

DAFTAR PUSTAKA

- Abbott. 2013. Brosur i-STAT System Manual. Abbott, USA.
- Aehlert B. comprehensive pediatric emergency care. St Louis : Elsevier; 2007
- Alatas, H dan Ambarsari C.Y. 2017. Keseimbangan Cairan, Elektrolit, dan Asam-Basa. Buku Ajar Nefrologi Anak Edisi Ketiga. Badan Penerbit Ikatan Dokter Anak Indonesia: 57-73
- Anwar, A dan Ika, D., Pneumonia pada Anak Balita di Indonesia, J Kesehatan Masyarakat Nasional 2014, Vol. 8(8).
- Baird, G. (2013). Preanalytical considerations in blood gas analysis. *Biochimia medica*, 23(1), 19-27.
- Bakhtiar, B. (2013). ASPEK KLINIS DAN TATALAKSANA GAGAL NAFAS AKUT PADA ANAK. *Jurnal Kedokteran Syiah Kuala*, 13(3), 173-178.
- Belda FJ, Soro M, Ferrando C. Pathophysiology of respiratory failure. Trends Anaesth Crit Care. 2013 Oct;3(5):265–9.
- Bhalla A, Khemani RG, Newth CJL. Paediatric applied respiratory physiology – the essentials. Paediatr Child Heal (United Kingdom). 2017;27(7):301–10.
- Blood gas and pH analysis and related measurements. Approved guideline. CLSI C46-A Vol. 21 No. 14.
- Bongard, F.S., and Sue, D.Y. 2003. Fluids, electrolytes and acid-base. In: Bongard, F.S., and Sue, D.Y., Eds. Current critical care diagnosis and treatment; 2nd ed. The Mc Graw Hill Co. New York: 61-76.
- Boonlert, W., Lolekha, P. H., Kost, G. J., & Lolekha, S. 2003. Comparison of the Performance of Point-of-Care and Device Analyzers to Hospital Laboratory Instruments. *Point of Care: The Journal of Near-Patient Testing & Technology*. 2(3):172-178, (https://journals.lww.com/poctjournal/Abstract/2003/09000/Comparison_of_the_Performance_of_Point_of_Care_and.4.aspx)
- Bradley, J. S., Byington, C. L., Shah, S. S., Alverson, B., Carter, E. R., Harrison, C., ... & Swanson, J. T. (2011). The management of community-acquired pneumonia in infants and children older than 3 months of age: clinical practice guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America. *Clinical infectious diseases*, 53(7), e25-e76.
- rinkman, J. E., & Sharma, S. (2021). Respiratory Alkalosis. In *StatPearls [Internet]*. StatPearls Publishing.

Cardinale F, Cappiello A, Mastrototaro M, et al. Community-acquired pneumonia in children, Early Hum Dev. (2013), <http://dx.doi.org/10.1016/j.earlhumdev.2013.07.02>

Carpenter TC, Dobyns EL, Lane J, Mourani P, Robinson A, Ferguson M, dkk. Acute respiratory failure. Dalam: Hay WW, Hayward AR, Levin MJ, Sondheimer JM, pnyunting. Current pediatric diagnosis & treatment, edisi ke – 16. Boston : McGrawHill ; 2003. H. 362-7

Dahlan, M. Sopiyudin, Statistik untuk kedokteran dan kesehatan, Jakarta: Selemba Medika, 2013

Davis MD, Walsh BK, Sittig SE, Restrepo RD. AARC clinical practice guideline: blood gas analysis and hemoximetry. 2013. Respir Care 2013;58(10):1694-703

Dikjen P2P. (2018). Tatalaksana Pneumonia Balita di Fasilitas Pelayanan Kesehatan Tingkat Pertama. Jakarta: Kementerian Kesehatan RI

Dikjen P2PL. (2015). Pedoman Tatalaksana Pneumonia Balita. Jakarta: Kementerian Kesehatan RI

Dourado, S. B. P. B., Dourado, P. V., Veloso, M. V., Nunes, G. B. L., Cardoso, H. L. D. A., Cavalcante, A. K. D. C. B., ... & Chagas, D. C. (2017). Clinical Epidemiological Profile of Children with Acute Respiratory Insufficiency in a Pediatric Intensive Care Unit. *International Archives of Medicine*, 10.

Florkowski, C., Don-Wauchope, A., Gimenez, N., Rodriguez-Capote, K., Wils, J., & Zemlin, A. (2017). *Point-of-care testing (POCT) and evidence-based laboratory medicine (EBLM) – does it leverage any advantage in clinical decision making? Critical Reviews in Clinical Laboratory Sciences*, 54(7-8), 471–494. doi:10.1080/10408363.2017.1399336

Friedman, M. L. and Nitu, M. E. (2018) ‘Acute Respiratory Failure in Children’, *Pediatr Annals*, 47(7), pp. e268-e273.

Gunnerson KJ, Kellum JA. Acid-base and electrolyte analysis in critically ill patients: are we ready for the new millennium? *Curr Opin Crit Care*. 2003 Dec;9(6):468– 73

Guo, H., Zhang, H., & Li, F. (2022). Based on the Auxiliary Effect of X-Ray in the Treatment of Severe Pneumonia in Children with Arterial and Venous Blood Gas. *Journal of Healthcare Engineering*, 2022.

Guyton, A. C., & Hall, J. E. 2011. Pengaturan Keseimbangan Asam Basa. Dalam: Guyton and Hall Textbook of Medical Physiology Edisi 12. EGC, Jakarta, Indonesia, hal. 481–504

Hammer J. Acute respiratory failure in children. *Paediatr Respir Rev.* 2013 Jun;14(2):64–9.

Haq, I. J., Battersby, A. C., Eastham, K., & McKean, M. (2017). Community acquired pneumonia in children. *Bmj*, 356.

Hedberg, P., Majava, A., Kiviluoma, K., & Ohtonen, P. (2009). Potential preanalytical errors in whole-blood analysis: Effect of syringe sample volume on blood gas, electrolyte and lactate values. *Scandinavian journal of clinical and laboratory investigation*, 69(5), 585-591.ena, Š. O. L. T. É. S. O. V. Á., Oskar, N. A. G. Y., Csilla, T. Ó. T. H. O. V. Á., & Iveta, P. A. U. L. Í. K. O. V. Á. (2015). Blood gases, acid-base status and plasma lactate concentrations in calves with respiratory diseases. *Acta Veterinaria*, 65(1), 111-124.

Howie, S. R., & Murdoch, D. R. (2019). Global childhood pneumonia: the good news, the bad news, and the way ahead. *The Lancet Global Health*, 7(1), e4-e5.

Indrasari ND, Jessica PW, Ninik S. 2019. Comparison of point- of- care and central laboratory analyzers for blood gas and lactate measurements. Research article. DOI: 10.1002/jcla.22885

i-STAT® 1 system manual update. USA: Abbott Point of Care; 2013.

Kaufman, S. A. 2001. Arterial blood gas analysis. <http://www.health.yahoo.com/>

Kaunang, C. T., Runtunuwu, A. L., & Wahani, A. M. (2016). Gambaran karakteristik pneumonia pada anak yang dirawat di ruang perawatan intensif anak RSUP Prof. Dr. RD Kandou Manado periode 2013–2015. *e-CliniC*, 4(2).

Kantekin, Ç. U., Ercan, M., Oğuz, E. F., Demirdaş, E., Atilgan, K., Sipahi, M., & Çiçekçioğlu, F. (2018). Evaluation of the i-STAT Blood Gas Analysis System in Cardiovascular Surgery. *Medical Laboratory Technology Journal*, 4(2), 35-42.

Kelly MS, Sandora TJ. Community-acquired pneumonia. In: Kliegman R, St Geme III JW (eds) Nelson textbook of pediatrics. Philadelphia: Elsevier Inc, 2019, pp. 8956–84

Knowles, T. P., Mullin, R. A., Hunter, J. A., & Douce, H. F. (2006). Effects of syringe material, sample storage time, and temperature on blood gases and

- oxygen saturation in arterialized human blood samples. *Respiratory care*, 51(7), 732-736.
- Lamba, T. S., Sharara, R. S., Singh, A. C., & Balaan, M. (2016). Pathophysiology and classification of respiratory failure. *Critical Care Nursing Quarterly*, 39(2), 85-93.
- Latif, A. 2002. Gangguan asam basa. Dalam Trihono, P.P., Purnamawati, S., Syarif, R.D., Hegar, B., Gunargi, H., dan Oswari, H. Hot Topics in Pediatrics II, penyunting. Pendidikan Kedokteran Berkelanjutan Ilmu Kesehatan Anak XLV, Balai Penerbit FKUI, Jakarta. hal 146-61.
- Latief, A. 2005. Gagal Nafas Akut pada Anak. Dalam: Yunanto A, Hartoyo E, Andayani P, editor. Perinatologi & Pediatri Gawat Darurat. Banjarmasin: Bagian Ilmu Kesehatan Anak, Balai Penerbit FKUI, Jakarta. Hal 117-133
- Lenicek Krleza, J., Dorotic, A., Grzunov, A., & Maradin, M. (2015). Capillary blood sampling: national recommendations on behalf of the Croatian Society of Medical Biochemistry and Laboratory Medicine. *Biochimia medica*, 25(3), 335-358.
- Liana, P., Haris, I. N., & Hasyim, Y. E. (2020). Comparison of Blood Gas Analysis between Benchtop and Handheld Device. *INDONESIAN JOURNAL OF CLINICAL PATHOLOGY AND MEDICAL LABORATORY*, 27(1), 42-45.
- Lodha, R., Kabra, S. K., & Pandey, R. M. (2013). Antibiotics for community-acquired pneumonia in children. *Cochrane Database of Systematic Reviews*, (6).
- Luukkonen, A. A. M., Lehto, T. M., Hedberg, P. S. M., & Vaskivuo, T. E. 2016. Evaluation of a hand-held blood gas analyzer for rapid determination of blood gases, electrolytes and metabolites in intensive care setting. *Clinical Chemistry and Laboratory Medicine*. 54(4):585-594, (<https://www.degruyter.com/view/j/cclm.2016.54.issue-4/cclm-2015-0592/cclm-2015-0592.xml>)
- Malisie, RF. (2011). Kegawatan Respirasi pada Anak. Buku Ajar Pediatri Gawat Darurat. IDAI, Jakarta.
- Mani, C. S. (2018). Acute pneumonia and its complications. *Principles and practice of pediatric infectious diseases*, 238
- Mathew, J. L., Singhi, S., Ray, P., Hagel, E., Hedengren, S. S., Bansali, Arun., Ygberg, Sofia., Sodhi, Kushaljit Singh., Kumar, BV Ravi., Nilsson, Anna. 2015. Etiology of Community Acquired Pneumonia Among Children in India: Prospective, Cohort Study. *Journal of Global Health*, 5(2).

- McSweeney, G.W. 2002. Fluid and electrolyte therapy and acid-base balance. In: Herfindal, E.T., and Gourley, D.R., Eds. Textbook of Therapeutics drug and disease management, 7th ed. Lippincott Williams and Wilkins Co. Philadelphia: 145-64.
- Monita, O., Yani, F. F., & Lestari, Y. (2015). Profil pasien pneumonia komunitas di bagian anak RSUP DR. M. Djamil Padang Sumatera Barat. *Jurnal Kesehatan Andalas*, 4(1).
- Muhardi, M., Tampubulon, O.E., Suntaro, A. (2001). Analisis Gas Darah (AGD), Penata Laksanaan Pasien di ICU. Balai Penerbit FKUI. Jakarta.
- Murat K, Michael R P. 2012. Respiratory Failure. Available from: <http://emedicine.medscape.com/article/167981-overview>.
- Nichols, J. H., Christenson, R. H., Clarke, W., Gronowski, A., Hammett-Stabler, C. A., Jacobs, E., ... & Zucker, M. L. (2007). Executive summary. The National Academy of Clinical Biochemistry Laboratory Medicine Practice Guideline: evidence-based practice for point-of-care testing. *Clinica chimica acta*, 379(1-2), 14-28.
- Nitu ME, Elger H. Respiratory failure. Ped Rev 2009; 30:470-4
- Pagana KD, Pagana TJ. Arterial blood gases. In: Pagana KD, Pagana TJ. Mosby's manual of diagnostic and laboratory tests. 5th ed. St. Louis, Missouri: Elsevier;2014.p.109-18
- Patel, K., & Suh-Lailam, B. B. (2019). *Implementation of point-of-care testing in a pediatric healthcare setting. Critical Reviews in Clinical Laboratory Sciences*, 1–8.
- Patel, S., & Sharma, S. (2021). Respiratory Acidosis. In *StatPearls [Internet]*. StatPearls Publishing
- Pneumonia Pada Anak bisa Dicegah dan Diobati
<https://www.kemkes.go.id/article/view/20111500001/pneumonia-pada-anak-bisa-dicegah-dan-diobati.html> Diakses pada 12 November 2020
- Pope J, McBride J. Respiratory failure in children. Pediatr Rev. 2004; 25 (5): 160-6
- Prasanty, C. A. E., Setyaningtyas, A., & Utariani, A. (2021). Profile of Patients With Respiratory Failure at Pediatric Intensive Care Unit (PICU) Dr. Soetomo General Hospital. *Indonesian Journal of Anesthesiology and Reanimation*, 3(2), 39-45.

