

## Faktor-faktor yang mempengaruhi kematian pada pneumonia anak di Rumah Sakit Ciptomangunkusumo Jakarta = Factors that contribute to mortality in pediatric pneumonia patients at Ciptomangunkusumo Hospital Jakarta

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### Abstrak

Latar belakang: angka kematian akibat pneumonia pada anak masih tinggi. Studi melaporkan bahwa kasus kematian anak yang dirawat di rumah sakit karena pneumonia bervariasi dari 8,7% hingga 47%, lebih dari 70% berlangsung di Afrika dan Asia Tenggara. Banyak dilaporkan pasien datang dengan kondisi yang berat karena keterlambatan penanganan, hingga menyebabkan kematian. Oleh karena itu, studi yang mempelajari faktor risiko kematian pada pneumonia anak perlu dilakukan.

Metode: penelitian ini merupakan studi retrospektif dengan mengambil data rekam medis pasien anak usia 2 bulan sampai 18 tahun yang tercatat sebagai penderita penyakit pneumonia pada periode Juli 2021 – Mei 2022. Faktor yang didata meliputi faktor klinis dan pemeriksaan penunjang yang mendukung diagnosis.

Hasil: subyek penelitian didapatkan sebanyak 207 pasien dengan luaran pasca rawat inap meninggal sebanyak 33 (15,9%) pasien dan hidup sebanyak 174 (84,1%) pasien. Hasil analisis multivariat menunjukkan faktor risiko yang berhubungan dengan kematian pneumonia anak adalah kesulitan makan minum (aOR 2,743 IK 95% (1,219-6,172); p 0,012), komorbid keganasan (aOR 2,500 IK 95% (1,094-5,712); p 0,026), takipneu (aOR 2,711 IK 95% (1,263-5,817); p 0,009), hipoksemia (aOR 2,323 IK 95% (1,021-5,284); p 0,041), dan leukositosis (aOR 2,245 IK 95% (1,038-4,856); p 0,037).

Simpulan: pasien pneumonia anak yang mengalami kesulitan makan minum, memiliki komorbid keganasan, takipneu, hipoksemia, dan leukositosis berisiko mengalami kematian.

.....Background: the mortality rate of pneumonia in children still elevated. Studies reported that cases of child mortality in hospitalized patient due to pneumonia vary from 8.7% to 47%, more than 70% from Africa and Southeast Asia. Many patients reported coming with severe conditions due to delays in treatment, causing death. Therefore, research that study the factors that contribute to mortality in pediatric pneumonia patients is needed.

Methods: This study is a retrospective study by taking medical records of pediatric patients aged 2 months to 18 years who were diagnosed as pneumonia in the period July 2021 - May 2022. The factors recorded included clinical factors and diagnostic examinations that supported the diagnosis.

Results: this study consisted of 207 pneumonia patients with post-hospital outcomes died as many as 33 (15.9%) patients and lived as many as 174 (84.1%) patients. The results of multivariate analysis showed the risk factors associated with mortality of pediatric pneumonia were difficulty eating and drinking (aOR 2.743 CI 95% (1,219-6,172); p 0.012), comorbid malignancy (aOR 2,500 CI 95% (1.094-5.712); p 0.026), tachypnea (aOR 2.711 CI 95% (1,263-5.817); p 0.009), hypoxaemia (aOR 2.323 CI 95% (1.021-5.284); p 0.041), and leukocytosis (aOR 2,245 CI 95% (1.038-4.856); p 0.037 ).

Conclusion: pediatric pneumonia patients who have difficulty eating and drinking, have comorbid malignancy, tachypnea, hypoxemia, and leukocytosis are at risk of death.