrong perceptions and beliefs about epilepsy have a serious impact on people with epilepsy, both clinically and socially. | (A3) Sentence Doesn't need "Basically" there is no any contradicted clause in sentence) |
| 31. | Pg.5 pr.2 In epilepsy there is no single cause. | In epilepsy, there is no single cause. | (A2) Punctuation (use comma after "epilepsy") |
| 32. | Pg.6 pr.1 Head injuries that can cause damage to the brain. | Head injuries can cause damage to the brain. | (A3) Sentence (it doesn't need "that" because there was can" in sentence) |
| 33. | Pg.6 pt.8 In addition, there are also epilepsy that is considered symptomatic, but the cause is unknown, | In addition, there is also epilepsy that is considered symptomatic, but the cause is unknown, | (A3) Sentence (noun-verb agreement). |

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| 34. | Pg.6 pt.8 Which includes cryptogenic epilepsy are West syndrome, Lenox-Gastaut syndrome and myoclonic epilepsy (Perdossi, 2006)(Dian, 2009). | Which includes cryptogenic epilepsy are West syndrome, Lenox-Gastaut syndrome, and myoclonic epilepsy (Perdossi, 2006)(Dian, 2009). | (A2) Punctuation (use ‘,’ after ‘syndrome’) |
| 35. | Pg.6 pr.1 Under normal conditions, nerve impulses from the brain are electrically carried by neuro transmitters such as GABBA (gamma aminobutric acid glutamate) through nerve cells to other body organs. The factors causing the above epilepsy interfere with this system, causing an imbalance in the flow of nerve cells and cause seizures which are one of the characteristics of epilepsy | Under normal conditions, nerve impulses from the brain are electrically carried by neurotransmitter such as GABBA (gamma amino butyric acid glutamate) through nerve cells to other body organs. Factors causing above epilepsy to interfere with this system, causing an imbalance in the flow of nerve cells and cause seizures which are one of the characteristics of epilepsy | (A1) Spelling And (A4) Structure (without “the”, because there was “above”), (use to before ‘interfere’, <i>to-infinitive</i> form) |
| 36. | Pg.7 pr.1 In the event of epilepsy the ions are well coordinated so that the charge can arise. | In the event of epilepsy, the ions are well coordinated so that the charge can arise. | (A2) Punctuation (use comma after “ |

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| | | | epilepsy”) |
| 37. | Pg.7 pr.1 Muscle spasm occurs in almost all parts including the mouth muscles so that sufferers experience a threat to the surface of the tongue. | A muscle spasm occurs in almost all parts including the mouth muscles so that sufferers experience a threat to the surface of the tongue. | (A3) Sentence (use ‘A’ before ‘muscle’) |
| 38. | Pg.8 pr.2 Abnormalities of most of the brain neurons that are caused by electrical disturbances also result in sudden loss of consciousness so that | Abnormalities of most of the brain neurons that are caused by electrical disturbances also result in a sudden loss of consciousness so that | (A4) Structure (use ‘a’ before ‘sudden’) |
| 39. | Pg.8 pr.2 Lesions in the midbrain, thalamus and cerebral cortex are likely to be epileptogenic whereas lesions in the cerebrum and brain stem generally do not trigger seizures. | Lesions in the midbrain, thalamus, and cerebral cortex are likely to be epileptogenic, whereas lesions in the cerebrum and brain stem generally do not trigger seizures. | (A1) Spelling (A2) Punctuation (Use comma after “thalamus”) |
| 40. | Pg.8 pt.3 Polarization abnormalities (excessive polarization, hypopolarization), or time lapse in repolarization) caused by excess acetylcholine or deficiency of gama-aminobutyric acid (GABA). | Polarization abnormalities (excessive polarization, hyperpolarization, or time-lapse in repolarization) caused by excess acetylcholine or deficiency of gamma acid (GABA). | (A1) Spelling |
| 41. | Pg.8 pt.4 This disturbance of | This disturbance of balance causes | (A1) Spelling |

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| | balance causes an excessive increase in axitic neurotransmitter or inhibitory neurotransmitter depletion. | an excessive increase in exotic neurotransmitter or inhibitory neurotransmitter depletion. | |
| 42. | Pg.9 pr.1 Brain blood flow increases, so does tissue respiration and glycolysis. Acetylcholine appears in cerebrospinal fluid (CSS) during and after seizures. | Brain blood flow increases, so do tissue respiration and glycolysis. Acetylcholine appears in cerebrospinal fluid (CSS) during and after seizures. | (A3) Sentence (increases is plural word, noun-verb agreement) |
| 43. | Pg.11 pr.1 Partial attacks are divided into two, namely attacks with awareness that remain good (simple partial) and attacks with disturbance of consciousness (partial complex). | Partial attacks are divided into two, namely attacks with the awareness/an awareness that remain good (simple partial) and attacks with disturbance of consciousness (partial complex). | (A3) Sentence (the awareness/an awareness) |
| 44. | Pg.11 pr.1 However, individually partial attacks tend to be stereopathic and neuro-anatomic (Harsono, 2007) | However, individually partial attacks tend to be osteopathic and neuro-anatomic (Harsono, 2007) | (A1) Spelling |
| 45. | Pg.11 pr.2 thus the clinical manifestations vary greatly, including motoric, sensory , | thus the clinical manifestations vary greatly, including motoric, sensory, autonomic, and | (A2) Punctuation (use ‘,’ after |

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| | autonomic and psychological manifestations. | psychological manifestations. | ‘autonomic’) |
| 46. | Pg.11 pr.3 In this case sufferers experience interference in interacting with their environment. | In this case, sufferers experience interference in interacting with their environment. | (A2) Punctuation (use ‘,’ after ‘case’) |
| 47. | Pg.11 pr.3 During complex partial attacks it often appears simple and complex automatism (repetitive motor activity: aimless, directionless and strange). | During complex partial attacks, it often appears simple and complex automatism (repetitive motor activity: aimless, directionless, and strange). | (A2) Punctuation (use ‘,’ after ‘attacks’) |
| 48. | Pg.11 pr.3 Meanwhile there are also complex partial attacks that are not accompanied by automatism (Harsono, 2007) | Meanwhile, there are also complex partial attacks that are not accompanied by automatism (Harsono, 2007) | (A2) Punctuation (use ‘,’ after ‘meanwhile’) |
| 49. | Pg.12 pr.1 A grandmal attack is also called a tonic-clonic or major seizure (generalized attack) or generalized tonic-clonic seizures (GTCS). | A grand mal attack is also called a tonic-clonic or major seizure (generalized attack) or generalized tonic-clonic seizures (GTCS). | (A1) Spelling |
| 50. | Pg.12 pr.1 Grandmal seizures are | Grand mal seizures are the most | (A1) Spelling |

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| | the most common type of epilepsy. | common type of epilepsy. | |
| 51. | Pg.12 pr.2 In this type there are three different types of epilepsy syndromes, namely childhood absence epilepsy, juvenile absence epilepsy, and absence with eye myoclonia. | In this type, there are three different types of epilepsy syndromes, namely childhood absence epilepsy, juvenile absence epilepsy, and absence with eye myoclonia. | (A2) Punctuation (use ‘,’ after ‘type’) |
| 52. | Pg.12 pt.1 Tonic attacks are characterized by bilateral and sudden jerks or jerks on the body, arms or legs. | Tonic attacks are characterized by bilateral and sudden jerks or jerks on the body, arms, or legs. | (A2) Punctuation (use ‘,’ after ‘arms’) |
| 53. | Pg.12 pt.g Mouth comes out foam | A mouth comes out foam | (A3) Structure (add ‘A’ before ‘mouth’) |
| 54. | Pg.12 pr.4 epileptic clones usually cause synchronous and bilateral jerks on the neck, shoulders, upper arms, body and upper limbs. | Epileptic clones usually cause synchronous and bilateral jerks on the neck, shoulders, upper arms, body, and upper limbs. | (A2) Punctuation (use ‘,’ after ‘body’) |
| 55. | Pg.13 pr.2 such as brain development disorders (hippocampal sclerosis, cortical | such as brain development disorders (hippocampal sclerosis, cortical dysgenesis), brain tumors, | (A2) Punctuation |

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| | dysgenesis), brain tumors, cerebral vascular abnormalities (cavernous hemangiomas) and other abnormalities ¹⁸ | cerebral vascular abnormalities (cavernous hemangiomas), and other abnormalities. | |
| 56. | Pg.14 pt.a Non pharmacology | nonpharmacology/non-pharmacology | (A1) Spelling |
| 57. | Pg.14 pr.1 Although CT scans often provide normal results in most cases of epilepsy, CT scans are quite important investigations because they can show abnormalities in the brain such as brain tissue atrophy, scarring, tumors and abnormalities in cerebral blood vessels.Vera, Ayu and Dewi , 2014) | Although CT scans often provide normal results in most cases of epilepsy, CT scans are quite important investigations because they can show abnormalities in the brain such as brain tissue atrophy, scarring, tumors and, abnormalities in cerebral blood vessels. Vera, Ayu, and Dewi, 2014) | (A2) Punctuation (use “;”) |
| 58. | Pg.14 pt.2 Avoiding trigger factors (if any), for example stress, OR, coffee or alcohol consumption, changes in sleep schedule, late eating, etc. | Avoiding trigger factors (if any), for example: (tidak perlu pakai ‘:’) stress, OR, coffee or alcohol consumption, changes in sleep schedule, late eating, etc. | (A2) Punctuation (doesn’t need ‘:’after for example) |
| 59. | Pg.14 pt.1 Drugs that increase | Drugs that increase inactivation of | (A3) Sentence |

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| | inactivation of Na ⁺ channels: Inactivation of Na channels, decreases the ability of nerves to conduct electric charge. | Na ⁺ channels: Inactivation of Na channels, decrease the ability of nerves to conduct electric charge. | (drugs is plural, noun-verb agreement). |
| 60. | Drugs that increase GABAergic inhibitory transmission: GABA receptor agonists, increase inhibitory transmission by activating the action of GABA receptors, for example: benzodiazepines, barbiturates. | Drugs that increase GABAergic inhibitory transmission GABA receptor agonists, increase inhibitory transmission by activating the action of GABA receptors, for example benzodiazepines, barbiturates. | (A2) Punctuation (without ':') |
| 61. | Inhibiting GABA transaminase, GABA concentration increases, for example: Vigabatrin. | Inhibiting GABA transaminase, GABA concentration increases, for example Vigabatrin. | (A2) Punctuation (without ':') |
| 62. | Inhibiting GABA transporter, prolonging GABA action, for example: Tiagabin. | Inhibiting GABA transporter, prolonging GABA action, for example Tiagabin. | (A2) Punctuation (without ':') |
| 63. | Increasing the concentration of GABA in a patient's cerebrospinal fluid may stimulate the release of GABA from a non-vesicular pool example: Gabapentin (Anonymous, 2007). | Increasing the concentration of GABA in a patient's cerebrospinal fluid may stimulate the release of GABA from a non-vesicular for example: Gabapentin (Anonymous, 2007). | (A2) Punctuation (without ':') |
| 64. | Pg.15 pt.3 Patterns of need, respiratory function, cardiovascular function, learning function, growth and development function. | Patterns of need, respiratory function, cardiovascular function, learning function, growth, and development function. | (A2) Punctuation |

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| 65. | Pg.15 pt.b Whereas in the partial type of eye sight the patient looks glazed like a confused person. | Whereas in the partial type of eyesight the patient looks glazed like a confused person. | (A1) Spelling |
| 66. | Pg.15 pt.d However, after the attack eliminate normal again(Vera, Ayu and Dewi , 2014) | However, after the attack eliminate normal again(Vera, Ayu, and Dewi, 2014) | (A2) Punctuation (use “,” after Ayu). |
| 67. | Pg.16 pr.1 The assessment is carried out comprehensively with various assessment methods such as history, observation, measurement, documentation and physical examination. | The assessment is carried out comprehensively with various assessment methods such as history, observation, measurement, documentation, and physical examination. | (A2) Punctuation (use “,” after documentation). |
| 68. | Pg.16 pt.a Biodata: Name, age, sex, address, ethnicity, nation, education, occupation and person in charge. | Biodata: Name, age, sex, address, ethnicity, nation, education, occupation, and person in charge. | (A2) Punctuation (use “,” after occupation). |
| 69. | Pg.16 pt.b Main complaint: For the main complaint, the patient or family usually goes to the place of health care because the client experiences a sudden loss of | Main complaint: For the main complaint, the patient or family usually goes to the place of health care because the client experiences a sudden loss of consciousness | (A4) Structure (needs to use article “a”) |

