

Analisis Hubungan Faktor Risiko Neonatus Dan Kejadian Tidak Diharapkan Pada Transfer Pasien Operasi Unit Neonatologi Di RSCM = Analysis of the Relationship between Neonatal Risk Factors and Adverse Events in the Transfer of Operational Patients to the Neonatology Unit at RSCM

Shandi Vama Putra, author

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Abstrak

Pendahuluan: Transpor neonatus dari unit neonatologi ke kamar operasi dan sebaliknya memiliki risiko terjadinya KTD (Kejadian tidak diharapkan) yang tinggi. Akan tetapi, belum ada studi terperinci yang mempelajari tentang hal tersebut. Studi ini ditujukan untuk mengetahui faktor-faktor risiko yang berperan dalam terjadinya KTD pada transfer perioperatif neonatus. Metode: Kami melakukan studi kohort retrospektif di RSUPN dr. Cipto Mangunkusumo. Neonatus yang memenuhi kriteria inklusi dan melalui kriteria eksklusi dilibatkan dalam penelitian ini. Faktor-faktor risiko serta profil KTD dihimpun dari neonatus yang terlibat. Analisis dilakukan secara komparatif univariat, bivariat, dan multivariat. Studi ini memiliki izin etik dari RSUPN dr. Cipto Mangunkusumo. Hasil: Tercatat sebanyak 87 KTD pada 56 neonatus yang menjadi subjek di dalam penelitian ini. Diketahui bahwa 51,79% subjek adalah perempuan, dengan 48,21% prematur, 58,93% berat badan lahir rendah, dengan rata-rata berat badan lahir 2.138 gram. Gambaran KTD terbanyak adalah desaturasi, mencakup 71,43%. Terdapat hubungan antara respiratory support invasif dengan hipotermia (OR = 0,052; IK 95% = 0,005 – 0,506). Terdapat hubungan antara respiratory support invasif dengan medical device adverse event (OR = 0,175; IK 95% = 0,043 – 0,707). Respiratory support invasif merupakan faktor yang paling berperan dalam medical device adverse event berdasarkan analisis multivariat (aOR = 0,023; IK 95% = 0,054–0,995). Angka kejadian KTD paling banyak pada kelompok satu kali transfer (64,29%), yaitu sebanyak 36 kasus dengan 13 (23,21%) di antaranya mengalami desaturasi. Terdapat hubungan antara frekuensi transfer pasien operasi unit neonatologi dan desaturasi (p-value = 0,047; Crude OR : 5,727 dan 95% CI : 1,148 - 28,573). Kesimpulan: Prematuritas, BBLR, dan kelainan kongenital tidak berhubungan dengan KTD. Sedangkan, penggunaan respiratory support invasif berhubungan dengan hipotermia dan medical device adverse event pada pasien transfer operasi unit neonatologi. Terdapat hubungan antara frekuensi transfer pasien dan KTD desaturasi pada proses transfer neonates.

.....Introduction: Transport of neonates from the neonatology unit to the operating room and vice versa carries a high risk of adverse events (KTD). However, there have been no detailed studies studying this. This study aims to determine the risk factors that play a role in the occurrence of adverse events during perioperative transfer of neonates. Methods: We conducted a retrospective cohort study at RSUPN dr. Cipto Mangunkusumo. Neonates who met the inclusion criteria and the exclusion criteria were included in this study. Risk factors and adverse event profiles were collected from the study subjects. Analysis was carried out using univariate, bivariate and multivariate analyses. This study was approved by RSUPN dr. Cipto Mangunkusumo. Results: A total of 87 adverse events were recorded in the 56 neonates who were subjects in this study. Fifty one point seventy nine percent of the subjects were female, 48.21% of the subjects were premature, 58.93% had low birth weight, with an average birth weight of 2,138 grams. The most common

adverse event features were desaturation, covering 71.43% of the study subjects. There is a significant association between invasive respiratory support and hypothermia (OR = 0.052; 95% CI = 0.005 – 0.506). There is a significant association between invasive respiratory support and medical device adverse events (OR = 0.175; 95% CI = 0.043 – 0.707). Invasive respiratory support is the factor that plays the most role in medical device adverse events based on multivariate analysis (aOR = 0.023; 95% CI = 0.054–0.995). The highest incidence of adverse events (AEs) occurred in the single-transfer group (64.29%), with 36 cases, 13 (23.21%) of which experienced desaturation. There is a relationship between the frequency of patient transfers in the neonatal surgery unit and desaturation (p-value = 0.047; Crude OR: 5.727 and 95% CI: 1.148 - 28.573). Conclusion: Prematurity, LBW, and congenital abnormalities were not associated with adverse events. Meanwhile, the use of invasive respiratory support is associated with hypothermia and medical device adverse events in neonatology unit surgery transfer patients. There is a significant association between the frequency of patient transfers and desaturation adverse events during the transfer process of neonates.