

## DAFTAR PUSTAKA

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**KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI**  
**UNIVERSITAS HASANUDDIN**  
**FAKULTAS KEDOKTERAN**  
**RSPTN UNIVERSITAS HASANUDDIN**  
**RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR**  
**KOMITE ETIK PENELITIAN KESEHATAN**



Sekretariat : Lantai 3 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 : 864 / H4.8.4.5.31 / PP36-KOMETIK / 2017

Tanggal: 24 Oktober 2017

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

No Protokol	UH17090673	No Sponsor Protokol	
Peneliti Utama	<b>dr. Agussalim Bukhari, M.Med, Ph.D, Sp.GK(K)</b>	Sponsor	Pribadi
Judul Peneliti	<b>Perbedaan pengaruh Dextrosa 5% dengan Oral Nutrition Supplement pada pemberian Early Enteral Pasien Critical ILL ICU RSWs berdasarkan Analisis Nutriscore</b>		
No Versi Protokol	<b>1</b>	Tanggal Versi	<b>26 September 2017</b>
No Versi PSP	<b>1</b>	Tanggal Versi	<b>26 September 2017</b>
Tempat Penelitian	<b>RSUP dr. Wahidin Sudirohusodo Makassar</b>		
Dokumen Lain			
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal <b>24 Oktober 2017</b>	Masa Berlaku <b>24 Oktober 2017</b> sampai <b>24 Oktober 2018</b>	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc., Sp.GK (K)</b>	Tanda tangan	Tanggal
Sekretaris Komisi Etik Penelitian	Nama <b>dr. Agussalim Bukhari, M.Med., Ph.D., Sp.GK (K)</b>	Tanda tangan	Tanggal

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 protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan



penelitian yaitu: **Pengaruh Pemberian *Early Enteral* Dextrosa 5% dan *Oral Nutrition Supplement* pada Pasien *Critical Ill* Intensive Care Unit di RS Wahidin Sudirohusodo Berdasarkan Analisis *NUTRIC score*.**

Manfaat penelitian ini adalah untuk membuktikan bahwa pemberian susu formula dapat mempercepat penyembuhan pasien.

Kami akan menjelaskan gambaran umum penelitian ini.

Pasien *critical ill* yang dirawat di ICU sering mengalami malnutrisi yang disebabkan oleh keterlambatan pemberian nutrisi, kesalahan dalam perhitungan kebutuhan kalori dan keparahan penyakit. Pemberian nutrisi secara dini (24 – 48 jam) pada beberapa penelitian memberikan hasil akhir (*outcome*) dengan menurunkan angka kematian (mortalitas), mengurangi masa tinggal di rumah sakit (*length of stay*) serta mengurangi biaya. Perhitungan kebutuhan kalori menggunakan rumus *rule of thumb*. *NUTRIC score* merupakan salah satu sistem penilaian yang dilakukan pada pasien sakit kritis (*critical ill*) untuk menilai perkiraan *outcome* pasien yang dirawat di ICU. Peneliti bermaksud membandingkan pengaruh pemberian makanan dini secara enteral (*Early Enteral*) Dextrosa 5% dan *Oral Nutrition Supplement* (formula) pada pasien *Critical Ill* Intensive Care Unit di RS Wahidin Sudirohusodo berdasarkan Analisis *NUTRIC score*.

Desain penelitian ini *eksperimental control trial*.

Populasi penelitian adalah pasien sakit kritis (*critical ill*) yang dirawat di

ahidin Sudirohusodo.





