INTISARI

Infeksi saluran kemih (ISK) merupakan infeksi tersering kedua setelah infeksi saluran nafas yang dapat menyerang berbagai umur. Data epidemiologi menyebutkan sekitar 25-35% perempuan dewasa pernah mengalami ISK dan terus meningkat dengan meningkatnya usia. Terapi utama ISK menggunakan antibiotik. Intensitas penggunaan antibiotik yang terlalu tinggi dapat meningkatkan kejadian resistensi yang berdampak terhadap mobilitas, mortalitas, biaya kesehatan, peningkatan efek samping dan toksisitas.Tujuan penelitian ini untuk mengetahui profil penggunaan antibiotik dan evaluasi antibiotik secara kualitatif menurut alur Gyssens pada pasien infeksi saluran kemih di Instalasi Rawat inap RSUD Panembahan Senopati Bantul tahun 2015.

Penelitian ini merupakan penelitian observasional (non eksperimental) yang bersifat retrospektif dan dianalisis dengan metode analisis deskriptif. Data yang diambil yaitu rekam medik pasien rawat inap di RSUD Panembahan Senopati Bantul tahun 2015 yang terdiagnosis infeksi saluran kemih. Pengambilan sampel dilakukan secara *simple random sampling* dan didapatkan 45 pasien yang masuk ke dalam kriteria inklusi. Analisis antibiotik pada penelitian ini menggunakan alur Gyssens yang mengacu pada *Guideline on Urolgical Infection 2015* dan Panduan Penatalaksanaan Infeksi pada Traktus Genitalis dan Urinarius.

Hasil penelitian profil penggunaan antibiotik menunjukkan bahwa total penggunaan antibiotik sebanyak 52 antibiotik dari 45 pasien. Penggunaan antibiotik tunggal sebanyak 44 (84,61%) dengan penggunaan terbanyak adalah seftriakson sebanyak 22 (50%). Penggunaan antibiotik kombinasi sebanyak 8 (15,38%) meliputi kombinasi seftriakson - gentamisin sebanyak 2 (25%), kombinasi seftriakson - levofloksasin sebanyak 1 (12,5%), kombinasi seftriakson - amoksisilin sebanyak 1 (12,5%), kombinasi seftriakson – co amoksiclav sebanyak 1 (12,5%), kombinasi seftriakson - metronidazol sebanyak 2 (25%) dan kombinasi ampisilin/ sulbactam - co-amoksiclav sebanyak 1 (12,5%). Evaluasi antibiotik secara kualitatif berdasarkan alur gyssens menunjukkan bahwa kategori VI (data tidak lengkap) sebanyak 0, kategori V (antibiotik tidak diindikasikan) sebanyak 0, kategori IV A (ada antibiotiklain yang lebih efektif) sebanyak 0, kategori IV B (ada antibiotik alternatif lain yang lebih aman/kurang toksik) sebanyak 2 (3,84%), kategori IV C (ada antibiotik lain yang lebih murah) sebanyak 0, kategori IV D (ada antibiotik lain yang spektrumnya lebih sempit) sebanyak 0, kategori III A (penggunaan antibiotik terlalu lama) sebanyak 0, kategori III B (penggunaan antibiotik terlalu singkat) sebanyak 3 (5,76%), kategori II A (penggunaan antibiotik tidak tepat dosis) sebanyak 10 (19,23%), kategori II B (penggunaan antibitik tidak tepat interval pemberian) sebanyak 1 (1,92%), kategori II C (penggunaan antibiotik tidak tepat cara/rute pemberian) sebanyak 0, kategori I (penggunaan antibiotik tidak tepat waktu) sebanyak 0, kategori 0 (penggunaan antibiotik tepat atau bijak) sebanyak 36 (69,23%).

Kata Kunci : Evaluasi Antibiotik, Metode Gyssens, Infeksi Saluran Kemih (ISK)

ABSTRACT

Urinary tract Infection (UTI) was the second dangerous infection which attacked to every person after infection of respiratory tract. The data of epidemiology mentioned that there were as much as 25-35% mature women got UTI and that data would be increasing in line with the age of someone. The treatment of UTI used antibiotic. The intensity of using antibiotic too much, it could increase the resistance which could make bad effect to the mobility, mortality, and cost of treatment, side effect, and toxicity. The aim of this research was to reveal the profile of antibiotic consumer and the evaluation of antibiotic which was counted by qualitative method based on Gyssens. The subjects of this research were the patients of UTI in RSUD Panembahan Senopati Bantul in 2015.

This research was observational research (non experimental) which is retrospective, and this research was also analyzed by using descriptive analysis. The data collections were medical report of patient in RSUD Panembahan Senopati Bantul in 2015 which get urinary tract infection. The sample was taken by using simple random sampling and this research obtained 45 patients to be categorized in inclusion criteria. Antibiotic analysis by using gyssens was in line with Guideline on Urological Infection 2015 and the guideline of step treatment in Traktus Genitals and Urinarius.

The result of user antibiotic profile showed that the total of antibiotic user as much as 52 antibiotic from 45 patients. The user of individual antibiotic was as much as 44 (84,61%) who were ceftriakson as the highest antibiotic consuming (50%). The use of antibiotic combination was as much as 8 (15,38%) which included ceftriaxon combination gentamicin as much as 2 (25%), ceftriaxon combination levofloxacin was 1 (12,5%), combination of ceftriaxon-amoxixilin was 1 (12,5%), ceftriaxon combination co-amoxiclav was 1 (12,5%). Combination ceftriaxon-metronidazol was 2 (25%), and ampicillin/sulbactam - co-amoxiclav was 1 (12,5%). Antibiotic qualitative evaluation based on Gyssens showed that VI (uncompleted data) was as much as 0, V category (not indication antibiotic) was 0, IV A category (there was another more effective antibiotic) was 0, IV B category (there was alternative antibiotic which safer /less toxicity) was 2 (3,84%), IV C category (there was cheaper antibiotic) was 0, IV D category (there was narrower spectrum) was 0, III A category (the use of long antibiotic) was 0, III B category (using antibiotic in short time) was 3 (5,76%), IIA category (using antibiotic not with proper dosage) was as much as 10 (19,23%), II B category (using antibiotic not in certain interval) was 1 (1,92%), II C category (using antibiotic not in proper route) was 0, I category (using antibiotic not in certain time was 0, and 0 category (using antibiotic in wise step) was 36 (69,23%).

Keywords : Antibiotic Evaluation, Gyssens Method, Urinary Tract Infection (UTI)