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| | consciousness accompanied by foaming mouth. | accompanied by a foaming mouth. | |
| 70. | Pg.17 pt.b B2 (blood): Tachycardia occurs, cianosis occurs | B2 (blood): Tachycardia occurs, cyanosis occurs | (A1) Spelling |
| 71. | Respiratory status: respiratory frequency at level 4 (mild) division of the normal range) | respiratory status: respiratory frequency at level 4 a mild division of the normal range) | (A4) Structure (needs a after mild) |
| 72. | Pg.18 pt.1) Health Education: identification of internal and external factors that can increase or reduce motivation to behave in a healthy manner, emphasize the importance of healthy eating patterns, sleep, exercise, etc. especially in children | Health Education: identification of internal and external factors can increase or reduce motivation to behave healthily, emphasizing the importance of healthy eating patterns, sleep, exercise, etc. especially in children | (A3) Sentence (‘in a healthy manner’ too long) and (it doesn’t need “that” because there was can” in sentence) |

| (2) Title: Pneumonia | | | |
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| No | Error | Correct | Problem |
| 1. | THEOROTICAL BACKSOUND OF PNEUMONIA | THEORETICAL BACKGROUND OF PNEUMONIA | (A1) Spelling |

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| | Pg.1 pr.1 Pneumonia is an inflammmatory disea se of the lungs and respiratory system where the alveoli swells and there is fluid retention. | Pneumonia is an inflatmmatory disea se of the lungs and respiratory system where the alveoli swell and there is fluid retention. | (A3) Sentence (alveoli is plural) Noun-verb agreement. |
| 2. | Pg.1 pr.2 Pneumonia is inflammation that affects the lung, distal to the terminal bronchioles which includes respiratory bronchioles, and alveoli and causes lung tissue consolidation and local gas exchange. (Mada Virgo & Gusti Ayu, 2017) | Pneumonia is inflammation that affects the lung, distal to the terminal bronchioles which include respiratory bronchioles, and alveoli and cause lung tissue consolidation and local gas exchange. (Mada Virgo & Gusti Ayu, 2017) | (A3) Sentence (refers to "the terminal bronchioles") Noun-verb agreement. |
| 3. | Pg.1 pt.1.1.1.1 Pneumonia obtained in the community. | Pneumonia is obtained in the community. | (A3) Sentence (needs to use tobe) |
| 4. | Pg.1 pt.1.1.1.2 Nosocomial pneumonia (hospital- acqiured pneumonia / nosocomial pneumonia) | Nosocomial pneumonia (hospital-acquired pneumonia / nosocomial pneumonia) | (A1) Spelling |

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| 5. | Pg.1 pt.1.1.1.2 The causes, microbiology, treatment and prognosis are different from those of the pneumonia community. | The causes, microbiology, treatment, and prognosis are different from those of the pneumonia community. | (A2) Punctuation |
| 6. | Pg.1 pt.1.1.2.1 Bacterial / typical pneumonia. Can occur at any age . | Bacterial / typical pneumonia. Can occur at any age. | (A2) Punctuation |
| 7. | Pg.1 pt.1.1.2.1 Klebsiella in alcoholic patients, Staphylococcus in patients with influenza infection. | Klebsiella in alcoholic patients, Staphylococcus in patients with influenza infection. | (A1) Spelling |
| 8. | Pg.2 pt.1.1.2.2 Pneumonia that often affects children and young adults is caused by Mycoplasma, Legionella and Chlamydia | Pneumonia that often affects children and young adults is caused by Mycoplasma, Legionella, and Chlamydia | (A2) Punctuation |
| 9. | Pg.2 pt.1.1.2.4 Predilection especially in patients with weak immunity (immunocompromised) | Predilection especially in patients with a weak immunity (immunocompromised) | (A4) Structure (needs “a” before weak). |
| 10. | Pg.2 pt.1.1.3.2 Pneumonia is characterized by patches of infiltrates in the lung field . | Pneumonia is characterized by patches of infiltrates in the lung . field. | (A2) Punctuation |
| 11. | Pg.2 pt.2.1 According to Mada Virgo & Gusti Ayu, 2017 . | According to Mada Virgo & Gusti Ayu, 2017. Pneumonia is usually | (A2) Punctuation |

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| | Pneumania is usually caused by several factors, including: | caused by several factors, including: | |
| 12. | Pg.2 pt.2.1.1 Gram-positive organisms that cause bacterial pneumonia (Pneumococci, streptococcus, staphylococci, H. Influenxa , klebsiela mycoplasma pneumonia) | Gram-positive orgasms that cause bacterial pneumonia (Pneumococci, streptococcus, staphylococci, H. Influenza, klebsiella mycoplasma pneumonia) | (A1) Spelling |
| 13. | Pg.2 pt.2.1.5 Chemicals (Aspiration of food / milk / stomach contents. Hydricarbon poisoning (kerosene or gasoline) | Chemicals (Aspiration of food/milk/stomach contents. Hydrocarbon poisoning (kerosene or gasoline) | (A1) Spelling (A2) Punctuation |
| 14. | Pg.3 2.15 In infants and children, the most common causes are respiratory cranial viruses, adenoviruses, pre-influenza viruses, influenza viruses and micoplasms. | In infants and children, the most common causes are respiratory cranial viruses, adenoviruses, pre-influenza viruses, influenza viruses, and mycoplasmas. | (A2) Punctuation and spelling |
| 15. | Pg.3 pt.2.2.1 Respiratory tract infections (ARI) , air pollution , alcoholics, cigarettes , cigarette smoke that interfere with | Respiratory tract infections (ARI), air pollution, alcoholics, cigarettes, cigarette smoke that interfere with alveolar mobility and | (A2) Punctuation |

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| | <p>alveolar mobility and magrophages , lack of nutrition ,</p> <p>no breastmilk, blood less than 2 months , tight body low birth and low immunization inadequate .</p> | <p>macrophages, lack of nutrition, no breast milk, bloodless more than 2 months, tight body low birth, and low immunization inadequate.</p> | |
| 16. | <p>Pg.3 pt.2.3.1 Age under the age of 2 months , t ingkat low socioeconomic , g IZI less , b ayi low birth weight , t ingkat low maternal education , t ingkat service commitment At ABC nan (range) of service is low, k epadatan place to stay , i munisasi that inadequate and suffers from chronic diseases .</p> | <p>Under 2 months of age, low socioeconomic, low birth weight baby, low maternal education level, level of service commitment At ABC nan (range) of service is low, density place to stay, immunization that inadequate and suffers from chronic diseases.</p> | <p>(A5) vocabulary (code mixing)</p> |
| 17. | <p>Pg3 pr.1 bacteria can affect anyone, from infants to old age .</p> | <p>Pneumonia that is triggered by bacteria can affect anyone, from infants to old age.</p> | <p>(A2) Punctuation</p> |
| 18. | <p>Pg.3 pr.1 Alcoholics, post-operative patients, people with respiratory disorders, who are infected with a virus or have decreased immunity ,</p> | <p>Alcoholics, post-operative patients, people with respiratory disorders, who are infected with a virus or have decreased immunity,</p> | <p>(A2) Punctuation</p> |

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| | are most at risk. | are most at risk. | |
| 19. | Pg.3 pr.1 Actually pneumonia bacteria that exist and live normally in a healthy throat. | Actually pneumonia bacteria exist and live normally in a healthy throat. | (A3) Sentence (without “that”). |
| 20. | Pg.3 pr.1 When the body's defenses decrease, for example due to disease, old age and malnutrition, bacterial pneumonia will quickly multiply and damage the lung organs. | When the body's defenses decrease, for example, due to disease, old age, and malnutrition, bacterial pneumonia will quickly multiply and damage the lung organs. | (A2) Punctuation |
| 21. | Pg.3 pr.1 Bacterial pneumonia causes the most striking immune and inflammatory responses . | Bacterial pneumonia causes the most striking immune and inflammatory responses. | (A2) Punctuation |
| 22. | Pg.3 pr.1 If an infection occurs, part of the tissue from the lung lobe , or the entire lobe, even most of the five lung lobes (three in the right lung, | If an infection occurs, part of the tissue from the lung lobe, or the entire lobe, even most of the five lung lobes (three in the right lung, and two in the left lung) become filled with fluid. | (A2) Punctuation |

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| 23. | <p>Pg.4 pt.4.1 Early symptoms : Mild rhinitis , a noreksia , anxiety .</p> <p>Continues until: Fever , mauseise , fast and superficial AFF (50 - 80) , sound aspiration , more than 5 years, headache and chills , less than 2 years of vomiting and mild diarrhea , leukocytocytes, and phthalmic pneumonia lobar .</p> | <p>Early symptoms: Mild rhinitis, anorexia,) anxiety . Continues until: fever, mauseise, fast and superficial AFF (50-80, sound aspiration, more than 5 years, headache and chills, less than 2 years of vomiting and mild diarrhea, leukocytocytes, and ophthalmic pneumonia lobar.</p> | <p>(A2)</p> <p>Punctuation</p> |
| 24. | <p>Pg.4 pt.4.1 less than 2 years of vomiting and mild diarrhea , leukocytocytes, and phthalmic pneumonia lobar .</p> | <p>less than 2 years of vomiting and mild diarrhea, leukocytocytes, and phthalmic pneumonia lobar.</p> | <p>(A2)</p> <p>Punctuation</p> |
| 25. | <p>Pg.4 pt.4.2 Initial symptoms : Cough and rhinitis. Expands to : Mild fever , mild cough, and malaise to high fever, severe cough and lethargy, obstructive emphysema , wet fever and reduced leukocytes .</p> | <p>Initial symptoms: Cough and rhinitis. Expands to: Mild fever, mild cough, and malaise to high fever, severe cough and lethargy, obstructive emphysema, wet fever, and reduced leukocytes.</p> | <p>(A2)</p> <p>Punctuation</p> |
| 26. | <p>Pg.4 pt.5.1 Prevention of pneumonia can be done by giving</p> | <p>Prevention of pneumonia can be done by giving measles</p> | <p>(A1) Spelling,</p> <p>(A4) Structure</p> |

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| | measles immunization, Dipteri Pertusis Tetanus (DPT) to prepare infants to face an environment that cannot always be guaranteed of clean air. | immunization, Diptera Pertussis Tetanus (DPT) to prepare infants to face an environment cannot always be guaranteed clean air. | (doesn't need 'of' before "clean") , and (A3) Sentence (it doesn't need "that" because there was can" in sentence) |
| 27. | Pg.4 pt.5.2 Give chemoprophylaxis (relief of throat / cough reliever) | Give chemoprophylaxis (relief of throat/cough reliever) | (A2) Punctuation |
| 28. | Pg.4 pt.5.3 This is because breast milk is guaranteed clean and contains antibody factors that can provide protection against bacterial and viral infections. | This is because breast milk is guaranteed clean and contains antibody factors can protect against bacterial and virus infections. | (A1) Spelling and (A3) Sentence (it doesn't need "that" because there was can" in sentence) |
| 29. | Pg.5 pt.5.3 In addition to giving A SI an increase in the nutritional status of children with pneumonia also needs attention for the child's | In addition to giving breast milk an increase in the nutritional status of children with pneumonia also needs attention for the child's | (A4) Structure (ASI= breast milk) |

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| | recovery the . | recovery. | |
| 30. | Pg.5 pt.5.4 S EPER ti indoor air pollution, smoky environments and pollution outdoors | for example, indoor air pollution, smoky environments, and outdoor pollution. | (A2) Punctuation and |
| 31. | Pg.5 pt.5.6 Mempe rbaiki ways child care | Fix ways of childcare. | (A5) vocabulary (Code mixing) |
| 32. | Pg.5 line.5.6 Attempts to menc ari medical attention, giving p Education in the mother on how to care of a good child. (Mada Virgo & Gusti Ayu, 2017) | Attempts to search medical attention, giving p Education in the mother on how to care of a good child. (Mada Virgo & Gusti Ayu, 2017) | (A5) vocabulary (Code mixing) |
| 33. | Pg.5 table. Inflammation / inflammation of the bronchi | Inflammation of the bronchi | (A4) Structure (double word) |
| 34. | Pg.6 line.7.2 Intolerant activity of the imbalance between sulpai and oxygen demand (NANDA, 00092) | Intolerant activity of the imbalance between supply and oxygen demand (NANDA, 00092) | (A1) Spelling |
| 35. | Pg.6 pt.8.1I dentifying the structural distribution (eg lobar, bronchial), can also express a broad | Identifying the structural distribution (eg lobar, bronchial), can also express a broad abscess / | (A1) Spelling And (A2) Punctuation |

