BAB VI

KESIMPULAN DAN SARAN

6.1 Kesimpulan

Pada penelitian ini dapat ditarik kesimpulan sebagai berikut:

1. Kadar rata – rata reseptor adrenergic α_1, reseptor vasopressin V_{1A}, norepinefrin, dan copeptin pada pasien syok sepsis akan meningkat pada pasien yang dapat disapih dari vasopressor.
2. Kadar rata – rata reseptor adrenergik α_1, reseptor vasopressin V_{1A}, norepinefrin, dan copeptin pada pasien syok sepsis akan menurun pada pasien yang syok kembali setelah lepas dari vasopressor.
3. Kadar rata – rata reseptor adrenergik α_1, reseptor vasopressin V_{1A}, norepinefrin, dan copeptin sebelum terpadang vasopressor pada pasien syok sepsis yang meninggal lebih tinggi dibandingkan dengan pasien yang hidup.

Adapun kesimpulan klinis dari penelitian ini adalah:

Pasien syok sepsis dengan status hemodinamik yang membaik bisa saja masih masih memiliki kadar copeptin yang rendah di plasma yang mengakibatkan resiko terjadinya syok berulang. Sehingga hal ini dapat dijadikan pertimbangan untuk mempertahankan vasopressin sebagai obat yang disapih setelah golongan katekolamin dihentikan.

6.2 Saran

1. Dalam melakukan penyapihan vasopressor, pada pasien syok sepsis di masa pemulihan, vasopressin sebaiknya dipertahankan sebagai vasopressor yang terakhir dihentikan.

2. Sebagai bagian dari upaya pengembangan keilmuan dan aplikasinya dalam bidang klinis, maka penelitian ini dapat dikembangkan dengan menggunakan sampel yang lebih besar, parameter yang lebih banyak, serta desain penelitian yang lebih spesifik sehingga dapat menambah wawasan dan invoasi mengenai syok sepsis dan vasopressor.

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