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Lampiran

Kebiasaan merokok * pertumbuhan S.aureus

Crosstab

			pertumbuhan S.aureus		Total
			Ya	Tidak	
Kebiasaan merokok	Tidak	Count	29	2	31
		% within pertumbuhan S.aureus	80.6%	100.0%	81.6%
	Merokok	Count	7	0	7
		% within pertumbuhan S.aureus	19.4%	0.0%	18.4%
Total	Count	36	2	38	
	% within pertumbuhan S.aureus	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.477 ^a	1	.490		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.839	1	.360		
Fisher's Exact Test				1.000	.661
Linear-by-Linear Association	.464	1	.496		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .37.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan S.aureus = Ya	.935	.853	1.026
N of Valid Cases	38		

higiene responden * pertumbuhan S.aureus

Crosstab

			pertumbuhan S.aureus		Total
			Ya	Tidak	
higiene responden	Buruk	Count	10	1	11
		% within pertumbuhan S.aureus	27.8%	50.0%	28.9%
	Baik	Count	26	1	27
		% within pertumbuhan S.aureus	72.2%	50.0%	71.1%
Total	Count	36	2	38	
	% within pertumbuhan S.aureus	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.455 ^a	1	.500	.501	.501
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.414	1	.520		
Fisher's Exact Test					
Linear-by-Linear Association	.443	1	.506		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .58.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for higiene responden (Buruk / Baik)	.385	.022	6.757
For cohort pertumbuhan S.aureus = Ya	.944	.772	1.154
For cohort pertumbuhan S.aureus = Tidak	2.455	.168	35.860
N of Valid Cases	38		

klasifikasi umur * pertumbuhan S.aureus

Crosstab

		pertumbuhan S.aureus		Total
		Ya	Tidak	
klasifikasi umur	<65	Count 32	2	34
		% within pertumbuhan S.aureus 88.9%	100.0%	89.5%
	>64	Count 4	0	4
		% within pertumbuhan S.aureus 11.1%	0.0%	10.5%
Total	Count 36	2	38	
	% within pertumbuhan S.aureus 100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.248 ^a	1	.618	1.000	.798
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.458	1	.499		
Fisher's Exact Test					
Linear-by-Linear Association	.242	1	.623		
N of Valid Cases	38				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .21.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan S.aureus = Ya	.941	.865	1.024
N of Valid Cases	38		

klasifikasi lama perawatan * pertumbuhan S.aureus

Crosstab

		pertumbuhan S.aureus		Total
		Ya	Tidak	
klasifikasi lama perawatan	>2	Count 34	1	35
		% within pertumbuhan S.aureus 94.4%	50.0%	92.1%
	<3	Count 2	1	3
		% within pertumbuhan S.aureus 5.6%	50.0%	7.9%
Total	Count 36	2	38	
	% within pertumbuhan S.aureus 100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.147 ^a	1	.023		
Continuity Correction ^b	.849	1	.357		
Likelihood Ratio	2.770	1	.096		
Fisher's Exact Test				.154	.154
Linear-by-Linear Association	5.012	1	.025		
N of Valid Cases	38				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .16.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for klasifikasi lama perawatan (>2 / <3)	17.000	.753	383.893
For cohort pertumbuhan S.aureus = Ya	1.457	.653	3.250
For cohort pertumbuhan S.aureus = Tidak	.086	.007	1.053
N of Valid Cases	38		

Kebiasaan merokok * pertumbuhan Pseudomonas

Crosstab

			pertumbuhan Pseudomonas		Total
			Positif	Negatif	
Kebiasaan merokok	Tidak	Count	2	29	31
		% within pertumbuhan Pseudomonas	100.0%	80.6%	81.6%
	Merokok	Count	0	7	7
		% within pertumbuhan Pseudomonas	0.0%	19.4%	18.4%
Total	Count	2	36	38	
	% within pertumbuhan Pseudomonas	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.477 ^a	1	.490		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.839	1	.360		
Fisher's Exact Test				1.000	.661
Linear-by-Linear Association	.464	1	.496		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .37.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan Pseudomonas = Negatif	.935	.853	1.026
N of Valid Cases	38		

