

# Profil pasien sakit kritis yang dirawat di PICU RSUPN Cipto Mangunkusumo berdasar sistem skoring PELOD-2 periode Januari-Desember 2018 = Critically ill patient s profile in pediatric intensive care unit (PICU) Cipto Mangunkusumo Hospital based on Pediatric Logistic Organ Dysfunction-2 (PELOD-2) score in January-December 2018

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## Abstrak

Latar belakang : Skor PELOD-2 digunakan untuk mengetahui prognosis disfungsi organ pada anak sakit kritis. Hasil skor PELOD-2 terkadang tidak berbanding lurus dengan luaran perawatan sehingga tidak selalu dapat digunakan sebagai prediktor luaran pasien yang dirawat di PICU. Tujuan : Mengetahui profil dan luaran pasien sakit kritis yang dirawat di PICU RSCM berdasar skor PELOD-2. Metode : Penelitian retrospektif dengan mengambil data rekam medis pasien rawat di PICU RSCM, periode Januari-Desember 2018 secara total sampling. Penilaian skor PELOD-2 pada 24 jam pertama perawatan, komorbid dan luaran subjek dicatat dalam rekam medis. Hasil : Diperoleh 477 subjek yang memenuhi kriteria. Pasien sakit kritis yang dirawat di PICU RSCM sebagian besar berjenis kelamin laki (56,4%) dan berusia <1 tahun (27,9%), dengan bedah sebagai diagnosis terbanyak (65%). Sebagian besar pasien memiliki penyakit kronik (70,4%). Nilai median skor PELOD-2 2 untuk pasien hidup dan median skor 8 untuk pasien meninggal. Angka mortalitas adalah 10,7%. Sebagian besar subjek memiliki lama rawat <7 hari (75,5%). Subjek dengan lama rawat >14 hari memiliki median skor PELOD-2 tiga kali lipat dari subjek dengan lama rawat <7 hari. Subjek meninggal memiliki median skor PELOD-2 empat kali lipat lebih tinggi dari subjek hidup. Adanya luaran mortalitas dan lama rawat subjek yang tidak sesuai dengan skor PELOD-2 kemungkinan dipengaruhi oleh status nutrisi dan status imun. Titik potong mortalitas skor PELOD-2 pada penelitian ini adalah >5, dan titik potong mortalitas skor PELOD-2 pasien sepsis >7. Simpulan : Skor PELOD-2 dapat digunakan untuk memprediksi prognosis disfungsi organ yang mengancam kehidupan pada anak tanpa imunosupresi, semakin tinggi skor PELOD-2 akan diikuti peningkatan lama rawat dan mortalitas.

.....Background: PELOD-2 score is stated can be used to discover prognosis of organ dysfunction in critically ill child. Sometimes PELOD-2 score does not always directly proportional to critically ill child s outcome, therefore sometimes can not be used as outcome and mortality predictor. Objective: To describe critically ill patient s profile and outcome of based on PELOD-2 score. Methods: This descriptive study was retrospective, conducted from January to December 2018 in PICU RSCM by total sampling. Evaluation of PELOD-2 score were performed in the first 24 hours. Subjects comorbid and outcome were stated in medical record. Results: There were 477 subjects that fulfilled the criteria. Most of the subjects were boys (56,4%) and under 1 year of age (27,9%) with surgical were the most common diagnosis (65%). Most of the subject have chronic illness as comorbid (70,4%). Median of PELOD-2 score were 2 for subjects that lived and 8 for subjects that died. Mortality rate is 10,7%. Most of the subjects were stayed in PICU for < 7 days (75,5%). Subjects with length of stay >14 days had median PELOD-2 score 3 times higher than the subjects with length of stay <7 days. Died subjects had median PELOD-2 score 4 times higher than the subjects that lived. The subjects mortality and length of stay that not in accordance with the PELOD-2 score may be

influenced by subjects nutritional and immunity status. Mortality cut off point for PELOD-2 score in this study is >5. Mortality cut off point for PELOD-2 for subjects with sepsis is >7 Conclusion: PELOD-2 score is feasible to be used to predict life threatening organ dysfunction in critically ill children without immunosuppression, the higher the PELOD-2 score is equal to higher mortality and longer length of stay.