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## Lampiran 1. Permohonan Rekomendasi Etik



KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI  
UNIVERSITAS HASANUDDIN  
FAKULTAS KEDOKTERAN  
**PROGRAM STUDI SARJANA KEDOKTERAN**

Jl. Perintis Kemerdekaan Km. 10 Tamalarena, Makassar 90245, Telp. (0411) 587436, Fax. (0411) 586297

Nomor : 16875/UN4.6.8/TP.02.02/2019 Makassar, 26 Agustus 2019  
Lamp : ---  
Hal : Pengantar Untuk Mengambil Rekomendasi Etik

Yth :  
Ketua Komite Etik Penelitian Kesehatan FK Unhas  
Makassar

Dengan hormat, disampaikan bahwa mahasiswa Program Studi Pendidikan Dokter Fakultas Kedokteran Universitas Hasanuddin di bawah ini :

N a m a : Anfauziyah Eka Lestari  
N i m : C011171570

bermaksud melakukan penelitian dengan Judul "**Analisis Kualitatif Penggunaan Antibiotik Berdasarkan Metode Gyssen di Ruang Pediatric Intensive Care Unit (PICU) di RSUP Dr. Wahidin Sudirohusodo**".

Untuk maksud tersebut di atas, kami mohon kiranya yang bersangkutan dapat diberikan surat rekomendasi etik dalam rangka penyelesaian studinya.

Demikian permohonan kami, atas bantuan dan kerjasamanya disampaikan terima kasih.

Ketua  
Program Studi Sarjana Kedokteran  
Fakultas Kedokteran Unhas



Dr. dr. Sitti Rafiah, MSi  
NIP 196805301997032001

Tembusan Yth :  
1. Arsip



## Lampiran 2. Permohonan Izin Penelitian



KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI  
UNIVERSITAS HASANUDDIN  
FAKULTAS KEDOKTERAN  
**PROGRAM STUDI SARJANA KEDOKTERAN**

Jl. Perintis Kemerdekaan Km. 10 Tamalamea, Makassar 90245, Telp. (0411) 587436, Fax. (0411) 586297

Nomor : 16876/UN4.6.8/DA.04.09/2019  
Lamp : ---  
Hal : Permohonan Izin Penelitian

Makassar, 26 Agustus 2019

Yth. :  
Direktur RSUP Dr. Wahidin Sudirohusodo  
Makassar

Dengan hormat, disampaikan bahwa mahasiswa Program Studi Pendidikan Dokter Fakultas Kedokteran Universitas Hasanuddin di bawah ini :

N a m a : Anfauziyah Eka Lestari  
N i m : C011171570

bermaksud melakukan penelitian di RSUP Dr. Wahidin Sudirohusodo dengan judul penelitian "**Analisis Kualitatif Penggunaan Antibiotik Berdasarkan Metode Gyssen di Ruang Pediatric Intensive Care Unit (PICU) di RSUP Dr. Wahidin Sudirohusodo**".

Sehubungan hal tersebut kiranya yang bersangkutan dapat diberi izin untuk melakukan Penelitian dalam rangka penyelesaian studinya.

Demikian permohonan kami, atas bantuan dan kerjasamanya disampaikan terima kasih.

Ketua,  
Program Studi Sarjana Kedokteran  
Fakultas Kedokteran Unhas



Dr. dr. Sitti Rafiah, MSi  
NIP. 196805301997032001

Tembusan Yth :  
1. Arsip



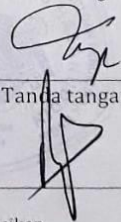

## Lampiran 3. Rekomendasi Persetujuan Etik

KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI  
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.,M.Med,Ph.D.,SpGK TELP. 081241850858, 0411 5780103. Fax : 0411-581431

**REKOMENDASI PERSETUJUAN ETIK**  
Nomor : 992/UN4.6.4.5.31/ PP36/ 2019

Tanggal: 24 Oktober 2019

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

No Protokol	UH19100874	No Sponsor Protokol	
Peneliti Utama	<b>Anfauziyah Eka Lestari</b>	Sponsor	
Judul Peneliti	Analisis Kualitatif Penggunaan Antibiotik Berdasarkan Metode Gysen di Ruang Pediatric Intensive Care Unit (PICU) Rumah Sakit Dr Wahidin Sudirohusodo		
No Versi Protokol	<b>1</b>	Tanggal Versi	<b>21 Oktober 2019</b>
No Versi PSP		Tanggal Versi	
Tempat Penelitian	<b>RSUP dr. Wahidin Sudirohusodo Makassar</b>		
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku <b>24 Oktober 2019</b> sampai <b>24 Oktober 2020</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





