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**ANALISIS TINGKAT INFEKSI PADA PASIEN POST TRACHEOSTOMY
DENGAN INTERVENSI STERILE SUCTIONING TECHNIQUE DI RSUD
DR. H. ABDUL MOELOEK PROVINSI LAMPUNG**

(xi + 73 halaman + 7 tabel)

ABSTRAK

Prevalensi VAP berkisar antara 1,9 hingga 3,8 per 1000 hari ventilasi mekanis di AS dan melebihi 18 per 1000 hari ventilasi mekanis di Eropa (Koulenti *et al.*, 2017). Sebuah studi di Indonesia selama kurun waktu 2003-2012 terdapat 201 kasus *ventilator-associated pneumonia* dari 733 rekam medis yang ditelusuri di ICU rumah sakit tersebut. Pada tahun 2024, faktor risiko angka mortalitas VAP di Indonesia menunjukkan bahwa dari 64 pasien yang mengalami VAP, 49 (76,6%) pasien mengalami kematian. Karya Tulis Ilmiah Akhir Ners (KIAN) ini bertujuan untuk menganalisis tingkat infeksi pasien post *tracheostomy* dengan intervensi *sterile suctioning technique*. Fokus asuhan keperawatan pada laporan KIAN berfokus pada asuhan keperawatan post operasi tracheostomy, dengan masalah keperawatan risiko infeksi dengan intervensi fokus yang berdasar *evidance based practice* yaitu *sterile suctioning technique*. Subjek asuhan memenuhi kriteria inklusi yaitu pasien post tracheostomy dengan lama rawat minimal >48 jam dan menggunakan bantuan napas ventilator. Kriteria eksklusi pasien adalah telah terdiagnosis pneumonia sebelum masuk rumah sakit atau <48 jam pasca perawatan dan pasien dengan LOS_{ICU} <48 jam. Pengambilan data dilakukan pada 07 sampai dengan 11 Mei 2024 di ruang ICU RSUD Dr. H. Abdul Moeloek Provinsi Lampung. Hasil analisis menunjukkan bahwa tingkat infeksi pada pasien post tracheostomy di RSUD Dr. H. Abdul Moeloek Provinsi Lampung menggunakan metode CPIS adalah bernilai 3, artinya pasien tidak terinfeksi VAP. Penerapan prosedur ini secara konsisten menunjukkan pencegahan insiden infeksi VAP, meningkatkan keselamatan dan kualitas perawatan pasien, serta mengurangi beban biaya medis terkait pengobatan infeksi HAIs.

Kata Kunci: Tingkat Infeksi, *Sterile Suctioning Technique*, *Ventilator-associated Pneumonia*

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ANALYSIS OF INFECTION LEVELS IN POST-TRACHEOSTOMY PATIENTS USING STERILE SUCTIONING TECHNIQUE INTERVENTION AT DR. H. ABDUL MOELOEK PUBLIC HOSPITAL, LAMPUNG PROVINCE

(xi + 73 pages + 7 tables)

ABSTRACT

The prevalence of ventilator-associated pneumonia (VAP) ranges from 1.9 to 3.8 per 1000 ventilator days in the US and exceeds 18 per 1000 mechanical ventilation days in Europe (Koulenti et al., 2017). A study in Indonesia from 2003-2012 identified 201 cases of ventilator-associated pneumonia out of 733 medical records reviewed in the ICU of the hospital. Furthermore, a 2024 study on the risk factors for VAP mortality in Indonesia revealed that out of 64 patients with VAP, 49 (76.6%) patients died. This scientific paper aims to analyze the infection rate in post-tracheostomy patients using a sterile suctioning technique intervention. The focus of the nursing care in this Final Nursing Scientific Report (KIAN) is on post-tracheostomy nursing care, addressing the nursing problem of infection risk with a focus on evidence-based practice intervention, namely the sterile suctioning technique. The care subjects met the inclusion criteria of being tracheostomy patients with a hospital stay of more than 48 hours and requiring ventilator assistance. Exclusion criteria included patients diagnosed with pneumonia before hospital admission or within 48 hours of treatment and patients with an ICU length of stay (LOSICU) of less than 48 hours. Data collection was conducted from May 7 until 11, 2024, in the ICU at Dr. H. Abdul Moeloek Regional General Hospital in Lampung Province. The analysis results indicated that the infection level in post-tracheostomy patients at Dr. H. Abdul Moeloek Regional General Hospital using the CPIS method was 3, indicating that the patients did not have VAP. Consistent implementation of this procedure demonstrated the prevention of VAP infection incidents, enhanced patient safety and care quality, and reduced medical costs associated with treating HAIs infections.

Keyword: Infection Rates, Sterile Suctioning Technique, Ventilator-associated Pneumonia