DAFTAR PUSTAKA

1. de Oliveira A, Cardoso C, Santos F, Campos AP, Leite E, Stanislaus J, et al. Predictors of mortality in patients with severe sepsis or septic shock in the ICU of a public teaching hospital. Crit Care. 2013;17(Suppl 4):P31.

2. Cohen J. The immunopathogenesis of sepsis. Nature. 2002;420(6917):885-91.

3. Singer M, Deutschman CS, Seymour CW, Shankar-Hari M, Annane D, Bauer M, et al. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). JAMA. 2016;315(8):801-10.

4. Mayr FB, Yende S, Angus DC. Epidemiology of severe sepsis. Virulence. 2014;5(1):4-11.

5. Bataar O, Lundeg G, Tsenddorj J, Jochberger S, Grander W, Baelani I, et al. Nationwide survey on resource availability for implementing current sepsis guidelines in Mongolia. Bulletin of the World Health Organization [Internet]. 2010 [cited 2015 Dec 1];88:839-46. Available from http://www.who.int/bulletin/volumes/88/11/10-077073/en/.

6. Pradipta IS, Sodik DC, Lestari K, Parwati I, Halimah E, Diantini A, et al. Antibiotic resistance in sepsis patients: evaluation and recommendation of antibiotic use. N Am J Med Sci. 2013;5(6):344-52.

7. Tupchong K, Koyfman A, Foran M. Sepsis, severe sepsis, and septic shock: A review of the literature. African J Emerg Med. 2015;5(3):127-35.

8. Menezes B, Amorim F, Santana A, Soares F, Araujo F, de Carvalho J, et al. Trombosit/leukocyte ratio as a predictor of mortality in patients with sepsis. Crit Care. 2013;17(Suppl 4):P52.

9. Prashanth H V, Saldanha RMD, Shenoy S, Baliga S. Predictors of mortality in adult sepsis . Int J Biol Med Res. 2011;2(4):856-61.

10. Eldeen SS, Khalaf MM, Hadidy KE. Cardiac Troponin I as a Marker of Sepsis Severity and Mortality Prediction. Med J Cairo Univ. 2012;80(2):167-72.

11. Deepak CL, Bhat S. Prediction of outcome in patients with sepsis using C - reactive protein & APACHE II scoring system. IOSR-JDMS. 2014;13(3):17-20.

12. Martin GS. Sepsis, severe sepsis and septic shock: changes in incidence, pathogens and outcomes. Expert Rev Anti Infect Ther. 2012;10(6):701-6.

13. Gauer RL. Early recognition and management of sepsis in adults: The first six hours. Am Fam Physician. 2013;88(1):44-53.

14. Czarnecka-kujawa K. Sepsis : A Review of Pathophysiology and Management. Rev Lit Arts Am. (Table 2):3-8.

15. Destarac L a, Ely EW. Sepsis in Older Patients: An Emerging Concern in Critical Care. Adv Sepsis. 2002;2(1):15-22.

16. Martin GS, Mannino DM, Moss M. The effect of age on the development and outcome of adult sepsis. Crit Care Med. 2006;34(1):15-21.

17. Angele MK, Pratschke S, Hubbard WJ, Chaudry IH. Gender difference in sepsis : Cardiovascular and immunological aspects. 2014;5(1):12-9.

18. Stabile A, Batalhão M, Carnio E. Immunological modulation of estrogen during sepsis. Crit Care. 2012;16(Suppl 3):P27.

19. Siddiqui S, Ahmed S, Manasia R. Apache II score as a predictor of length of stay and outcome in our ICUs. J Pak Med Assoc. 2005;55(6):253-4.

20. Seymour CW, Liu VX, Iwashyna TJ, Brunkhorst, FM, Rea TD, Scherag A, et al. Assessment of Clinical Criteria for Sepsis For the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). JAMA. 2016;315(8):762-74.

21. Goyette RE, Key NS, Ely EW. Hematologic changes in sepsis and their therapeutic implications. Semin Respir Crit Care Med. 2004;25(6):645-59.

22. Mathonnet A, Cariou A. Glycemic Control in Sepsis. Adv Sepsis. 2007;6(1):16-8.

23. Hwang T. Potential Use of Albumin Administration in Severe Sepsis. J Chin Med Assoc. 2009;72(5):225-6.

24. Sun J, Sun F, Wang X, Yuan S, Zheng S, Mu X-W. Risk factors and prognosis of hypoalbuminemia in surgical septic patients. PeerJ. 2015;3:e1267.

25. Falcão H, Japiassú AM. Albumin in critically ill patients : controversies and recommendations. Rev Bras Ter Intensiva. 2011;23(1):87-95.

26. Legrand M, Payen D. Understanding urine output in critically ill patients. Ann Intensive Care. 2011;1(1):13.

27. Poukkanen M. Acute Kidney Injury in Severe Sepsis and Septic Shock [dissertation]. Helsinki (Finlandia): University of Helsinki; 2015.

28. Omar AA, El-Shahat N, Ramadan MM. Cardiac functions in patients with sepsis and septic shock. Egypt Hear J. 2012;64(4):191-6.

29. Bossink AW, Groeneveld AB, Thijs LG. Prediction of microbial infection and mortality in medical patients with fever: plasma procalcitonin, neutrophilic elastase-alpha1-antitrypsin, and lactoferrin compared with clinical variables. Clin Infect Dis. 1999;29(2):398-407.