Sampel berjumlah 60 orang yang dirawat di bagian ICU Rumah Sakit Wahidin Sudirohusodo dan memenuhi kriteria inklusi akan diberikan *informed consent*, subyek yang setuju akan diminta untuk menandatangani persetujuan ikut penelitian. Terhadap keluarga subyek yang masuk dalam penelitian diberikan edukasi gizi dan subjek akan dimasukkan secara acak dalam 2 kelompok penelitian yaitu kelompok yang diberikan dextrosa 5% dan kelompok lainnya diberikan *oral nutrition supplementation* (susu formula). Pada awal masuk di ICU dilakukan penilaian berdasarkan *NUTRIC score* dan Pemberian nutrisi dihitung berdasarkan rumus *rule of thumb*. Nutrisi diberikan ke pasien dengan bantuan perawat berdasarkan instruksi dan jadwal yang sudah ditetapkan oleh dokter. Bila pasien masuk dalam kelompok Dextrosa 5% maka pemberian nutrisi diberikan sesuai dengan instruksi dari dokter anastesi, sedangkan bila pasien masuk dalam kelompok *oral nutrition supplementation* maka pemberian nutrisi diberikan dalam 5 kali pemberian dalam satu hari selama 3 hari berdasarkan kebutuhan pasien hari itu. Untuk menilai perbandingan perlakuan ini, maka peneliti akan mengambil sampel darah pasien sebanyak  $\pm 10$  cc pada hari pertama pasien masuk ICU dan hari ketiga perawatan di ICU.

Risiko yang dapat terjadi pada pasien selama penelitian adalah kemungkinan terjadi intoleransi susu dan pembengkakan ringan / lebam pada saat proses pengambilan darah. Akan tetapi apabila terjadi hal-hal yang tidak diinginkan dalam proses penelitian ini kami akan segera menghentikan dan menghubungi tim medis

untuk melakukan pengobatan dan perawatan yang biayanya akan sepenuhnya oleh peneliti. Pada penelitian ini, peneliti tidak memberikan



kompensasi, akan tetapi untuk pemeriksaan laboratorium IL-6 dan susu formula ditanggung oleh pihak peneliti.

Kesediaan pasien menjadi subyek dalam penelitian ini akan banyak membantu kami dalam penelitian ini. Keikutsertaan sebagai subyek dalam penelitian ini adalah tanpa paksaan dari siapapun, dan dapat mengundurkan diri di saat penelitian berlangsung dan tidak akan mempengaruhi pelayanan kesehatan kami kepada subyek.

Semua data dari penelitian ini akan dicatat dan dipublikasikan tanpa membuka data pribadi. Data pada penelitian ini akan dikumpulkan dan disimpan dalam file manual dan elektronik, diaudit dan diproses serta dipresentasikan secara lisan dan tertulis pada forum ilmiah di Universitas Hasanuddin maupun di tingkat nasional/internasional.

Akhir kata, jika anda setuju untuk berpartisipasi, diharapkan menandatangani surat persetujuan mengikuti penelitian ini. Atas kesediaan dan kerjasamanya kami ucapkan banyak terimakasih.

Bila masih ada hal-hal yang bapak ingin ketahui, atau masih ada hal-hal yang belum jelas, maka bapak/ibu bisa bertanya atau meminta penjelasan pada kami di Bagian Ilmu Gizi Klinik RS dr. Wahidin Sudirohusodo atau secara langsung melalui no. HP peneliti: 081241850858 (**dr. Agussalim Bukhari, M.Med., Ph.D, SpGK(K)**), 082346320721 (dr. Rosdiana R.), 081355626360 (dr.Umrayani ), dan (dr.Christina) 081232208209



DISETUJUI OLEH KOMISI  
PENELITIAN KESEHATAN  
FAK. KEDOKTERAN  
UNHAS  
TGL .....



**KEMENTERIAN RISET, TEKNOLOGI DAN  
PENDIDIKAN TINGGI, UNIVERSITAS HASANUDDIN  
FAKULTAS KEDOKTERAN  
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## Lampiran 2

### FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN

**“Pengaruh Pemberian *Early Enteral* Dextrosa 5% dan *Oral Nutrition Supplement* pada Pasien *Critical Ill* Intensive Care Unit di RS Wahidin Sudirohusodo Berdasarkan Analisis *NUTRIC score*“**

Saya yang bertanda tangan dibawah ini

Nama :

Jenis kelamin :

Umur :

Alamat/HP :

Setelah mendengar dan mengerti penjelasan yang diberikan mengenai tujuan, manfaat dan cara kerja penelitian, dengan ini saya menyatakan bersedia tanpa paksaan untuk ikut serta dalam penelitian ini.