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| | abscess / infiltrate, empie ma (stapilococcus); diffuse or localized infiltration (bacterial al); or spread / expansion of infiltrate nodules (more often viruses). In the chest X-ray mycoplasma pneumonia may be cleaner. | infiltrate, empyema) staphylococcus; diffuse or localized infiltration (bacterial al); or spread/expansion of infiltrating nodules more often viruses. In the chest, X-ray mycoplasma pneumonia may be cleaner. | |
| 36. | Pg.7 line.1 Hypoxic lung function, decreased volume, increased airway pressure , and decreased complaints | Hypoxic lung function, decreased volume, increased airway pressure, and decreased complaints | (A2) Punctuation |
| 37. | Pg.7 pt.8.5 Increased bilirubin and lung tissue aspiration / biopsy | Increased bilirubin and lung tissue aspiration/biopsy | (A2) Punctuation |
| 38. | Pg.7 pr.2 Patients who are older children and sufferers with shortness of breath or with other heart and lung disease , must be treated and antibiotics given intravenously. | Patients who are older children and sufferers with shortness of breath or with other heart and lung disease must be treated and antibiotics are given intravenously. | (A2) Punctuation (without “,” after lung disease and sentence (using “are”) |
| 39. | Pg.7 pr.3 You may need to give extra oxygen , intravenous fluids | You may need to give extra oxygen, intravenous fluids, and | (A2) Punctuation |

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| | and mechanical breathing aids . | mechanical breathing aids. | |
| 40. | Pg.7 pr.3 Most people will give r espons to treatment and condition m embaik within 2 weeks. | Most people will give responds to treatment and condition will getting better within 2 weeks. | (A5) vocabulary (Code mixing) |
| 41. | Pg.7 pt.d If the tightness is not too heavy, you can start a gradual enteral meal through a nasogastric tube with drip feeding . | If the tightness is not too heavy, you can start a gradual enteral meal through a nasogastric tube with drip-feeding, | (A1) Spelling |
| 42. | Pg.7 pt.e If excessive mucus secretion can be given inhalation with normal saline and beta agonists to improve mucociliary transport. | If excessive mucus secretion can be given inhalation with normal saline and beta-agonist to improve mucociliary transport. | (A1) Spelling |
| 43. | Pg.7 pt.f Correction of acid base and electrolyte balance disorders | Correction of acid-base and electrolyte balance disorders | (A1) Spelling |
| 44. | Pg.7 pt.f Anti biotic according to culture results or given for community base pneumonia cases: | Antibiotic according to culture results or given for community base pneumonia cases: | (A1) Spelling |
| 45. | Pg.8 pt.5 Monitor ontake / nutrient intake to determine | Monitor intake/nutrient intake to determine adequate energy sources | (A1) Spelling (A2) Punctuation |

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| | adequate energy sources | | |
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| (3) Title: Abortion | | | |
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| No | Error | Correct | Problem |
| 1. | Pg.1 pr.1 Abortion can be divided on (into) two groups , namely abortion spontaneous (spontaneous abortion) and (abortus provocatus.) | Abortion can be divided on (into) two groups, namely spontaneous abortion and abortus provocatus. | (A2) Punctuation and (A1) Spelling |
| 2. | Pg.1 pr.1 Abortion spontaneous is abortion that occurs without action of mechanical and caused by factors naturally . | Spontaneous abortion is an abortion that occurs without the action of mechanical and caused by factors . naturally. | (A4) Structure and (A2) Punctuation |
| 3. | Pg.1 pr.1 Abortion provokatus is abortion that occurs as a result of acts or deliberate , either by taking drugs or devices . | abortus provocatus is an abortion that occurs as a result of acts or deliberate, either by taking drugs or devices. | (A1) Spelling, (A4) Structure (use “an” before “abortion” because it’s singular), and (A2) Punctuation |

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| 4. | Pg.1 pr.2 Abortion is the end of pregnancy before the fetus can live in the outside world , without questioning the cause . | Abortion is the end of a pregnancy before the fetus can live in the outside world, without questioning the cause. | (A3) Sentence (use “a” before “pregnancy” because it’s singular), (A1) Spelling, and (A2) Punctuation |
| 5. | Pg.1 pr.2 Baby just might live in the world outside when the weight of the body has reached more than 500 grams or age pregnancies more than 20 weeks . | Baby just might live in the world outside when the weight of the body has reached more than 500 grams or age pregnancies more than 20 weeks. | (A2) Punctuation |
| 6. | Pg.1 pr.2 Abortion spontaneous refers to miscarriage in pregnancy less than 20 weeks without any action medical or actions surgery to end the pregnancy . | Abortion spontaneous refers to miscarriage in pregnancy less than 20 weeks without any medical action or surgery action to end the pregnancy. | (A4) Structure and (A2) Punctuation |
| 7. | Pg.1 pr.2 Abortion Spontaneous is a mechanism of nature that led to the cessation of the process of pregnancy before the age of 28 | Spontaneous abortion is a mechanism of nature that led to the cessation of the process of pregnancy before the age of 28 | (A4) Structure and (A2) Punctuation |

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| | weeks . | weeks. | |
| 8. | Pg.1 pr.2 a mechanism of nature that led to the cessation of the process of pregnancy before the age of 28 weeks . | a mechanism of nature that led to the cessation of the process of pregnancy before the age of 28 weeks. | (A2) Punctuation |
| 9. | Pg.1 pr.2 The causes can be by as a disease that affects the mother or causes other in generally associated with abnormalities in the system of reproduction . | The causes can be by as a disease that affects the mother or causes other in generally associated with abnormalities in the system of reproduction. | (A2) Punctuation |
| 10. | Pg.1 pt.1.1 Classification of Abortion . | Classification of Abortion | (A2) Punctuation Without “,” it’s title. |
| 11. | Pg.1 pt.1.1.2 Artificial abortion , Abortus provocatus (intentional , aborted) . | Artificial abortion, Abortus provocatus .(intentional abortion) | (A2) Punctuation |
| 12. | Pg.1 pt.1.1.3 Artificial abortion according to the rules of science (Abortus provocatus artificialis or therapeutic abortion) . | Artificial abortion according to the rules of science (Abortus provocatus artificialis or therapeutic abortion). | (A2) Punctuation |

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| 13. | Pg.2 pt.1.1.3 Indications for abortion for maternal interests , for example : heart disease , essential hypertension ,and cervical carcinoma . This decision is determined by a team of experts who consisting of a physician specialist midwifery ,a disease in and psychiatry , or psychologist . | Indications for abortion for maternal interests, for example: heart disease, essential hypertension, and cervical carcinome. This decision is determined by a team of experts who consisting of a physician specialist midwifery, a disease in and psychiatry, or psychologist.) | (A2) Punctuation |
| 14. | Pg.2 pt.1.1.4 Abortion -made criminal (Abortion provocatus criminalis) is an abortion of pregnancy without reason medical are valid or by a person who is not authorized and prohibited by law . | Abortion -made criminal (abortus provocatus criminalis) is an abortion of pregnancy without valid medical reason or by a person who is not authorized and prohibited by law. | (A1) Spelling, (A4) Structure and (A2) Punctuation |
| 15. | Pg.2 pr.1 In general , there are three factors that may cause abortion spontaneous that is a factor of the fetus , the factors mother as a cause of abortion and factor paternal . | In general, there are three factors that may cause spontaneous abortion that is the factor of the fetus, the factors of the mother as a cause of abortion and,. paternal factor. | (A2) Punctuation and (A4) Structure |

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| 16. | Pg.2 pr.1 After passing through the first trimester , the rate of abortion and the chance of chromosomal anomaly is reduced . | After passing the first trimester, the rate of abortion and the chance of chromosomal anomaly is reduced. | (A4) Structure (enough with “passing”) and punctuation |
| 17. | Pg.2 pr.2 Based on the results of studies cytogenetics were performed in the whole world, approximately 50 to 60 percent of abortion spontaneous that occurs trimester first have karyotype abnormalities . | Based on the result of studies cytogenetics was performed in the whole world, approximately 50 to 60 percent of abortion spontaneous that occurs in the first trimester have karyotype abnormalities. | (A3) Sentence (noun-verb agreement) |
| 18. | Pg.2 pr.2 Abnormalities on this chromosome are like autosomal trisomy, X monosomy and polyploidy . | Abnormalities on this chromosome are like autosomal trisomy, X monosomy, and polyploidy. | (A2) Punctuation |
| 19. | Pg.2 pr.2 Chromosomal abnormalities are the main thing in embryos and fetuses that experience spontaneous abortion , and are a large part of failure early pregnancy . | Chromosomal abnormalities are the main thing in embryos and fetuses that experience spontaneous ,abortion, and are a large part of failure early . pregnancy. | (A2) Punctuation |

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| 20. | Pg.2 pr.2 Abnormalities in the number of chromosomes is more frequently encountered than the aberration structure of chromosomes . | Abnormalities in the number of chromosomes are more frequently encountered than the aberration structure of chromosomes. | (A3) Sentence (noun-verb agreement) and punctuation |
| 21. | Pg.3 pr.2 Abnormalities of chromosomes are structurally can be derived by either one of both the parents who become carriers of abnormalities such. | Abnormalities of chromosomes are structurally can be derived by either one of both the parents who become carriers of abnormalities. | (A4) Structure (without “such”). |
| 22. | Pg.3 pr.1 In women pregnant who have a history of miscarriages three times consecutively , the risk for the occurrence of abortion in pregnancy onwards is at 50 p Ersen . | pregnant women who have a history of miscarriages three times consecutively, the risk for the occurrence of abortion in pregnancy onwards is at 50 percent. | (A4) Structure And (A2) Punctuation |
| 23. | Pg.3 pr.1 Various disease infection , disease of chronic , disorders of endocrine , shortage of nutrition , alcohol , tobacco , deformity of the uterus or cervix , similarity and dissimilarity immunologik both the | Various disease infection, disease of chronic, disorders of endocrine, shortage of nutrition, alcohol, tobacco, deformity of the uterus or cervix, similarity and dissimilarity immunologic both the parents and, | (A2) Punctuation |

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| | parents and traumatic emotional or physical can lead to abortion, though evidence of correlation are not always convincing . | traumatic emotional or physical can lead to abortion, though evidence of correlation are not always convincing. | |
| 24. | Pg.3 pr.1 Isolation of Mycoplasma hominis and Ureaplasma urelyticum of the tract Genital some women who undergo abortion, directing the hypothesis that infection mycoplasma that the tract genital , is abortifasient . | Isolation of Mycoplasma hominis and Ureaplasma urelyticum of the tract Genital of some women who undergo abortion, directing the hypothesis that infection mycoplasma that the tract genital, is . abortifasient. | (A4) Structure (add “of” after “some women”) and (A2) Punctuation |
| 25. | Pg.3 pr.2 In pregnancy continued , birth prematurely can be caused by disease systemic whose weight in the mother . | In continued pregnancy, birth prematurely can be caused by disease systemic whose weight in the mother. | (A4) Structure and punctuation |
| 26. | Pg.3 pr.2 Hypertension rarely causes abortion, but can result in fetal death and preterm labor . | Hypertension rarely causes abortion but can result in fetal death and preterm. labor. | (A2) Punctuation |
| 27. | Pg.3 pr.2 Abortion is often caused , perhaps without reason that adequate , shortage secretion of | Abortion is often caused without reason that adequate, shortage secretion of progesterone which is | (A2) Punctuation and (A3) |

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| | progesterone which is the first by the corpus luteum and later by the trophoblast . | the first by the corpus luteum and later by the . trophoblast. | Sentence (there is “caused”, without “perhaps”). |
| 28. | Pg.3 pr.2 Because progesterone maintain decidua , deficiency relative is theoretically interfere with the nutrients of the conceptus and the thus resulting in death . | Because progesterone maintains decidua, deficiency relative is theoretically interfere with the nutrients of the conceptus and thus resulting in death. | (A2) Punctuation and (A4) Structure (without “the”) |
| 29. | Pg.3 pr.2 At the time of this , seems that only the malnutrition common that weight is a predisposing the increased possibility of abortion. | At the time of this, it seems that only the malnutrition common that weight is a predisposing the increased possibility of abortion. | (A2) Punctuation and (A3) Sentence (noun-verb agreement). |
| 30. | Pg.3 pr.2 Women who smoke are known to have more spontaneous abortions than women who don't smoke . | Women who smoke are known to have more spontaneous abortions than women who don't smoke. | (A2) Punctuation |
| 31. | Pg.3 pr.2 Alcohol otherwise | Alcohol otherwise increases the | (A3) Sentence |

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| | increase the risk of abortion spontaneous , although it is only used in a number of medium . | risk of spontaneous abortion, although it is only used in a number. | (noun-verb agreement). |
| 32. | Pg.4 pr.1 Kira- about 10 percent to 15 percent of women pregnant who suffered miscarriages repeatedly have abnormalities in the uterus such as septum partial or complete . | About 10 percent to 15 percent of pregnant women who suffered miscarriages repeatedly have abnormalities in the uterus such as septum, partial or complete. | (A5) vocabulary (Code mixing), (A4) Structure and (A2) Punctuation |