30. Perman SM, Goyal M, Gaieski DF. Initial emergency department diagnosis and management of adult patients with severe sepsis and septic shock. Scand J Trauma Resusc Emerg Med. 2012;20:41.

31. Martin GS, Eaton S, Mealer M, Moss M. Extravascular lung water in patients with severe sepsis: a prospective cohort study. Crit Care. 2005;9(2):R74-R82.

32. Hong W, Earnest A, Sultana P, Koh Z, Ong ME. How accurate are vital signs in predicting clinical outcomes in critically ill emergency department patients. Eur J Emerg Med. 2013;20(1):27-32.

33. Yang Y, Yang KS, Hsann YM, Lim V, Ong BC. The effect of comorbidity and age on hospital mortality and length of stay in patients with sepsis. J Crit Care. 2010;25(3):398-405.

34. Chen C, Cheng K, Chan K, Yu W. Age May Not Influence the Outcome of Patients with Severe Sepsis in Intensive Care Units. Int J Gerontol. 2014;8(1):22-6.

35. Mohan A, Shrestha P, Guleria R, Pandey RM, Wig N. Development of a mortality prediction formula due to sepsis / severe sepsis in a medical intensive care unit. Lung India. 2015;32(4):313-9.

36. Pietropaoli AP, Glance LG, Oakes D, Fisher SG. Gender differences in mortality in patients with severe sepsis or septic shock. Gend Med. 2010;7(5):422-37.

37. Sakr Y, Elia C, Mascia L, Barberis B, Cardellino S, Livigni S, et al. The influence of gender on the epidemiology of and outcome from severe sepsis. Crit Care. 2013;17(R50).

38. Vesteinsdottir E, Karason S, Sigurdsson SE, Gottfredsson M, Sigurdsson GH. Severe sepsis and septic shock: a prospective population-based study in Icelandic intensive care units. Acta Anaesthesiol Scand. 2011;55(6):722-31.

39. Zahar JR, Timsit JF, Garrouste-Orgeas M, Francais A, Vesin A, Descorps-Declere A, et al. Outcomes in severe sepsis and patients with septic shock: pathogen species and infection sites are not associated with mortality. Crit Care Med. 2011;39(8):1886-95.

40. Desai S, Lakhani JD. Utility of SOFA and APACHE II score in sepsis in rural set up MICU. J Assoc Physicians India. 2013;61(9):608-11.

41. Wilson WC, Grande CM, Hoyt DB. Trauma: Critical Care. CRC Press; 2007.

42. Adamzik M, Hamburger T, Petrat F, Peters J, Groot H De, Hartmann M. Free hemoglobin concentration in severe sepsis : methods of measurement and prediction of outcome. Crit Care. 2012;16(4):R125.

43. Lee KH, Hui KP, Tan WC. Thrombocytopenia in sepsis: a predictor of mortality in the intensive care unit. Singapore Med J. 1993;34(3):245-6.

44. Gavins FNE, Stokes KY. Vascular Responses to Pathogens. Elsevier Science; 2015.

45. Venkata C, Kashyap R, Farmer JC, Afessa B. Thrombocytopenia in adult patients with sepsis : incidence , risk factors , and its association with clinical outcome. J Intensive Care. 2013;1(9):1-10.

46. Taylor JH, Beilman GJ. Hyperglycemia in the intensive care unit: no longer just a marker of illness severity. Surg Infect. 2005;6:233-45.

47. Turina M, Fry DE, Polk Jr. HC. Acute hyperglycemia and the innate immune system: clinical, cellular, and molecular aspects. Crit Care Med. 2005;33:1624-33.

48. Finfer S, Chittock DR, Su SYS, Blair D, Foster D, Dhingra V, et al. Intensive versus Conventional Glucose Control in Critically Ill Patients. N Engl J Med. 2009;360(13):1283-97.

49. Hermanides J, Bosman RJ, Vriesendorp TM, Dotsch R, Rosendaal FR, Zandstra DF, et al. Hypoglycemia is associated with intensive care unit mortality. Crit Care Med. 2010;38(6):1430-4.

50. Risso A, Mercuri F, Quagliardo L, Damante G, Ceriello A. Intermittent high glucose enhance apoptosis in human umbilical vein endothelial cells in culture. Am J Physiol Endocrinol Metab. 2001;281:E924-30.

51. Moghissi ES, Korytkowski MT, DiNardo M, Einhorn D, Hellman R, Hirsch IB, et al. American Association of Clinical Endocrinologists and American Diabetes Association Consensus Statement on Inpatient Glycemic Control. Diabetes Care. 2009;32(6).

52. Aguayo-Becerra OA, Torres-Garibay C, Macias-Amezcua MD, Fuentes-Orozco C, Chavez-Tostado MG, Andalon-Duenas E, et al. Serum albumin level as a risk factor for mortality in burn patients. Clinics. 2013;68:940-5.

53. Caironi P, Tognoni G, Masson S, Fumagalli R, Pesenti A, Romero M, et al. Albumin replacement in patients with severe sepsis or septic shock. N Engl J Med. 2014;370:1412-21.