higiene responden * pertumbuhan Pseudomonas

Crosstab

			pertumbuhan Pseudomonas		Total
			Positif	Negatif	
higiene responden	Buruk	Count	1	10	11
		% within pertumbuhan Pseudomonas	50.0%	27.8%	28.9%
	Baik	Count	1	26	27
		% within pertumbuhan Pseudomonas	50.0%	72.2%	71.1%
Total	Count	2	36	38	
	% within pertumbuhan Pseudomonas	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.455 ^a	1	.500		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.414	1	.520		
Fisher's Exact Test				.501	.501
Linear-by-Linear Association	.443	1	.506		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .58.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for higiene responden (Buruk / Baik)	2.600	.148	45.680
For cohort pertumbuhan Pseudomonas = Positif	2.455	.168	35.860
For cohort pertumbuhan Pseudomonas = Negatif	.944	.772	1.154
N of Valid Cases	38		

klasifikasi lama perawatan * pertumbuhan Pseudomonas

Crosstab

			pertumbuhan Pseudomonas		Total
			Positif	Negatif	
klasifikasi lama perawatan	>2	Count	1	34	35
		% within pertumbuhan Pseudomonas	50.0%	94.4%	92.1%
	<3	Count	1	2	3
		% within pertumbuhan Pseudomonas	50.0%	5.6%	7.9%
Total	Count	2	36	38	
	% within pertumbuhan Pseudomonas	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.147 ^a	1	.023		
Continuity Correction ^b	.849	1	.357		
Likelihood Ratio	2.770	1	.096		
Fisher's Exact Test				.154	.154
Linear-by-Linear Association	5.012	1	.025		
N of Valid Cases	38				

- a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .16.
 b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for klasifikasi lama perawatan (>2 / <3)	.059	.003	1.328
For cohort pertumbuhan Pseudomonas = Positif	.086	.007	1.053
For cohort pertumbuhan Pseudomonas = Negatif	1.457	.653	3.250
N of Valid Cases	38		

Kebiasaan merokok * pertumbuhan Enterobacter

Crosstab

			pertumbuhan Enterobacter		Total
			Positif	Negatif	
Kebiasaan merokok	Tidak	Count	1	30	31
		% within pertumbuhan Enterobacter	100.0%	81.1%	81.6%
	Merokok	Count	0	7	7
		% within pertumbuhan Enterobacter	0.0%	18.9%	18.4%
Total	Count	1	37	38	
	% within pertumbuhan Enterobacter	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.232 ^a	1	.630		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.413	1	.520		
Fisher's Exact Test				1.000	.816
Linear-by-Linear Association	.226	1	.635		
N of Valid Cases	38				

- a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .18.
 b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan Enterobacter = Negatif	.968	.908	1.032
N of Valid Cases	38		

higiene responden * pertumbuhan Enterobacter**Crosstab**

		pertumbuhan Enterobacter		Total	
		Positif	Negatif		
higiene responden	Buruk	Count	0	11	11
		% within pertumbuhan Enterobacter	0.0%	29.7%	28.9%
	Baik	Count	1	26	27
		% within pertumbuhan Enterobacter	100.0%	70.3%	71.1%
Total	Count	1	37	38	
	% within pertumbuhan Enterobacter	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.418 ^a	1	.518		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.694	1	.405		
Fisher's Exact Test				1.000	.711
Linear-by-Linear Association	.407	1	.523		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .29.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan Enterobacter = Negatif	1.038	.964	1.118
N of Valid Cases	38		

lama perawatan * pertumbuhan Enterobacter

Crosstab

			pertumbuhan Enterobacter		Total
			Positif	Negatif	
klasifikasi lama perawatan	>2	Count	0	35	35
		% within pertumbuhan Enterobacter	0.0%	94.6%	92.1%
	<3	Count	1	2	3
		% within pertumbuhan Enterobacter	100.0%	5.4%	7.9%
Total		Count	1	37	38
		% within pertumbuhan Enterobacter	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.982 ^a	1	.001	.079	.079
Continuity Correction ^b	2.504	1	.114		
Likelihood Ratio	5.430	1	.020		
Fisher's Exact Test					
Linear-by-Linear Association	11.667	1	.001		
N of Valid Cases	38				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .08.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan Enterobacter = Negatif	1.500	.674	3.339
N of Valid Cases	38		

