

## DAFTAR PUSTAKA

- Adams, H.P., Bendixen, B.H., Kappelle, L.J., Biller, J., Love, B.B., Gordon, D.L., Marsh, E.E., 1993. Classification of subtype of acute ischemic stroke. Definitions for use in a multicenter clinical trial. TOAST. Trial of Org 10172 in Acute Stroke Treatment. *Stroke* 24, 35–41. <https://doi.org/10.1161/01.STR.24.1.35>
- Akbar, M., Misbach, J., Alfa, A.Y., Syamsudin, T., Tjahjadi, Mi., Haddani, M.H., Zakaria, T.S., Birawa, A.B.P., Tugaworo, D., Setyopranoto, I., Purwata, T.E., Made, O.A.I., 2018. Clinical features of transient ischemic attack or ischemic stroke patients at high recurrence risk in Indonesia. *Neurol. Asia* 7.
- Alharbi, A.S., Alhayan, M.S., Alnami, S.K., Traad, R.S., Aldawsari, M.A., Alharbi, A., Sharif, A.O.A., Alboqami, S.T., Alshammari, S.A., Alzeer, M.K.S., Alshammari, M.A., n.d. Epidemiology and Risk Factors of Stroke. *Arch. Pharm. Pract.* 10, 7.
- Altintas, O., Altintas, M.O., Tasal, A., Kucukdagli, O.T., Asil, T., 2016. The relationship of platelet-to-lymphocyte ratio with clinical outcome and final infarct core in acute ischemic stroke patients who have undergone endovascular therapy. *Neurol. Res.* 38, 759–765. <https://doi.org/10.1080/01616412.2016.1215030>
- Anrather, J., n.d. Inflammation and Stroke: An Overview. *Inflamm. Stroke* 10.
- Appelros, P., Stegmayr, B., Terént, A., 2009. Sex Differences in Stroke Epidemiology: A Systematic Review. *Stroke* 40, 1082–1090. <https://doi.org/10.1161/STROKEAHA.108.540781>
- Aster, J.C., Bunn, H.F., 2017. Pathophysiology of blood disorders. McGraw-Hill Education, New York.
- Bladowski, M., Gawrys, J., Gajeci, D., Szahidewicz-Krupska, E., Sawicz-Bladowska, A., Doroszko, A., 2020. Role of the Platelets and Nitric

- Oxide Biotransformation in Ischemic Stroke: A Translative Review from Bench to Bedside. *Oxid. Med. Cell. Longev.* 2020, 1–18. <https://doi.org/10.1155/2020/2979260>
- Caplan, L.R., Caplan, L.R. (Eds.), 2016. *Caplan's stroke: a clinical approach*, Fifth edition. ed. Cambridge University Press, Cambridge ; New York.
- Deb, P., Sharma, S., Hassan, K.M., 2010. Pathophysiologic mechanisms of acute ischemic stroke: An overview with emphasis on therapeutic significance beyond thrombolysis. *Pathophysiology* 17, 197–218. <https://doi.org/10.1016/j.pathophys.2009.12.001>
- Donkor, E.S., 2018. Stroke in the 21st Century: A Snapshot of the Burden, Epidemiology, and Quality of Life. *Stroke Res. Treat.* 2018, 1–10. <https://doi.org/10.1155/2018/3238165>
- Everett, B., Zajacova, A., 2015. Gender Differences in Hypertension and Hypertension Awareness Among Young Adults. *Biodemography Soc. Biol.* 61, 1–17. <https://doi.org/10.1080/19485565.2014.929488>
- Ghose, S.K., Ahmed, K.G.U., Chowdhury, A.H., Hasan, A.H., Saha, K., Mahmud, R., Joy, N.I., Biswas, R., Sarkar, M.S.R., Rahman, M.M., Sina, H., Arifuzzaman, M., Alam, I., Hossain, M.M., Karim, A.R., Habib, M., 2018. Assessment of Initial Stroke Severity by National Institute Health Stroke Scale (NIHSS) Score at Admission. *J. Dhaka Med. Coll.* 26, 90–93. <https://doi.org/10.3329/jdmc.v26i2.38765>
- Habibi-koolaei, M., Shahmoradi, L., Niakan Kalhori, S.R., Ghannadan, H., Younesi, E., 2018. Prevalence of Stroke Risk Factors and Their Distribution Based on Stroke Subtypes in Gorgan: A Retrospective Hospital-Based Study—2015-2016. *Neurol. Res. Int.* 2018, 1–7. <https://doi.org/10.1155/2018/2709654>
- Hedna, V.S., Bodhit, A.N., Ansari, S., Falchook, A.D., Stead, L., Heilman, K.M., Waters, M.F., 2013. Hemispheric Differences in Ischemic Stroke: Is Left-Hemisphere Stroke More Common? *J. Clin. Neurol.* 9, 97. <https://doi.org/10.3988/jcn.2013.9.2.97>

