

Peran mikroorganisme lingkungan dalam menimbulkan infeksi nosokomial pada unit luka bakar Rumah Sakit Ciptomangunkusumo

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Abstrak

Infeksi nosokomial terjadi di seluruh dunia dan mempengaruhi baik negara maju, negara berkembang, maupun negara miskin. Usaha pengendalian infeksi nosokomial telah banyak dilakukan.

Dan hasil laporan data yang diterbitkan secara berkala oleh Tim Pengendalian Infeksi Rumah Sakit (PPIRS) RSCM, sampai saat ini belum mencakup peran mikroorganisme lingkungan dalam mata rantai penyebaran infeksi nosokomial.

Untuk melengkapi data tersebut, maka dilakukan penelitian observasional dengan metode cross-sectional di Unit Luka Bakar (ULB) RSCM bulan Januari - Juli 2004, untuk melihat kesamaan mikroorganisme dari jaringan eskar luka bakar dengan mikroorganisme lingkungan seperti udara, air mandi, instrumen, linen, sarung tangan dan telapak tangan petugas kesehatan, melalui pola resistensi antimikroba. Sekaligus juga dilakukan screening pada petugas kesehatan dan penderita untuk menemukan MRSA, yang sering menyebabkan infeksi nosokomial.

Berdasarkan kesamaan pola resistensi, disimpulkan bahwa *Klebsiella pneumoniae* dari jaringan eskar luka bakar sama dengan asal udara dan *Pseudomonas aeruginosa* jaringan eskar luka bakar adalah sama dengan asal air mandi penderita. Berdasarkan perubahan pola mikroorganisme pada hari ke 5 (H5), dikatakan bahwa kemungkinan terjadinya infeksi nosokomial di ULB RSCM cukup besar, dan ditemukan pula MRSA.

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Nosocomial infection is a major problem in the world today, since it can be found in all countries, not only in the poor countries but also in the developed countries. A lot of efforts have been implemented to control this nosocomial infection.

Up to now, the report data published periodically by the Hospital Infection Control Committee of RSCM, has not included the role of environmental microorganism in the chain of nosocomial infection spreading.

In order to make the data more accountable, this observational research was conducted with cross-sectional methodology in the Burn Wound Unit of RSCM from January till July 2004. The similarity of the microorganism found in the burn wound eschar tissue with the microorganism from environment origin, such as air, bathing-water, linen, hand-gloves and the palms of the medical staffs, was concluded by comparing their anti-microbial resistance pattern. In the same time, a screening of the medical staffs and patients was also conducted to see the existence of MRSA, known as frequently involved in the nosocomial infection.

The result suggested that the *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* found in the burn wound

escar tissue was the same as the one from the air and patient bathing-water, respectively. And based on the change of microbial-pattern in the day-5 (D5), it was indicated that the probability of nosocomial infection in the Burn Wound Isolation Unit of RSCM was very high, and MRSA could be found in from the screening.