Kebiasaan merokok * pertumbuhan Klebsiella

Crosstab

			pertumbuhan Klebsiella		Total
			Positif	Negatif	
Kebiasaan merokok	Tidak	Count	1	30	31
		% within pertumbuhan Klebsiella	50.0%	83.3%	81.6%
	Merokok	Count	1	6	7
		% within pertumbuhan Klebsiella	50.0%	16.7%	18.4%
Total		Count	2	36	38
		% within pertumbuhan Klebsiella	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.401 ^a	1	.237		
Continuity Correction ^b	.061	1	.805		
Likelihood Ratio	1.094	1	.296		
Fisher's Exact Test				.339	.339
Linear-by-Linear Association	1.364	1	.243		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .37.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Kebiasaan merokok (Tidak / Merokok)	.200	.011	3.661
For cohort pertumbuhan Klebsiella = Positif	.226	.016	3.189
For cohort pertumbuhan Klebsiella = Negatif	1.129	.829	1.538
N of Valid Cases	38		

higiene responden * pertumbuhan Klebsiella

Crosstab

			pertumbuhan Klebsiella		Total
			Positif	Negatif	
higiene responden	Buruk	Count	1	10	11
		% within pertumbuhan Klebsiella	50.0%	27.8%	28.9%
	Baik	Count	1	26	27
		% within pertumbuhan Klebsiella	50.0%	72.2%	71.1%
Total		Count	2	36	38
		% within pertumbuhan Klebsiella	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.455 ^a	1	.500		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.414	1	.520		
Fisher's Exact Test				.501	.501
Linear-by-Linear Association	.443	1	.506		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .58.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for higiene responden (Buruk / Baik)	2.600	.148	45.680
For cohort pertumbuhan Klebsiella = Positif	2.455	.168	35.860
For cohort pertumbuhan Klebsiella = Negatif	.944	.772	1.154
N of Valid Cases	38		

lama perawatan * pertumbuhan Klebsiella

Crosstab

			pertumbuhan Klebsiella		Total
			Positif	Negatif	
klasifikasi lama perawatan	>2	Count	1	34	35
		% within pertumbuhan Klebsiella	50.0%	94.4%	92.1%
	<3	Count	1	2	3
		% within pertumbuhan Klebsiella	50.0%	5.6%	7.9%
Total		Count	2	36	38
		% within pertumbuhan Klebsiella	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.147 ^a	1	.023	.154	.154
Continuity Correction ^b	.849	1	.357		
Likelihood Ratio	2.770	1	.096		
Fisher's Exact Test					
Linear-by-Linear Association	5.012	1	.025		
N of Valid Cases	38				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .16.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for klasifikasi lama perawatan (>2 / <3)	.059	.003	1.328
For cohort pertumbuhan Klebsiella = Positif	.086	.007	1.053
For cohort pertumbuhan Klebsiella = Negatif	1.457	.653	3.250
N of Valid Cases	38		

Usia_gramnegatif * pertumbuhan Pseudomonas

Crosstab

		pertumbuhan Pseudomonas		Total
		Positif	Negatif	
Usia_gramnegatif	>64	Count 0	4	4
		% within pertumbuhan Pseudomonas 0.0%	11.1%	10.5%
	<65	Count 2	32	34
		% within pertumbuhan Pseudomonas 100.0%	88.9%	89.5%
Total		Count 2	36	38
		% within pertumbuhan Pseudomonas 100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.248 ^a	1	.618	1.000	.798
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.458	1	.499		
Fisher's Exact Test					
Linear-by-Linear Association	.242	1	.623		
N of Valid Cases	38				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .21.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan Pseudomonas = Negatif	1.063	.977	1.156
N of Valid Cases	38		