(4) Title: Haemorrhagic Dengue Fever (DHF)

| No | Error | Correct | Problem |
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| 1. | Pg.1 pr.1 Dengue fever and dengue hemorrhagic fever / dengue / DHF is an infectious disease caused by the dengue virus with clinical manifestations of fever, muscle aches and joint pains accompanied by leukopenia, rash, lymphadenopathy, thrombocytopenia and | Dengue fever and dengue hemorrhagic fever/dengue/DHF is an infectious disease caused by the dengue virus with clinical manifestations of fever, muscle aches, and joint pains accompanied by leukopenia, rash, lymphadenopathy, thrombocytopenia , and | (A2) Punctuation |

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| | hemorrhagic ditiesis. | Hemorrhagic diathesis. | |
| 2. | Pg.1 pr.1 Dengue shock syndrome is the dengue hemorrhagic fever which is characterized by shock / shock. (Sudoyo W. Aru, 2014) | Dengue shock syndrome is dengue hemorrhagic fever that is characterized by shock. (Sudoyo W. Aru, 2014)) | (A3) Sentence (without “the” and use that is) and (A2) Punctuation |
| 3. | Pg.1 pr.2 Dengue Hemorrhagic Fever (DHF) is a disease, the caused by dengue virus and can be transmitted through the bite of the Aedes aegypti or Aedes albopictus mosquitoes. | Dengue Hemorrhagic Fever (DHF) is a disease caused by the dengue virus and can be transmitted through the bite of the Aedes aegypti or Aedes albopictus mosquitoes. | (A2) Punctuation and (A3) Sentence |
| 4. | Pg.1 grade.1 Fever with atypical symptoms and the only manifestation perarahan is a positive tourniquet test. | Fever with atypical symptoms and the only manifestation bleeding is a positive tourniquet test. | (A5) vocabulary (Code mixing) |
| 5. | Pg.2 pr.1 Dengue virus, including the flavivirus genus, family flaviridae. | Dengue virus, including the flavivirus genus, family flaviviridae. | (A1) Spelling |
| 6. | Pg.2 pr.1 There are four serotypes of the virus, namely DEN-1, DEN- | There are four serotypes of the virus, namely DEN-1, DEN-2, | (A2) Punctuation |

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| | 2, DEN-3 and DEN-4. | DEN-3, and DEN-4. | |
| 7. | Pg.2 pr.1 Infection of one serotype would generate antibodies against the serotype in question, whereas antibodies against other serotypes is lacking, so it can not be sufficient protection against the other serotypes. | Infection of one serotype would generate antibodies against the serotype in question, whereas antibodies against other serotypes are lacking, so it can not be sufficient protection against the other serotypes. | (A3) Sentence (use “are”, according to ‘antibodies’). |
| 8. | Pg.2 pr.1 Someone who lives dengue endemic areas can be infected by 3 or 4 serotypes during his lifetime. | Someone who lives dengue-endemic areas can be infected by 3 or 4 serotypes during his lifetime. | (A1) Spelling |
| 9. | Pg.2 pr.1 Fourth dengue virus serotypes can be found various regions in Indonesia. (Sudoyo W. Aru, 2014) | Fourth dengue virus serotypes can be found in various regions in Indonesia. (Sudoyo W. Aru, 2014) | (A5) vocabulary (found in) |
| 10. | Pg.2 pr.3 Fever or history of acute fever between 2-7 days, usually biphasic. Which is usually a hemorrhagic manifestations: positive tourniquet test, petechiae, | Fever or history of acute fever between 2-7 days, usually biphasic that is usually a hemorrhagic manifestations: positive tourniquet test, petechiae, ecchymosis, | (A3) Sentence (use that is then which is) |

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| | ecchymosis, mucosal bleeding (bleeding gums), melena. | mucosal bleeding (bleeding gums), melena. | |
| 11. | Pg.2 pr.3 Plasma leakage which is characterized by: increased hematocrit> 20% of the standard value according to age and gender, decreased hematocrit> 20% after administration of adequate fluid. | Plasma leakage which is characterized by increased hematocrit> 20% of the standard value according to age and gender, decreased hematocrit> 20% after administration of adequate fluid. | (A2) Punctuation (without “:”) |
| 12. | Pg.3 pr.1 After dengue virus enters the body, the patient will have complaints and symptoms as viremia, such as fever, headache, nausea, muscle pain, stiffness throughout the body, hyperemia in the throat, rash and abnormalities that may occur in the reticuloendothelial system such as enlargement - enlargement gland - lymph nodes, liver and spleen. | After dengue virus enters the body, the patient will have complaints and viremia symptoms such as fever, headache, nausea, muscle pain, stiffness throughout the body, hyperemia in the throat, rash, and abnormalities that may occur in the reticuloendothelial system such as enlargement - enlargement gland - lymph nodes, liver, and spleen. | (A2) Punctuation |
| 13. | Pg.3 pr.2 The main pathophysiological phenomenon which determines the weight of the | The main pathophysiological phenomenon which determines the weight of the disease and | (A3) Sentence (noun-verb agreement) and |

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| | disease and distinguish between DF and DHF is a heightened permeability of the capillary walls for release of anafilaktosin substance, histamine and serotonin and kallikrein system activation resulting in extravasation of intravascular fluid. | distinguishes between DF and DHF is a heightened permeability of the capillary walls for release of anaphylactic/anaphylatoxin/ana phylactosin substance, histamine, and serotonin and kallikrein system activation resulting in extravasation of intravascular fluid. | (A1) spelling |
| 14. | Pg.3 pr.2 This resulted in reduced plasma volume, hypotension, hemoconcentration, hipoproteinemia , effusion and shock. | This resulted in reduced plasma volume, hypotension, hemoconcentration, hypoproteinemia, effusion, and shock. | (A1) Spelling (A2) Punctuation |
| 15. | Pg.3 pr.3 Kebocoren their plasma to the extravascular evidenced by the discovery of serous fluid in the cavity, the cavity of the peritoneum, pleura and pericardium that the autopsy found to exceed the amount of fluid that had previously given intravenously. | (Plasma leak to the extravascular evidenced by the discovery of serous fluid in the cavity, the cavity of the peritoneum, pleura, and pericardium that the autopsy found to exceed the amount of fluid that had previously given intravenously. | ((A5) vocabulary (Code mixing) and (A2) Punctuation |

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| 16. | Pg.3 pr.3 in network anorexia, metabolic acidosis and death. | in network anorexia, metabolic acidosis, and death. | (A2) Punctuation |
| 17. | Pg.3 pr.4 Shock occurring acute and dramatic clinical improvement after administration of plasma / plasma expanders effective, | Shock occurring acute and dramatic clinical improvement after administration of plasma expanders effective, | (A3) Structure |
| 18. | Pg.3 pr.4 Another cause of mortality in DHF is a great bleeding , which usually occurs after the seizure lasts longer and is not resolved. | Another cause of mortality in DHF is great bleeding, which usually occurs after the seizure lasts longer and is not resolved. | (A3) Sentence (‘bleeding’ is uncountable) |
| 19. | Pg.3 pr.4 Bleeding in DHF is commonly associated with thrombocytopenia, platelet function disorders and disorders of the coagulation system. | Bleeding in DHF is commonly associated with thrombocytopenia, platelet function disorders, and disorders of the coagulation system. | (A2) Punctuation |
| 20. | Pg.4 pr.1 Thrombocytopenia associated with increased young megakaryocytes in the bone marrow and the short life span of platelets leads to the expectation | Thrombocytopenia associated with increased young megakaryocytes in the bone marrow and the short life span of platelets leads to the expected increased destruction of | (A4) Structure (noun phrase) |

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| | increased destruction of platelets. | platelets. | |
| 21. | Pg.4 pr.1 The probe with a radioisotope prove that the destruction of the platelets in the reticuloendothelial system. | The probe with a radioisotope proves that the destruction of the platelets in the reticuloendothelial system. | (A3) Sentence (noun-verb agreement. Proves according to 'probe'). |
| 22. | Pg.4 pr.2 Coagulation system abnormalities caused among others by damage to liver function is proven interrupted by coagulation system activity. | Coagulation system abnormalities caused among others by damage to liver function are proven interrupted by coagulation system activity. | (A3) Sentence (noun-verb agreement) |
| 23. | Pg.4 pr.2 Masakah absence of DIC in DHF / DSS, especially in patients with severe bleeding, has long been a matter of debate. It has been proven that DIC may potentially occur also in patients with DHF without shock. | absence problem of DIC in DHF / DSS, especially in patients with severe bleeding, has long been a matter of debate. It has been proven that DIC may potentially occur also in patients with DHF without shock. | (A5) vocabulary (Code mixing) |
| 24. | Pg.6 pr.1 Test positive tourniquetyang an important | Tourniquet test is an important examination. | (A5) vocabulary (Code mixing) |

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| | examination. | | |
| 25. | Pg.6 pr.1 reezing period was within normal limits , but typically extends bleeding time. | Freezing period was within normal limits but typically extends the bleeding time. | (A2) Punctuation |
| 26. | Pg.6 pr.1 In blood chemistry seemed hipoproteinemia , hyponatremia, and hypochloremic. | In blood chemistry seemed hypoproteinemia, hyponatremia, and hypochloremic. | (A1) Spelling |
| 27. | Pg.6 pr.1 SGPT, SGOT, urea and darahmungkin pH increases, while the alkali reserve modestly. | SGPT, SGOT, urea, and blood pH increases, while the alkali reserve modestly. | (A5) vocabulary (Code mixing) |
| 28. | Pg.6 pr.3 At the onset of pain is usually hypocellular, then became hiperselular on day - 5 with impaired maturation whereas on day - 10 usually have returned to normal for all systems. | At the onset of pain is usually hypocellular then became hypercellular on day - 5 with impaired maturation whereas on day - 10 usually have returned to normal for all systems. | (A2) Punctuation and (A1) Spelling |
| 29. | Pg.6 pr.4 Serulogi test for dengue infection can be categorized into two major groups, namely: | Serology test for dengue infection can be categorized into two major groups, namely: | (A1) Spelling |
| 30. | Pr.6 pt.7.4.1 Test serulogi wear | Serology test wears double serum, | (A4) Structure |

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| | double serum, ie serum taken during the acute and convalescent period. | each serum taken during the acute and convalescent period. | |
| 31. | Pr.6 pt.7.4.1 Included in this test the binding of complement (PK), neutralisasi test (NT) and dengue blot test. | Included in this test the binding of complement (PK), neutralization test (NT), and dengue blot test. | (A1) Spelling and (A2) Punctuation |
| 32. | Pr.6 pt.7.4.2 Serulogi wear a single serum test. | Serology test wears a single serum test. | (A4) structure |
| 33. | Pg.7 pr.1 Each patient suspected dangue fever should be treated in a separate place to the other disease patients, should be in the room free of mosquitoes . Management at dangue fever are: | Each patient suspected dengue fever should be treated in a separate place to the other disease patients, should be in a room free of mosquito. Management at dengue fever are: | (A1) Spelling and (A4) Structure |
| 34. | Pg.7 pr.2 Bed rest is health care that requires berbaringnya patient in bed for long periods of continuous and perform actions outside of lying. | Bed rest is health care that requires patient in bed for long periods of continuous and perform actions outside of lying. | (A5) vocabulary (Code mixing) |
| 35. | Pg.8 pr.2 Giving kortikolsteroid | Giving corticosteroid done after | (A1) Spelling |

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| | done after proved no significant difference between treatment without or with corticosteroids. | proved no significant difference between treatment without or with corticosteroids. | |
| 36. | Pg.8 pr.2 In patients with a long shock (shock prolonget), DIC thought to be the main cause of bleeding. | In patients with a long shock (shock prolonged), DIC is thought to be the main cause of bleeding. | (A1) Spelling and (3) Sentence (passive voice) |
| 37. | Pg.8 pt.10.1.2 Defining characteristics of subjectivity is thirsty, and its objective is the change in mental status, decrease in skin turgor and tongue, Decreased urine output, decrease in charging veins, skin and mucous membranes dry, hematocrit increased, body temperature increased, Increased pulse rate, pressure drop dariah , decreased volume, and pulse pressure. | Defining characteristics of subjectivity is thirsty, and its objective is the change in mental status, decrease in skin turgor and tongue, decreased urine output, decrease in charging veins, skin and mucous membranes dry, hematocrit increased, body temperature increased, increased pulse rate, drop in blood pressure, decreased volume, and pulse pressure. | (A1) Spelling and (A4) Structure |
| 38. | Pg.9 pt.10.1.3 Factors related is active fluid volume loss (excessive consumption of alcohol | Factors related is active fluid volume loss (excessive consumption of alcohol | (A1) Spelling |

