

Gambaran early warning score (EWS) 6-8 jam sebelum kejadian code blue atau kegawatan medis di ruang rawat dewasa gedung A RSUPN dr. Cipto Mangunkusumo = Description of early warning score 6-8 hours before code blue in general ward dr. Cipto Mangunkusumo Hospital

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Abstrak

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Penelitian ini berisi gambaran EWS pada 6-8 jam sebelum kejadian code blue atau kegawatan medis yang terjadi di ruang rawat. Penelitian ini dilakukan di ruang rawat dewasa gedung A RSUPN CM. Populasi penelitiannya adalah seluruh klien dewasa yang dirawat di ruang rawat gedung A. Sampel yang diambil adalah klien dewasa yang mengalami code blue. Desain penelitian yang dibuat adalah berupa deskriptif dan bersifat retrospektif. Data yang dikumpulkan diperoleh dari status klien. Berdasarkan penelitian sebelumnya deteksi dini yang dilakukan sangat berguna untuk mengurangi resiko munculnya henti jantung Duncan Mc Mulan, 2012. Oleh karena itu maka peneliti tertarik melakukan penelitian dengan judul "Gambaran Early Warning Score 6-8 jam Sebelum Kejadian Code Blue atau Kegawatan Medis Di Ruang Rawat Dewasa Gedung A RSUPN DR. Cipto Mangunkusumo".

ABSTRACT

The prevalency of code blue and mortality in the hospital was being increased because of that needed a standard to decrease mortality. One of the standard is Early Warning Score. The aim of this research was to know description of early warningscore 6 8 hours before code blue in general ward. The sample was 86 clients that have code blue. The design was descriptive retrospektif. The data analysis was univariat. The result show that characteristic median age was 48, median length of stay of 7 days, the gender male 48. The most of medical diagnosis are cancer and leukemia 22. The reason of emergency calling almost was respiratory distress 48 55,8. TMRC action in form of CPR 38, monitoring clinical clients post code blue were ICU ICCU HCU 36. The most category of early warning score was yellow 32. Based on this result shows that monitoring using early warning score tool should be done early, in order to decrease emergency calling in general wards.