- Holinstat, M., 2017. Normal platelet function. *Cancer Metastasis Rev.* 36, 195–198. <https://doi.org/10.1007/s10555-017-9677-x>
- Hurn, P.D., Brass, L.M., 2003. Estrogen and Stroke: A Balanced Analysis. *Stroke* 34, 338–341. <https://doi.org/10.1161/01.STR.0000054051.88378.25>
- Jameson, J.L. (Ed.), 2020. *Harrison's manual of medicine, 20th edition.* ed. McGraw-Hill Education, New York.
- Jin, R., Yang, G., Li, G., 2010. Inflammatory mechanisms in ischemic stroke: role of inflammatory cells. *J. Leukoc. Biol.* 87, 779–789. <https://doi.org/10.1189/jlb.1109766>
- Kurniawan, M., Suharjanti, I., Pinzon, R., 2016. PPK Perdossi 2016.pdf.
- Kusnardi, B., Machfoed, M.H., 2013. KORELASI ANTARA AGREGASI TROMBOSIT TERHADAP ADENOSINE DIPHOSPHATE DENGAN KELUARAN FUNGSIONAL STROKE ISKEMIK AKUT 30, 5.
- Kwah, L.K., Diong, J., 2014. National Institutes of Health Stroke Scale (NIHSS). *J. Physiother.* 60, 61. <https://doi.org/10.1016/j.jphys.2013.12.012>
- Laredo, C., Zhao, Y., Rudilosso, S., Renú, A., Pariente, J.C., Chamorro, Á., Urra, X., 2018. Prognostic Significance of Infarct Size and Location: The Case of Insular Stroke. *Sci. Rep.* 8, 9498. <https://doi.org/10.1038/s41598-018-27883-3>
- Liu, R., Pan, M.-X., Tang, J.-C., Zhang, Y., Liao, H.-B., Zhuang, Y., Zhao, D., Wan, Q., 2017. Role of neuroinflammation in ischemic stroke. *Neuroimmunol. Neuroinflammation* 4, 158. <https://doi.org/10.20517/2347-8659.2017.09>
- Lyden, P., 2017. Using the National Institutes of Health Stroke Scale: A Cautionary Tale. *Stroke* 48, 513–519. <https://doi.org/10.1161/STROKEAHA.116.015434>
- Margraf, A., Zarbock, A., 2019. Platelets in Inflammation and Resolution. *J. Immunol.* 203, 2357–2367. <https://doi.org/10.4049/jimmunol.1900899>