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| | continuously) failure of regulatory mechanisms (as in diabetes insipidus , hyperaldosteronism. | continuously) failure of regulatory mechanisms (as in diabetes insipidus), hyperaldosteronism. | |
| 39. | Pg.9 pt.10.2.1 definition is Nutritional intake is insufficient to meet the metabolic needs Defining characteristicssubjectivityis Abdominal cramping, abdominal pain (with or without disease) Refusing to eat, indigestion (non-NANDA International) perception of the inability to digest food, Reporting changes in sensation, (Report) Lack of food, feel full quickly after eating the food. Defining characteristics While The objective is fragile capillaries, diarrhea or steatore | Definition of nutritional intake is insufficient to meet the metabolic needs Defining hracteristics subjectivity is Abdominal cramping, abdominal pain (with or without disease) Refusing to eat, indigestion (non-NANDA International) perception of the inability to digest food, Reporting changes in sensation, (Report) Lack of food, feel full quickly after eating the food. Defining characteristics While The objective is fragile capillaries, diarrhea or steatorrhea | (A1) Spelling |
| 40. | Pg.9 pt.10.2.3 Factors that disjunction is ketidakmampuan () to swallow, digest food, absorb | Factors that disjunction is inability to swallow, digest food, absorb nutrients due to biological factors, | (A5) vocabulary (Code mixing) |

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| | nutrients due to biological factors, psychological, or economic. | psychological, or economic. | |
| 41. | Pg.9 pt.10.5.3 Factors that disjunction is Anxiety, posture, bone deformities, deformity of the chest wall, hyperventilation, muskuloskletal Damage, Fatigue Pain respiratory muscles | Factors that disjunction is Anxiety, posture, bone deformities, deformity of the chest wall, hyperventilation, musculoskeletal Damage, Fatigue Pain respiratory muscles | (A1) Spelling |
| 42. | Pg.11 pt.11.2 How to serve food can affect appetite client | How to serve food can affect the appetite of client | (A4) Structure |

| (5) Title: Pregnant/Premature Birth | | | |
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| No | Error | Correct | Problem |
| 1. | Pg.1 pr.1 Definition of PPI Pregnancy / Premature Birth PPI pregnancy or what is known as Partus premature imminent (PPI) is a contraction of the uterus accompanied by cervical changes before 37 weeks of gestation and | Definition of PPI Pregnancy/Premature Birth PPI (pregnancy or what is known as Partus premature imminent (PPI) is a contraction of the uterus accompanied by cervical changes before 37 weeks of gestation and | (A2) Punctuation (without space in “ Pregnancy / Premature ”) |

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| | can cause premature birth. | can cause premature birth. | |
| 2. | Pg.1 pr.2 levelling and/or cervical dilatation and the fall of a baby in pregnant women whose gestation is less than 37 weeks (less than 259 days) since the first day of the last menstrual period (Oxorn Harry, et al. 2010). | Leveling and/or cervical dilatation and the fall of a baby in pregnant women whose gestation is less than 37 weeks (less than 259 days) since the first day of the last menstrual period (Oxorn Harry, et al. 2010). | (A1) Spelling |
| 3. | Pg.1 Pr.3 Based on some of the above theories, it can be seen that Premature Iminent (PPI) is a threat in pregnancy where the signs of childbirth are not yet at term (20 weeks-37 weeks) and the baby's birth weight is less than 2500 grams Premature Imminent is a labour that takes place at the age of 20-37 weeks gestation calculated from the first day of last menstruation (HPMT) (ACOG, 1995). | Based on some of the above theories, it can be seen that Premature Imminent (PPI) is a threat in pregnancy where the signs of childbirth are not yet at term (20 weeks-37 weeks) and the baby's birth weight is less than 2500 grams. Premature Imminent is a labor that takes place at the age of 20-37 weeks gestation calculated from the first day of last menstruation (HPMT) (ACOG, 1995). | (A1) Spelling (A2) Punctuation |
| 4. | Pg.1 pt.3 Cervical thinning 80% or | Cervical thinning 80% or more. | (A1) Spelling |

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| | more. According to Mochtar (1998) parturition prematurus , namely childbirth at 28 to 37 weeks of pregnancy, | According to Mochtar (1998) parturition premature, namely childbirth at 28 to 37 weeks of pregnancy, | |
| 5. | Pg.1 pt.3 (Benson, Ralph C and Pernoll, Martin L. 2012.) | (Benson, Ralph C, and Pernoll, Martin L. 2012.) | (A2) Punctuation |
| 6. | Pg.3 pt.b B-mimetic drugs: such as terbutaline, ritrodine , isoxuprine , and salbutamol can be used, but nifedipine has smaller side effects. | B-mimetic drugs: such as terbutaline, ritodrine, isoxsuprine, and salbutamol can be used, but nifedipine has smaller side effects. | (A1) Spelling |
| 7. | Pg.3 pt.b Side effects of this class of drugs are hyperglycemia, hypokalemia, hypotension, tachycardia, myocardial ischemia, pulmonary oedema . | Side effects of this class of drugs are hyperglycemia, hypokalemia, hypotension, tachycardia, myocardial ischemia, pulmonary edema. | (A1) Spelling |
| 8. | Pg.4 pt.c However, this drug is rarely used because of the side effects that can cause it to the mother or fetus. Some of the side effects are pulmonary oedema , lethargy, chest pain, and respiratory | However, this drug is rarely used because of the side effects can cause it to the mother or fetus. Some of the side effects are pulmonary edema, lethargy, chest pain, and respiratory depression | (A1) Spelling and (A2) Sentence (it doesn't need "that" because there was can" |

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| | depression (in mothers and infants). | (in mothers and infants). | in sentence) |
| 9. | Pg.5 pr.1 To inhibit the PPI process, in addition to tocolysis, patients also need to limit activity or bed rest and avoid sexual activity. The relative contraindication to the use of tocolysis is when the intrauterine environment is proven to be unfavourable , such as: | To inhibit the PPI process, in addition to tocolysis, patients also need to limit activity or bed rest and avoid sexual activity. The relative contraindication to the use of tocolysis is when the intrauterine environment is proven to be unfavorable, such as: | (A2) Punctuation and (A1) Spelling |
| 10. | Pg.5 pt.d The non- strees test results are not reactive | The non-stress test results are not reactive | (A1) Spelling |
| 11. | Pg.5 pt.2 Acceleration of fetal lung function maturation with corticosteroids, Giving corticosteroid therapy is intended for the maturation of fetal lung surfactants, reducing the risk of respiratory distress syndrome (RDS), preventing intraventricular bleeding, necrotising enterocolitis, and ductus arteriosus, which | Acceleration of fetal lung function maturation with corticosteroids, Giving corticosteroid therapy is intended for the maturation of fetal lung surfactants, reducing the risk of respiratory distress syndrome (RDS), preventing intraventricular bleeding, necrotizing enterocolitis, and ductus arteriosus, which ultimately reduces neonatal | (A1) Spelling |

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| | ultimately reduces neonatal mortality. | mortality. | |
| 12. | Pg.6 pt.2 Co-amoxiclav administration is not recommended because of the risk of necrotising enterocolitis. | Co-amoxiclav administration is not recommended because of the risk of necrotizing enterocolitis. | (A1) Spelling |

| (6) Title: Asphyxia | | | |
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| No | Error | Correct | Problem |
| 1. | Pg.1 pr.1 The respiratory system has a very important war affect activity and life. | The respiratory system has a very important role affect activity and life. | (A4) Structure (use “a” before “very important role”) |
| 2. | Pg.1 pr.2 While the respiratory tract is distinguished by its location, namely the upper respiratory tract (Upper Respiratory Airway) and the lower respiratory tract (Lower Airway).(Rahayu, Muninggar, & | While the respiratory tract is distinguished by its location, namely the upper respiratory tract (Upper Respiratory Airway) and the lower respiratory tract (Lower Airway). (Rahayu, Muninggar, & | (A2) Punctuation |

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| | Job, 2017) | Job, 2017) | |
| 3. | Pg.2 pr.2 This pressure will push the walls of the lungs, so that the lung cavity enlarges. | This pressure will push the walls of the lungs so that the lung cavity enlarges. | (A2) Punctuation (without “,” after “so”). |
| 4. | Pg.2 pr.2 This condition causes air in the lungs to be pushed out.(Kurniasih ,2016). | This condition causes air in the lungs to be pushed out. (Kurniasih, 2016). | (A2) Punctuation |
| 5. | Pg.3 pr.1 Asphyxia is a failure to start and continue breathing spontaneously and regularly when a new baby is born or some time (sometimes) after birth. | Asphyxia is a failure to start and continue breathing spontaneously and regularly when a new baby is born or sometimes after birth. | (A1) Spelling |
| 6. | Pg.3 pr.1 Babies may be born in asphyxia (Primary Asphyxia) or may be able to breathe but then experience asphyxia some time (sometimes) after birth (Secondary Asphyxia).(Hughes ,2008) | Babies may be born in asphyxia (Primary Asphyxia) or may be able to breathe but then experience asphyxia some time (sometimes) after birth (Secondary Asphyxia. (Hughes, 2008) | (A2) Punctuation |
| 7. | Pg.3 pr.2 Asphyxia neonatorum is a condition of infants who cannot | Asphyxia neonatorum is a condition of infants who cannot | (A2) Punctuation |

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| | breathe spontaneously and regularly, so that it can reduce O ₂ and further increase CO ₂ which causes bad effects in further life. | breathe spontaneously and regularly so that it can reduce O ₂ and further increase CO ₂ which causes bad effects in further life. | (without “,” after “regularly” |
| 8. | Pg.3 pr.3 The fetus is very dependent on the exchange of the placenta for oxygen, nutrient intake and disposal of residual products so that interference with umbilical or placental blood flow will almost always cause asphyxia. | The fetus is very dependent on the exchange of the placenta for oxygen, nutrient intake, and disposal of residual products so that interference with umbilical or placental blood flow will almost always cause asphyxia. | (A2) Punctuation |
| 9. | Pg.3 pt.b Malpresentation, prolonged parturition, difficult and traumatic labor, meconeum in the membranes, premature rupture of membranes, induction of oxytocin, umbilical cord prolapse. | Malpresentation, prolonged parturition, difficult and traumatic labor, meconium in the membranes, premature rupture of membranes, induction of oxytocin, umbilical cord prolapse. | (A1) Spelling |
| 10. | Pg.4 pt.b Babies are considered healthy, and do not require special measures, do not require oxygen and resuscitation. | Babies are considered healthy and do not require special measures, do not require oxygen and resuscitation. | (A2) Punctuation (without “,” after “healthy”) |

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| 11. | Pg.4 pt.a Does not breathe or breathe breath | Does not breathe or breathe a breath | (A4) Structure (use “a” after breath” |
| 12. | Pg.4 pt.h Brachycardia (decrease in heart frequency) due to lack of oxygen in the heart muscle or brain cells. | Bradycardia (decrease in heart frequency) due to lack of oxygen in the heart muscle or brain cells. | (A1) Spelling |
| 13. | Pg.5 pt.i Low blood pressure due to lack of oxygen to the heart muscle, blood loss or lack of blood flow back to the placenta before and during labor. | Low blood pressure due to lack of oxygen to the heart muscle, blood loss, or lack of blood flow back to the placenta before and during labor. | (A2) Punctuation (use “,” after blood loss) |
| 14. | Pg.5 pt.j Takipnu (rapid breathing) due to failure of lung fluid absorption and cyanosis due to lack of oxygen in the blood. | Tachypnea (rapid breathing) due to failure of lung fluid absorption and cyanosis due to lack of oxygen in the blood. | (A1) Spelling |
| 15. | Pg.5 pr.1 In connection with this process, the initial phase of asphyxia is characterized by rapid and deep breathing for three minutes (hyperapnue period) followed by primary apnea of | In connection with this process, the initial phase of asphyxia is characterized by rapid and deep breathing for three minutes (hyperpnea period) followed by primary apnea of approximately | (A1) Spelling |

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| | approximately one minute where the heart rate and blood pressure decrease. | one minute where the heart rate and blood pressure decrease. | |
| 16. | Pg.5 pr.1 Then the baby will start breathing 10x / minute for several minutes, this gasping will weaken so that secondary apneu will arise. | Then the baby will start breathing 10x / minute for several minutes, this gasping will weaken so that secondary apnea will arise. | (A1) Spelling |
| 17. | Pg.5 pr.2 The use of glycogen sources for energy in a short time can cause hypoglycemia in infants, in severe asphyxia can cause damage to cell membranes, especially the composition of the central nerve cells, resulting in electrolyte disturbances, hyperkalemi and cell swelling. | The use of glycogen sources for energy in a short time can cause hypoglycemia in infants, in severe asphyxia can cause damage to cell membranes, especially the composition of the central nerve cells, resulting in electrolyte disturbances, hyperkalemic, and cell swelling. | (A2) Punctuation |
| 18. | Pg.5 pr.2 If it continues, the baby will show deep breathing, the heart rate continues to decrease, baby's blood pressure also begins to decrease and the baby will be seen | If it continues, the baby will show deep breathing, the heart rate continues to decrease, baby's blood pressure also begins to decrease and the baby will be seen | (A1) spelling |