- Price, C. 2002. Medical and economic outcomes of *point-of-care testing*. Clinical Chemistry and Laboratory Medicine. 40(3):246-251, (<https://www.ncbi.nlm.nih.gov/pubmed/12005214>
- Price, C., & John, A. St. 2008. Point-of-Care Instrument. Dalam C. A. Burtis & D. E. Bruns (Editor). Tietz Fundamental of Clinical Chemistry and Molecular Diagnostic edisi 7. Elsevier Saunders, Missouri, hal. 272–284.
- Pudjiadi AH, Hegar B, Handryastuti S, Idris NS, Gandaputra EP, Harmoniati ED. Pedoman Pelayanan Medis Ikatan Dokter Anak Indonesia. Jilid 1. Jakarta: Ikatan Dokter Anak Indonesia 2010. hlm 84-8
- Popovsky, E. Y., & Florin, T. A. (2020). Community-acquired pneumonia in childhood. *Reference Module in Biomedical Sciences*.
- Sacks DB. Carbohydrates. In: Burtis CA, Ashwood ER, Bruns DE, editors. Tietz fundamentals of clinical chemistry. 7th ed. St Louis: Saunders/Elsevier; 2015.p.376-87
- Said, M. (2018) ‘Pneumonia’, Buku Ajar Respirologi Anak Edisi Pertama. Jakarta: Ikatan Dokter Anak Indonesia.
- Samel. WD. (2003). Regulation of Acid-Base Balance. In; Eds Textbook of Medical Physiology; 10th ed. WB. Saunders Co. Philadelphia.
- Schneider, J., & Sweborg, T. (2013). Acute respiratory failure. *Critical Care Clinics*, 29(2), 167-183.
- Schouten LRA, Veltkamp F, Bos AP, van Woensel JBM, Serpa Neto A, Schultz MJ, et al. Incidence and Mortality of Acute Respiratory Distress Syndrome in Children: A Systematic Review and MetaAnalysis. Crit Care Med. 2016 Apr;44(4):819–29.
- Scott MG, LeGrys VH, Hood JL. Electrolytes and blood gases. In: Burtis CA, Ashwood ER, Bruns DE, editors. Tietz fundamentals of clinical chemistry. 7th ed. St Louis: Saunders/Elsevier; 2015.p.412-29.
- Sherwood L. Fluid and acid-base balance. In: Sherwood L. Human physiology from cells to systems. 9th ed. California: Brooks/Cole;2016.p.535-64.
- Sherwood, L. 2013. Keseimbangan Asam Basa. Dalam Fisiologi Manusia dari Sel ke Sistem Edisi 8. EGC, Jakarta, Indonesia, hal. 584-618.

Singh J, Bhardwar V, Sobi P, Pooni PA. Clinical profile and outcome of Acute Respiratory Failure in Children: A prospective study in a Tertiary Care Hospital. Indian J Clin Pediatr. 2014;3(2):46–50.

Somasetia DH. Tatalaksana Gagal Nafas Akut pada Anak. Dalam: Garna H, Penatalaksanaan Terkini dalam Bidang Perinatologi, Hematologi-onkologi, dan Pediatric Gawat Darurat. Bandung: Bagian Ilmu Kesehatan Anak, 2008; 52-65

STAT profile® pHox series instructions for use manual. USA: Nova Biomedical; 2010.

Suh, E. S., & Hart, N. (2012). Respiratory failure. *Medicine*, 40(6), 293-297.
Summers, C., Todd, R. S., Vercruyse, G. A., & Moore, F. A. (2022). Acute respiratory failure. *Perioperative Medicine*, 576.

Threatte, G. A., & Schexnider, K. I. 2011. Point-of-Care and Physician Office Laboratories. Dalam R. A. McPherson & M. R. Pincus (Editor). Henry's Clinical Diagnosis and Clinical Management by Laboratory Method edisi 22. Elsevier, Philadelphia. hal. 73–79.

UNICEF. (2021). Pneumonia in Children Statistics. <https://data.unicef.org/topic/child-health/pneumonia/>

Vo, P., & Kharasch, V. S. (2014). Respiratory failure. *Pediatr Rev*, 35(11), 476-84.

Wilson, L.M.C (2006). Gangguan asam-basa. Dalam Patofisiologi, Konsep Klinis Proses-Proses Penyakit. Buku 1 Ed. 6 EGC. Jakarta

Wojsyk-Banaszak, I., & Bręborowicz, A. (2013). Pneumonia in children. In *Respiratory Disease and Infection-A New Insight*. IntechOpen.

Wong JJ, Jit M, Sultana R, Mok YH, Yeo JG, Koh JWJC, et al. Mortality in Pediatric Acute Respiratory Distress Syndrome: A Systematic Review and Meta-Analysis. *J Intensive Care Med*. 2019 Jul;34(7):563–71.

World Health Organization. (2014). *Revised WHO classification and treatment of pneumonia in children at health facilities: quick reference guide* (No. WHO/FWC/MCA/14.9). World Health Organization.

World Health Organization. (2021). Pneumonia <https://www.who.int/news-room/fact-sheets/detail/pneumonia>

Yanda, S. (2016). Gambaran Analisis Gas Darah pada Distres Pernapasan. *Sari Pediatri*, 4(3), 135-40.

Yıldızdaş, D., Yapıcioğlu, H., Yılmaz, H. L., & Sertdemir, Y. A. Ş. A. R. (2004). Correlation of simultaneously obtained capillary, venous, and arterial blood gases of patients in a paediatric intensive care unit. *Archives of disease in childhood*, 89(2), 176-180.



LAMPIRAN 1

FORMULIR PERSETUJUAN SETELAH PENJELASAN (PSP) (INFORMED CONSENT)

Selamat pagi Bapak / Ibu /Saudara(i), saya dr. Gracia Dewi Indrawati, bermaksud untuk melakukan penelitian Judul Perbandingan Hasil Analisis Gas Darah Arteri antara Alat POCT dan Laboratory Blood Gas Analyzer Pasien Pneumonia

Pneumonia merupakan penyebab utama kematian terbesar anak dibawah 5 tahun dibandingkan infeksi lainnya. Pemeriksaan analisis gas darah (AGD) merupakan pemeriksaan laboratorium yang digunakan untuk mengetahui keseimbangan antara kebutuhan dan hantaran oksigen jaringan. Pemeriksaan tersebut mempunyai peranan penting dalam tatalaksana pasien karena dapat digunakan sebagai dasar estimasi derajat beratnya penyakit, evaluasi hasil terapi, indikator terapi spesifik, maupun sebagai indikator prognosis pasien terkait morbiditas.

Penelitian ini bertujuan untuk mengetahui korelasi hasil analisis gas darah arteri (pH , PO_2 PCO_2 , HCO_3^-) antara alat *Point-of-care testing* (POCT) dan *laboratory blood gas analyzer* pasien pneumonia sehingga diharapkan alat POCT sebagai alternatif alat untuk pemeriksaan AGD arteri pada pasien anak yang membutuhkan hasil yang cepat. Kami menjamin bahwa penelitian ini tidak menimbulkan efek samping terhadap anak/kemenakan bapak/ibu, Bila ibu/bapak setuju untuk berpartisipasi diharapkan ibu/bapak dapat memberikan persetujuan secara tertulis.

Kelompok penelitian berjumlah 60 orang yang berusia 1 bulan sampai 18 tahun yang menderita pneumonia di PICU RSUP Wahidin Sudirohusodo. Pasien yang memenuhi kriteria inklusi dan eksklusi akan dilakukan pemeriksaan analisis

gas darah dengan menggunakan alat POCT dan *laboratory blood gas analyzer*. Kriteria inklusi adalah pasien anak usia 1 bulan-18 tahun yang masuk PICU RSUP Wahidin Sudirohusodo dan menderita pneumonia dan bersedia menjadi sampel penelitian. Kriteria eksklusi adalah pneumonia yang disertai gagal jantung, gagal ginjal, gizi buruk, syok.

Kami akan melakukan pengambilan darah arteri untuk pemeriksaan analisis gas darah. Darah diambil dibagian pergelangan tangan/lipatan siku/lipatan paha sebanyak 0,5 ml selama 1 kali dengan menggunakan spuit AGD 3 ml. Efek samping tindakan pengambilan sampel dapat berupa rasa tidak nyaman dan nyeri kemudian setelah pengambilan darah bisa terjadi lebam namun sifatnya hanya sementara saja.

Partisipasi dalam penelitian ini bersifat sukarela dan dapat mengundurkan diri kapan saja tanpa mengurangi hak mendapatkan pelayanan Kesehatan. Jika partisipan menyetujui untuk ikut maka partisipan harus mengikuti protokol penelitian sampai selesai. Penelitian ini tidak dikenakan biaya terhadap partisipan. Tidak ada pemberian kompensasi kepada partisipan.

Semua data dari penelitian ini akan dicatat dan dipublikasikan tanpa membuka data pribadi anak/kemenakan ibu/bapak. Data pada penelitian ini akan dikumpulkan dan disimpan dalam file manual maupun elektronik, diaudit dan diproses serta dipresentasikan pada:

- Forum ilmiah Program Pasca Sarjana (S2) Universitas Hasanuddin
- Publikasi pada jurnal Ilmiah dalam negeri/ luar negeri

Setelah membaca dan mengerti atas penjelasan yang kami berikan mengenai pentingnya mengetahui korelasi hasil analisis gas darah arteri (pH , PO_2 PCO_2 , HCO_3^-) antara alat *Point-of-care testing* (POCT) dan *laboratory blood gas analyzer* pasien pneumonia, kami harapkan untuk menandatangani surat persetujuan mengikuti penelitian. Atas kesediaan dan kerjasamanya saya mengucapkan banyak terima kasih.

Tanda tangan / Identitas Peneliti

Nama : dr. Gracia Dewi Indrawati

Alamat: Jl. Lanraki Komplek D'Palada Cyber Residence No. 6 H, Makassar

No Hp : 082157672599

Peneliti

dr. Gracia Dewi Indrawati
Jl. Lanraki Komp.D'Palada Cyber
Residence No. 6 H, Makassar
Tlp 082157672599

Penanggung Jawab Penelitian/Medis

Dr.dr. St. Aizah Lawang, M. Kes, Sp. A (K)
Perumahan Griya Bhakti Utama Blok C5
No.22, Makassar
Tlp 08124216890

LAMPIRAN 2

FORMULIR PERSETUJUAN SETELAH PENJELASAN

Saya yang bertandatangan di bawah ini :

Nama :

Umur :

Masa Kerja :

Satuan :

Alamat :

setelah mendengar/membaca dan mengerti penjelasan yang diberikan mengenai tujuan, manfaat, dan apa yang akan dilakukan pada penelitian ini, menyatakan setuju untuk ikut dalam penelitian ini secara sukarela tanpa paksaan.

Saya tahu bahwa keikutsertaan saya ini bersifat sukarela tanpa paksaan, sehingga saya bisa menolak ikut atau mengundurkan diri dari penelitian ini. Saya berhak bertanya atau meminta penjelasan pada peneliti bila masih ada hal yang belum jelas atau masih ada hal yang ingin saya ketahui tentang penelitian ini.

Saya juga mengerti bahwa semua biaya yang dikeluarkan sehubungan dengan penelitian ini, akan ditanggung oleh peneliti. Saya percaya bahwa keamanan dan kerahasiaan data penelitian akan terjamin dan saya dengan ini menyetujui semua data saya yang dihasilkan pada penelitian ini untuk disajikan dalam bentuk lisan maupun tulisan.