- Peters, R., 2006. Ageing and the brain. *Postgrad. Med. J.* 82, 84–88.  
<https://doi.org/10.1136/pgmj.2005.036665>
- Powers, W.J., Rabinstein, A.A., Ackerson, T., Adeoye, O.M., Bambakidis, N.C., Becker, K., Biller, J., Brown, M., Demaerschalk, B.M., Hoh, B., Jauch, E.C., Kidwell, C.S., Leslie-Mazwi, T.M., Ovbiagele, B., Scott, P.A., Sheth, K.N., Southerland, A.M., Summers, D.V., Tirschwell, D.L., on behalf of the American Heart Association Stroke Council, 2019. Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke* 50.  
<https://doi.org/10.1161/STR.0000000000000211>
- Rabinstein, A.A., Albers, G.W., Brinjikji, W., Koch, S., 2019. Factors that may contribute to poor outcome despite good reperfusion after acute endovascular stroke therapy. *Int. J. Stroke* 14, 23–31.  
<https://doi.org/10.1177/1747493018799979>
- Ragelytė, A., Rudokaitė, G., Žaliaduonytė-Pekšienė, D., Zabiela, V., 2019. Stroke Severity and Outcomes in Patients with and without Atrial Fibrillation. *Open Med. J.* 6, 58–63.  
<https://doi.org/10.2174/1874220301906010058>
- Reinholdsson, M., Palstam, A., Sunnerhagen, K.S., 2018. Prestroke physical activity could influence acute stroke severity (part of PAPSIGOT). *Neurology* 91, e1461–e1467.  
<https://doi.org/10.1212/WNL.00000000000006354>
- Riley, L.K., Rupert, J., 2015. Evaluation of Patients with Leukocytosis 92, 8.
- Ropper, A.H., Samuels, M.A., Klein, J., 2019. Adams and Victor's principles of neurology, Eleventh edition. ed. McGraw-Hill Education, New York.
- Rost, N.S., Bottle, A., Lee, J., Randall, M., Middleton, S., Shaw, L., Thijs, V., Rinkel, G.J.E., Hemmen, T.M., the Global Comparators Stroke

- GOAL collaborators, 2016. Stroke Severity Is a Crucial Predictor of Outcome: An International Prospective Validation Study. *J. Am. Heart Assoc.* 5. <https://doi.org/10.1161/JAHA.115.002433>
- Santalucia, P., Pezzella, F.R., Sessa, M., Monaco, S., Torgano, G., Anticoli, S., Zanolì, E., Maimone Baronello, M., Paciaroni, M., Caso, V., 2013. Sex differences in clinical presentation, severity and outcome of stroke: Results from a hospital-based registry. *Eur. J. Intern. Med.* 24, 167–171. <https://doi.org/10.1016/j.ejim.2012.10.004>
- Sartor, E.A., Albright, K., Boehme, A.K., Morales, M.M., Shaban, A., Grotta, J.C., Savitz, S.I., Martin-Schild, S., 2014. The NIHSS Score and its Components can Predict Cortical Stroke 10.
- Schrör, K., Huber, K., 2015. Platelets, inflammation and anti-inflammatory drugs in ACS and CAD. *Thromb. Haemost.* 114, 446–448. <https://doi.org/10.1160/TH15-08-0632>
- Setiabudy, R., 2012. Hemostasis dan Trombosis, 5th ed. Badan Penerbit Fakultas Kedokteran Universitas Indonesia.
- Sharma, D., Gandhi, N., 2020. Role of Platelet to Lymphocyte Ratio (PLR) and its Correlation with NIHSS (National Institute of Health Stroke Scale) for Prediction of Severity in Patients of Acute Ischemic Stroke. *J. Assoc. Physicians India* 69.
- Shen, Y., Huang, X., Zhang, W., 2019. Platelet-to-lymphocyte ratio as a prognostic predictor of mortality for sepsis: interaction effect with disease severity—a retrospective study. *BMJ Open* 9, e022896. <https://doi.org/10.1136/bmjopen-2018-022896>
- Simadibrata, D.M., Pandhita, B.A.W., Ananta, M.E., Tango, T., 2020. Platelet-to-lymphocyte ratio (PLR), a novel biomarker to predict the severity of COVID-19 patients: a systematic review and meta-analysis (preprint). *Hematology*. <https://doi.org/10.1101/2020.08.21.20166355>
- the Stroke Registry in Chang Gung Healthcare System (SRICHS) Investigators, Liu, C.-H., Wei, Y.-C., Lin, J.-R., Chang, C.-H., Chang,