## Lampiran 4. Data Hasil Penelitian

KODE	USIA	JK	BB/TB	DIAGNOSIS	DIAGNOSIS PENYERTA	NAMA OBAT	DOSIS	RUOTE	FREKUENSI	JENIS TERAPI	Kategori Gyssen																
											VI	V	IV A	IV B	IV C	IV D	III A	III B	II A	II B	II C	I	0				
A1	2 bln	P	3 KG/52 CM	post operasi carniodectomy et causa perdarahan intra cerebri+subarachnoid +subdural regio temporisora l sinistra	hidrocephalus communicans, post bangkitan kejang, peningkatan enzim transaminase, perdarahan sal. cerna, nutritional marasmus, hiperkalemia	ceftriaxone	300 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos				
						gentamycin	24 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	
						gentamycin	18 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						ceftriaxone	200 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
A2	4 bln	L	4,5 kg/58 cm	sepsis	community acquired pneumonia ; ensefalitis differential diagnosis meningitis ; post status epileptikus ; hipoplasia cerebri	ceftriaxone	450 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos				
						gentamicin	30 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	



					regio frontotemp irisoralis bilateral ; peningkatan enzim transaminase ; hipoalbuminemia ; trombotopenia	meropenem	180 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos		
A3	5 th	P	16/104	ensepalopathy	sepsis, disseminated intravascular coagulopathy, anemia peny. Kronik, community acquired pneumonia, peningkatan enzim transaminase, trombotopeni, hipokalemia	ceftriaxone	750 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos		
						gentamycin	80 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						gentamycin	60 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos



A4	4 bln	L	8 kg/58,5 cm	community acquired pneumonia	intake tidak terjamin ; trombositopenia ; campuran anemia defisiensi besi dan anemia penyakit kronik	meropenem	200 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						gentamycin	50 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
A5	1 th	P	10kg/77 cm	status epilepticus	myelodisplasia synd, anemia, trombositopenia, hipoalbuminemia, hiponatremia, intracerebral hematoma cauda sinistra+thalamus dextra	ceftriaxone	1 gram	intravena	24 jam	Empiris	Lolos	Tidak lolos (tidak ada indikasi AB)											
A6	1 th	P	5,8 kg/	sepsis	atelektasis paru dextra ; community acquired pneumonia	ceftazidime	300 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos



						amikacin	110 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak lolos (ada gentamycin)									
						cefixime syrup (saat pulang)	100 mg/1 botol	oral	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	
A7	12 th	L	25/145	bangkitan kejang et causa epilepsi	traumatic brain injury, perdarahan sal. Cerna, peningkatan enzim transaminase, hiponatremia, nutritional marasmus	meropenem	1000 mg	iv	12 jam	Empiris	Lolos	Tidak lolos												
						ceftazidime	500 mg	iv	12 jam	Empiris	Lolos	Tidak lolos												
A8	12 th	P	29/130	demam berdarah dengue grade iii	diare akut, dehidrasi tidak berat, peningkatan enzim transaminase	ceftriaxone	2000 mg	iv	12 jam	Empiris	Lolos	Tidak lolos												
				dengue shock syndrome-toxic shock syndrome	sindrom nefrotik, faringitis akut, leukositosis	ceftriaxone	2000 mg	iv	24 jam	Empiris	Lolos	Lolos (faringitis akut)	Lolos	Lolos	Tidak lolos									



A10	1 th	P	10k g/80 cm	status epileptikus unspecified	community acq. pneumonia, peningkatan enzim transaminase	meropenem	400 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos					
A11	7 th	L	23k g/115 cm	other status epilepticus	intake tidak terjamin	ceftriaxone	2 gram	intravena	24 jam	Empiris	Lolos	Tidak lolos																		
A12	8 th	P	11,5kg/124 cm	sepsis	post operasi vs shunt et causa hidrocephalus communicans, infected vp shunt, charyniopharyngioma, cerebral palsy, anemia peny kronik, ulkus dekubitus, conjungtivitis oculi, nutritional marasmus, intake tidak terjamin, hipoalbuminemia, imbalance elektrolit, diare akut	ceftriaxone	1200 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos												
						amikacin	220 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak lolos															
						meropenem	460 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos dosis max	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	
						gentamicin zalf		salap		Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos dosis max	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						levofloxacin	75 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Tidak lolos																
						vancomycin loading dose	300 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos (25-30/kg BB)	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						vancomycin maintenance dose	200 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos								



