

Prevalens dan prediktor keberhasilan ekstubasi pada bayi di Nicu RSCM = Prevalence and predictors of successful extubation in infants at Nicu Cipto Mangunkusumo Hospital

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Abstrak

[ABSTRAK

Latar belakang: Ventilasi mekanik (VM) adalah prosedur yang dipilih untuk menyelamatkan bayi dalam kondisi kritis, tetapi merupakan tindakan invasif dan perlu pemantauan ketat untuk menghindari barotrauma dan volutrauma.

Ekstubasi merupakan upaya untuk penyapihan VM.

Tujuan: Mengetahui berapa prevalens keberhasilan ekstubasi dan prediktor apa yang berperan dalam keberhasilan ekstubasi pada bayi di NICU RSCM.

Metode: Rancangan penelitian ini merupakan penelitian observasional analitik dengan desain potong lintang. Pengumpulan data dilakukan secara retrospektif dengan menggunakan data RM yang lengkap untuk melihat prediktor keberhasilan ekstubasi.

Hasil: Dari 60 RM yang dikumpulkan, diperoleh data bayi yang berhasil diekstubasi dan data dicatat tanda vital 72 jam kemudian didapatkan 55 (91,7%) bayi yang berhasil diekstubasi dan 5 (8,3%) bayi tidak berhasil. Karakteristik subyek penelitian adalah semua bayi yang dirawat di NICU, dengan UG antara 22 - 41 minggu dan BL berkisar antara 820 g sd 4100 g. Pada bayi yang diekstubasi dengan merujuk pada hasil AGD, tidak berbeda bermakna antara keberhasilan ekstubasi dengan normal tidaknya nilai AGD. Lama pemakaian VM berkisar antara 1- 30 hari. Prediktor ekstubasi yang diteliti adalah setting VM meliputi FiO₂, PIP, flow trigger, IT, napas spontan, dan hasil AGD. Pengolahan data dengan regresi logistik terbukti diantara semua prediktor ekstubasi, hanya FiO₂ saja yang bermakna dengan p value 0.057 dan OR 0.76.

Simpulan: Prevalens keberhasilan ekstubasi adalah 91.7%. Hasil penelitian menunjukkan bahwa hanya rendahnya setting FiO₂ yang terbukti secara statistik sebagai prediktor keberhasilan ekstubasi.

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ABSTRACT

Background: Mechanical ventilation (VM) is a procedure which is chosen to save the baby in critical condition, but it is an invasive procedure and need close monitoring to avoid barotrauma and volutrauma. Extubation was an attempt to weaning VM.

Objective: To determine prevalence and predictors of successful extubation in infants in the NICU RSCM.

Methods: The study was design observational analytic research with cross

sectional design. Data collected by retrospectively using complete medical record (MR) data to decide prevalence and predictors of successful extubation.

Results: Of the 60 MR was collected, the data obtained were successfully extubated infants and data recorded vital signs 72 hours later obtained 55 (91.7%) infants were successfully extubated and 5 (8.3%) infants did not succeed.

Characteristics of the study subjects were all babies admitted to the NICU, with GA between 22-41 weeks and BW ranged from 820 g up to 4100 g. Refer to the results of blood gas analysis (BGA) normal or not was not significantly different between successful extubated. Long of used MV ranging between 1 to 30 days. Predictors of extubation were studied were MV settings include FiO₂, PIP, flow trigger, IT, spontaneous breath, and the results of BGA. Processing of data by logistic regression among all predictors extubation, only setting FiO₂ are significant with p value 0.057 and OR 0.76.

Conclusion: Prevalence successful extubation is 91.7%. Research results that only the low setting FiO₂ statistically proven as a predictor of extubation, Background: Mechanical ventilation (VM) is a procedure which is chosen to save the baby in critical condition, but it is an invasive procedure and need close monitoring to avoid barotrauma and volutrauma. Extubation was an attempt to weaning VM.

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