- T.-Y., Huang, K.-L., Chang, Y.-J., Ryu, S.-J., Lin, L.-C., Lee, T.-H., 2016. Initial blood pressure is associated with stroke severity and is predictive of admission cost and one-year outcome in different stroke subtypes: a SRICHS registry study. *BMC Neurol.* 16, 27. <https://doi.org/10.1186/s12883-016-0546-y>
- Thon, J.N., Italiano, J.E., 2012. Platelets: Production, Morphology and Ultrastructure, in: Gresele, P., Born, G.V.R., Patrono, C., Page, C.P. (Eds.), *Antiplatelet Agents, Handbook of Experimental Pharmacology*. Springer Berlin Heidelberg, Berlin, Heidelberg, pp. 3–22. [https://doi.org/10.1007/978-3-642-29423-5\\_1](https://doi.org/10.1007/978-3-642-29423-5_1)
- Twomey, L., G. Wallace, R., M. Cummins, P., Degryse, B., Sheridan, S., Harrison, M., Moyna, N., Meade-Murphy, G., Navasiolava, N., Custaud, M.-A., P. Murphy, R., 2019. Platelets: From Formation to Function, in: Lasakosvitsch, F., Dos Anjos Garnes, S. (Eds.), *Homeostasis - An Integrated Vision*. IntechOpen. <https://doi.org/10.5772/intechopen.80924>
- Wagner, D.D., Burger, P.C., 2003. Platelets in Inflammation and Thrombosis. *Arterioscler. Thromb. Vasc. Biol.* 23, 2131–2137. <https://doi.org/10.1161/01.ATV.0000095974.95122.EC>
- Wicaksana, H.Y., Adrianto, Y., Rehatta, N.M., 2017. Correlation between white blood cell count and clinical severity based on NIHSS in acute ischemic stroke patients. *Bali Med. J.* 6, 130. <https://doi.org/10.15562/bmj.v6i1.435>
- Xu, J.-H., He, X.-W., Li, Q., Liu, J.-R., Zhuang, M.-T., Huang, F.-F., Bao, G.-S., 2019. Higher Platelet-to-Lymphocyte Ratio Is Associated With Worse Outcomes After Intravenous Thrombolysis in Acute Ischaemic Stroke. *Front. Neurol.* 10, 1192. <https://doi.org/10.3389/fneur.2019.01192>
- Yang, C., Hawkins, K.E., Doré, S., Candelario-Jalil, E., 2019. Neuroinflammatory mechanisms of blood-brain barrier damage in

- ischemic stroke. *Am. J. Physiol.-Cell Physiol.* 316, C135–C153.  
<https://doi.org/10.1152/ajpcell.00136.2018>
- Yang, M., Pan, Y., Li, Z., Yan, H., Zhao, X., Liu, L., Jing, J., Meng, X., Wang, Yilong, Wang, Yongjun, 2019. Platelet Count Predicts Adverse Clinical Outcomes After Ischemic Stroke or TIA: Subgroup Analysis of CNSR II. *Front. Neurol.* 10, 370.  
<https://doi.org/10.3389/fneur.2019.00370>
- Yao, X., Lin, Y., Geng, J., Sun, Y., Chen, Y., Shi, G., Xu, Q., Li, Y., 2012. Age- and Gender-Specific Prevalence of Risk Factors in Patients with First-Ever Ischemic Stroke in China. *Stroke Res. Treat.* 2012, 1–6. <https://doi.org/10.1155/2012/136398>
- Ye, G., Chen, Q., Chen, X., Liu, Ying-ying, Yin, T., Meng, Q., Liu, Ying-chao, Wei, H., Zhou, Q., 2019. The prognostic role of platelet-to-lymphocyte ratio in patients with acute heart failure: A cohort study. *Sci. Rep.* 9, 10639. <https://doi.org/10.1038/s41598-019-47143-2>
- Yilmaz, G., Arumugam, T.V., Stokes, K.Y., Granger, D.N., 2006. Role of T Lymphocytes and Interferon- $\gamma$  in Ischemic Stroke. *Circulation* 113, 2105–2112.  
<https://doi.org/10.1161/CIRCULATIONAHA.105.593046>
- Yu, J.-G., Zhou, R.-R., Cai, G.-J., 2011. From Hypertension to Stroke: Mechanisms and Potential Prevention Strategies: Hypertension and Stroke Prevention. *CNS Neurosci. Ther.* 17, 577–584.  
<https://doi.org/10.1111/j.1755-5949.2011.00264.x>
- Yun, S.-H., Sim, E.-H., Goh, R.-Y., Park, J.-I., Han, J.-Y., n.d. Platelet Activation: The Mechanisms and Potential Biomarkers. *BioMed Res. Int.* 6.