Saya mengerti bahwa pada proses pemberian Dextrosa 5% atau *oral nutrition supplements* (susu formula) dan efek samping yang muncul, namun dengan pengawasan yang seksama, beban tersebut tidak akan terasa berat.

Saya mengetahui bahwa saya berhak untuk menolak atau berhenti dari

ini.



Semua biaya pemberian Dextrosa 5% atau *oral nutrition supplements* (susu formula), pemeriksaan darah IL-6 ditanggung oleh peneliti.

Bila masih ada hal yang belum saya mengerti atau saya ingin mendapatkan penjelasan lebih lanjut, saya bisa mendapatkannya dari dokter peneliti.

Makassar,

2017

Dokter

Klien

( \_\_\_\_\_ )

( \_\_\_\_\_ )

Saksi

( \_\_\_\_\_ )

**Penanggung Jawab Penelitian/Medis :**

Nama : dr. Agussalim Bukhari, M.Med, Ph.D, Sp.GK(K)

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**BAGIAN ILMU GIZI KLINIK**  
**RSUP DR. WAHIDIN SUDIROHUSODO MAKASSAR**



**I. IDENTITAS PASIEN**

Nama: \_\_\_\_\_ L/P, No. RM: \_\_\_\_\_ Tanggal Lahir: \_\_\_\_\_ Umur: \_\_\_\_ thn  
 Alamat: \_\_\_\_\_ Pendidikan: \_\_\_\_\_ Pekerjaan: \_\_\_\_\_  
 Agama: \_\_\_\_\_ No. HP: \_\_\_\_\_ Nama kontak: \_\_\_\_\_  
 Tanggal Masuk RS: \_\_\_\_\_ Ruang: \_\_\_\_\_ Tanggal Konsul: \_\_\_\_\_  
 Tanggal Masuk ICU: \_\_\_\_\_ Ruang: \_\_\_\_\_ Tanggal Keluar ICU / Pulpak / † : \_\_\_\_\_  
 Diagnosa medis: \_\_\_\_\_

**II. SUBJEKTIF**

**2.1. Keluhan Utama**

Asupan makan (- / ↓) / Tidak diperbolehkan makan / Pengaturan diet / \_\_\_\_\_  
 dialami sejak \_\_\_\_\_ memberat sejak \_\_\_\_\_  
 akibat \_\_\_\_\_

**2.2. Anamnesis Terpimpin**

Mual (+/-),sejak \_\_\_\_\_ Muntah (+/-) \_\_\_\_\_ x/hr, isi: \_\_\_\_\_, Σ: \_\_\_\_\_ /x  
 Riwayat muntah (+/-) sejak \_\_\_\_\_, \_\_\_\_\_ x/hr, isi: \_\_\_\_\_, Σ: \_\_\_\_\_ /x  
 Nafsu makan ↓(+/-), sejak \_\_\_\_\_ Gangguan (nyeri/sulit) menelan (+/-) sejak \_\_\_\_\_  
 Nyeri ulu hati (+/-) sejak \_\_\_\_\_ Nyeri perut (+/-) sejak \_\_\_\_\_  
 Demam (+/-) \_\_\_\_\_ Riwayat demam (+/-) sejak \_\_\_\_\_  
 Kejang (+/-) \_\_\_\_\_ x/hr, \_\_\_\_\_  
 Batuk (+/-) sejak \_\_\_\_\_ Lendir (+/-) warna: \_\_\_\_\_ Sesak (+/-) sejak \_\_\_\_\_  
 BB ↓ (+/-) sejak \_\_\_\_\_ besar \_\_\_\_\_

BAB (+/-) \_\_\_\_\_  
 BAK (+/-) via:kamar mandi/pispot/diapers/kateter, Kesan: \_\_\_\_\_ Σ: \_\_\_\_\_