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| | limp (flascid). | limp (flaccid). | |
| 19. | Pg.5 pr.2 During secondary apnea, heart rate, blood pressure and blood O ₂ (PaO ₂) levels continue to decrease. | During secondary apnea, heart rate, blood pressure, and blood O ₂ (PaO ₂) levels continue to decrease. | (A2) Punctuation |
| 20. | Pg.6 pr.2 Death will occur if resuscitation with artificial respiration and administration is not started immediately. (Ii,2018) | Death will occur if resuscitation with artificial respiration and administration is not started immediately. (Ii, 2018) | (A2) Punctuation |
| 21. | Pg.6 pt.7(pathway) Abnormal bleeding of placenta previa and abruptio placenta | (pathway) Abnormal bleeding of placenta previa and abruption placenta | (A1) Spelling |
| 22. | Pg.6 pt.7(pathway) Disorders of uterine contractions, preeclampsia and eclampsia | (pathway) Disorders of uterine contractions, preeclampsia, and eclampsia | (A2) Punctuation |
| 23. | Pg.6 pt.7(pathway) Childbirth by action, breech, shoulder dystoria | Childbirth by action, breech, shoulder dystocia | (A1) Spelling |
| 24. | Pg.6 pt.7 (pathway) ASFIKSIA | (pathway) ASPHYXIA | (A1) Spelling |
| 25. | Pg.7 pt.a In the state of acute hypoxia redistribution of blood | In the state of acute hypoxia redistribution of blood flow will | (A2) Punctuation |

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| | flow will occur so that vital organs such as the brain, heart and adrenal glands will get more flow than other organs. | occur so that vital organs such as the brain, heart, and adrenal glands will get more flow than other organs. | |
| 26. | Pg.7 pt.c The byproducts of this process (lactic acid and piruverat) cause an increase in the body's organic acids which results in a decrease in blood pH so that metabolic acidosis occurs. | The byproducts of this process (lactic acid and pyruvate) cause an increase in the body's organic acids which results in a decrease in blood pH so that metabolic acidosis occurs. | (A1) Spelling |
| 27. | Pg.8 pr.1 Investigations such as head ultrasonography and electroencephaographic recording. | Investigations such as head ultrasonography and electroencephalographic recording. | (A1) Spelling |
| 28. | Pr.8 pt.b Cut the umbilical cord with aseptic and anti-septic techniques. | Cut the umbilical cord with aseptic and antiseptic techniques. | (A1) Spelling |
| 29. | Pg.8 pt.i Resuscitation is an action to restore the consciousness of someone who appears dead due to the cessation of heart and lung | Resuscitation is an action to restore the consciousness of someone who appears dead due to the cessation of heart and lung | (A1) Spelling |

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| | function oriented to the brain. (Irwanto, 2017) | function-oriented to the brain. (Irwanto, 2017) | |
| 30. | Pg.9 pt.a Father / mother's name | Father/mother's name | (A2) Punctuation |
| 31. | Pg.9 pt.a Father / mother's occupation | Father/mother's occupation | (A2) Punctuation |
| 32. | Pg.9 pt.a Father / mother's education | Father/mother's education | (A2) Punctuation |
| 33. | Pg.10 pt.3 There is no dypsneu cyanosis | There is no dyspnea cyanosis | (A1) Spelling |

| (7) Tittle: Early Amniotic Rupture | | | |
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| No | Error | Correct | Problem |
| 1. | Pg.1 pr.1 Early Amniotic Rupture is rupture of the membranes before labor takes place . | Early Amniotic Rupture is a rupture of the membranes before labor takes.place. | (A4) Structure (use “a’ before rupture of the membranes) and (A2) Punctuation |

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| 2. | Pg.1 pr.1 Premature rupture of membranes (KPD) is defined as premature rupture of membranes . | Premature rupture of membranes (KPD) is defined as premature rupture of. membranes. | (A2) Punctuation |
| 3. | Pg.1 pr.1 Early Amniotic Rupture is rupture of membranes before there are signs of labor and after waiting an hour before there are signs of labor . | Early Amniotic Rupture is a rupture of membranes before there are signs of labor and after waiting an hour before there are signs of labor. | (A4) Structure (use “a’ before rupture of the membranes), (A2) Punctuation, and (A1) Spelling |
| 4. | Pg.1 pr.1 so that the fetus moves freely, regulation of heat changes in temperature and flatten intra-uterine pressure and clean the way out during delivery . | So that the fetus moves freely, regulation of heat changes in temperature and flatten intra-uterine pressure and clean the way out during. delivery. | (A2) Punctuation |
| 5. | Pg.1 pr.1 While this conservative attitude should be done on the pregnancy KPD less . | While this conservative attitude should be done on the pregnancy KPD less. | (A2) Punctuation |
| 6. | Pg.1 pr.2 Rupture of membranes during gestation ≥ 37 weeks . | Rupture of membranes during gestation ≥ 37 weeks. | (A2) Punctuation |

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| 7. | Pg.1 pr.2 some cases of premature rupture of membranes. For handling through Sesarea Section . | Some cases of premature rupture of membranes. For handling through Cesarea section. | (A1) Spelling and (A2) Punctuation |
| 8. | Pg.1 pr.3 Premature premature rupture of membranes (PPROM) defines spontaneous rupture of fetal membranes | Premature rupture of membranes (PPROM) defines spontaneous rupture of fetal membranes | (A4) Structure |
| 9. | Pg.1 pr.3 For management, hospitalized, delay delivery, give antibiotics . | For management, hospitalized, delay delivery, giving antibiotics. | (A4) Structure (noun agreement) and (A2) Punctuation |
| 10. | Pg.2 pt.3.2 Elevation of intra uterine pressure | Elevation of intrauterine pressure | (A1) Spelling |
| 11. | Pg.2 pt.3.2.b Gamelli : Twin pregnancy is a pregnancy of two or more fetuses | Gemelli: Twin pregnancy is a pregnancy of two or more fetuses | (A1) Spelling |
| 12. | Pg.2 pt.3.2.b In gamelli pregnancy there is excessive uterine distension, causing excessive uterine tension. | In gemelli pregnancy there is excessive uterine distension, causing excessive uterine tension. | (A1) Spelling |

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| 13. | Pg.2 pt.3.2.c Macrosomia: is neonatal body weight> 4000 grams of pregnancy with macrosomia causing increased uterine distension or over distension and causing intra-uterine pressure to increase | Macrosomia: is neonatal body weight> 4000 grams of pregnancy with macrosomia causing increased uterine distension or overdistension and causing intra-uterine pressure to increase | (A1) Spelling |
| 14. | Pg.2 pt.3.2.d Hydramion or polyhydramion (polyhydramnios) is the amount of amniotic fluid> 2000 ml of the uterus can contain fluid in very large quantities. | Hydramnios or polyhydramnios is the amount of amniotic fluid> 2000 ml of the uterus can contain fluid in very large quantities. | (A1) Spelling |
| 15. | Pg.3 pr.1 Women who have never experienced KPD because of the composition of the membrane that becomes fragile and collagen content decreases in subsequent pregnancies . | Women who have never experienced KPD because of the composition of the membrane that becomes fragile and collagen content decreases in subsequent pregnancies. | (A2) Punctuation |
| 16. | Pg.3 pt.5.4 Feeling wet in constant underwear / underwear | Feeling wet in constant underwear | (A4) Structure |
| 17. | Pg.3 pt.5.5 the liquid is still seeping or dripping with the characteristics | the liquid is still seeping or dripping with the characteristics of | (A1) Spelling |

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| | of pale and blood streaked , this liquid will not stop or dry because | pale and blood-streaked, this liquid will not stop or dry because | |
| 18. | Pg.3 pt.5.5 it continues to be produced until birth.but if you sit or stand, the fetal head which is already located below usually "foils" | it continues to be produced until birth. But if you sit or stand, the fetal head which is already located below usually "foils" | (A2) Punctuation |
| 19. | Pg.4 pt.1 There are causative factors such as uterine hypermotility , | There are causative factors such as uterine hypermotility, | (A1) Spelling |
| 20. | Pg.4 pt.1 too thin membranes , infection | too thin membranes, infection | (A2) Punctuation |
| 21. | Pg.4 pt.1 and predisposing factors, | , and predisposing factors, | (A2) Punctuation |
| 22. | Pg.4 pt.1 multi para , malposition, cervix, incompetent, gamelli , | multipara, malposition, cervix, incompetent, gemelli, | (A1) Spelling |
| 23. | Pg.4 pt.1 hydramnios and childbirth. | hydramnios, and childbirth. | (A2) Punctuation |
| 24. | Pg.4 pt.1 The effect of premature rupture of membranes on the fetus is that although the mother has not | The effect of premature rupture of membranes on the fetus is that although the mother has not yet | (A2) Punctuation (without “,” |

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| | yet shown symptoms of infection, the fetus has been infected , because intra-uterine infection first occurs (amnionitis). | shown symptoms of infection, the fetus has been infected because intra-uterine infection first occurs (amnionitis). | after “infected”) |
| 25. | Pg.5 pt.8.a Diagnosis 1 : Anxiety associated with stressors | Diagnosis 1: Anxiety associated with stressors | (A2) Punctuation |

| (8) Title: Normal Delivery | | | |
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| No | Error | Correct | Problem |
| 1. | Pg.1 pr.1 Childbirth is a process of expulsion of a baby who is term or almost term. | Childbirth is a process of expulsion of a baby who is already term or almost term. | (A4) Structure |
| 2. | Pg.2 pt.2.1.2.3 In multigravida leveling and cervical opening can occur at the same time. | In multigravida, leveling and cervical opening can occur at the same time. | (A2) Punctuation (use comma after “In multigravida”) |
| 3. | Pg.2 pt.2.2 When the fetal discharge, his coordinated, strong, fast and longer, approximately 2-3 | When the fetal discharge, his coordinated, strong, fast, and longer, approximately 2-3 minutes. | (A2) Punctuation |

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| | minutes. | | |
| 4. | Pg.3 pt.2.3.5 So that the co-birth of the large cantle, forehead, face and chin, followed by the backdelivery of the head so that the entire fetus can be born. | So that the co-birth of the large cantle, forehead, face and chin, followed by the back delivery of the head so that the entire fetus can be born. | (A1) Spelling |
| 5. | Pg.4 line.2.3.3 Within 1 -5 minutes the entire placenta is detached, pushed into the vagina and will be born spontaneously or with a slight impulse from the above simpysis or the fundus uteri. | Within 1 -5 minutes, the entire placenta is detached, pushed into the vagina and will be born spontaneously or with a slight impulse from the above symphysis or the fundus uteri. | (A2) Punctuation and (A1) Spelling |
| 6. | Pg.5 pt.2.4 During the supervision of 2 hours after the baby and placenta was born to observe the condition of the mother primarily against the danger of postpartum bleeding. | During the supervision of 2 hours after the baby and placenta were born to observe the condition of the mother primarily against the danger of postpartum bleeding. | (A3) Sentence (noun-verb agreement) |
| 7. | Pg.6 pr.3.3 A large, stretched uterus causes ischemia of the uterine muscles, which interferes with | A large, stretched uterus causes ischemia of the uterine muscles, which interferes with utero- | (A1) Spelling |

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| | utero-placenter circulation. | placental circulation. | |
| 8. | Pg.6 pt.3.5 Induction of labour partition can also be caused by : | Induction of labor partition can also be caused by: | (A2) Punctuation |
| 9. | Pg.6 pt.3.5.1 Laminaria handles: Some Laminaria are incorporated in into canal Srvikalis with the aim of stimulating the frankerhauser flexsus. | Laminaria handles: Some Laminaria are incorporated into canal Srvikalis to stimulate the Frankel Hauser flexus | (A4) Structure ("incorporated" without "in", and spelling |
| 10. | Pg.6 pt.1.1 Pain by his presence that comes more powerful, frequent and orderly. | Pain by his presence that comes more powerful, frequent, and orderly. | (A2) Punctuation |
| 11. | Pg.7 pr.2 The mother will feel tired, the temperature rises and the symptoms of intra-uterine infection appear before the symptoms in the mother are felt. | The mother will feel tired, the temperature rises, and the symptoms of intra-uterine infection appear before the symptoms in the mother are felt. | (A2) Punctuation |
| 12. | Pg.9 pr.1 Risk Bleeding | Risk of Bleeding | (A4) Structure (use 'of' after Bleeding). |