## LAMPIRAN

### Lampiran 1: Analisis Data

#### Rasio Trombosit \* NIHSS Crosstabulation

Count

		NIHSS		Total
		Ringan	Sedang	
Rasio Trombosit	Kurang Dari 180	10	16	26
Limfosit	Lebih atau sama dengan 180	1	13	14
Total		11	29	40

#### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.477 <sup>a</sup>	1	.034		
Continuity Correction <sup>b</sup>	3.044	1	.081		
Likelihood Ratio	5.202	1	.023		
Fisher's Exact Test				.061	.036
Linear-by-Linear Association	4.365	1	.037		
N of Valid Cases	40				



### Mantel-Haenszel Common Odds Ratio Estimate

Estimate			8.125
ln(Estimate)			2.095
Standardized Error of ln(Estimate)			1.113
Asymptotic Significance (2-sided)			.060
Asymptotic 95% Common Odds	Lower		.917
Confidence Ratio	Bound		
Interval	Upper		72.021
	Bound		
	ln(Common	Lower	-.087
	Odds Ratio)	Bound	
	Upper		4.277
	Bound		

### Nonparametric Correlations

#### Correlations

		NIHSS	Rasio Trombosit
Spearman's rho	NIHSS Correlation Coefficient	1.000	.335*
	Sig. (2-tailed)	.	.035
	N	40	40
Rasio Trombosit	Correlation Coefficient	.335*	1.000
	Sig. (2-tailed)	.035	.
	N	40	40

\*. Correlation is significant at the 0.05 level (2-tailed).

#### Tests of Normality

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
NIHSS	.147	40	.030	.938	40	.029
Rasio Trombosit	.200	40	.000	.692	40	.000
Limfosit						

a. Lilliefors Significance Correction

Lampiran 2: Data Penelitian

No	Usia	Jenis Kelamin	NIHSS	Leukosit	Limfosit persen	Limfosit absolut	Trombosit	Rasio Trombosit Limfosit
1	57	Perempuan	9	8040	14,20%	1141,68	257000	225,11
2	47	Perempuan	3	26090	4%	1043,6	280000	268,30
3	51	Laki-laki	6	11300	16,60%	1875,8	426000	227,10
4	58	Laki-laki	6	8900	24,60%	2189,4	210000	95,92
5	53	Laki-laki	3	15670	8,20%	1284,94	218000	169,66
6	53	Laki-laki	6	8900	32,90%	2928,1	287000	98,02
7	59	Laki-laki	10	15690	2,40%	376,56	199000	528,47
8	60	Laki-laki	10	13860	11,40%	1580,04	242000	153,16
9	57	Laki-laki	10	10800	10%	1080	245000	226,85
10	51	Laki-laki	7	7500	36,10%	2707,5	236000	87,17
11	74	Laki-laki	3	6430	22,40%	1440,32	200000	138,86
12	58	Laki-laki	9	9100	37,70%	3430,7	284000	82,78
13	65	Laki-laki	2	12860	10,40%	1337,44	213000	159,26
14	28	Perempuan	14	10220	24,70%	2524,34	427000	169,15
15	72	Laki-laki	6	7700	15%	1155	266000	230,30
16	78	Laki-laki	5	4700	7,50%	352,5	342000	970,21
17	56	Laki-laki	6	11300	10%	1130	280000	247,79
18	58	Perempuan	8	11500	10%	1150	346000	300,87
19	54	Laki-laki	6	7760	7,10%	550,96	295000	535,43
20	46	Laki-laki	10	8250	13,90%	1146,75	332000	289,51
21	75	Laki-laki	11	9490	32,30%	3065,27	229000	74,71
22	63	Perempuan	12	5600	27,20%	1523,2	240000	157,56
23	37	Laki-laki	4	13000	14,70%	1911	266000	139,19
24	53	Perempuan	4	7510	23,60%	1772,36	258000	145,57
25	68	Perempuan	3	9800	23,60%	2312,8	284000	122,79
26	55	Laki-laki	3	13030	40,50%	5277,15	215000	40,74
27	55	Perempuan	12	15120	25,10%	3795,12	286000	75,36
28	36	Perempuan	6	6490	33,50%	2174,15	208000	95,67
29	47	Laki-laki	4	7800	23,50%	1833	91000	49,65
30	68	Laki-laki	6	19460	21,60%	4203,36	298000	70,90
31	68	Laki-laki	7	13400	22,40%	3001,6	180000	59,97
32	70	Laki-laki	9	12610	15,90%	2004,99	251000	125,19
33	59	Laki-laki	10	6240	16,30%	1017,12	143000	140,59
34	26	Laki-laki	9	8510	19,20%	1633,92	312000	190,95
35	52	Laki-laki	10	14300	13,90%	1987,7	57000	28,68
36	61	Laki-laki	6	14900	26,10%	3888,9	251000	64,54
37	57	Laki-laki	4	10100	25,80%	2605,8	236000	90,57
38	63	Perempuan	4	8630	26,40%	2278,32	248000	108,85
39	51	Perempuan	8	4000	33,50%	1340	410000	305,97
40	59	Laki-laki	6	9610	23,50%	2258,35	440000	194,83