Usia_gramnegatif * pertumbuhan Enterobacter

Crosstab

		pertumbuhan Enterobacter		Total
		Positif	Negatif	
Usia_gramnegatif	>64	Count 0	4	4
		% within pertumbuhan Enterobacter 0.0%	10.8%	10.5%
	<65	Count 1	33	34
		% within pertumbuhan Enterobacter 100.0%	89.2%	89.5%
Total		Count 1	37	38
		% within pertumbuhan Enterobacter 100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.121 ^a	1	.728		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.226	1	.635		
Fisher's Exact Test				1.000	.895
Linear-by-Linear Association	.118	1	.732		
N of Valid Cases	38				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .11.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan Enterobacter = Negatif	1.030	.972	1.092
N of Valid Cases	38		

Usia_gramnegatif * pertumbuhan E.coli

Crosstab

				pertumbuhan E.coli		Total	
				Negatif			
Usia_gramnegatif	>64	Count		4		4	
		% within pertumbuhan E.coli		10.5%		10.5%	
	<65	Count		34		34	
		% within pertumbuhan E.coli		89.5%		89.5%	
Total		Count		38		38	
		% within pertumbuhan E.coli		100.0%		100.0%	

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because pertumbuhan E.coli is a constant.

Risk Estimate

	Value
Odds Ratio for Usia_gramnegatif (>64 / <65)	. ^a

a. No statistics are computed because pertumbuhan E.coli is a constant.

Usia_gramnegatif * pertumbuhan Klebsiella

Crosstab

				pertumbuhan Klebsiella		Total	
				Positif		Negatif	
Usia_gramnegatif	>64	Count		0	4	4	
		% within pertumbuhan Klebsiella		0.0%	11.1%	10.5%	
	<65	Count		2	32	34	
		% within pertumbuhan Klebsiella		100.0%	88.9%	89.5%	
Total		Count		2	36	38	
		% within pertumbuhan Klebsiella		100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)

Pearson Chi-Square	.248 ^a	1	.618		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.458	1	.499		
Fisher's Exact Test				1.000	.798
Linear-by-Linear Association	.242	1	.623		
N of Valid Cases	38				

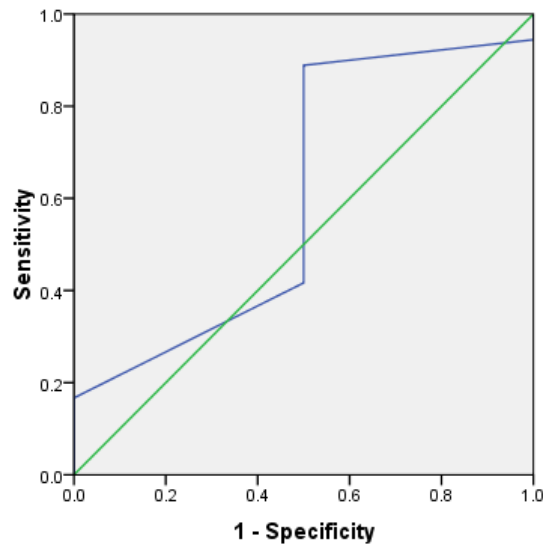
a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .21.
 b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort pertumbuhan Klebsiella = Negatif	1.063	.977	1.156
N of Valid Cases	38		

ROC Curve

ROC Curve



Diagonal segments are produced by ties.

