

## DAFTAR PUSTAKA

1. Singer M, Deutschman CS, Seymour CW, et al. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). *JAMA*. 2016;315(8):801-810
2. Rudd KE, Johnson SC, Agesa KM, et al. Global, regional, and national sepsis incidence and mortality, 1990-2017: analysis for the Global Burden of Disease Study. *Lancet*. 2020;395(10219):200-211
3. Sandquist M, Wong HR. Biomarkers of sepsis and their potential value in diagnosis, prognosis and treatment. *Expert Rev Clin Immunol*. 2014;10(10):1349-1356
4. Shaaban H, Daniel S, Sison R, et al. Eosinopenia: Is it a good marker of sepsis in comparison to procalcitonin and C-reactive protein levels for patients admitted to a critical care unit in an urban hospital?. *J Crit Care*. 2010;25(4):570-575
5. Spreng M. Possible health effects of noise induced cortisol increase. *Noise Health*. 2000;2(7):59-64
6. Abidi K, Khoudri I, Belayachi J, et al. Eosinopenia is a reliable marker of sepsis on admission to medical intensive care units. *Crit Care*. 2008;12(2):R59
7. Lavoignet CE, Le Borgne P, Slimani H, et al. Intérêt de l'éosinopénie dans le diagnostic de sepsis aux urgences [Relevance of eosinopenia as marker of sepsis in the Emergency Department]. *Rev Med Interne*. 2016;37(11):730-734
8. Jacobs L, Wong HR. Emerging infection and sepsis biomarkers: will they change current therapies?. *Expert Rev Anti Infect Ther*. 2016;14(10):929-941
9. Levy MM, Fink MP, Marshall JC, et al. 2001 SCCM/ESICM/ACCP/ATS/SIS International Sepsis Definitions Conference. *Crit Care Med*. 2003;31(4):1250-1256
10. Grondman I, Pirvu A, Riza A, et al. Biomarkers of inflammation and the etiology of sepsis. *Biochem Soc Trans*. 2020;48(1):1-14
11. Sakr Y, Jaschinski U, Wittebole X, et al. Sepsis in Intensive Care Unit Patients:

- Worldwide Data From the Intensive Care over Nations Audit. *Open Forum Infect Dis.* 2018;5(12):ofy313
12. Lin GL, McGinley JP, Drysdale SB, et al. Epidemiology and Immune Pathogenesis of Viral Sepsis. *Front Immunol.* 2018;9:2147
  13. Southeast Asia Infectious Disease Clinical Research Network. Causes and outcomes of sepsis in southeast Asia: a multinational multicentre cross-sectional study. *Lancet Glob Health.* 2017;5(2):e157-e167
  14. Jawad I, Lukšić I, Rafnsson SB. Assessing available information on the burden of sepsis: global estimates of incidence, prevalence and mortality. *J Glob Health.* 2012;2(1):010404
  15. Bochud PY, Calandra T. Pathogenesis of sepsis: new concepts and implications for future treatment. *BMJ.* 2003;326(7383):262-266
  16. Winn WC, Koneman EW. Medical bacteriology: taxonomy, morphology, physiology, and virulence. In: Winn WC, Koneman EW, Allen SD, Procop GW, et al, editors. *Koneman's Color Atlas and Textbook of Diagnostic Microbiology (6th ed)*; 167-207. Philadelphia: Lippincott Williams and Wilkins. 2005
  17. Abbas AK, Lichman AH, Pillai S. Innate immunity. In: Abbas AK, Lichman AH, Pillai S, editors. *Cellular and Molecular Immunology (7th ed)*; 51-56. Philadelphia: Elsevier. 2012
  18. Abbas AK, Lichman AH, Pillai S. Immunity to microbes. In: Abbas AK, Lichman AH, Pillai S, editors. *Cellular and Molecular Immunology (7th ed)*; 339-357. Philadelphia: Elsevier. 2012
  19. Maclsaac CM, Curtis N, Cade J, et al. Superantigens in sepsis. *Int Congr Ser.* 2006;1289(1):121-124
  20. King EG, Bauzá GJ, Mella JR, et al. Pathophysiologic mechanisms in septic shock. *Lab Invest.* 2014;94(1):4-12
  21. Ramírez M. Multiple organ dysfunction syndrome. *Curr Probl Pediatr Adolesc Health Care.* 2013;43(10):273-277
  22. Dellinger RP, Levy MM, Rhodes A, et al. Surviving sepsis campaign: international guidelines for management of severe sepsis and septic shock: 2012. *Crit Care Med.* 2013;41(2):580-637

