

DAFTAR PUSTAKA

1. Stroke Association. Stroke of The Nation: Stroke Statistics [internet]. 2015 [updated 2015 Jan; cited 2015 Jan 20]. Available from: http://www.stroke.org.uk/sites/default/files/State%20of%20the%20Nation_2015_0.pdf.
2. Rahayu S. Hubungan Frekuensi Stroke dengan Fungsi Kognitif di RSUD Arifin Achmad [dissertation]. Program Studi Ilmu Keperawatan Universitas Riau; 2014.
3. Batticaca F. Asuhan Keperawatan Klien dengan Gangguan Sistem Persarafan [internet]. Jakarta; Salemba Medika. 2009: 56. [cited 2015 Jan 20. Available from: <https://books.google.co.id/books?id=AKDNoVXFVnEC&pg=PA183&dq=batticaca+stroke+adalah&hl=en&sa=X&ei=fpLpVNXSB82KuATlhYDYAw&ved=0CBsQ6AEwAA#v=onepage&q=batticaca%20-%20stroke%20adalah&f=false>.
4. Hacke W, Kaste M, Bogousslavsky J, Brainin M, Chamorro A, Lees K et al.. Ischemic Stroke Prophylaxis and Treatment-European Stroke Initiative Recommendations [internet]. 2003;16:311-337 [cited 2014 Nov 23]. Available from: http://www.congrex-switzerland.com/fileadmin/files/2013/eso-stroke/pdf/EUSI2003_Cerebrovasc_Dis.pdf.
5. Zazulia A. Critical Care Management of Acute Ischemic Stroke [internet]. 2009:15 [cited 2015 Jan 20]. Available from: American Academy of Neurology.
6. Indonesian Society of Intensive Care Medicine. Pedoman Penyelenggaraan Intensive Care Unit (ICU) di Rumah Sakit [internet]. 2014 [cited 2015 Jan 20]. Available from: <http://perdici.org/pedoman-icu/>

7. Misbach J, Ali W. Stroke in Indonesia: A First Large Prospective Hospital-Based Study of Acute Stroke in 28 Hospitals in Indonesia [internet]. 2001 [cited 2015 Feb 23]. 8(3): 245. Available from: Journal of Clinical Neuroscience.
8. Garland A, Fransoo R, Olafson K, et al. The Epidemiology and Outcomes of Critical Illness in Manitoba. Manitoba Centre for Health Policy, University of Manitoba. 2012 [updated 2012 Apr; cited 2014 Feb 23]. Available from: <http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html>.
9. Farid S. Rerata Waktu Penggunaan Ventilator pada Pasien Surgical ICU RSUP Dr. Kariadi pada bulan Januari 2010-Januari 2011 [dissertation]. Semarang (Indonesia): Universitas Diponegoro; 2011.
10. Norris J, Hachinski V. Intensive Care Management of Stroke Patients. 2015 [cited 2015 Feb 23]. Available from: <http://stroke.ahajournals.org/>
11. Muttaqin A. Pengantar Asuhan Keperawatan dengan Gangguan Sistem Persarafan. Jakarta: Salemba Medika; 2008;128.
12. Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI. Riset Kesehatan Dasar 2013 [internet]. 2013 [cited 2014 Dec 3]. Available from: <http://www.depkes.go.id/resources/download/general/Hasil%20Risikesdas%202013.pdf>.
13. Dinata CA, Safrita Y, Sastri S. Gambaran Faktor Risiko dan Tipe Stroke pada Pasien Rawat Inap di Bagian Penyakit Dalam RSUD Kabupaten Solok Selatan Periode 1 Januari 2010-31 Juni 2012. Jurnal Kesehatan Andalas. 2013; 2(2).
14. Sidharta P. Neurologi Klinis dalam Praktek Umum. Jakarta: Dian Rakyat, 2009: 260-261.
15. Harsono. Kapita Selekta Neurologi, ed. 2. Yogyakarta: Gajah Mada University, 2005: 402.