**2.3. Riwayat penyakit sebelumnya**

HT (+/-) sejak \_\_\_\_\_ berobat teratur/tidak teratur \_\_\_\_\_  
 DM (+/-) sejak \_\_\_\_\_ berobat teratur/tidak teratur \_\_\_\_\_  
 Lain-lain: \_\_\_\_\_

**2.4. Riwayat penyakit dalam keluarga**

HT (+/-) \_\_\_\_\_ DM (+/-) \_\_\_\_\_ TB (+/-) \_\_\_\_\_ Tumor (+/-) \_\_\_\_\_

**2.5. Riwayat terapi**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2.6. Riwayat psikososial (rokok, alcohol, status sosial ekonomi)**

Rokok (+/-), sejak: \_\_\_\_\_  
 Alkohol (+/-), sejak: \_\_\_\_\_  
 Pekerjaan: \_\_\_\_\_

**2.7. Food history**

Sehat: \_\_\_\_ x/hari, nasi: \_\_\_\_ P/x, lauk: \_\_\_\_\_ terutama: \_\_\_\_\_ sayur \_\_\_\_\_ buah \_\_\_\_\_  
 Kegemaran: \_\_\_\_\_

Pantangan (+/-) \_\_\_\_\_ Alergi makanan (+/-) \_\_\_\_\_ Alergi susu (+/-)





**I. OBJEKTIF**

**3.1. Keadaan Umum**

Sakit : ringan / sedang / berat GCS: \_\_\_ E \_\_\_ M \_\_\_ V \_\_\_  
 Vital sign : T: \_\_\_ / \_\_\_ mmHg N/HR: \_\_\_ x/mnt RR: \_\_\_ x/mnt t: \_\_\_ °C SpO<sub>2</sub>: \_\_\_ %  
 Food recall 24 jam:  
 • Pagi : \_\_\_\_\_  
 • Siang : \_\_\_\_\_  
 • Malam : \_\_\_\_\_  
 • PN : \_\_\_\_\_  
 • Total : Energi: \_\_\_\_\_ kkal, Protein: \_\_\_\_\_ g, Karbohidrat: \_\_\_\_\_ g, Lemak: \_\_\_\_\_ g

**3.2. Antropometri**

• TB/PB : \_\_\_ cm BBI: \_\_\_ kg BBA: \_\_\_ kg IMT: \_\_\_ kg/m<sup>2</sup>  
 • LiLA : \_\_\_ cm BB(LiLA): \_\_\_ kg % LiLA: \_\_\_ % Lingkar perut: \_\_\_ cm  
 • Amputasi: (+/-), deskripsi \_\_\_\_\_ BB adjust: \_\_\_ kg

**3.3. Pemeriksaan fisik**

**3.3.1. Kepala :**

• Conjuntiva anemis (+/-), Sclera ikterik (+/-), Drain: (+/-), produksi: \_\_\_ ml/\_\_\_ jam, warna: \_\_\_\_\_  
 • NGT/OGT: (+/-), sejak \_\_\_\_\_ residu (+/-), volume \_\_\_ ml/\_\_\_ jam, warna: \_\_\_\_\_  
 • O<sub>2</sub>: (+/-), \_\_\_ lt/mnt, kanul/mask/NRM/ventilator \_\_\_\_\_

**3.3.2. Leher: Pembesaran KGB (+/-), Pembesaran thyroid (+/-), Tracheostomi (+/-), sejak \_\_\_\_\_**

**3.3.3. Thorax:**

• I : Simetris (+/-), LoSF (+/-), CVC: (+/-), sejak \_\_\_\_\_  
 WSD: (+/-), D/S, sejak \_\_\_\_\_ volume \_\_\_ ml/\_\_\_ jam, warna: \_\_\_\_\_  
 Jejas: (+/-), deskripsi \_\_\_\_\_  
 • P: NT (+/-), MT: (+/-) deskripsi \_\_\_\_\_  
 • P: Sonor/hipersonor/pekok  
 • A: BP: vesikuler/bronkovesikuler/bronchial, Rh ( / ) \_\_\_\_\_, Wh ( / ) \_\_\_\_\_