Coordinates of the Curve

Test Result Variable(s): jumlah skor kuesioner

Positive if Greater Than or Equal To ^a	Sensitivity	1 - Specificity
3.00	1.000	1.000
4.50	.972	1.000
5.50	.944	1.000
6.50	.889	.500
7.50	.722	.500
8.50	.639	.500
9.50	.417	.500
10.50	.167	.000
11.50	.028	.000
13.00	.000	.000

The test result variable(s): jumlah skor kuesioner has at least one tie between the positive actual state group and the negative actual state group.

a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

JUDUL PENELITIAN :

**KOLONISASI BAKTERI PATOGEN POTENSIAL PENYEBAB INFEKSI
DAERAH OPERASI PADA KULIT PASIEN PRAOPERATIF**

INSTANSI PELAKSANA : Program Studi Ilmu Pendidikan Dokter Fakultas Kedokteran
Universitas Diponegoro

INFORMED CONSENT

Yth. Bapak/Ibu/Sdr :

Kami, Gina Dhani Wilantri dan Mesayu Nadya Prameswari, mahasiswa Program Studi S1 Ilmu Pendidikan Dokter Fakultas Kedokteran UNDIP. Kami akan melakukan penelitian dengan judul:

***KOLONISASI BAKTERI PATOGEN POTENSIAL PENYEBAB INFEKSI DAERAH
OPERASI PADA KULIT PASIEN PRAOPERATIF***

Tujuan dari penelitian ini adalah untuk mendapatkan data prevalensi dan faktor risiko dari bakteri yang menempati atau hidup di kulit pada pasien yang akan menjalani operasi. Manfaat penelitian ini adalah :dengan mengetahui dan memahami prevalensi dan faktor risiko kolonisasi pada kulit pasien yang akan menjalani operasi, maka dapat dilakukan upaya pencegahan dan pengobatan terhadap infeksi daerah operasi yang umumnya diawali dengan pertumbuhan bakteri pada kulit.

Sebenarnya pemeriksaan bakteri pada kulit tidak rutin dilakukan pada setiap pasien yang akan menjalani operasi dan hanya dilakukan untuk tujuan penelitian. Tetapi pemeriksaan ini perlu dilakukan dalam penelitian ini, karena dalam penelitian ini, kami berharap bisa memperoleh data prevalensi dan faktor faktor risiko dari bakteri yang menempati atau hidup di kulit. Sehingga jika seorang pasien akan menjalani operasi dan dapat diidentifikasi faktor risiko tertentu pada pasien tersebut yang menyebabkan bakteri menempati atau hidup di kulit, maka dokter dapat memperkirakan risiko infeksi daerah operasi yang akan terjadi dan dapat melakukan penanganan yang lebih tepat untuk menghindari hal tersebut.

Anda terpilih sebagai peserta penelitian ini. Apabila Bapak/Ibu/Saudara setuju sebagai peserta penelitian maka ada beberapa hal yang akan Bapak/Ibu/Saudara alami, yaitu:

- Diminta berbagai informasi mengenai data demografik, hiegiene dan kesehatan personal yang akan dilakukan dengan wawancara dan pengukuran berat badan dan tinggi badan secara langsung dalam waktu tidak lebih dari 10 menit.
- Dilakukan pemeriksaan fisik untuk mengetahui adanya lesi kulit di bagian tubuh.
- Dilakukan apus kulit pada bagian yang akan dioperasi pada 1-2 jam sebelum operasi. Apus kulit menggunakan alat swab yang lembut ke kulit Bapak/Ibu/Saudara. Prosedur ini hanya memerlukan waktu 2-3 menit, dan mungkin akan sedikit geli tapi tidak menyakitkan karena kami hanya melakukan usapan pada kulit bapak/ibu. Ini adalah ilustrasi gambar tentang cara pengambilan apus kulit.



Penelitian ini tidak akan menimbulkan efek yang merugikan pada Bapak/Ibu/Saudara. Dalam penelitian ini tidak ada intervensi dalam bentuk apapun terhadap Bapak/ Ibu/ Saudara sehingga tidak ada tindakan terapi/ tidak dilakukan intervensi manajemen terapi apapun. Setiap data pemeriksaan dan penelitian dijamin kerahasiaannya. Sebagai peserta penelitian keikutsertaan ini bersifat sukarela dan tidak dikenakan biaya penelitian. Oleh karena itu Bapak/ Ibu/ Saudara berhak menolak berpartisipasi atau berhenti berpartisipasi kapan saja atas alasan apapun tanpa adanya konsekwensi. Apabila ada informasi yang belum jelas atau pertanyaan mengenai penelitian ini Bapak/Ibu/Saudara bisa menghubungi kami (Gina/Mesayu), mahasiswa Program Studi S1 Ilmu Pendidikan Dokter FK UNDIP (HP 081390396658/081641070777)

Terima kasih atas kerjasama Bapak/ Ibu/ Saudara.

