

# Kualitas resusitasi neonatal di RSCM berdasarkan suhu axilari, sebagai faktor penentu utama kualitas resusitasi = Quality of neonatal resuscitation in RSCM based on axillary temperature measured, in relation with the most prominent factor affecting quality of resuscitation factor affecting quality of resuscitation

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## Abstrak

**Latar belakang**: Anak-anak dinilai sangat rentan, terutama dalam 28 hari pertama kehidupan. Sebanyak 7.000 kasus kematian bayi di minggu pertama kehidupan telah dilaporkan. Terdapat tiga penyebab tersering kematian pada bayi baru lahir, salah satunya adalah asyphixia. Resusitasi adalah prosedur emergensi yang sering dilakukan pada bayi baru lahir terutama mereka yang memiliki masalah pernapasan. Tingginya presentasi kematian bayi pada usia dini, mengakibatkan kualitas resusitasi yang baik perlu di pertahankan. Sesuai dengan AHA 2015 yang menyatakan bahwa suhu bayi bisa dijadikan alat ukur untuk kualitas resusitasi.

**Metode** : Penelitian ini menggunakan studi *cross-sectional* dengan melihat data dari rekam medis di RSCM Kirana Hospital. Data yang dilihat berupa berat lahir bayi, usia gestasi, jenis kelamin, durasi transisi, dan suhu aksila setelah resusitasi pada pasien. Data di analisis dengan uji varian univariat dan bivariate untuk melihat hubungan antara suhu aksila dengan variable independen dan melihat kualitas resusitasi berdasarkan suhu di RSCM.

**Hasil** : Berat lahir bayi, usia gestasi, jenis kelamin, durasi transisi menunjukkan ketidaksignifikan hubungan dengan suhu aksila. ( $p < 0,05$ )

**Konklusi** : Kualitas resusitasi berdasarkan suhu aksila di RSCM dinilai sangat baik, dengan 99% dari data memiliki nilai sesuai dengan suhu yang diinginkan. Namun demikian, jenis kelamin, berat lahir bayi, usia gestasi, dan durasi transisi telah menunjukkan adanya hubungan yang signifikan dengan suhu aksila setelah resusitasi. Dengan demikian, tidak ada faktor risiko yang paling menonjol.

**Kata kunci** : resusitasi neonatus, hipotermi, suhu hangat, jenis kelamin, berat lahir, waktu transisi pasien setelah diresusitasi

**Background** : Children are considered to be fragile in the first 28 years of live. It was reported that around 7,000 in the first week. Respiratory problem, such as asphyxia serves as top three for causal of death in the neonates. Resuscitation is one of the common procedure conducted in emergency situation especially for newborn who has problem in respiratory manner. As there is high probability of death within that age, a good quality of resuscitation should be maintained. According to AHA 2015, temperature can be considered as predictor of outcomes and indicator for quality.

**Method** : This is a cross-sectional study using secondary data, through medical record in RSCM Kirana Hospital recording birth weight, gestational age, gender, duration of transitional, and axillary temperature post resuscitation from patient. The data was analyzed with univariate and bivariate statistical test to find the relation between axillary temperature and independent factors and see the quality of resuscitation based on temperature in RSCM.

**Results**: Birth weight, gestational age, gender, and duration of transitional has shown insignificancy in relation with axillary temperature ( $p < 0,05$ ).

**Conclusion** : The quality of resuscitation in

RSCM based on axillary temperature is very good with 99% of the data is within the desired temperature. Nonetheless, none of the factors, such as gender, birth weight, gestational age, and duration of stabilization and transport, has shown significance relation to axillary temperature post-resuscitation. Therefore, there is no prominent predisposing factor that can be concluded through this study. </p><p>Keywords: neonatal resuscitation, hypothermia, warm temperature, gender, birth weight, transitional time of the patient post resuscitation</p>