Pengaruh Time to First Antibiotic Delivery (TFAD) terhadap kesintasan 30 hari pada pasien dewasa dengan Health Care Associated Pneumonia di RSCM = The Effect of Time to First Delivery (TFAD) to 30 days survival adult patients with Health Care Associated in RSCM

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Abstrak

Latar Belakang : Insidens Pneumonia HCAP semakin meningkat dengan angka mortalitas yang tinggi. Tatalaksana optimal dapat menurunkan angka mortalitas , salah satunya Time to First Antibiotic Delivery (TFAD). Pengaruh TFAD pada pasien pneumonia HCAP belum banyak diteliti.
Tujuan : Mendapatkan informasi perbedaan kesintasan 30 hari pasien pneumonia HCAP dewasa terhadap TFAD.
Metode : Penelitian kohort retrospektif berbasis analisis kesintasan pasien pneumonia HCAP RSCM periode Januari 2011-Desember 2014. Dilakukan ekstraksi data rekam medis jarak waktu pemberian dosis awal antibiotika di IGD, derajat keparahan pneumonia dan faktor perancu, kemudian dicari data mortalitas 30 hari. Derajat keparahan menggunakan Skor CURB-65. TFAD dikelompokkan menjadi TFAD 4 jam dan > 4 jam. Perbedaan kesintasan ditampilkan dalam kurva Kaplan Meier. Perbedaan kesintasan diuji dengan Log-rank test, batas kemaknaan <0,05. Analisis multivariat dengan Cox?s proportional hazard regression untuk menghitung adjusted hazard ratio (dan interval kepercayaan 95%-nya) dengan koreksi terhadap variabel perancu.
Hasil : Dari 170 subjek, dalam 30 hari sebanyak 51 subjek (40,5%) meninggal pada kelompok TFAD> 4jam dan 4 subjek (9,1%) meninggal pada kelompok TFAD 4jam. Median kesintasan seluruh subjek adalah 25 hari (IK95% 24-27), kelompok TFAD 4jam 29 hari (IK95% 27-31) dan kelompok TFAD > 4 jam 24 hari (IK95% 22-26) dengan log rank p 0,01. Kesintasan 30 hari kelompok TFAD 4jam sebesar 90,9% sedangkan kelompok TFAD > 4 jam 59,5%. Crude HR pada kelompok TFAD > 4 jam 5,293 (IK95% 1,912-14,652). Setelah dilakukan adjustment terhadap variabel perancu didapatkan fully adjusted HR pada kelompok TFAD> 4 jam sebesar 7,137 (IK95% 2,504-30,337).
Simpulan : Terdapat perbedaan kesintasan 30-hari pasien HCAP dewasa pada kelompok TFAD > 4 jam , semakin lama jarak waktu pemberian antibiotik awal, semakin buruk kesintasan 30-harinya.
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Background : The incidence of pneumonia HCAP is increasing with a high mortality rate. Optimal management can reduce mortality, one of which Time to First Antibiotic Delivery (TFAD). TFAD influence on pneumonia patients with HCAP has not been widely studied.
Objective : Obtain information about the differences in 30-day survival adult patients with pneumonia HCAP against TFAD.
Methods : A retrospective cohort study based on analysis of the patient's survival against pneumonia HCAP period January 2011 to December 2014. Extraction of data from the medical records of the interval initial dose of antibiotics in the ED, the severity of pneumonia and confounding factor, then look for the data in 30-day mortality. Severity using CURB-65 score. TFAD divided into two groups, TFAD 4 hours and> 4 hours. Differences in survival is shown in Kaplan Meier. The difference in survival were tested by the log-rank

test, with significance limit p<0.05. Multivariate analysis with Cox's proportional hazards regression to calculate adjusted hazard ratio (and its 95% CI) with correction for confounding variables.
Results : Of the 170 subjects, within a period of 30 days by 51 subjects (40.5%) died in the group TFAD> 4 hours and 4 subjects (9.1%) died in the group TFAD 4 hours. Mean survival of the whole subject is 25 days (IK95% 24-27), the group TFAD 4jam 29 days (IK95% 27-31) and group TFAD> 4 hours 24 days (IK95% 22-26) with a log-rank p 0.01 , 30-day survival in the group TFAD 4jam by 90.9% while the TFAD> 4 hours 59.5%. Crude HR group TFAD> 4 hours of 5.293 (1.912 to 14.652 IK95%). After adjustment for confounding variables obtained fully adjusted HR group TFAD> 4 hours amounted to 7.137 (2.504 to 30.337 IK95%).
Conclusions : There are differences in 30-day survival of adult patients with HCAP group TFAD> 4 hours; the longer the interval initial antibiotic treatment, the worse the 30-day survival.