### Lampiran 3: Form Data Penelitian

#### **IDENTITAS PASIEN**

Nama :

Rekam Medis :

Usia :

Jenis Kelamin :

#### **DATA ANAMNESIS**

Keluhan Utama :

Onset Kejadian :

Riwayat Hipertensi :

Riwayat DM :

Riwayat Kolesterol :

Riwayat Merokok :

Riwayat Jantung :

#### **DATA PEMERIKSAAN PENUNJANG**

CT-Scan Kepala Tanpa Kontras :

Kadar Leukosit :

Kadar Limfosit :

Kadar Trombosit :

Skor NIHSS :

Rasio Trombosit Limfosit :

Lampiran 4: Form Persetujuan Tertulis

**FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN**

Saya yang bertanda tangan di bawah ini :

Nama : .....  
Umur : .....  
Alamat : .....

Setelah mendengar/membaca dan mengerti penjelasan yang diberikan mengenai tujuan, manfaat apa yang akan dilakukan pada penelitian ini, menyatakan setuju untuk ikut berpartisipasi pada penelitian ini.

Saya tahu bahwa keikutsertaan saya ini bersifat sukarela tanpa paksaan, sehingga saya bisa menolak ikut atau mengundurkan diri dari penelitian ini tanpa kehilangan hak saya untuk mendapat pelayanan kesehatan kedepannya. Juga saya berhak bertanya atau meminta penjelasan pada peneliti bila masih ada hal yang belum jelas atau masih ada hal yang ingin saya ketahui tentang penelitian ini.

Saya juga mengerti bahwa semua biaya yang dikeluarkan sehubungan dengan penelitian ini, akan ditanggung oleh peneliti. Saya percaya bahwa keamanan dan kerahasiaan data penelitian akan terjamin dan saya dengan ini menyetujui semua data saya yang dihasilkan pada penelitian ini untuk disajikan dalam bentuk lisan maupun tulisan.

Bila terjadi perbedaan pendapat dikemudian hari kami akan menyelesaikannya secara kekeluargaan.

NAMA	TANDA TANGAN	TGL/BLN/THN
Klien .....	.....	.....
Saksi 1.....	.....	.....
Saksi 2.....	.....	.....

Penanggung Jawab Penelitian	Penanggung Jawab Medis
Nama : Raissa Alfaathir Heri Alamat : Jalan Tupai Nomor 22 Telepon : 081355998893	Nama: <b>dr. Ashari Bahar, M.Kes, Sp.S(K), FINS, FINA</b> Alamat: Jalan Korban 40000 jiwa Telepon: 081340472233

Lampiran 5 : Formulir NIHSS (National Institute of Health Stroke Scale)

Nama Pasien:.....

Umur: .....

Jenis Kelamin: .....

