Angka Kejadian Infeksi Aliran Darah Terkait Akses Sentral dan Faktor-Faktor yang Memengaruhi di Unit Neonatologi RSCM = Incidence of Central Line Associated Bloodstream Infections and Influencing Factors in the RSCM Neonatology Unit

Selma Yazied, author

Abstrak

Akses sentral merupakan elemen penting dalam perawatan neonatus di Neonatal Intensive Care Unit (NICU), tetapi komplikasi seperti central line-associated bloodstream infection [CLABSI] dapat terjadi. Penelitian terkait CLABSI pada neonatus di Indonesia masih terbatas. Penelitian ini bertujuan memberikan data terbaru mengenai angka kejadian dan faktor risiko CLABSI. Penelitian kohort retrospektif ini menggunakan data rekam medis neonatus dengan akses sentral di Unit Neonatologi RSCM pada Desember 2018-2023. Sebanyak 1.289 neonatus diikutsertakan melalui total sampling. Dilakukan analisis univariat untuk menghitung angka kejadian CLABSI. Analisis bivariat dan multivariat dilakukan untuk melihat hubungan antara faktor risiko dengan kejadian CLABSI. Sebanyak 1.289 neonatus yang memenuhi kriteria penelitian diikutsertakan. Angka kejadian CLABSI pada populasi ini memiliki proporsi yang tinggi, yaitu 10,6% dengan faktor risiko yang signifikan dalam meningkatkan peluang terjadinya CLABSI meliputi, bayi berat lahir rendah (adjusted odds ratio [aOR] 2,80, 95% confidence interval [CI]: 1,67–4,72), peripherally inserted central catheter (PICC) (aOR 10,21; 95% CI 1,40-74,45), central venous catheter (CVC) (aOR 20,63; 95% CI 2,58–165,27), nutrisi parenteral (aOR 3,84, 95% CI: 1,18–12,48), pembedahan abdomen (aOR 1,93, 95% CI: 1,16–3,19), patologi intra-abdomen (aOR 2,95, 95% CI: 1,95–4,46).
.....Central access is a crucial element in neonatal care in the Neonatal Intensive Care Unit (NICU), but complications such as central line-associated bloodstream infection (CLABSI) may occur. Research on CLABSI in neonates in Indonesia remains limited. This study aims to provide updated data on the incidence and risk factors of CLABSI. This retrospective cohort study utilized medical record data of neonates with central access in the Neonatology Unit of RSCM from December 2018 to 2023. A total of 1,289 neonates were included through total sampling. Univariate analysis was conducted to calculate the incidence of CLABSI. Bivariate and multivariate analyses were performed to assess the relationship between risk factors and CLABSI incidence. The incidence of CLABSI in this population was high, at 10.6%, with significant risk factors increasing the likelihood of CLABSI including low birth weight (adjusted odds ratio [aOR] 2.80, 95% confidence interval [CI]: 1.67–4.72), peripherally inserted central catheter (PICC) (aOR 10.21; 95% CI: 1.40–74.45), central venous catheter (CVC) (aOR 20.63; 95% CI: 2.58–165.27), parenteral nutrition (aOR 3.84; 95% CI: 1.18–12.48), abdominal surgery (aOR 1.93; 95% CI: 1.16–3.19), and intra-abdominal pathology (aOR 2.95; 95% CI: 1.95–4.46).