

## Rancangan unit stroke dalam upaya menurunkan angka kematian penderita stroke di RSPAD Gatot Soebroto

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### Abstrak

Stroke merupakan salah satu penyakit saraf gawat darurat yang harus segera ditolong dan ditanggulangi. Jika diketahui dengan cepat dan diberikan terapi dengan tepat, maka hasil pengobatan akan sangat memuaskan. Namun pada kenyataannya sampai saat ini angka kematian karena stroke masih tetap tinggi. Di negara maju, USA, stroke merupakan penyebab kematian urutan ketiga setelah penyakit jantung koroner dan kanker.

Sedangkan di Indonesia sampai tahun 1990 stroke masih menduduki peringkat kematian ke 3 sesudah penyakit infeksi saluran nafas bawah dan penyakit jantung. Akan tetapi sejak tahun 1991 sampai 1995 stroke telah menduduki peringkat pertama sebagai penyebab kematian di rumah sakit (merupakan 11,7% dari seluruh kematian di Rumah Sakit).

Di RSPAD Gatot Soebroto kematian stroke di tahun 1994 sampai dengan tahun 1996 adalah berkisar 30 sampai dengan 43,37 %. Angka kematian ini cukup tinggi dibanding dengan angka kematian di Rumah Sakit Pendidikan di Indonesia, apalagi bila dibandingkan dengan luar negeri. Dengan meningkatnya insiden karena bertambahnya usia harapan hidup, haruslah dibuat rancangan penanganan stroke yang lebih terpadu, agar angka kematian stroke dapat dikurangi.

Dalam membuat rancangan penanganan stroke akut/unit stroke dalam upaya menurunkan angka kematian penderita stroke di RSPAD Gatot Soebroto, dilakukan observasi prosedur pelayanan penderita stroke akut di RSPAD Gatot Soebroto selama ini, observasi pengelolaan Unit Stroke di RSCM, studi kepustakaan tentang pengelolaan stroke akut di luar negeri dan tentang pengelolaan stroke yang ideal.

Faktor-faktor yang diteliti disini terutama tentang organisasi unit stroke, fasilitas, SDM, pendanaan dan prosedur pelayanan. Sebagai hasilnya organisasi unit stroke di RSPAD Gatot Soebroto perlu ditempatkan dibawah Departemen Saraf dan diketuai oleh Dokter Ahli Penyakit Saraf. Kemudian dalam menangani penderita stroke akut perlu dibentuk satu tim terpadu yang terdiri dari Dokter Ahli Penyakit Saraf sebagai Ketua Tim, Dokter Ahli yang terkait, misalnya ; Jantung, Paru, Penyakit Dalam, Gizi, Ahli Rehabilitasi Medis, Perawat yang telah terlatih khusus merawat penderita stroke akut.

Perawat perlu terlibat secara aktif dalam prosedur mobilisasi dan rehabilitasi, dan keluarga penderita perlu dilibatkan sedini mungkin dalam merawat penderita stroke melalui Program Edukasi Keluarga (PEK).

Stroke Pathway diberlakukan sejak pasien masuk melalui bagian gawat darurat. Penderita dipulangkan atau pindah ke ruangan lain diluar unit stroke setelah melalui Ease akut dan minimal dapat duduk. Disarankan agar kemandirian pasca stroke penderita di follow up setelah 3 bulan pasca stroke dengan Indeks Barthel.

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Stroke Unit Plan For Lowering Patient Death Rate In Gatot Soebroto Central Army Hospital Stroke is one of emergency nerve diseases which must be helped and managed as soon as possible. A fast and right therapy will give a good result. At present however its death rate still remain high. In developed country such as USA, stroke is the third cause of the death after heart disease and cancer.

In Indonesia until 1990 stroke was in the third cause of death after low respiratory tract infection and heart disease. But from 1991 until 1995 stroke had become the first cause of death in hospital and accounted for 11,7% of the entire death in hospital.

In The Gatot Soebroto Central Army Hospital care fatality of stroke from 1994 to 1996 ranged from 30 to 43,37 %. This rate was higher than the rate in educated hospitals in Indonesia and far higher if it was compared with other countries. As the incidence was increasing caused by higher expectancy of life, it was necessary to make a stroke integrative management plan in order to reduce the stroke death rate.

To plan the stroke unit, a study was conducted to observe the existing services, in this hospital and the management of stroke unit in RSCM. Existing literatures on the management of acute stroke in abroad and about the ideal management of stroke were studied. The observations were focused on organization, facilities, human resources, fund and service procedures.

Based on this study, the stroke unit in Gatot Soebroto Central Army Hospital should be placed under the Department of Neurology and chaired by a Neurologist. An integrative team should be built to manage the unit, which consist of a neurologist as the Chief, other related specialists such as a cardiologist, a pulmonologist, an internist, a nutrician, a rehabilitative expert and nurses well trained for acute stroke management.

The nurse should involve actively in mobilization and rehabilitation procedure. An early family involvement to care stroke patient through family educated program should be encouraged. The stroke pathway began as patients admitted in the emergency unit. Patient should be discharged or moved to other room out of stroke unit after passed from a critical phase and at least after able to sit. Three months after stroke, a follow up evaluation should be conducted to measure the patient independency using the Barthel Index.</i>