Dengan membubuhkan tandatangan saya di bawah ini, saya menegaskan keikutsertaan saya secara sukarela dalam studi penelitian ini.

	Nama	Tanda tangan	Tgl/Bln/Thn
Responden /Wali Saksi

Peneliti

dr. Gracia Dewi Indrawati
Jl. Lanraki Komp.D'Palada Cyber
Residence No.6 H, Makassar
Tlp 082157672599

Penanggung Jawab Penelitian/Medis

Dr.dr. St. Aizah Lawang, M. Kes, Sp. A (K)
Perumahan Griya Bhakti Utama Blok C5
No.22, Makassar
Tlp 08124216890

LAMPIRAN 3

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 : 666/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 2 Nopember 2022

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

No Protokol	UH22090519	No Sponsor Protokol	
Peneliti Utama	dr. Gracia Dewi Indrawati	Sponsor	
Judul Peneliti	PERBANDINGAN HASIL ANALISIS GAS DARAH ARTERI ANTARA ALAT POINT OF CARE TESTING (POCT) DAN LABORATORY BLOOD GAS ANALYZER PASIEN PNEUMONIA		
No Versi Protokol	2	Tanggal Versi	1 Nopember 2022
No Versi PSP	2	Tanggal Versi	1 Nopember 2022
Tempat Penelitian	RSUP Dr. Wahidin Sudirohusodo Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal 12 Oktober 2022	Masa Berlaku 2 Nopember 2022 sampai 2 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

LAMPIRAN 4



Nomor : LB.02.04/2.2/21145/2022
Hal : Izin Penelitian

16 Desember 2022

Yth. KPS Ilmu Kesehatan Anak Fakultas Kedokteran
Universitas Hasanuddin

Sehubungan dengan surat saudara nomor 26911/UN4.6.8/PT.01.04/2022 tertanggal 22 November 2022, hal Permohonan Izin Penelitian, dapat kami fasilitasi dan memberikan izin pelaksanaan penelitian kepada:

Nama : dr. Gracia Dewi Indrawati
NIM : C105181002
Prog. Pend. : MPPDS Ilmu Kesehatan Anak
No. HP : 082157672599
Judul : Perbandingan Hasil Analisis Gas Darah Arteri antara Alat Point of Care Testing (POCT) dan Laboratory Blood Gas Analyzer Pasien Pneumonia
Jangka Waktu : Tiga Bulan Setelah Surat ini di Keluarkan
Lokasi : Perawatan PICU

1. Sesuai dengan peraturan dan ketentuan penelitian yang berlaku di lingkup RSUP Dr Wahidin Sudirohusodo
2. Sebelum imeneliti, peneliti wajib melapor kepada Pengawas Penelitian di masing-masing unit yang menjadi lokasi penelitian
3. Pelaksanaan penelitian tidak mengganggu proses pelayanan terhadap pasien
4. Pemeriksaan penunjang, BHP dan lain-lain yang digunakan dalam penelitian, menjadi tanggung jawab peneliti tidak dibebankan kepada pasien ataupun RS
5. Peneliti melaporkan proses penelitian secara periodik serta hasil penelitian di akhir waktu penelitian
6. Mencantumkan nama RSUP Dr Wahidin Sudirohusodo sebagai afiliasi institusi dalam naskah dan publikasi penelitian
7. Surat Keterangan Selesai Penelitian menjadi salah satu syarat untuk mengikuti Seminar Hasil Penelitian
8. Bukti Penyerahan Skripsi/Thesis/Disertasi ke RSUP Dr Wahidin Sudirohusodo menjadi syarat penyelesaian studi.

Mohon dapat dipastikan agar ketentuan tersebut dipenuhi peneliti sebelum menyelesaikan studi di institusi saudara. Atas perhatian dan Kerjasama yang baik, diucapkan terima kasih.

a.n. Direktur Utama:
Pit. Direktur Sumber Daya Manusia,
Pendidikan dan Penelitian,



Ridhayani B, SKM, M.Kes
NIP 197110271997032001

Tembusan:

1. Kepala Instalasi Pelayanan Ibu dan Anak
2. Kepala Sub Instalasi Perawatan Intensif Anak (NICU dan PICU)

LAMPIRAN 5. Analisis Data

Notes

Output Created		28-DEC-2022 14:25:59
Comments		
Input	Data	D:\Office\Statistics\Data dr Gracia.sav
	Active Dataset	DataSet18
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	Cases Used	Statistics are based on all cases with valid data.
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Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.00

Statistics

	JK	Kat.Usia
N	Valid	60
	Missing	0

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	52	86.7	86.7	86.7
	Perempuan	8	13.3	13.3	100.0
	Total	60	100.0	100.0	

Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Infant	21	35.0	35.0	35.0
	Toddler	14	23.3	23.3	58.3

School Age	13	21.7	21.7	80.0
Adolescent	12	20.0	20.0	100.0
Total	60	100.0	100.0	

Penyakit komorbid

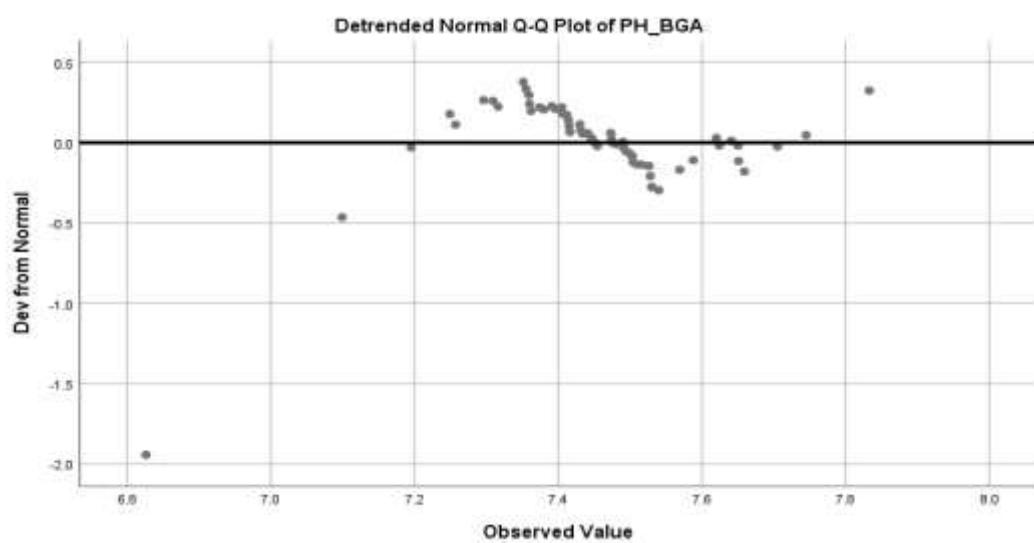
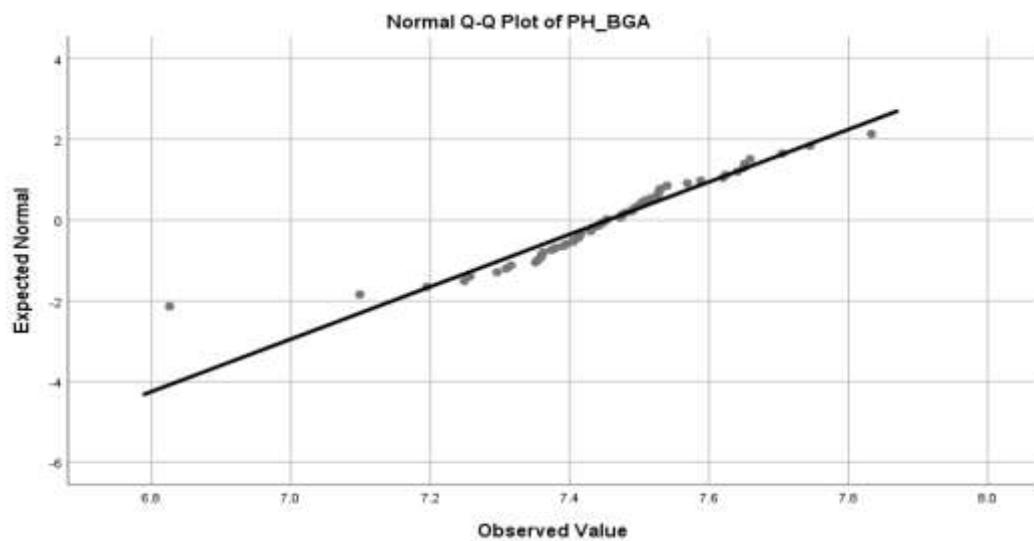
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	CAP + bedah	8	13.3	13.3	13.3
	CAP + non bedah	52	86.7	86.7	100.0
	Total	60	100.0	100.0	

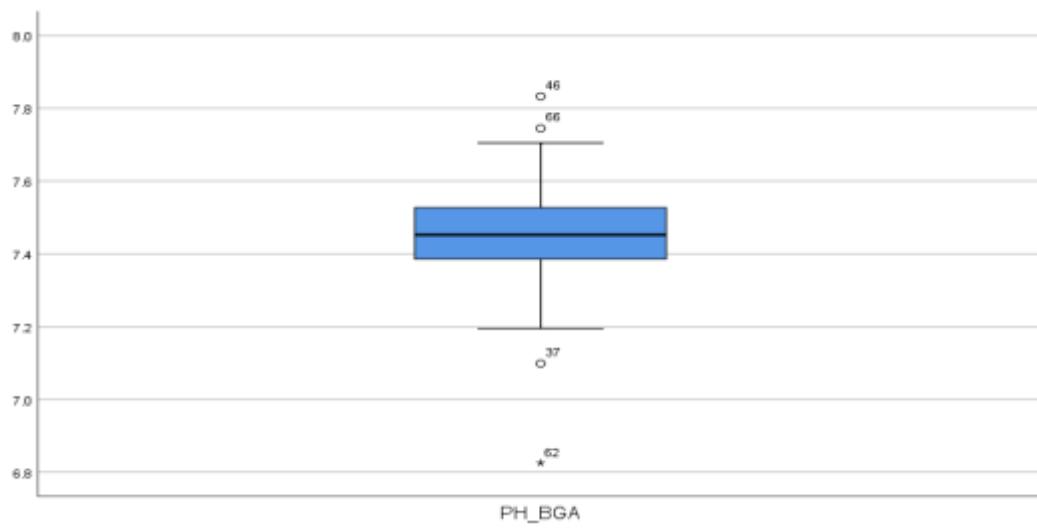
Tests of Normality

	Statistic	Kolmogorov Smirnov	
		df	Sig.
PH_BGA	.929	60	.002
PCO2_BGA	.929	60	.002
HCO3_BGA	.933	60	.003
PO2_BGA	.976	60	.271
PH_POCT	.972	60	.178
PCO2_POCT	.936	60	.004
HCO3_POCT	.686	60	.000
PO2_POCT	.913	60	.000

PH_BGA

PH_BGA Stem-and-Leaf Plot
 Frequency Stem & Leaf
 2.00 Extremes (≤ 7.10)
 1.00 71 . 9
 3.00 72 . 459
 11.00 73 . 01555667899
 22.00 74 . 00111133344455577789999
 12.00 75 . 000122233468
 6.00 76 . 224555
 1.00 77 . 0
 2.00 Extremes (≥ 7.75)
 Stem width: .10
 Each leaf: 1 case(s)