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| 13. | Pg.10 pt.2u CTG (Cardiotography) | CTG (Cardiotocography) | (A1) Spelling |
| 14. | Pg.10 pt.3 Monitor fetal development (comparing fetal weight according to gestational age), and baby's heart rate, amniotic fluid, placenta and others. | Monitor fetal development (comparing fetal weight according to gestational age), and baby's heart rate, amniotic fluid, placenta, and others. | (A2) Punctuation |
| 15. | Pg.2 pt.c Towel, soap, shampoo, toothbrush and toothpaste. | Towel, soap, shampoo, toothbrush, and toothpaste. | (A2) Punctuation |
| 16. | Pg.12 pt.e Under pad can be purchased at pharmacies), 3 sheets. | Underpad (can be purchased at pharmacies), 3 sheets. | (A1) Spelling |
| 17. | Pg12 pt.d Blankets, hats and baby socks. | Blankets, hats, and baby socks. | (A2) Punctuation |
| 18. | Pg.12 pt.b Preparing the delivery place, equipment and materials Labor helper must assess the room where the labor process will take place. | Preparing the delivery place, equipment, and materials Labor helper must assess the room where the labor process will take place. | (A2) Punctuation |
| 19. | Pg.12 pt.b The room must be warm (but not pamas , must be a table or clean surface and easy to reach to | The room must be warm (but not hot, there must be a table or clean surface and easy to reach to put the | (A5) vocabulary (Code mixing) |

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| | put the necessary equipment. | necessary equipment. | |
| 20. | Pg.12 pt.c Ensure that the Rungan is clean, warm (at least 25 °c , (25°C)) the lighting is sufficient and free from wind blowing. | Ensure that the room is clean, warm (at least 25°C) the lighting is sufficient, and free from wind blowing. | (A5) vocabulary (Code mixing) and (A2) Punctuation |
| 21. | Pg.13 pr.1 In the assessment, carefulness and accuracy are needed so that the data collected is more accurate, so that it can be grouped and analyzed to find out the problems and needs of mothers for care Mitayani. | In the assessment, carefulness and accuracy are needed so that the data collected is more accurate so that it can be grouped and analyzed to find out the problems and needs of mothers for care Mitayani. | (A2) Punctuation |
| 22. | Pg.13 pt.1.1 Name, age, gender, religion, ethnicity / nation, address, and register number. | Name, age, gender, religion, ethnicity/nation, address, and registration number. | (A2) Punctuation and (A1) Spelling |
| 23. | Pg.14 pt.1.2 Name, age, sex, marital status, religion, ethnicity / nation , education, occupation, address. | Name, age, sex, marital status, religion, ethnicity/nation, education, occupation, address. | (A2) Punctuation |
| 24. | Pg.13 pt.c Able to recognize pain | Able to recognize pain (the scale | (A2) |

| | | | |
|-----|---|--|---|
| | (the scale of intensity, frequency and signs of pain) Expressing comfort after the pain is reduced Sue moorhead, (NOC)NURSING OUTCOMES CLASSIFICATION, ed. by Intansari Nurjannah, 5th edn (philadelphia: Elsavier, 2013). | of intensity, frequency, and signs of pain) Expressing comfort after the pain is reduced Sue moorhead, (NOC)NURSING OUTCOMES CLASSIFICATION, ed. by Intansari Nurjannah, 5th edn (philadelphia: Elsavier, 2013). | Punctuation |
| 25. | Pg.17 pt.d The patient maintains the desired level of role function and problem solving . | The patient maintains the desired level of role function and problem-solving. | (A1) Spelling |
| 26. | Pg.17 pt.a Perform a comprehensive pain assessment including location, characteristics, frequency duration, quality and precipitation factors. | Perform a comprehensive pain assessment including location, characteristics, frequency duration, quality, and precipitation factors. | (A2) Punctuation |
| 27. | Pg.17 pt.f Control of the environment that can affect pain such as room temperature, lighting and noise Gloria M. Bulechek, NIC (Nursing Intervention Classification), ed. by Intansari Nurjannah, 6th edn (philadelphia: | Control of the environment can affect pain such as room temperature, lighting, and noise Gloria M. Bulechek, NIC (Nursing Intervention Classification), ed. by Intansari Nurjannah, 6th edn | (A3) Sentence (it doesn't need "that" because there was can" in sentence) and (A2) Punctuation |

| | | | |
|-----|---|---|---------------------------------|
| | Elsavier). | (philadelphia: Elsavier). | |
| 28. | Pg.17 pt.c Pay attention to the type of labor, blood loss in labor and duration of stage II labor (R / Assess uterine manipulation or problems with placental detachment can cause blood loss and myometri fatigue. | Pay attention to the type of labor, blood loss in labor, and duration of stage II labor (R / Assess uterine manipulation or problems with placental detachment can cause blood loss and myometri fatigue. | (A2) Punctuation |
| 29. | Pg.17 pt.a Describe the rationale and benefits of relaxation and the types of relaxation available (eg music, meditation, breathing with rhythm, jaw relaxation and progressive muscle relaxants). | Describe the rationale and benefits of relaxation and the types of relaxation available (eg music, meditation, breathing with rhythm, jaw relaxation, and progressive muscle relaxants). | (A2) Punctuation |
| 30. | Pg.18 pt.4.9 Dipped gloves right hand in a solution of chlorine 0.5%, opening the gloves in an upside down state and soaking in a 0.5% chlorine solution. | Dipped gloves right hand in a solution of chlorine 0.5%, opening the gloves in an upside-down state and soaking in a 0.5% chlorine solution. | (A1) Spelling |
| 31. | Pg.21 pt.4.43 Cleans the gloves from mucus and blood in a solution | Cleans the gloves from mucus and blood in a solution of chlorine | (A4) Structure (without “a”) |

| | | | |
|-----|--|--|---------------------|
| | of chlorine 0.5%, then rinse the hand that still wears gloves with water that has been in a high level disinfection and dry it. | 0.5%, then rinse the hand that still wears gloves with water that has been in high level; disinfection and dry it. | |
| 32. | Pg.22 pt.4.49 Continue monitoring of uterine contractions, signs of vaginal bleeding and the mother's vital signs. | Continue monitoring of uterine contractions, signs of vaginal bleeding, and the mother's vital signs. | (A2) Punctuation |

| (9) Title: Hiperbilirubinemia | | | |
|-------------------------------|---|---|--|
| No | Error | Correct | Problem |
| 1. | Pg.1 pr.2 According to Slusher (2013) Hyperbilitubinemia is a condition in which excessive production of bilirubin in the blood. | According to Slusher (2013) Hyperbilirubinemia is a condition in which excessive production of bilirubin in the blood. | (A1) Spelling |
| 2. | Pg.1 pr.4 bilirubin conjugation disorders, haemolytic & impaired liver function. | bilirubin formation, uptake & transport disorders in the liver, bilirubin conjugation disorders, hemolytic & impaired liver function. | (A2) Punctuation and (A1) Spelling |

| | | | |
|----|--|---|--|
| 3. | Pg.1 pr.6 decreased sucking reflexes , deafness, speech disorders & mental retardation, if the baby lives at an advanced age can be accompanied by muscle spasm, epistotonus , seizures, stenosis accompanied by muscle tension & bilirubin levels reaching 29 mg / dl. | Decreased sucking, reflexes, deafness, speech disorders & mental retardation, if the baby lives at an advanced age can be accompanied by muscle spasm, opisthotonus, seizures, stenosis accompanied by muscle tension & bilirubin levels reaching 29 mg/dl. | (A2) Punctuation |
| 4. | Pg.1 pr.6 Gloobin (protein) is reused by the body while heme will be made into unconjunctured bilirubin and bound to albumin. | Globin (protein) is reused by the body while heme will be made into unconjunctured unconjugated bilirubin and bound to albumin. | (A1) Spelling |
| 5. | Pg.1 pr.7 The event that is often found is when there is an additional load of bilirubin on too much liver streptucocus. | The event that is often found is when there is an additional load of bilirubin on too much liver streptococcus. | (A1) Spelling |
| 6. | Pg.1 pr.8 Disorders of plasma bilirubin uptake occur when protein-Z and protein-Y levels are bound by other anions, for example in infants with acidosis or with | Disorders of plasma bilirubin uptake occur when protein-Z and protein-Y levels are bound by other anions, for example in infants with acidosis or with | (A2) Punctuation and (A1) Spelling |

| | | | |
|----|--|--|---|
| | <p>anoxia / hypoxia, determined by hepatic conjugation disorders (deficiency of glucoronii transferase enzymes) or infants suffering from excretion disorders, for example patients with neonatal hepatitis or hepatic intra / extra bile duct obstruction.</p> | <p>anoxia/hypoxia, determined by hepatic conjugation disorders (deficiency of glucuronyl) transferase enzymes) or infants suffering from excretion disorders, for example patients with neonatal hepatitis or hepatic intra/extra bile duct obstruction.</p> | |
| 7. | <p>Pg.2 pr.1 This toxicity is mainly found in indirect bilirubin. This indirect nature that allows the pathological effect on brain cells when bilirubin can penetrate the blood brain barrier.</p> | <p>This toxicity is mainly found in indirect bilirubin. This indirect nature that allows the pathological effect on brain cells when bilirubin can penetrate the blood-brain barrier.</p> | (A1) Spelling |
| 8. | <p>Pg.2 pr.1 Bilirubin Indirek will easily pass through the blood brain barrier if there is a condition of immaturity in infants. Low birth weight, hypoxia, hypercarbia, hypoglycemia and disorders of the central nervous system due to trauma or infection.</p> | <p>Bilirubin Indirek will easily pass through the blood-brain barrier if there is a condition of immaturity in infants. Low birth weight, hypoxia, hypercarbia, hypoglycemia, and disorders of the central nervous system due to trauma or infection.</p> | <p>(A1) Spelling and (A2) Punctuation</p> |

| | | | |
|-----|---|--|---|
| 9. | Pg.2 pr.2 To a certain degree Bilirubin will be toxic and damage body tissue. | To a certain degree, Bilirubin will be toxic and damage body tissue. | (A2) Punctuation |
| 10. | Pg.2 pr.2 These properties allow pathological effects on brain cells if Bilirubin can penetrate the blood brain barrier. | These properties allow pathological effects on brain cells if Bilirubin can penetrate the blood-brain barrier. | (A1) Spelling |
| 11. | Pg.2 pr.3 It is generally assumed that abnormalities in the central nerve may arise if Indirek Bilirubin levels are more than 20mg / dl. | It is generally assumed that abnormalities in the central nerve may arise if (Indirect Bilirubin levels are more than 20 mg/dl. | (A1) Spelling and (A2) Punctuation |
| 12. | Pg.2 pr.3 Whether or not the level of Bilirubin easily passes through the blood brain barrier turns out not only to depend on the state of neonates. | Pg.2 pr.3 Whether or not the level of Bilirubin easily passes through the blood-brain barrier turns out not only to depend on the state of neonates. | (A1) Spelling |
| 13. | Pg.2 pr.3 Indirek bilirubin will easily pass through the blood brain barrier if the baby is in a condition of LBW, hypoxia, and | Indirect bilirubin will easily pass through the blood-brain barrier if the baby is in a condition of LBW, hypoxia, and hypoglycemia. | (A1) Spelling |

| | | | |
|-----|--|---|---------------------|
| | hypoglycemia. (Source: IDAI, 2011). | (Source: IDAI, 2011). | |
| 14. | Pg.4 pt.7.3 No obstructive jaundice was found . | No obstructive jaundice was found. | (A2) Punctuation |
| 15. | Pg.5 pt.7.4 Used to confirm the diagnosis especially in difficult cases such as to distinguish extra hepatic obstruction with intra hepatic as well as to ascertain conditions such as hepatitis, liver serosis , hepatoma. | Used to confirm the diagnosis especially in difficult cases such as to distinguish extrahepatic obstruction with intrahepatic as well as to ascertain conditions such as hepatitis, liver cirrhosis, hepatoma. | (A1) Spelling |
| 16. | Pg.5 pr.1 1antenatal surveillance, avoidance of drugs that increase jaundice such as sulfa furokolin, prevention & treatment of hypoxia, phenobarbital, antibiotics, phototherapy, exchange transfusion and pharmacological therapy. | 1antenatal surveillance, avoidance of drugs that increase jaundice such as sulfa furokolin, prevention & treatment of hypoxia, phenobarbital, antibiotics, phototherapy, exchange transfusion, and pharmacological therapy. | (A2) Punctuation |

Appendix 2

Interview Script

Name:

Class:

1. Why do you write nursing documentation in English language?
2. Do you learn technique in writing English nursing documentation?
3. Is there any course that is given by your lecturer to support you in writing nursing documentation using English?
4. Where did you get information about how to write a scientific writing?
5. Do you use English nursing documentation guide?
6. Do you use any media to help you while writing your English nursing documentation?
7. What media do you use to help you for completing your English nursing documentation?
8. Do you get any difficulty in writing a nursing documentation using English?
9. What are the difficulties?
10. How do you solve it?