54. Gatta A, Verardo A, Bolognesi M. Hypoalbuminemia. Intern Emerg Med. 2012;7(Suppl 3):S193-9.

55. Chou CD, Yien HW, Wu DM, Kuo CD. Albumin administration in patients with severe sepsis due to secondary peritonitis. J Chinese Med Assoc. 2009;72:243-50.

56. Doi K, Yuen PST, Eisner C, Hu X, Leelahavanichkul A, Schnermann J, et al. Reduced Production of Creatinine Limits Its Use as Marker of Kidney Injury in Sepsis. J Am Soc Nephrol. 2009;20(6):1217-21.

57. Berrios RAS, Horo JCO, Velagapudi V, Pulido JN. Correlation of left ventricular systolic dysfunction determined by low ejection fraction and 30-day mortality in patients with severe sepsis and septic shock: A systematic review and meta-analysis. J Crit Care. 2014.

58. Pulido JN, Afessa B, Masaki M, Yuasa T, Gillespie S, Herasevich V, et al. Clinical spectrum, frequency, and significance of myocardial dysfunction in severe sepsis and septic shock. Mayo Clin Proc. 2012;87(7):620-8.

59. Paulus WJ, Tschope C, Sanderson JE, Rusconi C, Flachskampf FA, Rademakers FE, et al. How to dignose diastolic heart failure: a consensus statement on the diagnosis of heart failure with normal left ventricular ejection fraction by the Heart Failure and Echocardiography Associations of the European Society of Cardiology. Eur Hear. 2007;28:2539-50.

60. Barnaby D, Ferrick K, Kaplan DT, Shah S, Bijur P, Gallagher EJ. Heart Rate Variability in Emergency Department Patients with Sepsis. Acad Emerg Med. 2002;9(7).

61. Chen W, Chen J, Huang C. Heart rate variability measures as predictors of in-hospital mortality in ED patients with sepsis. Am J Emerg Med. 2008;26:395-401.

62. Cretikos MA, Bellomo R, Hillman K, Chen J, Finfer S, Flabouris A. Respiratory rate : the neglected vital sign. Med J Aust. 2008;188(11):657-9.

63. Marini JJ, Wheeler AP. Critical Care Medicine: The Essentials. 4th ed. Lippincott Williams & Wilkins; 2012.

64. Whiles B, Deis A, Miller P, Simpson S. Comorbid Conditions Predict Outcomes in Patients With Severe Sepsis. Am Coll Chest Physicians. 2016;149(4):170A.

65. Angus D, Linde-Zwirble WT, Lidicker J, Clermont G, Carcillo J, Pinsky MR. Epidemiology of severe sepsis in the United States: Analysis of incidence, outcome, and associated costs of care. Crit care Med. 2001;29(7):1303-10.

Lampiran 1. *Ethical clearance*

KOMISI ETIK PENELITIAN KESEHATAN (KEPK)
FAKULTAS KEDOKTERAN UNIVERSITAS DIPONEGORO
DAN RSUP dr KARIADI SEMARANG
Sekretariat : Kantor Dekanat FK Undip Lt.3
Jl. Dr. Soetomo 18. Semarang
Telp/Fax. 024-8318350

RSUP Dr. KARIADI

ETHICAL CLEARANCE
No. 208/EC/FK-RSDK/2016

Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro-RSUP. Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :

FAKTOR-FAKTOR PREDIKTOR MORTALITAS SEPSIS BERAT/SYOK SEPTIK DI ICU RSUP DR. KARIADI

Peneliti Utama : ***Astrid Vivianni***

Pembimbing : dr. Nur Farhanah, Sp.PD, M.Si.Med

Penelitian : Dilaksanakan di Instalasi Rekam Medik RSUP Dr. Kariadi Semarang

Setuju untuk dilaksanakan, dengan memperhatikan prinsip-prinsip yang dinyatakan dalam Deklarasi Helsinki 1975, yang diamended di Seoul 2008 dan Pedoman Nasional Etik Penelitian Kesehatan (PNEPK) Departemen Kesehatan RI 2011

Penelitian ini adalah Rekam Medik, jadi tidak memerlukan Informed Consent. Peneliti diwajibkan menyerahkan :

- Laporan kemajuan penelitian (*clinical trial*)
- Laporan kejadian efek samping jika ada
- Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian

Semarang, 0 8 MAR 2016

Komisi Etik Penelitian Kesehatan
Fakultas Kedokteran Undip-RS. Dr. Kariadi
Ketua,

KEPK
FK. UNDIP
RS. DR. KARIADI

Prof. Dr. dr. Suprihati, M.Sc, Sp.THT-KL(K)
NIP. 19500621 197703 2 001

Lampiran 2. Surat ijin penelitian

KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
RUMAH SAKIT UMUM PUSAT DOKTER KARIADI
Jl. Dr. Sutomo No. 16 Semarang, PO Box 1104
Telepon : (024) 8413993, 8413476, 8413764 Fax : (024) 8318617
Website : http://www.rskariadi.co.id email : humas_rskariadi@yahoo.co.id, rsdk@indosat.net.id

RSUP Dr. KARIADI
Sahabat Menuju Sehat

Nomor : DL.00.02 / I.II / 1045 / 2016 — 23 MAR 2016
Lamp. : –
Perihal : *Penelitian*