**KOLONISASI BAKTERI PATOGEN POTENSIAL PENYEBAB INFEKSI
DAERAH OPERASI PADA KULIT PASIEN PRAOPERATIF**

Setelah mendengar dan memahami penjelasan tentang penelitian, dengan ini saya menyatakan:

Nama :

Usia :

Jenis kelamin : Laki-laki / Perempuan*

Menyatakan: **SETUJU / TIDAK SETUJU***

Untuk ikut sebagai peserta penelitian.

Semarang,2015
Saya yang membuat pernyataan

Peneliti

() ()
Alamat :

Saksi

()
Alamat :

*coret salah satu

Contact Person: Gina Dhani Wilantri (081390396658)
Mesayu Nadya P. (085641070777)

KOLONISASI KULIT PASIEN PRAOPERATIF

Demografi		
1.	Nama	
2.	Usia	Tahun
3.	Jenis kelamin	Laki laki / Perempuan *
4.	Tempat, tanggal lahir	
5.	Tinggi badan / Berat badan	cm/ kg
6.	Alamat	
7.	Tanggal Masuk Rumah Sakit	
8.	Tanggal Operasi	
9.	Jenis Operasi	
10.	Perokok aktif	0. Tidak 1. Ya 2. Tidak tahu
11.	Riwayat perawatan di rumah sakit 3 bulan terakhir	0. Tidak 1. Ada : sakit.....,hari
12.	Minum antibiotik saat ini	0. Tidak 1. Ya 2. Tidak tahu
13.	Minum antibiotik 1 minggu terakhir	0. Tidak 1. Ya 2. Tidak tahu
14.	Penyakit diabetes melitus	0. Tidak 1. Ya 2. Tidak tahu
15.	Tanggal Masuk Rumah Sakit	
16.	Penyakit kulit di daerah operasi	0. Tidak 1. Ya 2. Tidak tahu
17.	Penyakit kulit di luar daerah operasi	0. Tidak 1. Ya 2. Tidak tahu

*) coret yang tidak perlu



KUESIONER PENELITIAN
HIGIENE PERORANGAN TERHADAP
KOLONISASI BAKTERI PADA KULIT PASIEN PRAOPERATIF

Keterangan Responden

1. Nomor :
2. Tanggal pemeriksaan :
3. Petugas pemeriksa :

Identitas Responden

1. Nama :
2. Umur :

Petunjuk pengisian :Berilah tanda silang pada jawaban yang anda pilih.

1. Berapa kali anda mandi setiap hari?
 - a. Dua kali atau lebih
 - b. Satu kali
2. Apakah anda mandi selalu memakai sabun?
 - a. Selalu
 - b. Tidak selalu
3. Apakah sabun mandi anda?
 - a. Sabun antiseptik
 - b. Tidak mengandung antiseptik
4. Bagaimana penggunaan sabun mandi anda?
 - a. Sabun batang dipakai sendiri atau sabun cair
 - b. Sabun batang dipakai secara bergantian dengan teman/ anggota keluarga
5. Apakah anda mandi menggunakan spons mandi?
 - a. Tidak menggunakan spons atau menggunakan spons dipakai pribadi
 - b. Menggunakan spons mandi bersama / bergantian dengan teman atau anggota keluarga