**3.3.4. Punggung:**

• Decubitus: (+/-), sejak \_\_\_\_\_ deskripsi \_\_\_\_\_  
 • Jejas: (+/-), deskripsi \_\_\_\_\_

**3.3.5. Abdomen:**

• I : Cekung/datar/cembung, Ikut/tidak gerak nafas, Drain: (+/-), produksi: \_\_\_ ml/\_\_\_ jam, warna: \_\_\_\_\_  
 Jejas: (+/-), deskripsi \_\_\_\_\_  
 • P: H: ttb/teraba \_\_\_ jari bac, L: ttb/teraba \_\_\_\_\_, NT: (+/-), MT: (+/-), deskripsi \_\_\_\_\_  
 • P: Timpani/meteorismus/pekok/ascites  
 • A: Peristaltic (+/-), kesan N/ ↑ / ↓

**3.3.6. Ekstremitas:**

• Wasting:  Edema: 

**3.4. Laboratorium**

Pemeriksaan	Tanggal	Keterangan	Pemeriksaan	Tanggal	Keterangan
		<u>Darah Rutin</u>			<u>Faal ginjal</u>
Hb		12.0-16.0 g/dL	Ureum		10-50 mg/dL
MCV		80-100 µM <sup>3</sup>	Kreatinin		<1.1 mg/dL
MCH		27.0-32.0 pg			<u>Elektrolit</u>
MCHC		32.0-36.0 g/dl	Na		135-145 mmol/L
WBC		4.0-10.0 x 10 <sup>3</sup> /µL	K		3.5-5.1 mmol/L
TLC		20-40 x 10 <sup>3</sup> /µL	Cl		97-111 mmol/L
NAC					<u>Glukosa</u>
PLT		150-400 x10 <sup>3</sup> /mm <sup>3</sup>	GDS		140 mg/dL
		<u>Faal hati</u>	GDP		





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**I. ASSESSMENT**

4.1. SG : Mild/Moderate/Severe malnutrition berdasarkan \_\_\_\_\_

4.2. SM : \_\_\_\_\_

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4.3. SGI : fungsional / non-fungsional dengan \_\_\_\_\_

**II. PLANNING**

**5.1. Kebutuhan Energi**

5.1.1. Harris-Benedict

• KEB : ♀ =  $655 + 9,6 ( \text{___} ) + 1,7 ( \text{___} ) - 4,7 ( \text{___} ) = \text{___} \text{ kkal}$

♂ =  $66,5 + 13,7( \text{___} ) + 5 ( \text{___} ) - 6,8 ( \text{___} ) = \text{___} \text{ kkal}$

• KET : \_\_\_\_\_ x Fa \_\_\_\_\_ x Fs \_\_\_\_\_ = \_\_\_\_\_ kkal

5.1.2. Rule of Thumb

• KEB : \_\_\_\_\_ kkal/kgBB = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ kkal

• KET : \_\_\_\_\_ x Fa \_\_\_\_\_ x Fs \_\_\_\_\_ = \_\_\_\_\_ kkal

**5.2. Terapi**

• Diet \_\_\_\_\_ kkal dengan komposisi makronutrien:

○ Protein = \_\_\_\_\_ g/kgBBI/hari = \_\_\_\_\_ g = \_\_\_\_\_ %

○ Karbohidrat = \_\_\_\_\_ % = \_\_\_\_\_ g

○ Lemak = \_\_\_\_\_ % = \_\_\_\_\_ g

• Diet direncanakan: \_\_\_\_\_ kkal ( \_\_\_\_\_ %) \_\_\_\_\_  
via oral/enteral/parenteral

• Berupa: \_\_\_\_\_

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• Jumlah, jenis, dan komposisi \_\_\_\_\_

• Koreksi: \_\_\_\_\_

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• Kebutuhan cairan: \_\_\_\_\_ ml/24 jam