16. Lumbantobing SM. Neurogeriatri. Jakarta: Balai Penerbit FKUI, 2004: 177.
17. Rambe AS. Stroke: Sekilas tentang Definisi, Penyebab, Efek, dan Faktor Risiko [dissertation]. Departemen Neurologi. Medan (Indonesia): Universitas Sumatera Utara, 2010.
18. Price S, Wilson L. Patofisiologi: Konsep Klinis Proses-Proses Penyakit, ed. 6. Jakarta: EGC, 2005; 2(3):1117.
19. World Health Organization. Cardio Vascular Disease, Risk Factors for Stroke [internet]. 2009 [cited 2015 Feb 1]. Available from: http://www.who.int/cardiovascular_diseases/en/cvd_atlas_03_risk_factors.pdf.
20. American Stroke Association. Let's Talk about Stroke: Risk Factors for Stroke [internet]. 2003 [cited 2015 Feb 1]. Available from: http://www.rorc.research.va.gov/rescue/prevention/RFP_LTA_Stroke_Risk_Factors.pdf.
21. Sariningsih. Hubungan Jumlah Neutrofil Absolut dengan Mortalitas pada Stroke Iskemik Akut dengan Komplikasi Pneumonia [dissertation]. Departemen Ilmu Penyakit Saraf. Semarang (Indonesia): Universitas Diponegoro, 2011.
22. Setyopranoto I. Manajemen Stroke Akut [internet]. 2010 [cited 2015 Jan 20]. Available from: <http://www.slideshare.net/hawk888/manajemen-stroke-akut-dr-ismail-setyopranoto-sp-s>.
23. Rathore JA. Predictors of Mortality after Acute Stroke-A Prospective Hospital Based Study [internet]. 2011 [cited 2015 Feb 1]; 1-2. Available from: <http://www.ayubmed.edu.pk/JAMC/23-2/Rathore.pdf>.
24. Harvey RL. Deep Vein Thrombosis in Stroke [internet]. 2015 [cited 2015 Feb 3]. Available from: American Heart Association.

25. Bambang M. Pencegahan Stroke dan Jantung pada Usia Muda. Jakarta: Balai Pustaka FKUI, 2003: 272.
26. Vashishth I. Intensive Care Unit Utilization [internet]. 2010 [cited 2015 Feb 3]. Available from: https://www.sctimst.ac.in/Conferences/resources/FOCUS_2010/Dr.%20Indu%20-%20INTENSIVE%20CARE%20UNIT%20UTILIZATION.pdf.
27. Arabi Y. A Prospective Study of Prolonged Stay in the Intensive Care Unit: Predictors and Impact on Resource Utilization [internet]. 2002 [cited 2015 Feb 3]. Available from: Oxford University Press.
28. American Thoracic Society. Mechanical Ventilation [internet]. 2013 [cited 2015 Feb 3]. Available from: <http://patients.thoracic.org/information-series/en/resources/mechanical-ventilation.pdf>.
29. Sumardjo D. Pengantar Kimia: Buku Panduan Kuliah Mahasiswa Kedokteran dan Program Strata I Fakultas Bioeksakta. Jakarta: EGC, 2009: 423.
30. MG Ian, WM Jos. Antibiotic Policies: Theory and Practice. New York: Springer Science & Business Media, 2006: 261.
31. RY Jose, F Gyorgy. The 5-Minute ICU Consult. Philadelphia: Lippincott Williams & Wilkins, 2012: 38.
32. F Gyorgy, DU Richard. Pocket ICU. China: Lippincott Williams % Wilkins, 2012: IDSSSG 10-4.
33. MG Ian, WM Jos. Antibiotic Policies: Fighting Resistance. New York: Springer Science & Business Media, 2007: 211.
34. R Moussa, S Frida, S Ghassan, et al. Prediction of The Survival and Functional Ability of Severe Stroke Patients after ICU Therapeutic Intervention [internet]. 2008