6. Apakah anda biasa mencuci tangan dengan menggunakan sabun setelah anda selesai beraktivitas (bekerja/sekolah) ?
 - a. Ya
 - b. Tidak
7. Apakah anda mencuci tangan menggunakan sabun setelah pergi ke toilet/WC/kamar mandi?
 - a. Ya
 - b. Tidak
8. Bagaimana penggunaan handuk/lap/sapu tangan yang anda pakai?
 - a. Digunakan sendiri
 - b. Digunakan banyak orang/bergantian
9. Berapa seringkah anda mengganti handuk anda?
 - a. 3 hari sekali
 - b. Lebih dari 3 hari sekali
10. Bagaimana handuk yang selesai anda gunakan?
 - b. Dijemur di bawah sinar matahari
 - c. Hanya diangin-anginkan
11. Bagaimana biasanya pakaian anda dicuci?
 - a. Setelah satu kali / sehari dipakai
 - b. Setelah lebih dari dua kali dipakai
12. Bagaimana biasanya pakaian dalam anda dicuci?
 - a. Setelah satu kali dipakai
 - b. Setelah lebih dari dua kali dipakai



**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



ETHICAL CLEARANCE **No. 174/EC/FK-RSDK/2015**

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

- Judul** : Kolonisasi bakteri patogen potensial penyebab infeksi daerah Operasi pada kulit pasien praoperatif
- Peneliti** : **Mesayu Nandya Prameswari**
- Judul** : Kolonisasi bakteri patogen potensial penyebab infeksi daerah Operasi pada kulit pasien praoperatif
- Peneliti** : **Gina Dhani Wilantri**
- Pembimbing** : 1. dr. Helmia Farida, Sp. A., M.Kes
2. dr. Stefani Candra Firmanti, M.Sc
- Penelitian** : Dilaksanakan di Bangsal Bedah RSUP Dr. Kariadi Semarang dan Laboratorium Mikrobiologi Universitas Diponegoro

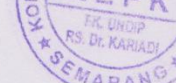
Setuju untuk dilaksanakan, dengan memperhatikan prinsip-prinsip yang dinyatakan dalam Deklarasi Helsinki 1975, yang diamended di Seoul 2008 dan Pedoman Nasional Etik Penelitian Kesehatan (PNEPK) Departemen Kesehatan RI 2011

Peneliti harus melampirkan 2 kopi lembar Informed consent yang telah disetujui dan ditandatangani oleh peserta penelitian pada laporan penelitian.
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, 07 APR 2015

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



Dr.dr.Selamat Budjirno,M.Si.Med,Sp.B,Sp.B(K),Onk,FICS
NIP. 19710807 200812 1 001



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 : hunfas_rskariadi@yahoo.co.id, rsdk@indosat.net.id



**SURAT IZIN
MELAKSANAKAN PENELITIAN**

DL.00.02 / I.II / 1290 / 2015

Yang bertanda tangan di bawah ini :

Nama : Dr. Darwito, SH, Sp.B, SpB(K), Onk
NIP : 19600203 198803 1 003
Jabatan : Direktur Umum & Operasional RSUP Dr. Kariadi

Memberikan ijin melakukan penelitian untuk :

Nama peneliti : Gina Dhani Wilantri
Pembimbing : 1. dr. Helmia Farida, M.Si, Sp.A
2. dr Stefani Candra Firmanti, M.Si

Institusi peneliti : FK UNDIP

Judul penelitian : Kolonisasi Bakteri Patogen Potensial Penyebab Infeksi Daerah Operasi pada Kulit Pasien Praoperatif (Studi terhadap faktor Resiko Usia, Kebiasaan Merokok, Higiene Personai, dan, Lama Perawatan Praoperatif di RSUP dr Kariadi)

Lokasi penelitian : Instalasi B (Bangsal Bedah)

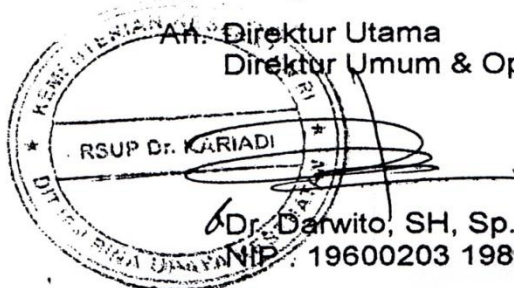
Untuk melaksanakan kegiatan penelitian selama 2 bulan, terhitung mulai sejak diterbitkannya surat ijin penelitian ini.