• Suplementasi: \_\_\_\_\_

• Evaluasi/monitoring: \_\_\_\_\_

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• Edukasi gizi

• Laboratorium: \_\_\_\_\_

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• Usul/setuju rawat sama

Makassar, \_\_\_\_\_

Dokter pemeriksa,



**I. MONITORING**

**6.1. GCS**

Keterangan	Score						Tanggal		
	1	2	3	4	5	6			
Eye	None	To Pain	To speech	Spontaneously					
Verbal	None	Incomprehensible	Inappropriate	Confused	Orientated				
Motor	None	Extension to pain	Flexion to pain	Withdraws from pain	Localises to pain	Obeys commands			
<b>Total</b>									

**6.2. SOFA SCORE**

Keterangan	Score					Tanggal			
	0	1	2	3	4				
GCS	Normal	13 - 14	10 - 12	6 - 9	< 6				
Respiration PaO2 / FiO2	Normal	< 400	< 300	< 200 respiratory support (+)	< 100 respiratory support (+)				
Cardiovascular Hypotension	Normal	MAP < 70 mmHg	Dopamine <5 or dobutamine (any dose)**	Dopamine >5 or epinephrine <0.1 or norepinephrine <0.1	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1				
Liver Bilirubin mg/dL (µmol/l)	Normal	1.2-1.9 (20-32)	2.0-5.9 (33-101)	6.0-11.9 (102-204)	>12.0 (>204)				
Coagulation Platelets	Normal	< 150.000	< 100.000	< 50.000	< 20.000				
Renal Creatinine mg/dL (µmol/l) or Urine output	Normal	1.2-1.9 (110-170)	2.0-3.4 (171-299)	3.5-4.9 (300-440) or <500 mL/day	>5.0 (>440) or <200 mL/day				
<b>Total</b>									

\*\*Adrenergic agents administered for at least 1 hour (doses given are in mcg/kg/min).

**6.3. APACHE II SCORE**

Variable	Score									Tanggal		
	+4	+3	+2	+1	0	-4	-3	-2	-1			
Age												
GCS												
Temperature												
Rectal	≥ 41	39-40.9		38.5-38.9	36-38.4	34-35.9	32-33.9	30-31.9	≤ 29.9			
MAP	≥ 160	130-159	110-129		70-109		50-69		≤ 49			
HR	≥ 180	140-179	110-139		70-109		55-69	40-54	≤ 39			
RR	≥ 50	35-49		25-34	12-24	10-11	6-9		≤ 5			
Oxygenation												
FI02 ≥ 0.5 record A-aDO <sub>2</sub>	≥ 500	350-499	200-349		< 200							
FI02 < 0.5 PaO2					> 70	61-70		55-60	< 55			
pH	≥ 7.7	7.6-7.69		7.5-7.59	7.33-7.49		7.25-7.32	7.15-7.24	< 7.15			
Na <sup>+</sup>	≥ 180	160-179	155-159	150-154	130-149		120-129	111-119	≤ 110			
K <sup>+</sup>	≥ 7	6.6-6.9		5.5-5.9	3.5-5.4	3-3.4	2.5-2.9		< 2.5			
Creatinine	≥ 3.5	2-3.4	1.5-1.9		0.6-1.4		< 0.6					
Hct	≥ 60		50-59.9	46-49.9	30-45.9		20-29.9		< 20			
WBC	≥ 40		20-39.9	15-19.9	3-14.9		1-2.9		< 1			
Conditions												
<b>Total</b>												



Chronic Health Condition
CRF / HD
Cirrhosis
Hepatic Failure
Metastatic Carcinoma
Lymphoma
Leukemia / Myeloma
Immunosuppression
AIDS

Conditions	Points
Tanpa riwayat insufisiensi sistem organ atau immunocompromized	0
Dengan riwayat insufisiensi sistem organ atau immunocompromized	
Nonoperative / emergency postoperative	5
Elective postoperative	2