- [cited 2015 June 26]. Available from:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443378/>
35. KU Tobi, NQ Okojie. Characteristic and Outcome of Stroke Patients with Cerebrovascular Accident at The Intensive Care Unit of A Tertiary Hospital in Nigeria [internet]. 2013 [cited 2015 June 26]. Available from:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4228813/>
36. Setiati S dkk. Proses Menua dan Implikasi Klinisnya. Dalam: Sudoyo AW dkk, editor. Buku Ajar Ilmu Penyakit Dalam. Jilid I. Edisi V. Jakarta: Interna Publishing; 2009. h. 760.
37. Rachmawati F. Gambaran Status Fungsional Pasien Stroke Saat Masuk Rawat Inap RSUD Arifin Achmad Pekanbaru [dissertation]. Program Studi Ilmu Keperawatan. Pekanbaru (Indonesia): Universitas Riau, 2013.
38. R Allyson. Critical Care Management of Acute Ischemic Stroke [internet]. 2009 [cited 2015 June 26]. Available from:
<https://residents.lsuhs.edu/no/neurology/docs/critical%20care%20management%20of%20acute%20stroke%20-%20zazulia.pdf>
39. Martono H dkk. Stroke dan Penatalaksanaannya oleh Internis. Dalam: Sudoyo AW dkk, editor. Buku Ajar Ilmu Penyakit Dalam. Jilid I. Edisi V. Jakarta: Interna Publishing; 2009.
40. Ganong WF. Buku Ajar Fisiologi Kedokteran. Edisi 22. Jakarta: EGC; 2008. h. 325.
41. ES Ali, S Pawan, B Erkan, et al. Morbid Obesity in The Medical ICU [internet]. 2001 [cited 2015 June 26]. Available from: <http://journal.publications.chestnet.org/article.aspx?articleid=1080185>
42. I Hiroyasu, R David, W Deborah. et al. Serum Cholesterol Levels and Six-Year Mortality from Stroke in 350,977 Men Screened for the Multiple Risk Factor

- Intervention Trial [internet]. 2015 [cited June 27]. Available from:
<http://www.nejm.org/doi/pdf/10.1056/NEJM198904063201405>
43. Ganong WF. Buku Ajar Fisiologi Kedokteran. Edisi 22. Jakarta: EGC; 2008. h. 320-321.
44. MG David, EF Susan, LR Nancy, et al. Impact of Fever on Outcome in Patients With Stroke and Neurologic Injury: A Comprehensive Meta-Analysis [internet]. 2008 [cited 2015 June 27]. Available from:
<http://stroke.ahajournals.org/content/39/11/3029.full>
45. FW Willeke, JN Paul, V Jan-Dirk, et al. Post-Stroke Infection: A Systematic Review and Meta-Analysis [internet]. 2011 [cited 2015 June 27]. Available from:
<http://www.biomedcentral.com/1471-2377/11/110/>
46. Anwar R. Meta Analisis [internet]. 2005 [cited 2015 July 9]. Available from:
http://pustaka.unpad.ac.id/wp-content/uploads/2010/05/meta_analisis.pdf
47. M Fanshawe, B Venkatesh, RJ Boots. Outcome of Stroke Patients Admitted to Intensive Care: Experience from an Australian Teaching Hospital [internet]. 2002 [cited 2015 June 27]. Available from:
<http://www.ncbi.nlm.nih.gov/pubmed/12413265?report=abstract>
48. JC Deborah, AC Mark, OM Maureen. Prevalence, Incidence, and Risk Factors for Venous Thromboembolism in Medical-Surgical Intensive Care Unit Patients [internet]. 2005 [cited 2015 June 28]. Available from:
<http://www.sciencedirect.com/science/article/pii/S0883944105000869>
49. Nederkoorn P. Antibiotics Reduce Infection But Don't Alter Stroke Outcome [internet]. 2014 [cited 2015 June 28]. Available from:
http://www.medscape.com/viewarticle/833992#vp_2

50. E Andreas, A Antonio, F Fernando, et al. Characteristics and Outcomes in Adult Patients Receiving Mechanical VentilationA 28-Day International Study [internet]. 2002 [cited 2015 June 28]. Available from: http://www.medscape.com/viewarticle/833992#vp_2
51. TA William, et al. Effect of Length of Stay in Intensive Care Unit on Hospital and Long-Term Mortality of Critically Ill Adult Patients [internet]. 2010 [cited 2015 June 28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20185517>
52. Tobi KU, Amadasun FE. Prolonged Stay in the Intensive Care Unit of A Tertiary Hospital in Nigeria: Predisposing Factors and Outcome [internet]. 2015 [cited 2015 July 8]. Available from: <http://www.ajmhs.org/article.asp?issn=2384-5589;year=2015;volume=14;issue=1;spage=56;epage=60;aualast=Tobi>


Lampiran 1. Lembar Kuesioner Penelitian


KUESIONER PENELITIAN

Faktor - Faktor Yang Berhubungan dengan *Outcome* Pasien Stroke yang Dirawat di ICU RSUP Dr. Kariadi Semarang