Peneliti wajib melakukan :

1. Informed Consent dilampirkan pada rekam medis responden
2. Laporan monitoring evaluasi penelitian secara periodik
3. Laporan selesai penelitian dengan menyerahkan monitoring evaluasi penelitian
4. Menyerahkan laporan hasil akhir penelitian (1.berkas)

Semarang, 05 MAY 2015

Dr. Darwito, SH, Sp.B, SpB(K), Onk
Direktur Umum & Operasional



Dr. Darwito, SH, Sp.B, SpB(K), Onk
NIP : 19600203 198803 1 003



**STAF MEDIS FUNGSIONAL (SMF) BEDAH
RUMAH SAKIT DOKTER KARIADI**

Jl. dr. Sutomo 16 Telp. (024) 8413289 Fax. (024) 8413305, 8413003
SEMARANG

Nomor : 128 /BDH/V/2015
Lampiran :
Perihal : Penelitian Karya Tulis Ilmiah (KTI)

25 Mei 2015

Yth.

- Gina Dhani Wilantri
 - Messayu Nadya Prameswari
- Di Semarang

Menjawab surat saudara tertanggal 18 Mei 2015 perihal Penelitian Karya Tulis Ilmiah (KTI) di bangsal bedah RSUP dr. Kariadi, bersama ini diberitahukan bahwa pada prinsipnya kami tidak keberatan saudara a.n.:

1. Nama : Gina Dhani Wilantri
NIM : 22010111130102
2. Nama : Messayu Nadya Prameswari
NIM: : 22010111130123

Untuk melakukan penelitian di bangsal bedah RSUP dr. Kariadi, dalam rangka penyusunan Karya Tulis Ilmiah mahasiswa.

Demikian untuk menjadikan periksa dan atas perhatiannya mengucapkan terima kasih.

Ketua Bagian Ilmu Bedah,

dr. Sahal Fatah, Sp.B, Sp.BTKV
NIP 195710281985101001

Tembusan kepada Yth:

- Dir. Umum
- Ka. Instalasi Rawat Inap B

DOKUMENTASI PENELITIAN



Informed consent kepada pasien



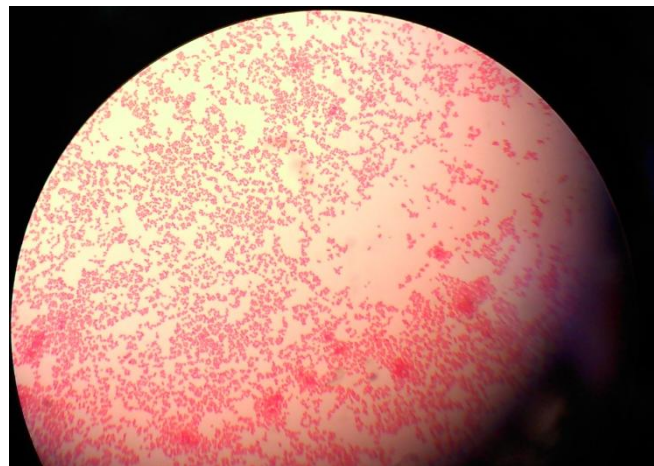
Identifikasi di laboratorium



Kultur pada Blood agar



Kultur pada MSA



Pengecatan Gram

Identitas

Nama : Gina Dhani Wilantri

NIM : 22010111130102

Tempat/tanggal lahir: Demak, 16 Maret 1993

Jenis Kelamin : Perempuan

Alamat : Betokan RT 2/II No. 5 Demak

Nomor Telpun : -

Nomor HP : 081390396658

e-mail : ginadhani@gmail.com

Riwayat Pendidikan Formal

1. SD : SDN Bintoro 5 Demak lulus tahun 2005
2. SMP : SMP N 2 Demak lulus tahun 2008
3. SMA : SMA N 3 Semarang lulus tahun 2011
4. FK UNDIP : Masuk tahun : 2011