A13	9 th	P	20 kg/110 cm	kista dermoid ovarium-benign neoplasm ovarium	leukositosis , anemia peny. kronik	ceftriaxone	1 gram	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	
						cefadroxil 250mg/5ml syr 60 ml	200 mg	oral	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
A14	9 th	P	18 kg/121 cm	Expanded dengue syndrome-dengue haemorrhagic syndrome	Anemia defisiensi besi diferensial diagnosa anemia penyakit kronik, Imbalance elektrolit, Hipoalbuminemia, Peningkatan enzim transaminase, Nutrisional marasmus	Ampicillin	450 mg	iv	per 6 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						gentamycin	45 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
			5,5	perdarahan intrakranial et causa traumatic brain injury	post bangkitan kejang et causa perdarahan intrakranial ; imbalance elektrolit	ceftriaxone	275 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos



A16	12 th	L	35 kg/ 130 cm	Traumatic Brain injury GCS 13	Brain Edema, Sepsis, Perdarahan Saluran Cerna, Peningkatan Enzim Transaminase, Imbalans Elektrolit.	Ceftriaxone	2 gram	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos			
						Gentamycin	80 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						Cefixime 10 tab (saat pulang)	200 mg	oral	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
A17	3 th	P	15 kg/ 90 cm	Other epilepsi	post status epileptikus, cerebral palsy, hemartropi cerebri dextra, trombositosis reaktif, intake tidak terjamin	cefotaxime	750 mg	iv	12 jam	Empiris	Lolos	Tidak lolos															
			26	sepsis	community acquired pneumonia ; penyakit jantung bawaan asianotik et causa	ampicilin	70 mg	iv	per 6 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos								
						gentamycin	10 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos								



				atroventrik uler septal defek; sindroma down ; hipoalbumi nemia ; hiperkalemi a; nutritional marasmus; anemia	gentamycin	7 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos							
					amikacin	25 mg/kg gbb	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak lolos										
					amikacin	50 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak lolos										
					ceftazidime	130 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak lolos ada cefotaxime										
					vancomycin	65 mg	iv	24 jam	definitif	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos					
					vancomycin	40 mg	iv	24 jam	definitif	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos							
					levofloxacin	28 mg	iv	12 jam	definitif	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
4.10	1 bulan	4.6	sepsis	community acquired pneumonia, post status epileptikus, anemia penyakit kronik, hipoalbumi	cefotaxime	230 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos			
					gentamycin	12 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos			





					n, trombositopenia, syok sepsis, imbalance elektrolit, bakterimia, alkalosis respiratorik	vancomycin	70 mg	iv	8 jam	definitif	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos						
						levofloxacin	43 mg	iv	24 jam	definitif	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos						
A20	6 th	L	26 kg/122	dengue syok sindrom-classical dengue	sepsis ; peningkatan enzim transaminase ; hiponatremia ; hipoalbuminemia ; overweight ; intake tidak terjamin	meropenem	660 mg	iv	8 jam	Empiris	Lolos	Lolos : sepsis	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
A21	1 th	L	7 KG/70	status epilepticus refrakter	suspek epilepsi, hipoplasia cerebral, mikrosefal, diare akut, dehidrasi berat, intake tidak terjamin, gangguan mental organik et causa disfungsi otak, peningkatan	meropenem	140 mg	iv	8 jam	Empiris	Lolos	Tidak lolos											
						amikacin	100 mg	iv	24 jam	Empiris	Lolos	Tidak lolos											
						ceftriaxone	200 mg	iv	24 jam	Empiris	Lolos	Tidak lolos											



					n enzim transaminase, anemia	metronidazole	100 mg	iv	12 jam	Empiris	Lolos	Tidak lolos													
A22	2 bln	L	2,7 /48	community acquired pneumonia	laringomalaria, post status epileptikus, trombositosis reaktif, perdarahan sal. Cerna, nutritional marasmus, hipoalbuminemia	ceftriaxone	270 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos		
						amikacin	50 mg	iv	24 JAM	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak Lolos hrsx genta										
A23	2 th	L	11. 8/87	community acquired pneumonia	post bangkitan kejang tonik klonik, encephalopathy, ventrikulomegaly, anemia peny. Kronik, leukositosis, imbalance elektrolit	amikacin	300 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak Lolos hrsx genta										
						amikacin	210 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak Lolos hrsx genta										
						ceftriaxone	1200 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos



						Cefixime syrup	5 mg/kgbb 10 tab	oral	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos			
A24	7 bln	P	6,6 kg/64 cm	status epileptikus et causa perdarahan subarachnoid regio temporis occipitalis bilateral	perdarahan falx serebri anterior et posterior ; sepsis ; post syok sepsis ; brain edema ; community acquired pneumonia ; perdarahan saluran cerna ; peningkatan enzim transaminase ; serebral palsy ; hipoalbuminemia ; leukositosis ; trombositosis reaktif ; diare akut ; dehidrasi tidak berat ; intake tidak terjamin	ceftriaxone	660 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos (dosis max)	Lolos	Lolos	Lolos	Lolos			
					cefotaxim	170 mg	iv	per 6 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	
					cefotaxim	330 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
					amikacin	165 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak Lolos hrsx genta												
					amikacin	120 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak Lolos hrsx genta												
					meropenem	250 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos (dbw h dos max/hr)	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
					meropenem	280 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos										



A25	1 bln	P	4,2 kg/52	post craniotomi evaluasi et causa subdural hematom et perioccipital sinistra	post status epileptikus; anemia; diare	cefotaxime	210 mg	iv	12 jam	Profilaksis	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos		
A26	1 th	P	5,8/65	Fistula rectovaginal rekuren	Anemia def. besi, nutritional marasmus	ceftriaxone	580/mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos		
						metronidazole	60 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos (dosis hampir max)	Lolos	Lolos	Lolos	Lolos	Lolos	
						CEFOTAXIME	50 mg	iv	12 jam	Profilaksis	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos (dosis min)	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
						Cefadroxil (saat pulang)	250mg/5ml syr 60 ml 1 btl	oral	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos
A27	1 th	P	6,7/69	anastomosis penutupan stoma et causa malformasi anorectal letak tinggi post kolostomi	anemia	ceftriaxone	350 mg	iv	12 jam	Profilaksis	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos		
						gentamicin	17 mg	iv	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	
						metronidazole	100 mg	iv	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak lolos							



						Cefadroxil (saat pulang)	100 mg/1 btl	oral	8 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos			
A28	1 th	L	6.2 kg/69 cm	community acquired pneumonia	kejang demam komplikata, nutritional marasmus	ceftazidime	350 mg	iv	24 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Tidak lolos, ada gentamero													
A29	2 th	P	9.5 KG/76 CM	Status epilepticus	suspek epilepsi, suspek ensefalitis	gentamycin	60 mg	iv	24 jam	Empiris	Lolos	Tidak lolos																
						Ceftriaxone	950 mg	iv	24 jam	Empiris	Lolos	Tidak lolos																
						Cefixime (saat pulang)	50 mg 10 tab	oral	12 jam	Empiris	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Lolos	Tidak Lolos					



## Lampiran 5. Biodata Penulis

## CURRICULUM VITAE

### IDENTITAS DIRI

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### RIWAYAT PENDIDIKAN

2004-2010 : SD INP Hartaco Indah  
 2010-2011 : SMP Negeri 6 Makassar  
 2011-2013 : SMP Negeri 1 Banda Aceh  
 2013-2014 : SMA Negeri Modal Bangsa Aceh  
 2014-2016 : SMA Negeri 17 Makassar  
 2016-2017 : Jurusan Biologi, Fakultas MIPA, Universitas Hasanuddin  
 2017-Sekarang : Jurusan Pendidikan Dokter Umum, Fakultas Kedokteran,  
 Universitas Hasanuddin

### RIWAYAT ORGANISASI

2015-2016 : Anggota Biology on Seventeen Association (BONSAI 17)  
 SMAN 17 Makassar  
 2017-Sekarang : Anggota Medical Muslim Family (M2F) FK Unhas  
 2018-2019 : Badan Pengurus Departemen Information and Technology  
 Medical Youth Research Club (MYRC) FK Unhas  
 2019-Sekarang : General Secretary Medical Youth Research Club (MYRC)  
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**PRESTASI**

- 2020 : Juara I Cabang Lomba Video Edukasi EXIT, Fakultas Kedokteran Universitas Andalas, Padang
- 2020 : Juara II Cabang Lomba Poster Publik EXIT, Fakultas Kedokteran Universitas Andalas, Padang
- 2019 : Juara I Cabang Lomba Poster Publik INTERMEDISCO, Fakultas Kedokteran Universitas Islam Indonesia (UII), Yogyakarta
- 2019 : Juara I Cabang Lomba Poster Publik MAJESTYNAS, Fakultas Kedokteran Universitas Muhammadiyah Jakarta (UMJ), Jakarta
- 2019 : Juara II Cabang Lomba Poster Publik MEDJONSON, Fakultas Kedokteran Universitas Muhammadiyah Yogyakarta (UMY), Yogyakarta
- 2019 : Juara II Cabang Lomba Poster Publik SRF, Fakultas Kedokteran Sumatera Utara (USU), Medan
- 2019 : Finalis Cabang Lomba *Literature Review* MEDJONSON, Fakultas Kedokteran Universitas Muhammadiyah Yogyakarta (UMY), Yogyakarta