No.	Data Pasien	Nilai
1.	No. CM	
2.	Nama	
3.	Alamat	
4.	Jenis Kelamin: 1. Laki - laki 2. Perempuan	1 <input type="checkbox"/> 2 <input type="checkbox"/>
5.	Usia: 1. <50 tahun 2. ≥50 tahun	Nilai : 1 <input type="checkbox"/> 2 <input type="checkbox"/>
6.	Jenis Stroke: 1. Stroke Iskemik 2. Stroke Hemoragik	1 <input type="checkbox"/> 2 <input type="checkbox"/>
7.	Penyakit Komorbid:	
	a. Hipertensi 1. Ya 2. Tidak	1 <input type="checkbox"/> 2 <input type="checkbox"/>
	b. Diabetes Mellitus (DM) 1. Ya 2. Tidak	1 <input type="checkbox"/> 2 <input type="checkbox"/>
	c. Penyakit Jantung 1. Ya 2. Tidak	1 <input type="checkbox"/> 2 <input type="checkbox"/>
	d. Obesitas 1. Ya 2. Tidak	1 <input type="checkbox"/> 2 <input type="checkbox"/>
	e. Hiperkolesterolemia 1. Ya 2. Tidak	1 <input type="checkbox"/> 2 <input type="checkbox"/>
8.	Pasien mengalami komplikasi Gagal Nafas: 1. Ya 2. Tidak	1 <input type="checkbox"/> 2 <input type="checkbox"/>

Lampiran 2. 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. 243/EC/FK-RSDK/2015

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

FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN OUTCOME PASIEN STROKE YANG DIRAWAT DI ICU RSUP DR. KARIADI SEMARANG

Peneliti Utama : **Mellisa Hidayah**

Pembimbing : 1. dr. Dodik Tugasworo, Sp. S(K)
2. dr. Maria Belladonna, Sp. S, M.Si.Med

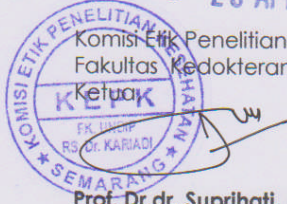
Penelitian : Dilaksanakan di Bagian Rekam Medik RSUP Dr. Kariadi Semarang

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, **28 APR 2015**



 Ketua

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

Lampiran 3. Surat Izin Penelitian



KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
RUMAH SAKIT UMUM PUSAT DOKTER KARIADI
 Jalan Dr. Sutomo No. 16 Semarang, PO BOX 1104
 Telepon : (024) 8413993, 8413476, 8413764 Fax : (024) 8318617
 Website : <http://www.rskariadi.com> email : rsdk@indosat.net.id ; rsdk@rskariadi.com



RSUP Dr. KARIADI
 Sehat Menaja Sehat

SURAT IZIN
MELAKSANAKAN PENELITIAN

DL.00.02 / I.II / 1567 / 2015

Yang bertanda tangan di bawah ini :

Nama : Dr. Agus Suryanto, Sp.PD-KP, MARS
 N I P : 19610818 198812 1001
 Jabatan : Direktur SDM dan Pendidikan RSUP Dr. Kariadi

Memberikan ijin melakukan penelitian untuk :

Nama peneliti : Mellisa Hidayah
 Pembimbing : 1. dr Dodik Tugasworo, Sp.S(K)
 2. dr Maria Belladonna, Sp.S, M.Si.Med
 Institusi peneliti : Program Studi Pendidikan Dokter Fakultas Kedokteran UNDIP
 Judul penelitian : Faktor faktor yang Berhubungan dengan Outcome Pasien Stroke yang dirawat di ICU RSUP dr Kariadi Semarang
 Lokasi penelitian : Instalasi Rekam Medis

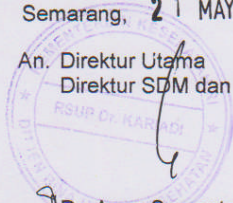
Untuk melaksanakan kegiatan penelitian selama 1 bulan, terhitung mulai sejak diterbitkannya surat ijin penelitian ini.

