

Ketepatan full outline of unresponsiveness (four) score sebagai prediktor outcome pada pasien dengan penurunan kesadaran yang dirawat di instalasi gawat darurat RSCM = Accuracy of full outline of unresponsiveness (four) score as a predictor of outcome in patients with decreased level of consciousness treated in emergency department of RSCM

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Abstrak

[ABSTRAK

Latar Belakang. Penilaian derajat kesadaran penting dilakukan pada pasien di Unit Gawat Darurat untuk memperkirakan prognosis. Banyak sistem penilaian dipakai untuk mengevaluasi pasien, masing-masing dengan kelebihan dan kekurangannya. Sistem penilaian yang baru, yaitu Full Outline of Unresponsiveness (FOUR) Score, dapat digunakan menilai derajat kesadaran dan memprediksi prognosis pasien. FOUR Score dapat memberikan data neurologis yang lebih detail dan dapat digunakan pada pasien yang terintubasi. Belum ada penelitian yang menilai validitas FOUR Score sebagai prediktor outcome pada pasien dengan penurunan kesadaran di IGD RSCM sebelumnya.

Metode. Penelitian kohort prospektif observasional pada pasien dengan penurunan kesadaran yang dirawat di IGD RSCM. Evaluasi FOUR Score dilakukan terhadap 120 pasien baru yang dirawat di IGD RSCM. Outcome pasien dicatat setelah perawatan 72 jam. Analisis bivariat digunakan untuk menentukan hubungan FOUR Score terhadap outcome. Analisis regresi logistik untuk menentukan hubungan komponen FOUR Score terhadap outcome. Nilai area di bawah kurva (AUC) digunakan untuk sebagai uji dsikriminasi FOUR Score terhadap outcome.

Hasil. Terdapat hubungan yang bermakna antara nilai FOUR Score dengan outcome ($p < 0,001$). Komponen respon membuka mata (FOUR-E) dan pola respirasi (FOUR-R) adalah komponen yang mempunyai nilai prediksi terhadap outcome. AUC FOUR Score adalah 0,864 (95% IK 0,784-0,928). Uji kesesuaian antarpenilai antara dokter dan perawat menunjukkan kesesuaian yang sangat baik dengan $\kappa = 0,836$ (95% IK 0,786- 0,894), $p < 0,001$.

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ABSTRACT

Background. Assessment of consciousness is important in patients in emergency room to estimate prognosis. Many scoring systems used to evaluate patients' level of consciousness, each with their advantages and disadvantages Full Outline of Unresponsiveness (FOUR) Score is a new system to assess patients's level of consciousness and future prognosis. FOUR Score can provide a detailed neurological data and can be used in patients who are intubated. There have never been done a research on validity of FOUR Score as a predictor of outcome in RSCM's ER before.

Method. Observational, prospective cohort study in patients with decreased of consciousness treated in the RSCM's ER. FOUR Score's evaluation conducted on 120 new patients. Patient's outcome was recorded after 72 hours of treatment, and classified as dead or alive. Bivariate analysis conducted to determine the relation between FOUR Score and outcome. Logistic regression analysis was performed to determine the

relation between components of the FOUR Score and the outcome, and the value of area under the curve (AUC) of the FOUR Score to outcome was determined to measure discrimination of FOUR Score. Results. There is a significant correlation statistically between the value of the FOUR Score with the outcome ($p < 0.001$). From all the components had been measured, the eye response (FOUR-E) and respiratory pattern (FOUR-R) had predictive value related to the outcome. AUC of the FOUR Score is 0,864 (95% CI 0,784-0,928). Inter-rater agreement between doctor and nurse shows a very good strength of agreement with $\kappa = 0,836$ (95% CI 0,786- 0,894), $p < 0,001$.

Conclusion. FOUR Score can accurately predict the outcome of patients with decreased of consciousness in the RSCM's ER after 72 hours of treatment.;Background. Assessment of consciousness is important in patients in emergency room to estimate prognosis. Many scoring systems used to evaluate patients' level of consciousness, each with their advantages and disadvantages Full Outline of Unresponsiveness (FOUR) Score is a new system to assess patients's level of consciousness and future prognosis. FOUR Score can provide a detailed neurological data and can be used in patients who are intubated. There have never been done a research on validity of FOUR Score as a predictor of outcome in RSCM's ER before.

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