

Defisit basa inisial sebagai prediktor mortalitas di UPI Rumah Sakit Cipto Mangunkusumo

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Abstrak

Introduksi:

Untuk menilai apakah kadar defisit basa inisial dapat menjadi prediktor mortalitas di UPI

Pasien dan metode:

Studi retrospektif selama periode November 2004 sampai Oktober 2005 yang dilakukan di UPI medis-bedah. Data diambil dari rekam medik: defisit basa dan variabel untuk skor SAPS II serta dinilai keluaran pasien (mati atau hidup). Kurva Receiver Operating dibuat, titik potong optimal ditentukan dan dinilai prognostik dari defisit basa inisial dan SAPS II. Koefisien Pearson digunakan untuk menilai hubungan antara defisit basa inisial dan skor SAPS U.

Hasil:

Dui 456 pasien yang dievaluasi, 40 pasien (9,4%) meninggal di UPI. Kelompok survivor memiliki rerata defisit basa inisial yang lebih rendah dibandingkan kelompok nonsurvivor. Terdapat perbedaan yang bermakna antara defisit basa inisial dengan mortalitas UPI ($p=0,000$). Titik potong ditetapkan pada -4,2 mmol/l. Analisa ROC menunjukkan defisit basa inisial ($AUC=0,711$) lebih buruk dibandingkan skor SAPS II ($AUC=0,98$) sebagai prediktor mortalitas. Terdapat hubungan yang lemah antara defisit basa inisial dan skor SAPS II.

Kesimpulan:

Defisit basa inisial dan skor SAPS II yang tinggi secara independen berhubungan dengan peningkatan mortalitas di UPI RSCM.

Introduction :

To examine initial base deficit could be used as a predictor of mortality in ICU

Patients & methods:

A retrospective study over a period from November 2004 until Oktober2005 was conducted in a medical-surgical ICU. Data were extracted from ICU medical records: the base deficits and variables for SAPS II score and also the outcome of those patients (survivor or nonsurvivor). Receiver Operating Curve were constructed, the optimal cut offpoint have been obtained and area under curve was used to asses the prognostic value of initial base deficit and SAPS IL The coefficient of Pearson were analyzed to asses the relation between initial base deficit and SAPS II score.

Main outcome:

Of the 456 evaluable patients, 40 patients (9,4%),were died in ICU Survivor had lower mean of initial base

deficit than nonsurvivor. There are a significant differences between initial base deficit and ICU mortality ($p= 0, 000$). The cut off point was obtained at $-4,2$ mmol II. ROC analysis demonstrated that initial base deficit (AUC=0, 711) is worsen than SAPS II Score (A UC=0, 98) as predictor mortality. There is a weak correlation between initial base deficit and SAPS II score.

Conclusion:

A high initial base deficit and SAPS II score are independently associated with increased ICU mortality in Cipto Mangunkusumo Central Hospital.