

## Penggunaan sistem skoring untuk terapi antijamur pada pasien dengan kandidemia = Implementation of scoring system for antifungal therapy in patients with the risk of candidemia

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### Abstrak

[<b>ABSTRAK</b><br>

Penelitian ini bertujuan untuk meningkatkan pemberian antijamur secara rasional berdasarkan sistem skoring infeksi Candida di Rumah Sakit Cipto Mangunkusumo (RSCM). Data faktor risiko dan evaluasi penggunaan antijamur pada pasien berisiko kandidemia di RSCM belum tersedia. Data ini diperlukan untuk mengembangkan sistem skor yang sesuai dengan kondisi di RSCM. Penelitian retrospektif ini menggunakan desain kasus kontrol dari rekam medik pasien tahun 2011-2014. Hasil penelitian menunjukkan bahwa faktor prediktor kandidemia di RSCM adalah lama perawatan, sepsis berat dan pembedahan dengan nilai ambang batas 3,5. Skor modifikasi memiliki sensitifitas lebih tinggi sedangkan spesifisitas hampir sama dengan Candida score. Penggunaan skor modifikasi ini menurunkan ketidaktepatan penggunaan antijamur sebesar 7%.

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<b>ABSTRACT</b><br>

The aim of the study is to increase the rationality of antifungal usage based on Candida scoring system in Cipto Mangunkusuno hospital (RSCM). The data of risk factors and evaluation of antifungal usage in patient who have risk factors for candidemia in RSCM is not available yet. The data is important to develop a scoring system that suitable with RSCM condition. This retrospective case control study used patient medical record from 2011-2014. The result of this study showed that predictor of candidemia in RSCM are length of stay in hospital, severe sepsis and surgery, with cut off value 3.5. The modified score has higher sensitivity with equal specificity with Candida score. The modified score is able to decrease the inappropriateness of antifungal usage as high as 7%., The aim of the study is to increase the rationality of antifungal usage based on Candida scoring system in Cipto Mangunkusuno hospital (RSCM). The data of risk factors and evaluation of antifungal usage in patient who have risk factors for candidemia in RSCM is not available yet. The data is important to develop a scoring system that suitable with RSCM condition. This retrospective case control study used patient medical record from 2011-2014. The result of this study showed that predictor of candidemia in RSCM are length of stay in hospital, severe sepsis and surgery, with cut off value 3.5. The modified score has higher sensitivity with equal specificity with Candida score. The modified score is able to decrease the inappropriateness of antifungal usage as high as 7%.]