Appendix 3

Surat Keterangan Telah Melaksanakan Seminar

| | | | |
|---|---|--|--|
|  | | KEMENTERIAN AGAMA REPUBLIK INDONESIA UNIVERSITAS ISLAM NEGERI ANTASARI FAKULTAS TARBIYAH DAN KEGURUAN BIRO SKRIPSI Jalan Jenderal Ahmad Yani KM. 4.5 Banjarmasin Telepon (0511) 3263939 Faksimile (0511) 3274492 Email: ftk.antasari@gmail.com Web: www.ftk-ian-antasari.ac.id | |
| SURAT KETERANGAN Nomor: 439/Un.14/III.1.1/pp.00.9/03/2020 | | | |
| Yang bertanda tangan di bawah ini, menerangkan bahwa: | | | |
| Nama | : | Muhammad Akbar Sani | |
| N I M | : | 1801241830 | |
| Jurusan/Prodi | : | TBI | |
| Alamat | : | Jl. Gatot Subroto V No.61 Rt.20 Kelurahan kebun bunga Kecamatan Banjarmasin Timur | |
| adalah benar telah melaksanakan Seminar Desain Operasional Skripsi yang berjudul: | | | |
| International Nursing Students' Problems in Writing English Scientific Paper | | | |
| Pada Hari/Tanggal | : | Rabu, 4 Maret 2020 | |
| Tempat | : | Sac | |
| Demikian surat keterangan ini dibuat, untuk dipergunakan sebagaimana mestinya. | | | |
| Banjarmasin, 06 Maret 2020 Ketua,  Mahmudah, M.Pd.I NIP. 198708212015032004 | | | |

Appendix 4

Catatan Konsultasi




KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI
FAKULTAS TARBIYAH DAN KEGURUAN
BIRO SKRIPSI
 Jalan Jenderal Ahmad Yani KM. 4,5 Banjarmasin
 Telepon (0511) 3253939 Faksimile (0511) 3274492
 Email: fik.antasari@gmail.com Web: www.fik.uin-antasari.ac.id

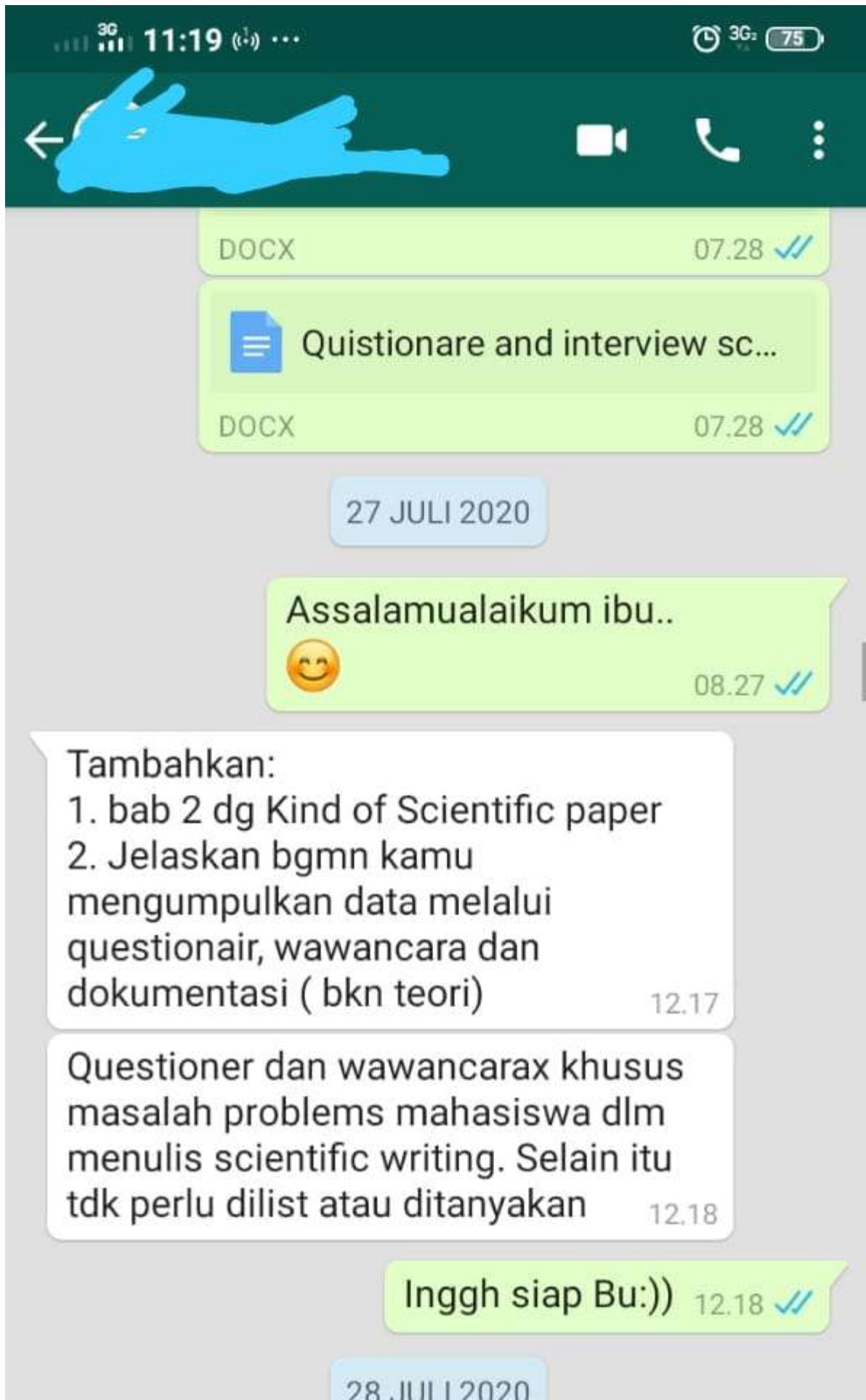
C/ TATAN SEMINAR PROPOSAL SKRIPSI

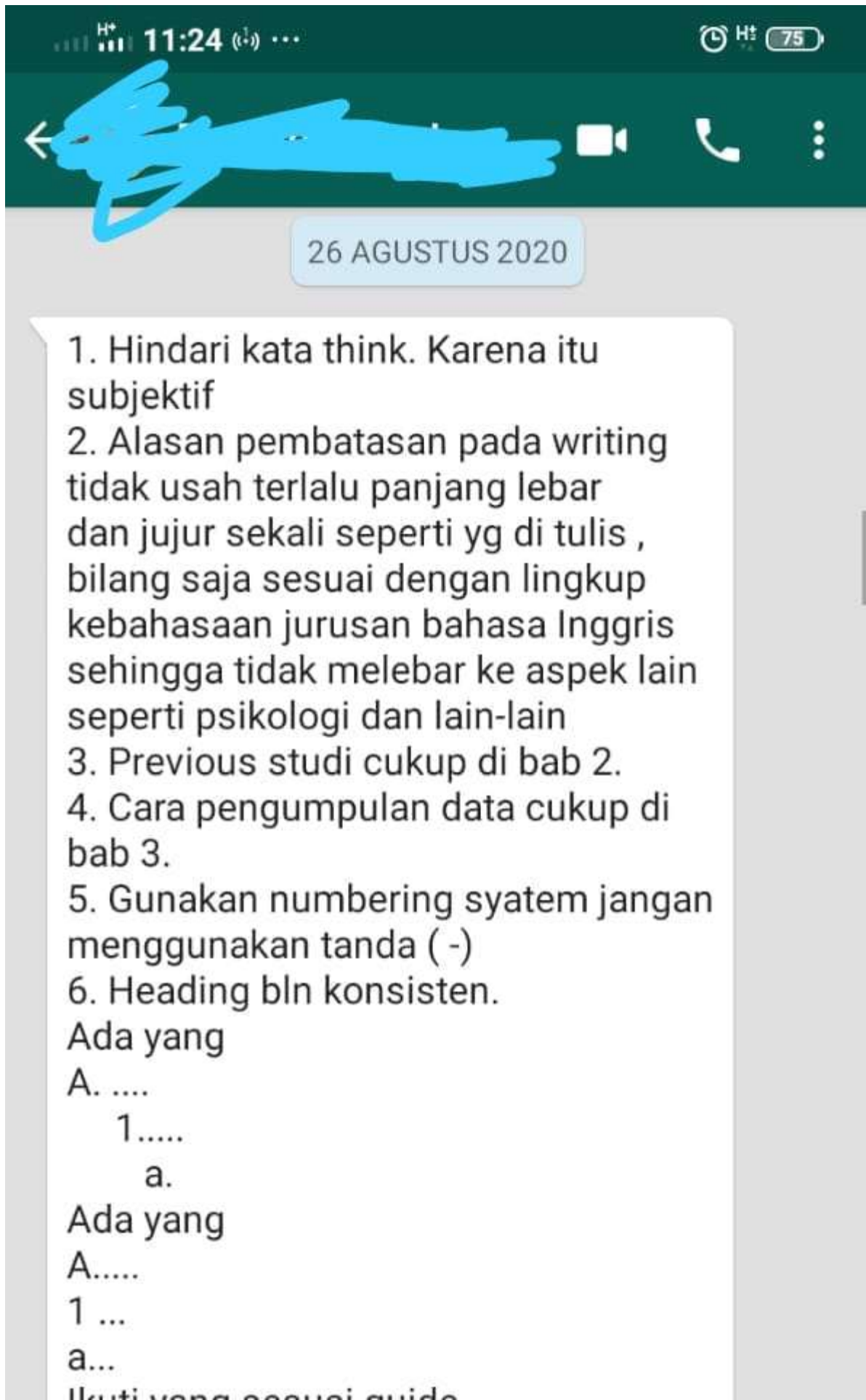
| | |
|---|--|
| 1. Nama Mahasiswa 2. N I M 3. Program Studi 4. Judul Proposal Skripsi 5. Dosen Pembimbing 6. Catatan Hasil Seminar | : Muhammad Akbar Sanj : 1601241830 : PBI : International Nursing Students' Problems in Writing English Scientific Paper : Dra. Andi Irlina, M. Hum : Nor Izah Hasanah, S.Pd, M. Pd |
|---|--|

| NO | Catatan/saran Penanggap | NO | Catatan/saran Dosen |
|----|--|-----|---|
| 1. | Elation | 1. | Focus on the title → previous study → the reason that you choose the title → previous study at background of study |
| 2. | Page 6 | 2. | Definition of key terms → problem → international nursing → scientific paper (explain) |
| 3. | numbering system | 3. | Similarity & differently of previous study and your |
| 4. | why do u focus in nursing? | 4. | The reason why you choose this? |
| 5. | more explanation about title → significance study → chapter → problem in writing → Roman language → objectives → grammatical error → benefit of research | 5. | (Setting) clearly about PROBLEM |
| | | 6. | Citation citation (APA Style) |
| | | 7. | Jumping Paragraph |
| | | 8. | Connect the paragraph (verse) |
| | | 9. | Don't use bulle |
| | | 10. | space of theory |
| | | 11. | Source |
| | | 12. | References |

Banjarmasin, 04 Maret 2020
 Moderator,

Khairunnisa

Catatan :
 Lembaran seminar ini, diisi oleh moderator





CURRICULUM VITAE

| | | |
|---|--------|--|
| I. Personal Details | | |
| Name | | : Muhammad Akbar Sani |
| Place and Date of Birth | | : Batakan, November 12 th , 1995 |
| Gender | | : Male |
| Marital Status | | : Single |
| Religion | | : Islam |
| Nationality | | : Indonesia |
| Parents | | : H. Suhini and Hj. Masropah |
| II. Formal Education Background | | |
| 2002 | - 2008 | State Elementary School of Tanjung Dewa (SDN Tanjung Dewa) |
| 2008 | - 2011 | Islamic Junior High School of Batakan (MTS At-thohiriyyah Batakan) |
| 2011 | - 2015 | Darul Hijrah Islamic Boarding School (MA Darul Hijrah) |
| 2016 | - 2021 | English Education Department of Antasari State Islamic University Banjarmasin |
| III. Organization Experience | | |
| 1. English Student Association (ESA) Antasari | | |

2. Lids Educia
3. Young on Top Banjarmasin
4. Generasi Baru Indonesia
5. Himpunan Pemuda, Pelajar dan Mahasiswa Tanah Laut (HPPMTL)