GCS	Points
15	0
14	1
13	2
12	3
11	4
10	5
9	6
8	7
7	8
6	9
5	10
4	11
3	12

Age (yrs)	Points
≤ 44	0
45 - 54	2
55 - 64	3
65-74	5
≥ 75	6

**6.1. NUTRISCORE**

Variable	Score				Tanggal		
	0	1	2	3			
Age	< 50	50 - < 75	≥ 75	<del>X</del>			
APACHE II	< 15	15 - < 20	20 - 28	> 28			
SOFA	< 6	6 - < 10	≥ 10	<del>X</del>			
Number of Co-morbidities	0 - 1	≥ 2	<del>X</del>	<del>X</del>			
Days from hospital to ICU admission	0 - < 1	≥ 1	<del>X</del>	<del>X</del>			
IL-6	0 - < 400	≥ 400	<del>X</del>	<del>X</del>			
<b>Total</b>							





## DAFTAR ARTI LAMBANG DAN SINGKATAN

Lambang/singkatan	Arti dan Keterangan
APACHE II	<i>Acute Physiology and Chronic Health Evaluation II</i>
NCCU	<i>Neuro Critical Care Unit</i> , unit perawatan intensif neurologi
AS	Amerika Serikat
ALI	<i>Acute Lung Injury</i> , cedera paru akut
BBB	<i>Blood Brain Barrier</i> , sawar darah otak
BB LiLA	Berat Badan berdasarkan LiLA
BBI	Berat Badan Ideal
CI	<i>confidence interval</i>
CO <sub>2</sub>	Karbondioksida
CRP	C-Reactive Protein
dl	Desiliter
EDEN	<i>Early vs Delayed Enteral Nutrition</i> , nutrisi enteral awal dibandingkan lambat
EDTA	<i>Ethylenediaminetetraacetic Acid</i>
ELISA	<i>Enzyme-link Immunosorbent Assay</i>
EN	<i>Enteral Nutrition</i> , nutrisi enteral
FFA	<i>Free Fatty Acid</i> , asam lemak bebas
g	gram
GI	Gastrointestinal
ICU	<i>Intensive Care Unit</i> , unit perawatan intensif
IL-6	<i>Interleukine-6</i>
kgBB	Kilogram berat badan
L	Liter
	Lingkar Lengan Atas
	<i>Length of Stay</i> , lama masa rawat inap
	Milimeter kubik



MODS	<i>Multiple Organ Dysfunction Syndrome</i> , sindrom kegagalan organ multipel
MST	<i>Malnutrition Screening Tool</i>
MUST	<i>Malnutrition Universal Screening Tool</i>
NPO	<i>nil per os</i> , tidak ada asupan makan via oral
NRS 2002	<i>Nutritional Risk Screening 2002</i>
NT	<i>Nutrition therapy</i> , terapi nutrisi
<i>NUTRIC</i>	<i>Nutrition Risk in the Critically Ill</i>
p	<i>Probability</i> , probabilitas
PB	Panjang Badan
<i>PLR</i>	<i>Platelet-to-lymphocyte ratio</i>
PN	<i>Parenteral Nutrition</i> , nutrisi parenteral
RDA	<i>Recommended Dietary Allowance</i>
ROS	<i>Reactive Oxygen Species</i> , oksigen reaktif spesies
RQ	<i>Respiratory Quotient</i>
SGA	<i>Subjective Global Assessment</i>
SIRS	<i>Systemic Inflammatory Response Syndrome</i> , sindrom respon inflamasi sistemik
SNAQ	<i>Short Nutritional Assessment Questionnaire</i>
SOFA	<i>Sequential Organ Failure Assessment</i> , pemeriksaan kegagalan organ sekuensial
SPSS	<i>Statistical Package for the Social Sciences</i>
TLC	<i>Total Lymphocyte Count</i> , jumlah limfosit total
TBI	<i>Traumatic brain injury</i> , cedera Kepala
ul	mikroliter
UUN	<i>Urine Urea Nitrogen</i>
WBC	<i>White Blood Cells</i> , sel darah putih/leukosit