PCO2_BGA

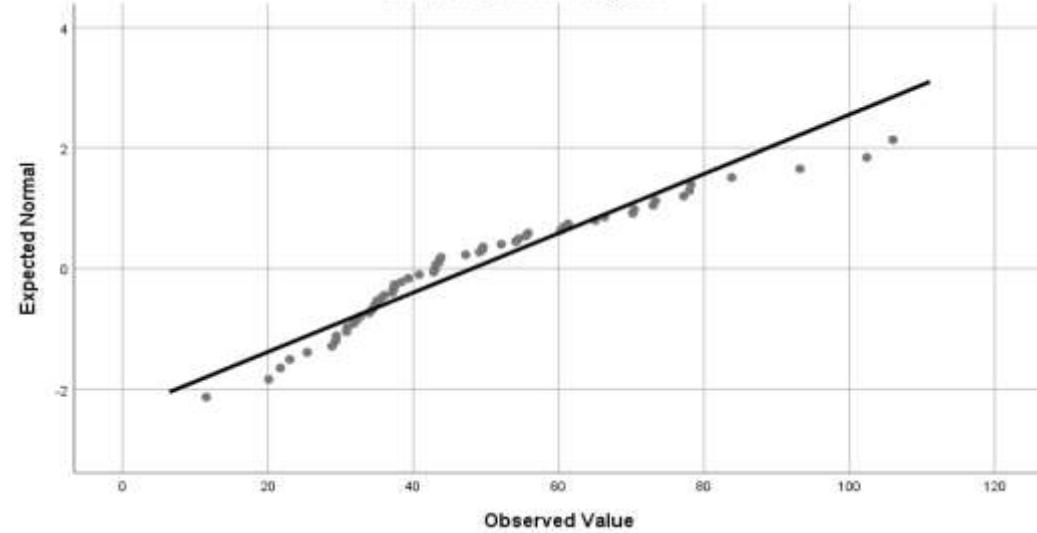
PCO2_BGA Stem-and-Leaf Plot

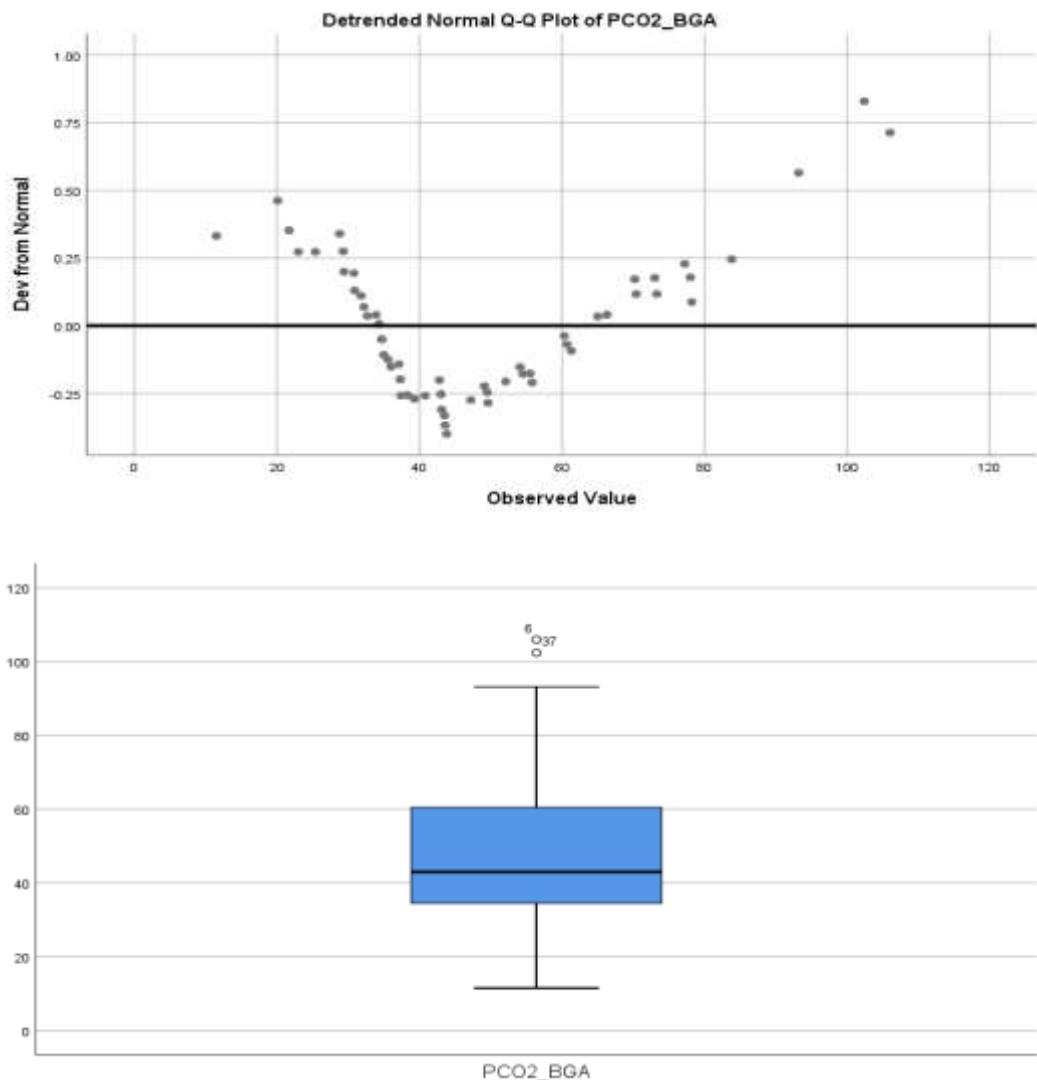
Frequency	Stem	&	Leaf
1.00	1	.	1
7.00	2	.	0135899
19.00	3	.	0012234445567777899
12.00	4	.	023333337999
5.00	5	.	24455
5.00	6	.	00156
7.00	7	.	0033788
1.00	8	.	3
1.00	9	.	3
2.00	Extremes (≥ 102)		

Stem width: 10.00

Each leaf: 1 case(s)

Normal Q-Q Plot of PCO2_BGA



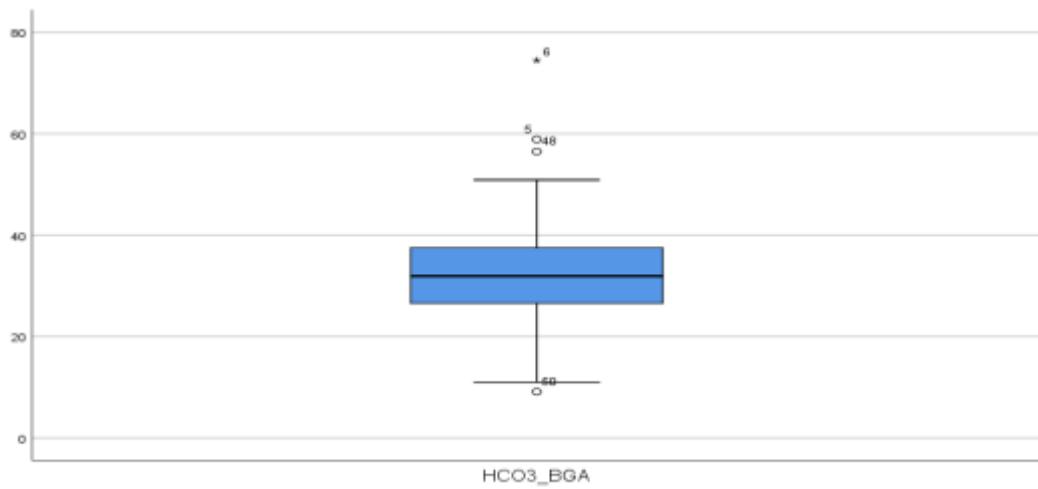
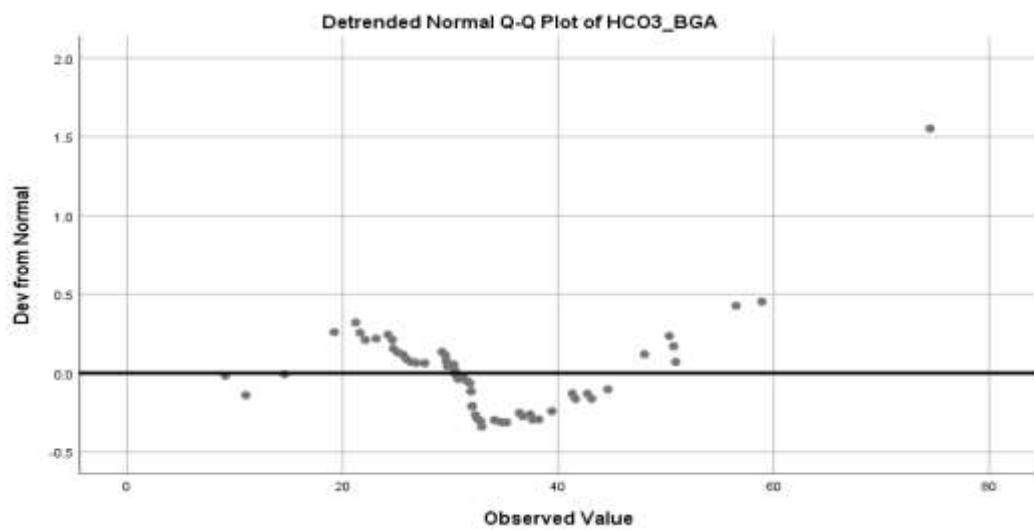
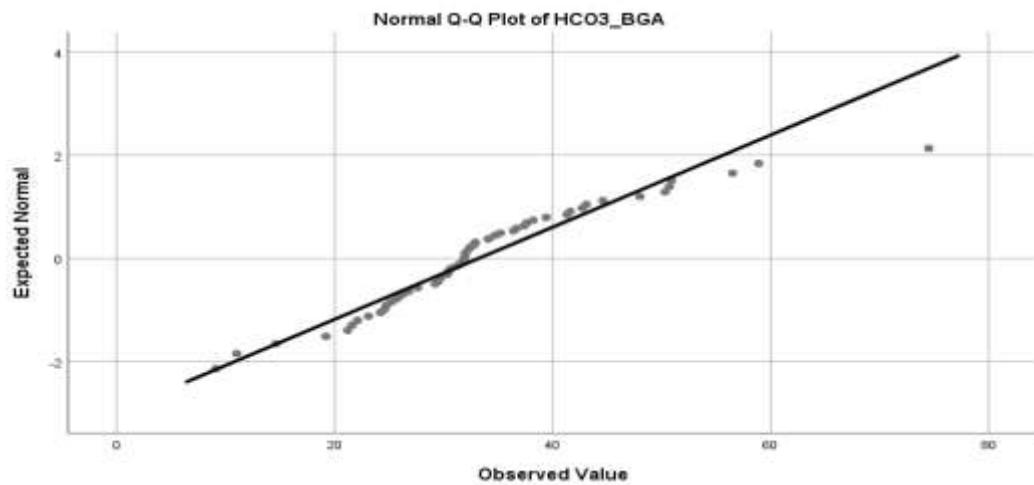


HCO3_BGA

HCO3_BGA Stem-and-Leaf Plot

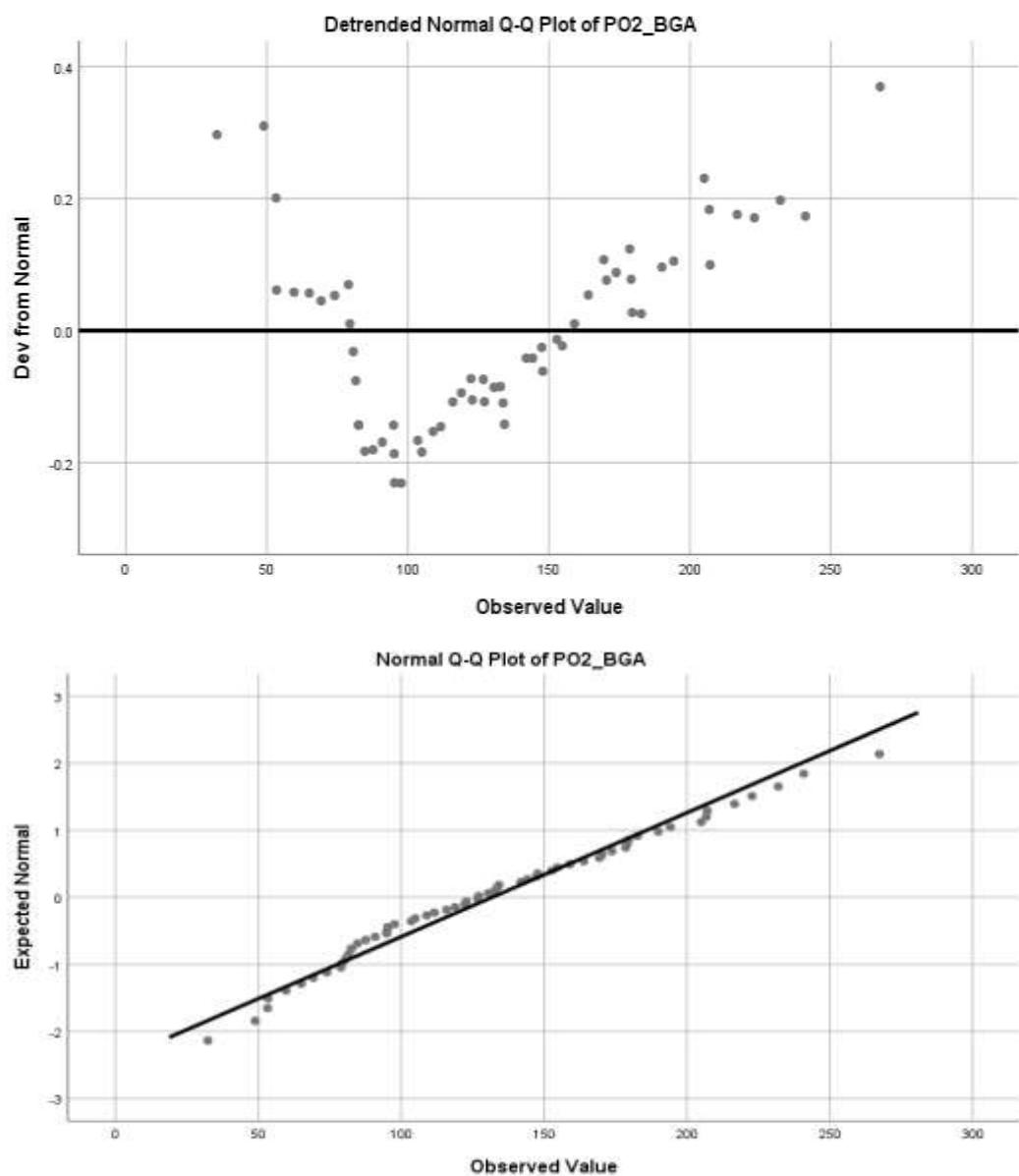
Frequency	Stem & Leaf
1.00	Extremes (≤ 9)
2.00	1 . 14
1.00	1 . 9
7.00	2 . 1123444
11.00	2 . 55566779999
19.00	3 . 000011112222222444
7.00	3 . 5667789
5.00	4 . 11234
1.00	4 . 8
3.00	5 . 000
3.00	Extremes (≥ 57)

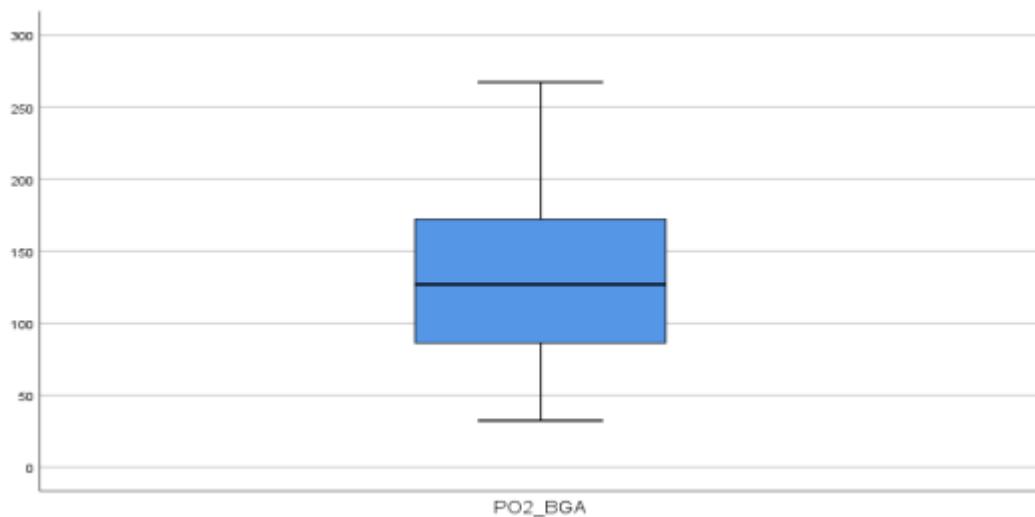
Stem width: 10.00
 Each leaf: 1 case(s)



PO2_BGA

PO2_BGA Stem-and-Leaf Plot
Frequency Stem & Leaf
2.00 0 . 34
19.00 0 . 5556677788888899999
18.00 1 . 000111222233334444
13.00 1 . 555667777899
7.00 2 . 0001234
1.00 2 . 6
Stem width: 100.00
Each leaf: 1 case(s)





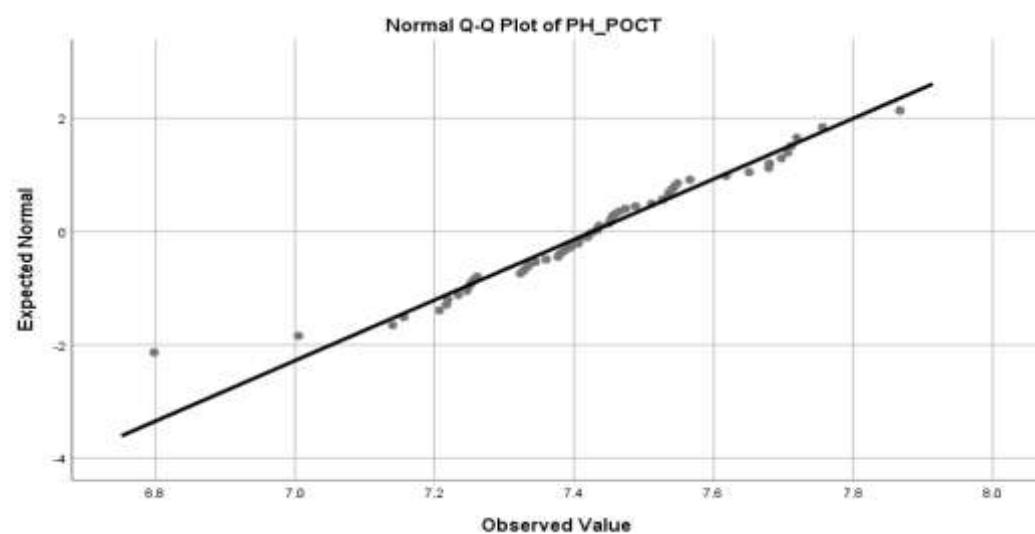
PH_POCT

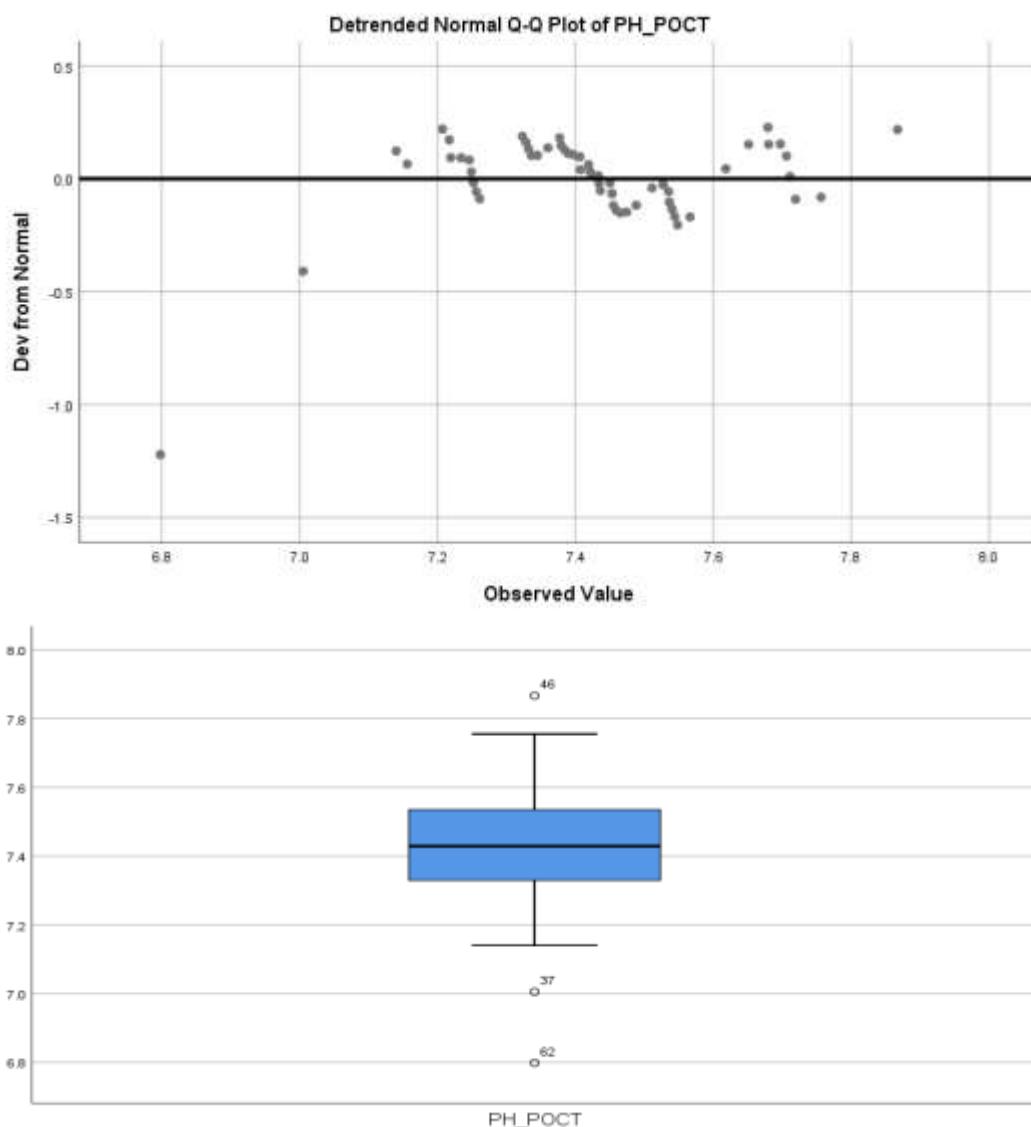
PH_POCT Stem-and-Leaf Plot

Frequency	Stem &	Leaf
2.00	Extremes	(=<7.01)
2.00	71 .	45
9.00	72 .	011344556
11.00	73 .	22334677889
17.00	74 .	00012233355555678
9.00	75 .	122334446
5.00	76 .	15789
4.00	77 .	0115
1.00	Extremes	(≥=7.87)

Stem width: .10

Each leaf: 1 case(s)

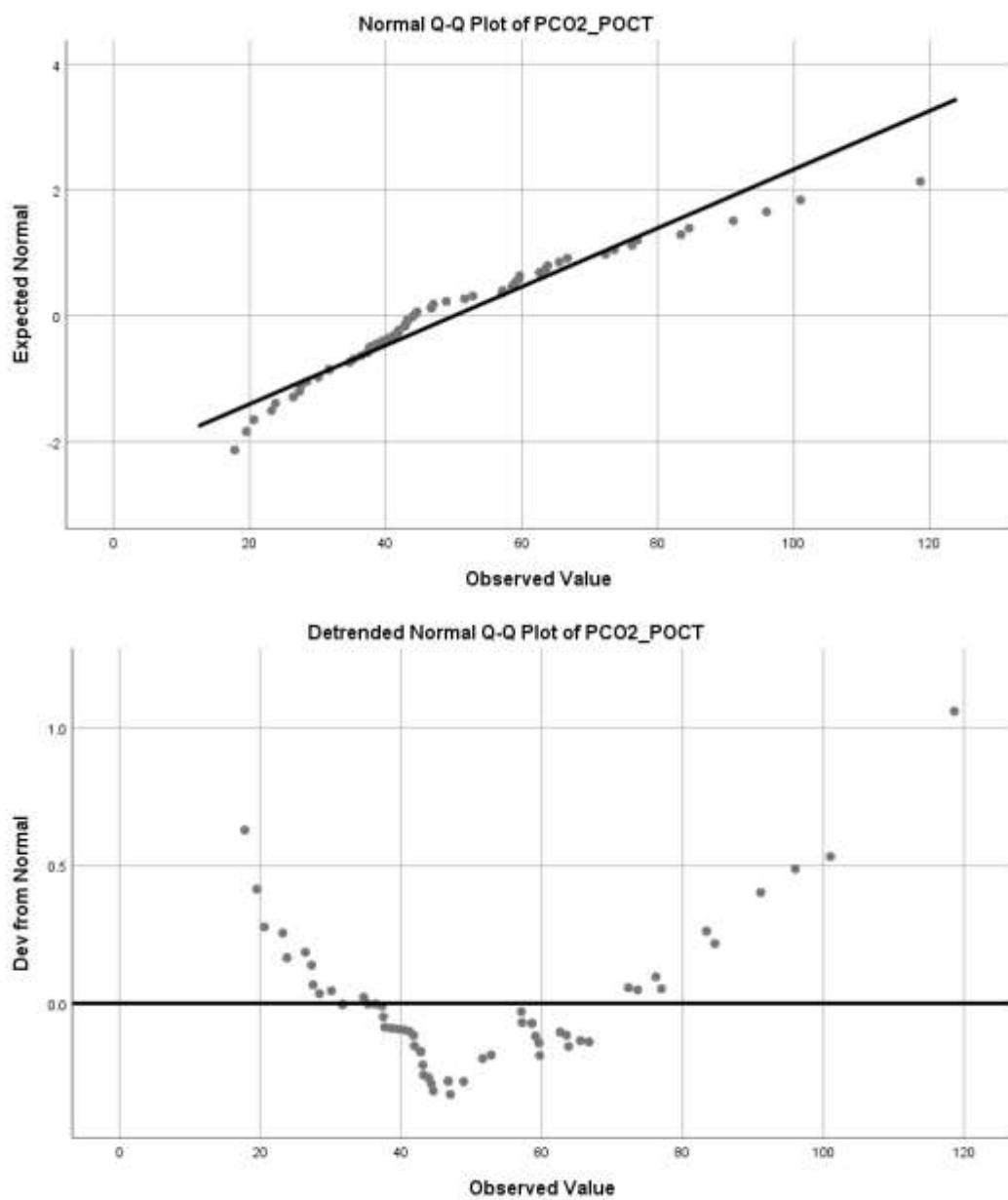


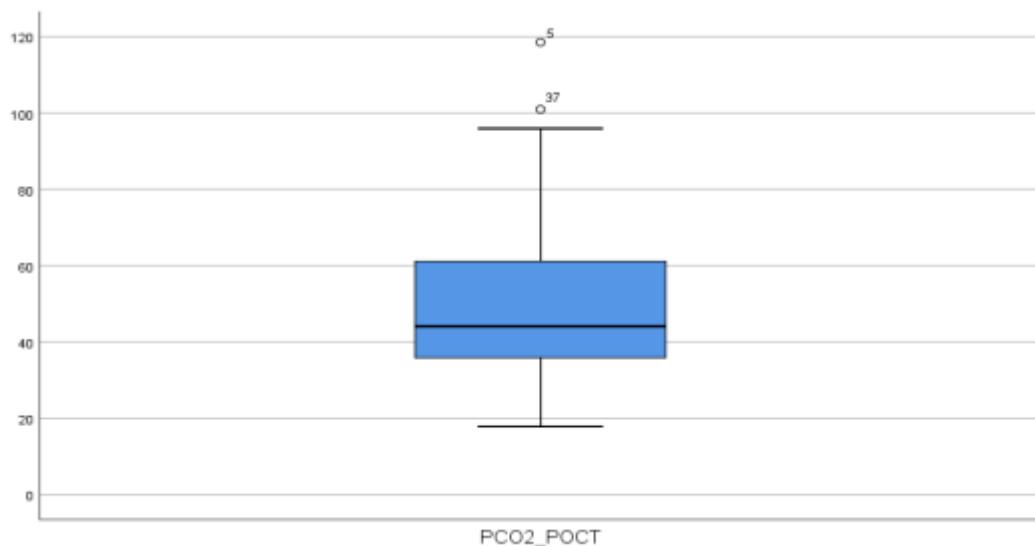


PCO2_POCT

PCO2_POCT Stem-and-Leaf Plot

Frequency	Stem &	Leaf		
2.00	1 .	79		
7.00	2 .	0336778		
12.00	3 .	011145677789		
15.00	4 .	011122333446678		
9.00	5 .	127788999		
5.00	6 .	23356		
4.00	7 .	2367		
2.00	8 .	34		
2.00	9 .	16		
2.00	Extremes (≥ 101)			
Stem width: 10.00				
Each leaf: 1 case(s)				



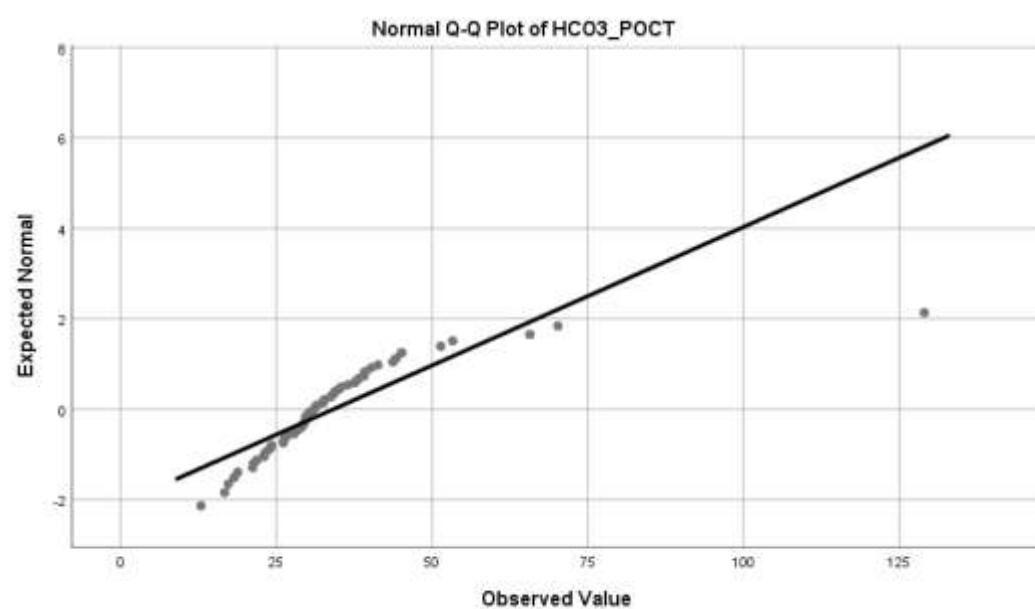


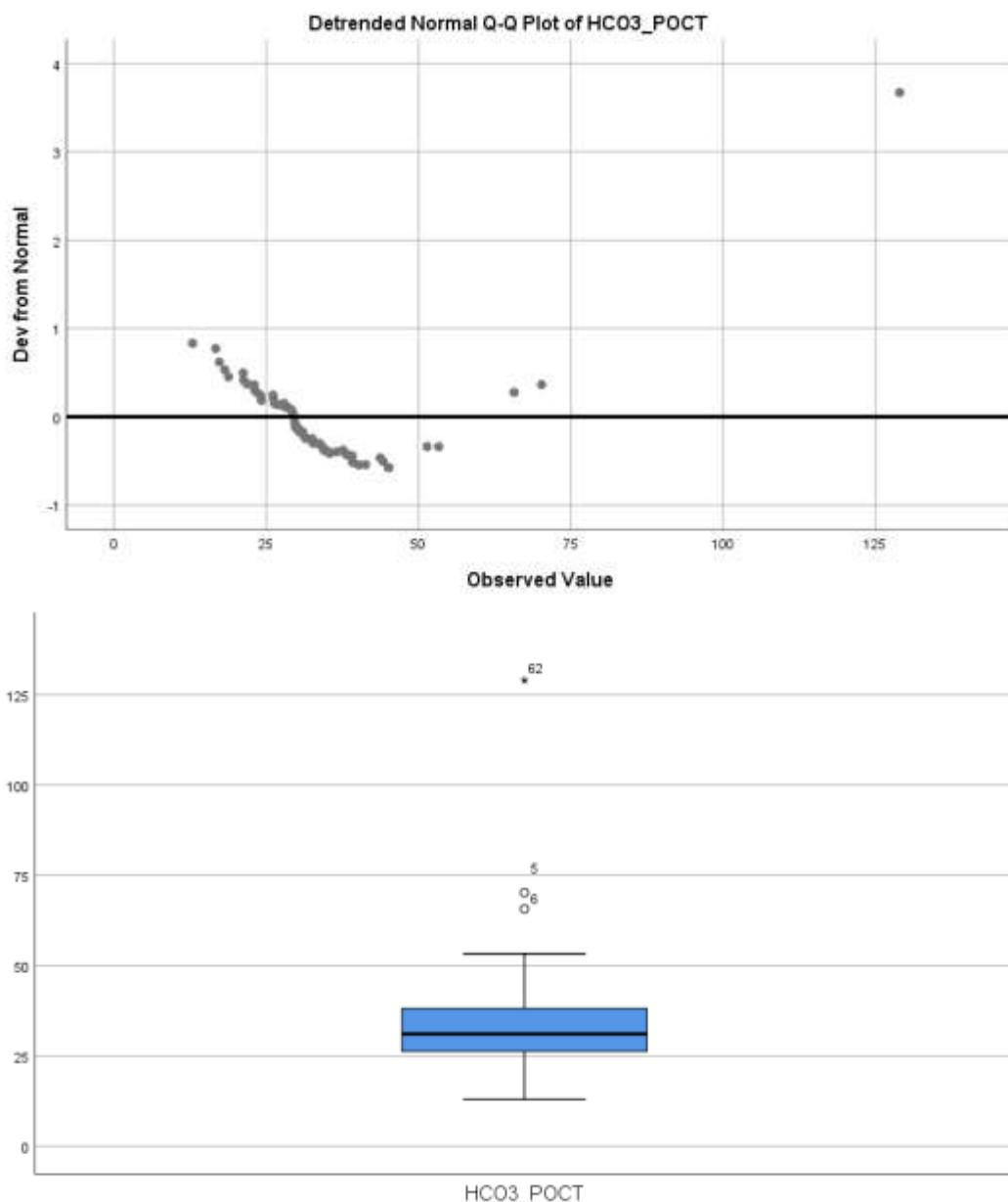
HCO3_POCT

HCO3_POCT Stem-and-Leaf Plot

Frequency	Stem & Leaf
1.00	1 . 2
4.00	1 . 6788
8.00	2 . 11133344
14.00	2 . 66667889999999
13.00	3 . 0011112223444
9.00	3 . 556778999
4.00	4 . 0134
2.00	4 . 55
2.00	5 . 13
3.00	Extremes (≥ 66)

Stem width: 10.00
Each leaf: 1 case(s)



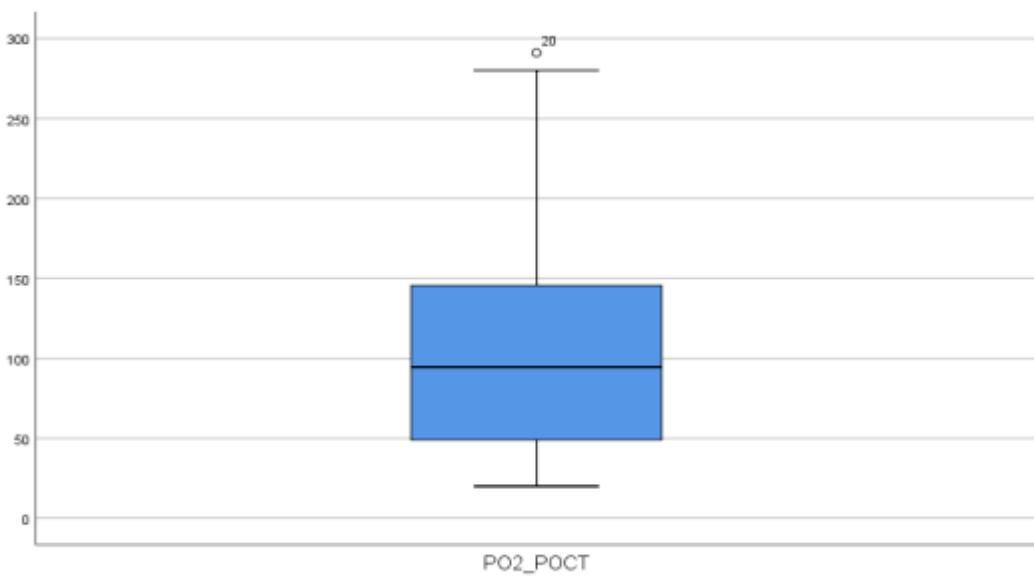
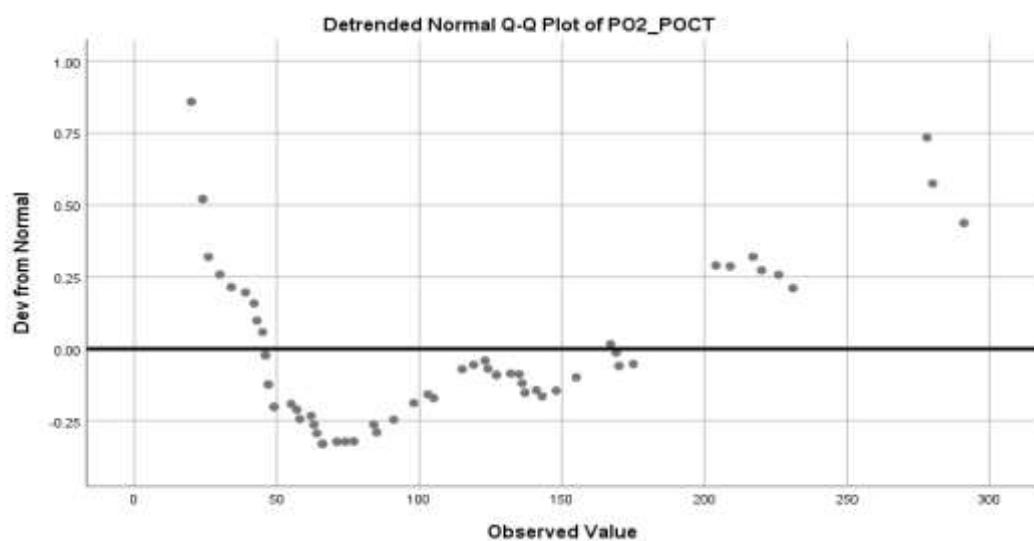
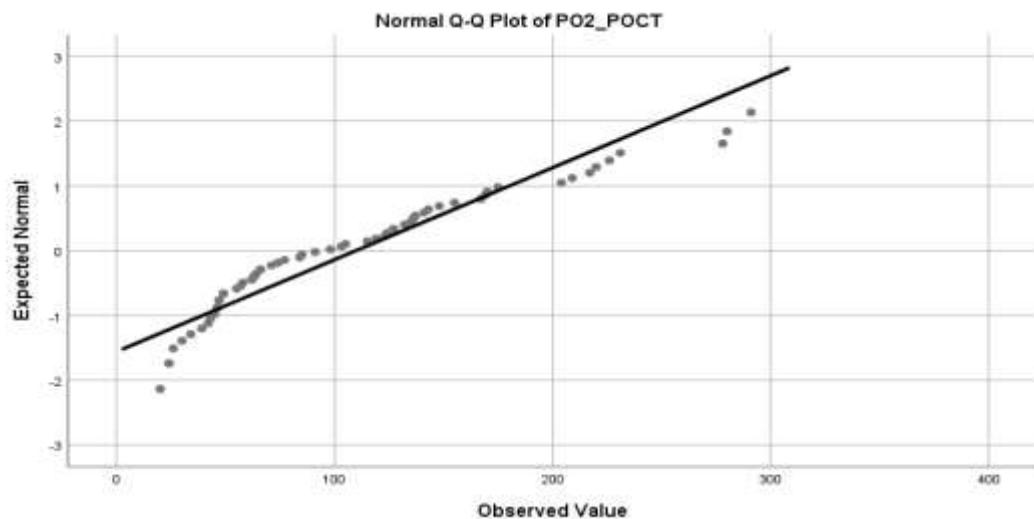


PO2_POCT

PO2_POCT Stem-and-Leaf Plot
 Frequency Stem & Leaf

16.00	0 .	2222333444444444
15.00	0 .	55566667778899
15.00	1 .	001122223333444
5.00	1 .	56677
6.00	2 .	001223
2.00	2 .	78
1.00 Extremes	(≥ 291)	

Stem width: 100.00
 Each leaf: 1 case(s)



Nonparametric Correlations

Notes

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Comments		
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	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax	NONPAR CORR /VARIABLES=PH_BGA PCO2_BGA HCO3_BGA PO2_BGA PH_POCT PCO2_POCT HCO3_POCT PO2_POCT /PRINT=SPEARMAN TWOTAIL NOSIG /MISSING=PAIRWISE.	
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.00
	Number of Cases Allowed	285975 cases ^a

a. Based on availability of workspace memory

Correlations										
		PH_BGA	PCO2_BGA	HCO3_BGA	PO2_BGA	PH_POCT	PCO2_POCT	HCO3_POCT	PO2_POCT	
Spearman's rho	PH_BGA	Correlation Coefficient	1.000	-.633**	.149	-.057	.856**	-.566**	.201	-.157
		Sig. (2-tailed)	.	.000	.257	.664	.000	.000	.123	.232
		N	60	60	60	60	60	60	60	60
	PCO2_BGA	Correlation Coefficient	-.633**	1.000	.574**	-.214	-.505**	.814**	.389**	-.086
		Sig. (2-tailed)	.000	.	.000	.101	.000	.000	.002	.512
		N	60	60	60	60	60	60	60	60
	HCO3_BGA	Correlation Coefficient	.149	.574**	1.000	-.187	.204	.424**	.716**	-.100
		Sig. (2-tailed)	.257	.000	.	.152	.118	.001	.000	.446
		N	60	60	60	60	60	60	60	60
	PO2_BGA	Correlation Coefficient	-.057	-.214	-.187	1.000	-.160	-.131	-.306*	.718**
		Sig. (2-tailed)	.664	.101	.152	.	.221	.317	.017	.000
		N	60	60	60	60	60	60	60	60
	PH_POCT	Correlation Coefficient	.856**	-.505**	.204	-.160	1.000	-.656**	.237	-.152
		Sig. (2-tailed)	.000	.000	.118	.221	.	.000	.069	.248
		N	60	60	60	60	60	60	60	60
	PCO2_POCT	Correlation Coefficient	-.566**	.814**	.424**	-.131	-.656**	1.000	.491**	-.132
		T	Sig. (2-tailed)	.000	.000	.001	.317	.000	.	.000
		N	60	60	60	60	60	60	60	60
	HCO3_POCT	Correlation Coefficient	.201	.389**	.716**	-.306*	.237	.491**	1.000	-.272*
		T	Sig. (2-tailed)	.123	.002	.000	.017	.069	.000	.
		N	60	60	60	60	60	60	60	60

PO2_POCT	Correlation Coefficient	-.157	-.086	-.100	.718**	-.152	-.132	-.272*	1.000
	Sig. (2-tailed)	.232	.512	.446	.000	.248	.313	.036	.
	N	60	60	60	60	60	60	60	60

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Marginal Homogeneity Test				
	Kat.PH_BGA & Kat.PH_POCT	Kat.PCO2_BGA & Kat.PCO2_POCT	Kat.HCO3_BGA & Kat.HCO3_POCT	Kat.PO2_BGA & Kat.PO2_POCT
Distinct Values	3	3	3	3
Off-Diagonal Cases	17	13	13	27
Observed MH Statistic	41.000	23.000	29.000	66.000
Mean MH Statistic	34.000	26.000	28.500	52.500
Std. Deviation of MH Statistic	2.236	2.000	2.500	3.969
Std. MH Statistic	3.130	-1.500	.200	3.402
Asymp. Sig. (2-tailed)	.002	.134	.841	.001

Crosstabs

Notes		
Output Created		04-JAN-2023 21:46:19
Comments		
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Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.

Syntax	CROSSTABS /TABLES=Kat.PH_BGA.2 BY Kat.PH_POCT.2 /FORMAT=AVALUE TABLES /STATISTICS=CHISQ MCNEMAR /CELLS=COUNT /COUNT ROUND CELL.
Resources	Processor Time Elapsed Time Dimensions Requested Cells Available
	00:00:00.00 00:00:00.00 2 524245

Case Processing Summary

	Valid		Cases		Total	
	N	Percent	N	Percent	N	Percent
Kat.PH_BGA.2 *	60	100.0%	0	0.0%	60	100.0%
Kat.PH_POCT.2						

Kat.PH_BGA.2 * Kat.PH_POCT.2 Crosstabulation

Count

		Kat.PH_POCT.2		Total
		Tidak Normal	Normal	
Kat.PH_BGA.2	Tidak Normal	31	6	37
	Normal	10	13	23
Total		41	19	60

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.648 ^a	1	.001		
Continuity Correction ^b	8.867	1	.003		
Likelihood Ratio	10.628	1	.001		
Fisher's Exact Test				.002	.001
Linear-by-Linear Association	10.471	1	.001		
McNemar Test				.454 ^c	
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.28.

b. Computed only for a 2x2 table

c. Binomial distribution used.

Crosstabs

Notes		
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Comments		
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	Split File	<none>
	N of Rows in Working Data File	60
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.

Syntax	CROSSTABS /TABLES=Kat.PCO2_BGA.2 BY Kat.PCO2_POCT.2 /FORMAT=AVALUE TABLES /STATISTICS=CHISQ MCNEMAR /CELLS=COUNT /COUNT ROUND CELL.	
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.01
	Dimensions Requested	2
	Cells Available	524245

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Kat.PCO2_BGA.2 *	60	100.0%	0	0.0%	60	100.0%
Kat.PCO2_POCT.2						

Kat.PCO2_BGA.2 * Kat.PCO2_POCT.2 Crosstabulation

Count

		Kat.PCO2_POCT.2		Total
		Tidak Normal	Normal	
Kat.PCO2_BGA.2	Tidak Normal	36	6	42
	Normal	6	12	18
Total		42	18	60

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	16.463 ^a	1	.000		
Continuity Correction ^b	14.063	1	.000		
Likelihood Ratio	15.939	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	16.188	1	.000		
McNemar Test				1.000 ^c	
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.40.

b. Computed only for a 2x2 table

c. Binomial distribution used.

Crosstabs

Notes		
Output Created		04-JAN-2023 21:46:37
Comments		
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	Split File	<none>
	N of Rows in Working Data File	60
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.

Syntax	CROSSTABS /TABLES=Kat.HCO3_BGA.2 BY Kat.HCO3_POCT.2 /FORMAT=AVALUE TABLES /STATISTICS=CHISQ MCNEMAR /CELLS=COUNT /COUNT ROUND CELL.	
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.00
	Dimensions Requested	2
	Cells Available	524245

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Kat.HCO3_BGA.2 *	60	100.0%	0	0.0%	60	100.0%
Kat.HCO3_POCT.2						

Kat.HCO3_BGA.2 * Kat.HCO3_POCT.2 Crosstabulation

Count

		Kat.HCO3_POCT.2		Total
		Tidak Normal	Normal	
Kat.HCO3_BGA.2	Tidak Normal	49	3	52
	Normal	6	2	8
	Total	55	5	60

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.357 ^a	1	.067		
Continuity Correction ^b	1.311	1	.252		
Likelihood Ratio	2.484	1	.115		
Fisher's Exact Test				.128	.128
Linear-by-Linear Association	3.301	1	.069		
McNemar Test				.508 ^c	
N of Valid Cases	60				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .67.

b. Computed only for a 2x2 table

c. Binomial distribution used.

Crosstabs

Notes		
Output Created		04-JAN-2023 21:46:43
<u>Comments</u>		
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	Split File	<none>
	N of Rows in Working Data File	60
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.

Syntax	CROSSTABS /TABLES=Kat.PO2_BGA.2 BY Kat.PO2_POCT.2 /FORMAT=AVALUE TABLES /STATISTICS=CHISQ MCNEMAR /CELLS=COUNT /COUNT ROUND CELL.	
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.00
	Dimensions Requested	2
	Cells Available	524245

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Kat.PO2_BGA.2 *	60	100.0%	0	0.0%	60	100.0%
Kat.PO2_POCT.2						

Kat.PO2_BGA.2 * Kat.PO2_POCT.2 Crosstabulation

Count

		Kat.PO2_POCT.2		Total
		Tidak Normal	Normal	
Kat.PO2_BGA.2	Tidak Normal	45	4	49
	Normal	11	0	11
	Total	56	4	60

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.962 ^a	1	.327		
Continuity Correction ^b	.097	1	.755		
Likelihood Ratio	1.683	1	.195		
Fisher's Exact Test				1.000	.434
Linear-by-Linear Association	.946	1	.331		
McNemar Test				.118 ^c	
N of Valid Cases	60				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .73.

b. Computed only for a 2x2 table

c. Binomial distribution used.

LAMPIRAN 6. Data Dasar

NO.	RM	NAMA	JK	TANDA VITAL					STATUS GIZI	TGL LAHIR	DIAGNOSIS	BLOOD GAS ANALYSIS ARTERI				POCT ISTAT ARTERI			
				TD	N	S	RR	SO2				PH	PCO2	HCO3	PO2	PH	PCO2	HCO3	PO2
1	986300	RP	L	90/60	140	36,9	40	98	Kurang	5/9/2022	CAP+non bedah	7,316	73	37,6	132,8	7,261	83,4	37,9	155
2	986309	MI	L	90/60	136	36,6	40	100	Baik	26/12/2020	CAP+non bedah	7,490	54,1	41,6	154,7	7,421	59,6	39,2	105
3	966528	WM	L	90/60	148	37,4	32	100	Kurang	26/11/2021	CAP+non bedah	7,415	30,8	21,6	240,9	7,433	27,3	18,2	280
4	986300	RP	L	100/60	99	37,6	40	100	Kurang	4/9/2022	CAP+non bedah	7,405	93,2	58,9	163,9	7,379	118,6	70,2	204
5	986300	RP	L	90/60	148	37,2	41	99	Kurang	4/9/2022	CAP+non bedah	7,451	106	74,5	152,8	7,436	96	65,7	119
6	986309	MI	L	90/60	166	36,4	18	100	Baik	26/12/2020	CAP+non bedah	7,416	78,2	50,7	32,3	7,453	57,1	40,2	20
7	987804	MK	P	90/60	103	36,2	37	100	Baik	24/06/2021	CAP+non bedah	7,509	55,5	44,6	48,9	7,544	43,1	37,6	34
8	971489	MIB	L	90/60	171	37,3	39	99	Kurang	26/10/2021	CAP+non bedah	7,412	47,2	30,3	87,6	7,140	66,7	23,0	123
9	971489	MIB	L	90/60	159	36	45	98	Kurang	26/10/2021	CAP+non bedah	7,624	29,3	30,7	170,4	7,566	31,7	29,0	91
10	971489	MIB	L	90/60	131	36,2	40	98	Kurang	26/10/2021	CAP+non bedah	7,257	61,3	27,6	178,6	7,207	58,6	23,6	77
11	850316	MKA	L	100/70	141	39,2	35	100	Kurang	8/6/2018	CAP+ bedah	7,430	49,1	32,9	179,1	7,328	59,1	30,3	231
12	988847	MIR	L	122/95	115	36,3	16	100	Baik	2/5/2015	CAP+non bedah	7,309	28,8	14,6	232,0	7,234	30,1	12,9	209
13	850316	MKA	L	90/60	136	36,3	40	100	Kurang	8/6/2018	CAP+bedah	7,360	43,1	24,6	205,0	7,217	41,9	17,3	278
14	988847	MIR	L	90/60	104	35,1	14	100	Baik	3/5/2015	CAP+non bedah	7,359	37,3	21,2	79,4	7,246	37,5	16,7	63
15	989249	KG	L	90/60	165	36,4	19	100	Baik	5/6/2018	CAP+non bedah	7,476	42,8	31,9	222,8	7,465	46,7	33,7	***

NO.	RM	NAMA	JK	TANDA VITAL					STATUS GIZI	TGL LAHIR	DIAGNOSIS	BLOOD GAS ANALYSIS ARTERI				POCT ISTAT ARTERI			
				TD	N	S	RR	SO2				PH	PCO2	HCO3	PO2	PH	PCO2	HCO3	PO2
16	988847	MIR	L	90/60	84	36,1	22	100	Baik	3/5/2015	CAP+non bedah	7,249	43,5	19,2	267,4	7,252	41,8	18,8	291
17	989249	KG	L	90/60	124	36,5	24	100	Baik	5/6/2018	CAP+non bedah	7,481	39,3	29,5	115,9	7,450	42,8	29,8	47
18	988978	NA	P	90/60	115	36,1	20	100	Baik	20/09/2006	CAP+bedah	7,414	49,5	31,9	82,5	7,396	47,0	29,3	64
19	988059	MR	L	90/60	120	36,2	35	100	Baik	11/4/2019	CAP+non bedah	7,540	40,8	35,2	80,6	7,756	23,2	32,7	167
20	989249	KG	L	90/60	157	36,7	35	84	Baik	5/6/2018	CAP+non bedah	7,391	55,8	34,1	82,5	7,406	46,7	29,7	45
21	989706	SR	L	114/84	100	36,3	20	100	Baik	5/10/2011	CAP+non bedah	7,650	23,0	25,6	134,2	7,680	27,5	32,5	43
22	989249	KG	L	90/60	125	35,6	40	95	Baik	5/6/2018	CAP+non bedah	7,406	60,3	38,2	141,9	7,360	77,0	44,2	98
23	987110	MR	L	120/63	109	36,9	23	99	Kurang	9/4/2009	CAP+non bedah	7,530	35,0	29,7	190,0	7,419	43,2	28,0	175
24	989249	KG	L	90/60	97	36,2	25	100	Baik	5/6/2018	CAP+non bedah	7,355	65,0	36,7	78,9	7,474	52,8	39,1	143
24	988847	MIR	L	106/78	98	36,4	13	100	Baik	3/5/2015	CAP+non bedah	7,431	37,4	25,1	95,2	7,719	17,8	24,1	62
25	989249	KG	L	90/60	126	38,5	50	91	Baik	5/6/2018	CAP+non bedah	7,351	77,2	43,1	90,9	7,249	91,1	39,2	66
26	990310	MG	L	90/60	120	36,3	61	96	Baik	6/26/2022	CAP+bedah	7,705	25,4	32,0	182,7	7,706	34,7	43,7	169
27	800664	NN	L	90/60	95	36,7	15	95	Baik	2/2/2016	CAP+non bedah	7,296	70,4	34,7	207,1	7,256	76,2	34,0	170
28	989132	AZ	P	90/60	170	37,7	50	98	Kurang	11/11/2021	CAP+bedah	7,441	32,2	22,1	194,2	7,323	44,6	23,1	74
29	800664	NG	L	90/60	85	36,8	22	96	Baik	2/2/2016	CAP+non bedah	7,454	43,0	30,5	104,9	7,377	58,6	34,5	84
30	989249	KV	L	90/60	124	35,8	49	100	Baik	5/6/2018	CAP+non bedah	7,620	36,0	37,4	95,1	7,618	37,3	36,5	47

NO.	RM	NAMA	JK	TANDA VITAL					STATUS GIZI	TGL LAHIR	DIAGNOSIS	BLOOD GAS ANALYSIS ARTERI				POCT ISTAT ARTERI			
				TD	N	S	RR	SO2				PH	PCO2	HCO3	PO2	PH	PCO2	HCO3	PO2
31	989706	SR	L	98/71	117	36,6	26	100	Baik	5/10/2011	CAP+non bedah	7,651	21,7	24,2	122,3	7,711	20,6	26,2	148
32	989110	RF	L	90/60	130	36,4	30	92	Kurang	9/4/2009	CAP+non bedah	7,099	102,4	32,0	130,5	7,005	<=	<=	135
33	989249	KV	L	100/60	73	34,7	45	93	Baik	5/6/2018	CAP+non bedah	7,526	43,6	36,4	65,0	7,540	43,9	38,3	49
34	989706	SR	L	120/94	120	36,1	33	100	Baik	5/10/2011	CAP+non bedah	7,446	37,3	25,9	147,8	7,407	48,9	31,1	49
35	988781	RS	L	100/70	106	36,1	32	100	Baik	18/03/2022	CAP+non bedah	7,380	49,6	29,6	74,0	7,389	42,8	26,1	137
36	133010	JE	L	90/60	107	36,8	32	100	Kurang	8/12/2020	CAP+non bedah	7,530	31,8	26,8	118,9	7,434	31,7	21,3	115
37	981317	RM	L	90/60	138	36,6	44	93	Kurang	10/8/2004	CAP+non bedah	7,396	52,1	32,3	144,2	7,345	59,7	32,7	71
38	990163	MR	L	90/60	97	37,6	20	97	Kurang	15/08/2013	CAP+non bedah	7,588	32,7	31,5	111,6	7,548	36,4	31,5	132
39	990564	MA	L	90/60	138	36,3	20	100	Baik	4/3/2011	CAP+non bedah	7,833	20,1	34,1	206,8	7,867	19,5	35,4	226
40	133010	JE	L	100/60	89	36,5	20	100	Kurang	12/8/2020	CAP+non bedah	7,659	34,7	39,4	179,5	7,651	31,7	35,1	127
41	981317	RM	L	90/60	115	33,4	34	97	Kurang	10/8/2004	CAP+non bedah	7,491	73,3	56,5	122,8	7,536	51,6	45,1	103
42	691743	BT	L	100/66	122	35,6	30	100	Kurang	8/22/2005	CAP+non bedah	7,516	38,3	31,2	94,9	7,425	44,3	29,5	42
43	991819	JS	P	90/60	101	36,5	30	110	Kurang	12/12/2021	CAP+non bedah	7,503	11,5	9,1	53,4	7,406	65,5	41,3	30
44	992132	JC	L	106/70	130	34,8	28	100	Baik	7/28/2022	CAP+non bedah	7,195	78,0	30,4	103,5	7,156	72,3	26,3	39
45	992737	SE	L	100/70	166	36,6	38	100	Kurang	4/25/2022	CAP+non bedah	7,434	34,3	23,1	159,0	7,384	35,3	21,2	136

NO.	RM	NAMA	JK	TANDA VITAL					STATUS GIZI	TGL LAHIR	DIAGNOSIS	BLOOD GAS ANALYSIS ARTERI				POCT ISTAT ARTERI			
				TD	N	S	RR	SO2				PH	PCO2	HCO3	PO2	PH	PCO2	HCO3	PO2
46	993222	SB	L	90/60	104	36.6	20	92	Kurang	2/2/2008	CAP+non bedah	7,473	43.0	31.8	81.5	7,455	39.5	27.9	55
47	993362	GP	L	143/79	105	38.7	20	100	Baik	5/6/2008	CAP+ bedah	7,474	43.8	32.5	216.7	7,332	57.2	29.7	***
49	993235	IF	L	90/60	100	36.1	18	100	Kurang	1/9/2009	CAP+non bedah	7,504	34.7	27.6	97.6	7,535	28.4	24.2	46
50	993827	MF	L	100/60	112	36.5	30	100	Kurang	12/5/2016	CAP+non bedah	7,499	37.1	29.2	126.7	7,488	41.2	31.5	57
51	994165	VV	L	100/70	127	35.5	21	96	Kurang	6/20/2007	CAP+non bedah	7,446	35.6	24.7	133.7	7,453	37.7	26.8	58
52	992505	IA	P	90/60	86	35.1	38	97	Kurang	9/28/2020	CAP+non bedah	7,641	29.4	32.0	173.8	7,697	23.8	29.5	127
53	992714	AR	L	90/60	139	36.3	31	100	Baik	4/14/2022	CAP+non bedah	7,528	60.7	50.9	84.7	7,511	63.8	51.4	24
54	995428	NH	P	90/60	129	37.7	30	96	Baik	6/5/2021	CAP+non bedah	6,826	66.3	11.0	59.6	6,798	84.6	129	46
55	988818	AF	P	90/60	112	34.1	31	100	Obesitas	5/5/2015	CAP+non bedah	7,569	54.5	50.3	69.2	7,527	62.6	53.3	24
56	994334	MI	L	100/70	167	36.0	25	100	Kurang	2/15/2020	CAP+bedah	7,374	70.2	41.3	108.9	7,336	63.5	34.3	85
57	988818	AF	P	85/37	147	38.4	35	98	Obesitas	5/5/2015	CAP+non bedah	7,745	30.9	42.7	53.2	7,679	38.6	45.1	26
58	996185	MI	L	100/68	148	36.8	41	93	Baik	5/24/2009	CAP+non bedah	7,494	33.9	26.3	147.4	7,527	26.4	21.9	141
59	798510	MA	L	105/70	69	37.2	19	96	Baik	1/29/2009	CAP+non bedah	7,526	39.3	32.8	127.1	7,459	40.4	28.6	66
60	998433	UY	L	100/68	162	36.0	36	100	Baik	10/6/2022	CAP+non bedah	7,362	83.8	48.	169.4	7,219	73.6	30.4	124