AKTIVITAS		NILAI Onset < 72 jam
1.a. Derajat Kesadaran	0 = Sadar penuh	
	1 = Somnolen	
	2 = Stupor	
	3 = Koma	
1.b. Menjawab Pertanyaan	0 = Dapat menjawab 2 pertanyaan dengan benar (mis, bulan berapa dan usia)	
	1 = Hanya dapat menjawab 1 pertanyaan dengan benar/tidak dapat bicara karena terpasang pipa endotrakea/disatria	
	2 = Tidak bisa menjawab kedua pertanyaan dengan benar/afasia/stupor	
1.c. Mengikuti Perintah	0 = Dapat melakukan 2 perintah dengan benar (mis, buka mata dan tutup mata)	
	1 = Hanya dapat melakukan satu perintah dengan benar	
	2 = Tidak dapat melakukan kedua perintah dengan benar	
2. Gerakan mata	0 = Normal	
	1 = Gerakan abnormal hanya pada satu mata	
	2 = Deviasi konyugat yang kuat atau paresis konyugat total pada kedua mata	
3. Lapang pandang pada tes konfrontasi	0 = Tidak ada gangguan	
	1 = Kuadranopia	
	2 = Hemianopia total	
	3 = Hemoanpia total	
	4 = Hemianopia bilateral/buta kortikal	
4. Parese wajah	0 = Normal	
	1 = Paresis ringan	
	2 = Paresis parsial	
	3 = Paresis total	
5. Motorik lengan kanan	0 = Tidak ada simpangan bila pasien disuruh mengangkat lengannya selama 10 detik	
	1 = Lengan menyimpang ke bawah sebelum 10 detik	
	2 = Lengan terjatuh ke kasur atau badan atau tidak dapat diluruskan secara penuh	
	3 = Tidak dapat melawan gravitasi	
	4 = Tidak ada gerakan	
	X = Tidak dapat diperiksa	
6. Motorik lengan kiri	Idem no, 5	
7. Motorik tungkai kanan	Idem no.5, lengan diganti tungkai	

8. Motorik tungkai kiri	Idem no. 7	
9. Ataksia anggota badan	0 = Tidak ada	
	1 = Pada satu ekstremitas	
	2 = Pada dua atau lebih ekstremitas	
	x = Tidak dapat diperiksa	
10. Sensorik	0 = Normal	
	1 = Defisit parsial yaitu merasa tapi berkurang	
	2 = Defisit total yaitu jika pasien tidak merasa atau terdapat gangguan bilateral	
11. Bahasa terbaik	0 = Tidak ada afasia	
	1 = Afasia ringan-sedang	
	2 = Afasia berat	
	x = Tidak dapat bicara (bisu)/afasia global/koma	
12. Disartria	0 = Artikulasi normal	
	1 = Disartria ringan-sedang	
	2 = Disartria berat	
	x = Tidak dapat diperiksa	
13. Neglect	0 = Tidak ada	
	1 = Parsial	
	2 = Total	
Nilai total:		

Lampiran 6 : Persetujuan Etik



KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN  
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN  
KOMITE ETIK PENELITIAN KESEHATAN  
RSPTN UNIVERSITAS HASANUDDIN



RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR  
Sekretariat : Lantai 2 Gedung Laboratorium Terpadu  
JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.  
Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

**REKOMENDASI PERSETUJUAN ETIK**

Nomor : 144/UN4.6.4.5.31/ PP36/ 2021

Tanggal: 8 Maret 2021

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH21020073	No Sponsor Protokol	
Peneliti Utama	<b>dr. Raissa Alfaathir Heri</b>	Sponsor	
Judul Peneliti	Hubungan Rasio Trombosit-Limfosit Dengan Luaran Klinis Pasien Stroke Iskemik Akut		
No Versi Protokol	2	Tanggal Versi	4 Maret 2021
No Versi PSP	2	Tanggal Versi	4 Maret 2021
Tempat Penelitian	<b>RS Dr. Wahidin Sudirohusodo dan Jejaring di Makassar</b>		
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku <b>8 Maret 2021</b> sampai <b>8 Maret 2022</b>	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)</b>	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	Nama <b>dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)</b>	Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan