

# Analisis tatalaksana stroke iskemik hiperakut trombolisis (SIHT) dan hubungannya dengan perubahan skor NIHSS di IGD RS Pusat Otak Nasional tahun 2017-2018 = analysis of hyperacute ischemic stroke thrombolysis (HIST) management and its relation to the change of NIHSS score at Emergency Room of RS Pusat Otak Nasional in 2017-2018.

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## Abstrak

Rumah Sakit Pusat Otak Nasional (RSPON) merupakan RS Pusat Rujukan Nasional yang menangani kasus otak dan persarafan, salah satunya yaitu penanganan pasien Stroke Iskemik Hiperakut dengan terapi trombolisis. Tatalaksana SIHT khususnya dilakukan di Instalasi Gawat Darurat (IGD), dengan mengutamakan pemberian terapi pada golden period, dengan harapan terapi tersebut akan menurunkan skor NIHSS dan mencegah proses kecacatan yang lebih berat. Desain penelitian yang digunakan adalah operational research secara retrospektif, dengan metode kuantitatif dan kualitatif. Data kuantitatif didapatkan dari telaah dokumen rekam medis dengan jumlah sampel 102 rekam medis, sedangkan data kualitatif didapatkan dengan FGD dan wawancara mendalam. Hasil penelitian menunjukkan bahwa terapi trombolisis berhasil menurunkan skor NIHSS pasien sebanyak 74,5%. Pada analisis time matriks tatalaksana SIHT, menunjukkan bahwa dari data normal (n=84), komponen Door to Ct Scan and Lab initiation, Door to Ct Scan and Lab expertise, serta Door to needle mengalami perlambatan waktu dari target. Keseluruhan variabel independen yang mempengaruhi perubahan skor NIHSS adalah skor NIHSS awal yang merupakan salah satu kriteria inklusi pemberian trombolisis, sedangkan variabel yang secara bermakna bersama-sama mempengaruhi perubahan skor NIHSS yaitu onset time, skor NIHSS awal, door to CT Scan initiation, dan door to CT Scan interpretation. Onset time memiliki pengaruh paling bermakna terhadap perubahan skor NIHSS, hal ini dihubungkan dengan pentingnya edukasi prehospital kepada masyarakat untuk mengenal gejala stroke secara dini. Rekomendasi perbaikan dimulai dari divisi Neurovaskular untuk membuat revisi panduan dan SPO serta Clinical Pathway Trombolisis sesuai Guideline terbaru, sosialisasi dan simulasi algoritma SIHT secara komprehensif melibatkan seluruh unsur, monitoring dan evaluasi berkala tatalaksana SIHT melalui diskusi ilmiah.

.....RS Pusat Otak Nasional (RSPON) is national's referral hospital which handles health cases regarding brain and nervous system, one of which is the management of Hyperacute Ischemic Stroke patients using thrombolysis therapy. Hyperacute Ischemic Stroke Thrombolysis (HIST) management at the Emergency Room, focused on patients who arrived during the golden period, in hope that the therapy would be able to decrease the NIHSS score and to prevent more severe impairment to the patients. This research used retrospective operational research design, and qualitative and quantitative methods simultaneously. Quantitative data was gotten from medical records with total 102 medical records used, while the qualitative data was gotten from FGD and in depth interviews. This research found that thrombolysis therapy succeeded in decreasing NIHSS score in 74,5% of patients. HIST time matrix analysis from the normal data (n=84), it's shown that Door to Ct Scan and Lab initiation, Door to Ct Scan and Lab expertise, and Door to needle components were slower than target. The independent variable that effected NIHSS score as dependent

variable was pre-therapy NIHSS, while the variables that effected the dependent variable simultaneously were onset time, pre-therapy NIHSS score, door to CT Scan initiation, and door to CT Scan interpretation. Onset time was the most significant factor to NIHSS' score change, this is mostly related to the importance of pre-hospital education for people to make them know the early symptoms of stroke. Recommendation offered is started from Neurovascular division to update thrombolysis' regulation, SOP, and Clinical Pathway according to the newest guideline, to disseminate and simulate the HIST algorithm comprehensively and to monitor and evaluate HIST management through discussion.