Yth. **Dekan Fakultas Kedokteran**
Universitas Diponegoro
Jl. Prof. H. Soedarto, SH - Tembalang
di –
SEMARANG

Menindak lanjuti surat Saudara No. 1550/UN7.3.4/D1/PP/2016 tanggal 24 Februari 2016 perihal Permohonan ijin penelitian, dengan ini kami sampaikan bahwa :

Nama peneliti : Astrid Vivianni
Institusi peneliti : Prodi Sarjana Kedokteran Fakultas Kedokteran UNDIP
Judul penelitian : Faktor-faktor Prediktor Mortalitas Sepsis Berat / Syok Septik di ICU RSUP Dr. Kariadi

Pada prinsipnya diizinkan untuk melaksanakan Penelitian di Instalasi Rekam Medis RSUP Dr. Kariadi dengan ketentuan :

- Waktu pelaksanaan penelitian dapat dilakukan sewaktu hari kerja selama ± 2 bulan, dengan jumlah sampel yang dibutuhkan adalah ± 42 responden
- Peneliti mentaati Pedoman Penelitian RSUP Dr. Kariadi.
- Sebelum melakukan penelitian, peneliti agar bertemu Kepala Instalasi dan Kepala Ruangan dengan membawa Surat Izin Penelitian.
- Tidak mengganggu pelayanan.
- Memberikan laporan hasil penelitian kepada Bagian Diklit RSUP Dr. Kariadi.

Atas perhatian dan kerjasama Saudara diucapkan terima kasih.

An. Direktur Utama
Direktur SDM dan Pendidikan

RSUP Dr. KARIADI

dr. Bambang Sudarmanto, Sp.A(K), MARS
NIP. 19560531 198403 1 001

Tembusan Yth :
1. Ka. Instalasi Rekam Medis
2. Yang bersangkutan

Lampiran 3. *Spreadsheet* data

no CM	usia	jenis kelamin	tipe admisi	dasar penyakitnya
B010186	70	L	medis	pneumonia
C227854	66	P	medis	bronchopneumonia
C264434	34	P	operasi	pneumonia, ARDS berat
C231593	72	P	medis	pneumonia
C365140	59	P	medis	pneumonia, ISK
C419668	65	L	medis	multiple nefrolithiasis
C250304	58	P	medis	ulkus pedis sinistra (akibat DMT II) dan pneumonia
C454023	57	L	medis	pneumonia
C338161	54	L	medis	pneumonia
C464780	51	L	medis	pneumonia, infeksi kaki diabetik
C466367	47	P	operasi	Ca squamous paru sinistra
C466582	31	L	medis	encephalitis
C469884	68	L	operasi	post nefrostomi + TUR buli
C472160	42	P	operasi	post relaparotomy Ca sigmoid
C473073	34	L	medis	pneumonia
C473289	80	L	medis	encephalitis
C480548	28	P	operasi	gawat janin saat operasi SC kemudian kejang
C399076	76	L	medis	pneumonia
C488221	72	P	medis	pneumonia
C489189	74	L	operasi	post laparotomy ec perforasi gaster
C503632	59	P	medis	pneumonia
C520688	73	P	operasi	ARDS
C523095	45	P	medis	tuberculosis paru BTA positif
C528654	33	P	medis	pneumonia
C528717	72	L	medis	pneumonia
C529282	72	P	medis	pneumonia
C540639	78	L	medis	bronchopneumonia
C565134	48	L	medis	abses paru dengan pneumonia
C565710	57	P	operasi	post relaparotomy a.i fistel enterokutan dan repair stoma --> peritonitis

no CM	fokus infeksi	Skor APACHE II	skor Qsofa	leukosit	Hb	Ht	platelet	glukosa	albumin
B010186	sis respirasi	33	3	11.1	10.6	30.7	211	419	2.5
C227854	sis respirasi	27	2	5.12	9.87	29.5	42.2	600	3.4
C264434	sis respirasi, post histerotomi	24	2	36.2	8	24.3	191.2	164	2.6
C231593	sis respirasi	16	2	11.82	8.52	25.1	314.3	121	2.5
C365140	sis respirasi, sis genitourinarius	19	2	36	8.4	24	94.7	112	1.8
C419668	sis genitourinarius	16	1	13.6	12.1	35.4	275	142	4.1
C250304	kulit dan jar lunak dan sis respirasi	17	0	20.55	9.34	27.6	217.1	154	1.8
C454023	sis respirasi	19	1	7.5	6.7	19.3	127.5	203	2.2
C338161	sis respirasi	15	2	9.9	10.5	31.7	164	104	2.8
C464780	sis respirasi, sis endokrin	24	2	27.3	8.4	23.9	179.9	440	1.4
C466367	sis respirasi	8	0	22.8	14.2	42.5	294.6	163	2.4
C466582	sis saraf	10	2	19.8	15.1	43	310.9	126	4.2
C469884	sis genitourinarius	28	1	23.9	9.7	28.4	217.4	147	2.4
C472160	sis abdomen/ digestivus	17	3	25	6	18.2	382	84	1.3
C473073	sis respirasi	20	2	10.4	22.3	64.6	119.8	207	3.8
C473289	sis saraf	18	2	10.9	14.5	42	128.9	144	2.8
C480548	sis genitourinarius	28	1	45	11.4	33	267.8	131	2.7
C399076	sis respirasi	28	2	6.7	12.9	39.8	100	92	2.4
C488221	sis respirasi	13	1	8.9	8.9	24.8	83	162	2.4
C489189	sis abdomen/digestivus	20	1	8.3	9.5	27.3	317.3	221	1.9
C503632	sis respirasi	28	2	30.8	7.7	22.5	283	81	1.2
C520688	sis respirasi	21	2	16.2	9.2	26.6	86.9	111	2.5
C523095	sis respirasi	10	3	18.7	10.3	34.6	326	147	3.1
C528654	sis respirasi	10	2	9.96	9.21	26.1	118	94	3.3
C528717	sis respirasi	12	2	15.7	15.6	42.1	40.7	208	2.3
C529282	sis respirasi	16	2	14.3	14.4	45.6	119	224	3.7
C540639	sis respirasi	32	2	27.1	10.5	31.5	257	83	1.8
C565134	sis respirasi	16	1	16.2	10.4	31.6	688	161	2.3
C565710	sis abdomen/digestivus	19	2	30.2	12.8	38.3	172	153	1.8