23. Rothenberg ME, Hogan SP. The eosinophil. *Annu Rev Immunol.* 2006;24:147-174
24. Lokhandwala A, Athar S, Turrin NP. Role of absolute eosinopenia as marker of enteric fever: experience from a tertiary care hospital in the United Arab Emirates. *Ibnosina J Med.* 2012;4(6):249-253
25. Zini G. Abnormalities in leukocyte morphology and number. In: Porwit A, McCullough J, Erber WN. *Blood and Bone Marrow Pathology (2nd Ed)*; 247-261. Philadelphia: Churchill Livingstone Elsevier. 2011
26. Bain BJ. Blood cell morphology in health and disease. In: Bain JB, Bates I, Laffan MA, et al, editors. *Dacie and lewis practical haematology (11th ed)*; 69-100. Philadelphia: Churchill Livingstone Elsevier. 2011
27. Blanchard C, Rothenberg ME. Biology of the eosinophil. *Adv Immunol.* 2009;101:81-121
28. Stoeckle C, Simon HU. CD8(+) T cells producing IL-3 and IL-5 in non-IgE-mediated eosinophilic diseases. *Allergy.* 2013;68(12):1622-1625
29. Lammel V, Stoeckle C, Padberg B, et al. Hypereosinophilia driven by GM-CSF in large-cell carcinoma of the lung. *Lung Cancer.* 2012;76(3):493–495
30. Stone KD, Prussin C, Metcalfe DD. IgE, mast cells, basophils, and eosinophils. *J Allergy Clin Immunol.* 2010;125(2 Suppl 2):S73-S80
31. Morshed M, Yousefi S, Stöckle C, et al. Thymic stromal lymphopoietin stimulates the formation of eosinophil extracellular traps. *Allergy.* 2012;67(9):1127-1137
32. Yousefi S, Simon D, Simon HU. Eosinophil extracellular DNA traps: molecular mechanisms and potential roles in disease. *Curr Opin Immunol.* 2012;24(6):736-739
33. Goldmann O, Medina E. The expanding world of extracellular traps: not only neutrophils but much more. *Front Immunol.* 2013;3:420
34. Akuthota P, Wang H, Weller PF. Eosinophils as antigen-presenting cells in allergic upper airway disease. *Curr Opin Allergy Clin Immunol.* 2010;10(1):14-19
35. Padigel UM, Lee JJ, Nolan TJ, et al. Eosinophils can function as antigen-

- presenting cells to induce primary and secondary immune responses to *Strongyloides stercoralis*. *Infect Immun*. 2006;74:3232–3238
36. Wang HB, Ghiran I, Matthaei K, et al. Airway eosinophils: allergic inflammation recruited professional antigen-presenting cells. *J Immunol*. 2007;179:7585–7592
37. Akuthota P, Weller PF. Spectrum of Eosinophilic End-Organ Manifestations. *Immunol Allergy Clin North Am*. 2015;35(3):403-411
38. Ferreira FL, Bota DP, Bross A, et al. Serial evaluation of the SOFA score to predict outcome in critically ill patients. *JAMA*. 2001;286(14):1754-1758
39. Jones AE, Trzeciak S, Kline JA. The Sequential Organ Failure Assessment score for predicting outcome in patients with severe sepsis and evidence of hypoperfusion at the time of emergency department presentation. *Crit Care Med*. 2009;37(5):1649-1654
40. Anand D, Ray S, Bhargava S, et al. Exploration of eosinopenia as a diagnostic parameter to differentiate sepsis from systemic inflammatory response syndrome: results from an observational study. *Indian J Crit Care Med*. 2016;20(5):285–290
41. Lin Y, Rong J, Zhang Z. Silent existence of eosinopenia in sepsis: a systematic review and meta-analysis. *BMC Infect Dis*. 2021;21(1):471

## **LAMPIRAN**





**REKOMENDASI PERSETUJUAN ETIK**

Nomor : 544/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 27 September 2022

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

No Protokol	UH22080447	No Sponsor Protokol	
Peneliti Utama	<b>dr. Yusuf Haz Condeng</b>	Sponsor	
Judul Peneliti	Kesesuaian Antara Skor SOFA Dengan Jumlah Eosinofil Pada Pasien Sepsis		
No Versi Protokol	<b>1</b>	Tanggal Versi	<b>18 Agustus 2022</b>
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RSUP Dr. Wahidin Sudirohusodo Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku <b>27 September 2022</b> sampai <b>27 September 2023</b>	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)</b>	Tanda tangan 	
Sekretaris KEP Universitas Hasanuddin	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