

DAFTAR PUSTAKA

1. Evans L, Rhodes A, Alhazzani W, et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. *Intensive Care Med.* 2021;47(11):1181-1247.
2. Fleischmann C, Scherag A, Adhikari NK, et al. Assessment of Global Incidence and Mortality of hospital-treated sepsis. *Am J Respir Crit Care Med.* 2016;193(0):259-272.
3. Purba AKR, Mariana N, Aliska G, et al. The burden and costs of sepsis and reimbursement of its treatment in a developing country: An observational study on focal infections in Indonesia. *Int J Infect Dis.* 2020;96(0):211-218.
4. Ghimire R, Shakya YM, Shrestha TM, et al. The utility of red cell distribution width to predict mortality of septic patients in a tertiary hospital of Nepal. *BMC Emerg Med.* 2020;20(1):1-7.
5. Bateman RM, Sharpe MD, Singer M, et al. The effect of sepsis on the erythrocyte. *Int J Mol Sci.* 2017;18(9):1-23.
6. Kim S, Lee K, Kim I, et al. Red cell distribution width and early mortality in elderly patients with severe sepsis and septic shock. *Clin Exp Emerg Med.* 2015;2(3):155-161.
7. Jo YH, Kim K, Lee JH, et al. Red cell distribution width is a prognostic factor in severe sepsis and septic shock. *Am J Emerg Med.* 2013;31(3):545-548.
8. Wang AY, Ma HP, Kao WF, et al. Red blood cell distribution width is associated with mortality in elderly patients with sepsis. *Am J Emerg Med.* 2018;36(6):949-953.
9. Zhang L, Yu CH, Guo KP, et al. Prognostic role of red blood cell distribution width in patients with sepsis: a systematic review and meta-analysis. *BMC Immunol.* 2020;21(1):1-8.
10. Shaikh MA, Yadavalli DR. Red cell distribution width as a prognostic marker

- in severe sepsis and septic shock Red cell distribution width as a prognostic marker in severe sepsis and septic shock. *Int J Adv Med.* 2017;4(3):750-754.
11. 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.
 12. Singer M, Deutschman CS, Seymour C, et al. The third international consensus definitions for sepsis and septic shock (sepsis-3). *JAMA - J Am Med Assoc.* 2016;315(8):801-810.
 13. Brunkhorst FM. Sepsis-3 definition—a step forward? *Notfall und Rettungsmedizin.* 2019;22(3):184-188.
 14. Hermawan A. *Buku Ajar Ilmu Penyakit Dalam, SEPSIS.* 6th ed. Jakarta Pusat: Interna Publishing; 2016. 692p.
 15. Gyawali B, Ramakrishna K, Dhamoon AS. Sepsis: The evolution in definition, pathophysiology, and management. *SAGE Open Med.* 2019;7(0):1-13.
 16. Aziz M, Jacob A, Yang W-L, et al. Current trends in inflammatory and immunomodulatory mediators in sepsis. *J Leukoc Biol.* 2013;93(3):329-342.
 17. Gotts JE, Matthay MA. Sepsis: Pathophysiology and clinical management. *BMJ.* 2016;353(1585):1-20.
 18. Sadaka F, O'Brien J, Sumi P. Red Cell Distribution Width and Outcome in Patients With Septic Shock. *J Intensive Care Med.* 2012;00(0):1-7.
 19. Perlstein TS, Weuve J, Pfeffer M, Beckman J. Red blood cell distribution width and mortality risk in a community-based prospective cohort: NHANES III: RDW and mortality risk. *Arch Intern Med.* 2012;169(6):588-594.
 20. Li N, Zhou H, Tang Q. Red Blood Cell Distribution Width: A Novel Predictive Indicator for Cardiovascular and Cerebrovascular Diseases. *Dis Markers.* 2017;00(0):1-23.
 21. Bateman RM, Jagger JE, Sharpe MD, et al. Erythrocyte deformability is a nitric oxide-mediated factor in decreased capillary density during sepsis. *Am J Physiol - Hear Circ Physiol.* 2001;280(6):2848-2856.

22. Vieth JT, Lane DR. Anemia. *Hematol Oncol Clin North Am*. 2017;31(6):1045-1060.
23. KDIGO. Chapter 1: Definition and classification of CKD. *Kidney Int Suppl*. 2013;3(1):19-62.
24. Inker LA, Astor BC, Fox CH, et al. KDOQI US commentary on the 2012 KDIGO clinical practice guideline for the evaluation and management of CKD. *Am J Kidney Dis*. 2014;63(5):713-735.
25. Thomas H, Diamond J, Vieco A, et al. Global Atlas of Cardiovascular Disease 2000-2016: The Path to Prevention and Control. *Glob Heart*. 2018;13(3):143-163.
26. Lee YC, Chang KY, Sethi S. Association of Chronic Lower Respiratory Disease with County Health Disparities in New York State. *JAMA Netw Open*. 2021;4(11):1-11.
27. Han Y, Zhang L, Yan L, et al. Clinica Chimica Acta Red blood cell distribution width predicts long-term outcomes in sepsis patients admitted to the intensive care unit. *Clin Chim Acta*. 2018;487(9):112-116.
28. Dankl D, Rezar R, Mamandipoor B, et al. Red Cell Distribution Width Is Independently Associated with Mortality in Sepsis. *Med Princ Pr*. 2022;31(7):187-194.

LAMPIRAN

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN

KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN

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, Sp.GK TELP. 081241850858, 0411 5780103, Fax : 0411-581431



REKOMENDASI PERSETUJUAN ETIK

Nomor : 748/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 23 Nopember 2022

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

No Protokol	UH22050239	No Sponsor Protokol	
Peneliti Utama	dr. Nurfathanah	Sponsor	
Judul Peneliti	Hubungan Antara Derajat Keparahan Sepsis dengan Red Cell Distribution Width (RDW)		
No Versi Protokol	2	Tanggal Versi	21 Nopember 2022
No Versi PSP	2	Tanggal Versi	21 Nopember 2022
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 23 Nopember 2022 sampai 23 Nopember 2023	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	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 Lapor 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