no CM	kreatinin	sistolik	HR	RR	PaO2/FiO2	diagnosis	komorbid	mortalitas
B010186	3.6	100	105	24	311.7	SEPSIS	ada	meninggal
C227854	0.5	140	106	30	412.3	SEPSIS	ada	meninggal
C264434	3.1	170	100	40	545	SEPSIS	ada	meninggal
C231593	0.6	100	80	12	215.63	SEPSIS	tidak	meninggal
C365140	4.63	137	102	24	134.4	SEPSIS	ada	meninggal
C419668	4.6	120	120	32	239.23	SEPSIS	ada	meninggal
C250304	4.55	140	84	20	195	SEPSIS	ada	meninggal
C454023	1.38	120	115	14	320	SEPSIS	ada	meninggal
C338161	1.4	70	120	12	298	SEPSIS	ada	meninggal
C464780	3.76	110	96	30	384.1	SEPSIS	ada	meninggal
C466367	0.45	159	112	12	216	SEPSIS	ada	meninggal
C466582	0.61	108	77	20	518.75	SEPSIS	ada	meninggal
C469884	5.79	130	84	20	332	SEPSIS	ada	meninggal
C472160	0.48	70	87	40	134	SEPSIS	tidak	meninggal
C473073	3.32	135	130	24	293.75	SEPSIS	ada	meninggal
C473289	3.25	190	80	28	138.46	SEPSIS	ada	meninggal
C480548	1.33	157	154	18	257.14	SEPSIS	tidak	meninggal
C399076	10.32	235	128	28	131.67	SEPSIS	ada	meninggal
C488221	0.82	110	86	16	422	SEPSIS	ada	meninggal
C489189	2.37	163	111	23	417.31	SEPSIS	tidak	meninggal
C503632	2.29	140	81	30	91.43	SEPSIS	ada	meninggal
C520688	1.31	152	91	24	467.5	SEPSIS	ada	meninggal
C523095	0.69	106	124	24	396.67	SEPSIS	ada	meninggal
C528654	0.8	160	140	30	174.67	SEPSIS	ada	meninggal
C528717	0.79	106	99	33	240	SEPSIS	ada	meninggal
C529282	1.52	136	100	30	307.7	SEPSIS	ada	meninggal
C540639	10.3	117	102	26	387.5	SEPSIS	ada	meninggal
C565134	0.86	120	114	35	160.28	SEPSIS	ada	meninggal
C565710	1	112	98	23	354	SEPSIS	tidak	meninggal

no CM	usia	jenis kelamin	tipe admisi	dasar penyakitnya
C565710	57	P	operasi	post relaparotomy a.i fistel enterokutan dan repair stoma --> peritonitis
C405055	55	P	operasi	pneumonia
C409922	79	L	medis	pyopneumothorax
C008942	51	P	medis	*selulitis pedis sinistra
C462735	52	P	operasi	pneumonia
C473082	50	P	operasi	malignant neoplasma of abdominal part of esophagus
C473119	69	P	operasi	Ca recti
C474099	21	P	operasi	fraktur pelvis terbuka yang dilakukan debridement
C372024	65	P	medis	pneumonia
C401496	58	L	medis	hematemesis melena
C508302	56	L	medis	ca hipofaring post kemoterapi
C523373	41	L	operasi	post operasi debridement pada fraktur terbuka di daerah tibia dan fibula
A549513	76	P	medis	pneumonia
A565232	62	L	medis	pneumonia
C566903	72	P	operasi	abses mandibula
C095239	61	L	operasi	anal fistula
C551480	48	L	medis	phlebitis and thrombophlebitis of other deep vessels of lower extremities
C552111	51	P	medis	pneumonia
C561556	56	P	medis	eritroderma

no CM	fokus infeksi	Skor APACHE II	skor Qsofa	leukosit	Hb	Ht	platelet	glukosa	albumin
C565710	sis abdomen/digestivus	19	2	30.2	12.8	38.3	172	153	1.8
C405055	sis respirasi	22	2	24.68	9.47	28.7	189.4	110	2.8
C409922	sis respirasi	15	2	25.72	10.23	32	184	288	3
C008942	kulit dan jar lunak	14	1	36.46	13	41.3	282.9	246	2.1
C462735	sis respirasi, post operasi jantung (DVR)	7	2	12.2	11.7	33.8	126.7	134	2.9
C473082	sis abdomen/digestivus	13	0	32.2	10.1	30.7	608.2	50	2.1
C473119	sis abdomen/digestivus	10	1	26.4	12.5	36.9	376.4	65	2
C474099	*kulit dan jar lunak(?)	6	1	6.27	10.7	29.5	108	142	2.1
C372024	sis respirasi	27	1	19.36	8.79	25.3	59.9	49	1.6
C401496	sis abdomen/digestivus	18	2	12.2	13.1	41.4	33	178	2.4
C508302	sis respirasi	19	1	78.4	10.3	28.5	14	105	3.2
C523373	*kulit dan jar lunak(?)	26	3	3.88	5.7	17	43.4	13	1.2
A549513	sis respirasi	14	2	17.1	10.6	32	264	140	3.2
A565232	sis respirasi	9	0	10.7	11.3	32.6	45.8	169	3.1
C566903	kulit dan jar lunak	13	0	23.2	8.14	22.2	342	441	2.3
C095239	sis digestivus	10	2	17.2	11.1	34.9	267	589	2.8
C551480	*	20	3	11.1	13.1	37.7	14	145	1.5
C552111	sis respirasi	11	2	7.7	10.5	34.2	257	208	2.1
C561556	*	27	2	11.9	8.4	27	730	355	1.6

no CM	kreatinin	sistolik	HR	RR	PaO2/FiO2	diagnosis	komorbid	mortalitas
C565710	1	112	98	23	354	SEPSIS	tidak	meninggal
C405055	0.85	168	75	23	343.2	SEPSIS	ada	meninggal
C409922	0.9	164	126	30	121.67	SEPSIS	ada	meninggal
C008942	2.52	110	80	20	242.2	SYOK SEPSIS	ada	meninggal
C462735	0.66	90	91	12	420	SYOK SEPSIS	tidak	meninggal
C473082	3	120	80	20	306.67	SYOK SEPSIS	ada	meninggal
C473119	0.56	128	90	28	290	SYOK SEPSIS	ada	meninggal
C474099	0.57	90	100	15	315.63	SYOK SEPSIS	tidak	meninggal
C372024	2.27	118	115	17	304	SYOK SEPSIS	ada	meninggal
C401496	1.4	140	108	30	86.25	SYOK SEPSIS	ada	meninggal
C508302	0.65	140	150	25	58.57	SYOK SEPSIS	ada	meninggal
C523373	2.79	90	117	27	484	SYOK SEPSIS	ada	meninggal
A549513	1.2	90	112	26	165	SEPSIS	ada	hidup
A565232	6.19	120	112	20	503.125	SEPSIS	ada	hidup
C566903	1.4	120	92	20	571.428571	SEPSIS	ada	hidup
C095239	1.87	100	100	28	243.75	SEPSIS	ada	hidup
C551480	4.8	90	119	30	260.909091	SEPSIS	ada	hidup
C552111	1	126	100	47	475	SEPSIS	ada	hidup
C561556	2.4	85	112	17	404.545455	SYOK SEPSIS	tidak	hidup

Lampiran 4. Hasil analisis data

Hubungan usia dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
usia * mortalitas	47	100.0%	0	0.0%	47	100.0%

usia * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
usia	tua	14	2	16
	muda	26	5	31
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.110[a]	1	.741		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.112	1	.738		
Fisher's Exact Test				1.000	.553
Linear-by-Linear Association	.107	1	.743		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.38.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for usia (tua / muda)	1.346	.231	7.855
For cohort mortalitas = meninggal	1.043	.820	1.328
For cohort mortalitas = hidup	.775	.169	3.561
N of Valid Cases	47		

Hubungan jenis kelamin dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
jenis kelamin * mortalitas	47	100.0%	0	0.0%	47	100.0%

jenis kelamin * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
jenis kelamin	Laki - laki	18	3	21
	Perempuan	22	4	26
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.011[a]	1	.916		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.011	1	.916		
Fisher's Exact Test				1.000	.623
Linear-by-Linear Association	.011	1	.917		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.13.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for jenis kelamin (Laki - laki / Perempuan)	1.091	.216	5.520
For cohort mortalitas = meninggal	1.013	.797	1.287
For cohort mortalitas = hidup	.929	.233	3.699
N of Valid Cases	47		

Hubungan fokus infeksi dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
fokus infeksi * mortalitas	47	100.0%	0	0.0%	47	100.0%

fokus infeksi * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
fokus infeksi	sistem respirasi	25	3	28
	lain - lain	15	4	19
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.954[a]	1	.329		
Continuity Correction[b]	.313	1	.576		
Likelihood Ratio	.936	1	.333		
Fisher's Exact Test				.417	.285
Linear-by-Linear Association	.934	1	.334		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.83.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for fokus infeksi (sistem respirasi / lain - lain)	2.222	.436	11.320
For cohort mortalitas = meninggal	1.131	.867	1.475
For cohort mortalitas = hidup	.509	.128	2.021
N of Valid Cases	47		

Hubungan skor APACHE II dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
skor APACHE II * mortalitas	47	100.0%	0	0.0%	47	100.0%

skor APACHE II * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
skor APACHE II	>=10	37	6	43
	<10	3	1	4
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.352[a]	1	.553		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.308	1	.579		
Fisher's Exact Test				.488	.488
Linear-by-Linear Association	.345	1	.557		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .60.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for skor APACHE II (>=10 / <10)	2.056	.182	23.162
For cohort mortalitas = meninggal	1.147	.643	2.046
For cohort mortalitas = hidup	.558	.088	3.559
N of Valid Cases	47		

Hubungan skor qSOFA dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
skor qSOFA * mortalitas	47	100.0%	0	0.0%	47	100.0%

skor qSOFA * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
skor qSOFA	>=2	25	5	30
	<2	15	2	17
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.206[a]	1	.650		
Continuity Correction[b]	.001	1	.978		
Likelihood Ratio	.212	1	.645		
Fisher's Exact Test				1.000	.501
Linear-by-Linear Association	.201	1	.654		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.53.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for skor qSOFA (>=2 / <2)	.667	.115	3.876
For cohort mortalitas = meninggal	.944	.746	1.196
For cohort mortalitas = hidup	1.417	.307	6.530
N of Valid Cases	47		

Hubungan kadar leukosit dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
kadar leukosit * mortalitas	47	100.0%	0	0.0%	47	100.0%

kadar leukosit * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
kadar leukosit	tidak normal	30	4	34
	normal	10	3	13
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.949[a]	1	.330		
Continuity Correction[b]	.267	1	.606		
Likelihood Ratio	.885	1	.347		
Fisher's Exact Test				.377	.291
Linear-by-Linear Association	.929	1	.335		
N of Valid Cases	47				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.94.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for kadar leukosit (tidak normal / normal)	2.250	.428	11.824
For cohort mortalitas = meninggal	1.147	.831	1.583
For cohort mortalitas = hidup	.510	.132	1.974
N of Valid Cases	47		

Hubungan kadar hemoglobin dan hematokrit dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
kadar hb dan ht * mortalitas	47	100.0%	0	0.0%	47	100.0%

kadar hb dan ht * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
kadar hb dan ht	tidak normal	30	6	36
	normal	10	1	11
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.381[a]	1	.537		
Continuity Correction[b]	.018	1	.894		
Likelihood Ratio	.418	1	.518		
Fisher's Exact Test				1.000	.473
Linear-by-Linear Association	.373	1	.541		
N of Valid Cases	47				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.64.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for kadar hb dan ht (tidak normal / normal)	.500	.054	4.672
For cohort mortalitas = meninggal	.917	.723	1.162
For cohort mortalitas = hidup	1.833	.247	13.634
N of Valid Cases	47		

Hubungan jumlah trombosit dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
trombosit * mortalitas	47	100.0%	0	0.0%	47	100.0%

trombosit * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
trombosit	tidak normal	19	3	22
	normal	21	4	25
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.052[a]	1	.820		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.052	1	.820		
Fisher's Exact Test				1.000	.574
Linear-by-Linear Association	.050	1	.822		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.28.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for trombosit (tidak normal / normal)	1.206	.239	6.099
For cohort mortalitas = meninggal	1.028	.810	1.305
For cohort mortalitas = hidup	.852	.214	3.398
N of Valid Cases	47		

Hubungan kadar glukosa dalam darah dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
kadar glukosa dalam darah * mortalitas	47	100.0%	0	0.0%	47	100.0%

kadar glukosa dalam darah * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
kadar glukosa dalam darah	tidak normal	28	4	32
	normal	12	3	15
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.453[a]	1	.501		
Continuity Correction[b]	.055	1	.815		
Likelihood Ratio	.435	1	.509		
Fisher's Exact Test				.664	.394
Linear-by-Linear Association	.444	1	.505		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.23.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for kadar glukosa dalam darah (tidak normal / normal)	1.750	.339	9.045
For cohort mortalitas = meninggal	1.094	.823	1.454
For cohort mortalitas = hidup	.625	.160	2.449
N of Valid Cases	47		

Hubungan kadar albumin dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
kadar albumin * mortalitas	47	100.0%	0	0.0%	47	100.0%

kadar albumin * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
kadar albumin	Tidak normal	34	7	41
	normal	6	0	6
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.204[a]	1	.273		
Continuity Correction[b]	.234	1	.629		
Likelihood Ratio	2.083	1	.149		
Fisher's Exact Test				.571	.357
Linear-by-Linear Association	1.178	1	.278		
N of Valid Cases	47				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is .89.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort mortalitas = meninggal	.829	.722	.953
N of Valid Cases	47		

Hubungan kadar kreatinin serum dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
kadar kreatinin serum * mortalitas	47	100.0%	0	0.0%	47	100.0%

kadar kreatinin serum * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
kadar kreatinin serum	tidak normal	27	5	32
	normal	13	2	15
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.042[a]	1	.837		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.043	1	.836		
Fisher's Exact Test				1.000	.606
Linear-by-Linear Association	.041	1	.839		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.23.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for kadar kreatinin serum (tidak normal / normal)	.831	.142	4.869
For cohort mortalitas = meninggal	.974	.760	1.248
For cohort mortalitas = hidup	1.172	.256	5.362
N of Valid Cases	47		

Hubungan tekanan darah sistolik dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
sistolik * mortalitas	47	100.0%	0	0.0%	47	100.0%

sistolik * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
sistolik	tidak normal	22	2	24
	normal	18	5	23
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.665[a]	1	.197		
Continuity Correction[b]	.776	1	.379		
Likelihood Ratio	1.708	1	.191		
Fisher's Exact Test				.245	.190
Linear-by-Linear Association	1.630	1	.202		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.43.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for sistolik (tidak normal / normal)	3.056	.529	17.657
For cohort mortalitas = meninggal	1.171	.915	1.499
For cohort mortalitas = hidup	.383	.082	1.782
N of Valid Cases	47		

Hubungan frekuensi denyut jantung dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
denyut jantung * mortalitas	47	100.0%	0	0.0%	47	100.0%

denyut jantung * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
denyut jantung	Tidak normal	20	4	24
	normal	20	3	23
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.122[a]	1	.727		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.122	1	.727		
Fisher's Exact Test				1.000	.525
Linear-by-Linear Association	.119	1	.730		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.43.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for denyut jantung (tidak normal/ normal)	.750	.148	3.791
For cohort mortalitas = meninggal	.958	.755	1.217
For cohort mortalitas = hidup	1.278	.320	5.096
N of Valid Cases	47		

Hubungan laju pernafasan dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
laju pernafasan * mortalitas	47	100.0%	0	0.0%	47	100.0%

laju pernafasan * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
laju pernafasan	Tidak normal	26	4	30
	normal	14	3	17
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.159[a]	1	.690		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.156	1	.693		
Fisher's Exact Test				.692	.499
Linear-by-Linear Association	.156	1	.693		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.53.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for laju pernafasan (tidak normal/ normal)	1.393	.272	7.122
For cohort mortalitas = meninggal	1.052	.811	1.366
For cohort mortalitas = hidup	.756	.191	2.984
N of Valid Cases	47		

Hubungan rasio PaO_2/FiO_2 dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
rasio PaO2/FiO2 * mortalitas	47	100.0%	0	0.0%	47	100.0%

rasio PaO2/FiO2 * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
rasio PaO2/FiO2	tidak normal	22	3	25
	normal	18	4	22
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.353[a]	1	.553		
Continuity Correction[b]	.034	1	.854		
Likelihood Ratio	.352	1	.553		
Fisher's Exact Test				.690	.426
Linear-by-Linear Association	.345	1	.557		
N of Valid Cases	47				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.28.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for rasio PaO2/FiO2 (tidak normal / normal)	1.630	.322	8.246
For cohort mortalitas = meninggal	1.076	.842	1.373
For cohort mortalitas = hidup	.660	.166	2.631
N of Valid Cases	47		

Hubungan komorbid dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
komorbiditas * mortalitas	47	100.0%	0	0.0%	47	100.0%

komorbiditas * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
komorbiditas	ada	33	6	39
	tidak ada	7	1	8
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.044[a]	1	.835		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.045	1	.832		
Fisher's Exact Test				1.000	.660
Linear-by-Linear Association	.043	1	.836		
N of Valid Cases	47				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.19.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for komorbiditas (ada / tidak ada)	.786	.081	7.595
For cohort mortalitas = meninggal	.967	.721	1.298
For cohort mortalitas = hidup	1.231	.171	8.875
N of Valid Cases	47		

Hubungan tipe admisi dengan kematian

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
tipe admisi * mortalitas	47	100.0%	0	0.0%	47	100.0%

tipe admisi * mortalitas Crosstabulation

Count

		mortalitas		Total
		meninggal	hidup	
tipe admisi	bedah	11	2	13
	Nonbedah	29	5	34
Total		40	7	47

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.003[a]	1	.953		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.003	1	.954		
Fisher's Exact Test				1.000	.636
Linear-by-Linear Association	.003	1	.954		
N of Valid Cases	47				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.94.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for tipe admisi (bedah/ nonbedah)	.948	.160	5.627
For cohort mortalitas = meninggal	.992	.757	1.300
For cohort mortalitas = hidup	1.046	.231	4.736
N of Valid Cases	47		

Lampiran 5. Biodata mahasiswa

Identitas

Nama	: Astrid Vivianni
NIM	: 22010112130156
Tempat/ tanggal lahir	: Pemalang/ 20 Februari 1995
Jenis kelamin	: Perempuan
Alamat	: Jalan Puri Anjasmoro P 3 no 3, Semarang
Nomor telepon	: (024)7606120
Nomor HP	: 087832818589
E-mail	: astrid.vivianni@gmail.com

Riwayat pendidikan formal

1. SD Marsudirini Semarang	Lulus tahun	: 2006
2. SMP PL Domenico Savio Semarang	Lulus tahun	: 2009
3. SMA Kolese Loyola Semarang	Lulus tahun	: 2012
4. Fakultas Kedokteran Universitas Diponegoro	Masuk tahun	: 2012

Riwayat organisasi

1. Staff Divisi Pengembangan Mahasiswa KSM (2014)
2. Staff Divisi Interna RHEU (2014)
3. Pelayanan Rohani Mahasiswa Katholik Fakultas Kedokteran UNDIP (2014 – 2016)