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, 21 MAY 2015

An. Direktur Utama
 Direktur SDM dan Pendidikan



Dr. Agus Suryanto, Sp.PD-KP, MARS
 NIP. 19610818 198812 1 001

Lampiran 4. Hasil Analisis

Frequency Table

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	13	50.0	50.0	50.0
	Perempuan	13	50.0	50.0	100.0
	Total	26	100.0	100.0	

Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 50	5	19.2	19.2	19.2
	>= 50	21	80.8	80.8	100.0
	Total	26	100.0	100.0	

Diagnosis Stroke

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hemoragik	9	34.6	34.6	34.6
	Iskemik	17	65.4	65.4	100.0
	Total	26	100.0	100.0	

Hipertensi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	17	65.4	65.4	65.4
	Tidak	9	34.6	34.6	100.0
	Total	26	100.0	100.0	

Diabetes Mellitus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	11	42.3	42.3	42.3
	Tidak	15	57.7	57.7	100.0
	Total	26	100.0	100.0	

Penyakit Jantung

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	3	11.5	11.5	11.5
	Tidak	23	88.5	88.5	100.0
	Total	26	100.0	100.0	

Obesitas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	1	3.8	3.8	3.8
	Tidak	25	96.2	96.2	100.0
	Total	26	100.0	100.0	

Hiperkolesterolemia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	1	3.8	3.8	3.8
	Tidak	25	96.2	96.2	100.0
	Total	26	100.0	100.0	

Gagal Nafas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	16	61.5	61.5	61.5
	Tidak	10	38.5	38.5	100.0
	Total	26	100.0	100.0	

Demam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	13	50.0	50.0	50.0
	Tidak	13	50.0	50.0	100.0
	Total	26	100.0	100.0	

Pneumonia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	15	57.7	57.7	57.7
	Tidak	11	42.3	42.3	100.0
	Total	26	100.0	100.0	

Infeksi Saluran Kemih

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	2	7.7	7.7	7.7
	Tidak	24	92.3	92.3	100.0
	Total	26	100.0	100.0	

Edema Serebri

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	1	3.8	3.8	3.8
	Tidak	25	96.2	96.2	100.0
	Total	26	100.0	100.0	

GCS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Berat	14	53.8	53.8	53.8
	Sedang	8	30.8	30.8	84.6
	Ringan	4	15.4	15.4	100.0
	Total	26	100.0	100.0	

Deep Vein Thrombosis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	1	3.8	3.8	3.8
	Tidak	25	96.2	96.2	100.0
	Total	26	100.0	100.0	

Antibiotik

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	24	92.3	92.3	92.3
	Tidak	2	7.7	7.7	100.0
	Total	26	100.0	100.0	

Kultur

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ya	16	61.5	61.5	61.5
	Tidak	10	38.5	38.5	100.0
	Total	26	100.0	100.0	

Lama Pemakaian Ventilator Mekanik

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid > 24 jam	16	61.5	61.5	61.5
<= 24 jam	10	38.5	38.5	100.0
Total	26	100.0	100.0	

Lama Perawatan

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid > 7 hari	9	34.6	34.6	34.6
<= 7 hari	17	65.4	65.4	100.0
Total	26	100.0	100.0	

Outcome

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Mati	22	84.6	84.6	84.6
Hidup	4	15.4	15.4	100.0
Total	26	100.0	100.0	

Crosstabs

Usia * Outcome

Crosstab

		Outcome		Total
		Mati	Hidup	
Usia < 50	Count	4	1	5
	Expected Count	4.2	.8	5.0
	% within Outcome	18.2%	25.0%	19.2%
	% of Total	15.4%	3.8%	19.2%
Usia >= 50	Count	18	3	21
	Expected Count	17.8	3.2	21.0
	% within Outcome	81.8%	75.0%	80.8%
	% of Total	69.2%	11.5%	80.8%
Total	Count	22	4	26
	Expected Count	22.0	4.0	26.0
	% within Outcome	100.0%	100.0%	100.0%
	% of Total	84.6%	15.4%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.101 ^b	1	.750		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.096	1	.757		
Fisher's Exact Test				1.000	.600
Linear-by-Linear Association	.097	1	.755		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .77.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Usia (< 50 / >= 50)	.667	.054	8.196
For cohort Outcome = Mati	.933	.582	1.496
For cohort Outcome = Hidup	1.400	.182	10.791
N of Valid Cases	26		

Jenis Kelamin * Outcome**Crosstab**

			Outcome		Total
			Mati	Hidup	
Jenis Kelamin	Laki-laki	Count	9	4	13
		Expected Count	11.0	2.0	13.0
		% within Outcome	40.9%	100.0%	50.0%
		% of Total	34.6%	15.4%	50.0%
	Perempuan	Count	13	0	13
		Expected Count	11.0	2.0	13.0
		% within Outcome	59.1%	.0%	50.0%
		% of Total	50.0%	.0%	50.0%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.727 ^b	1	.030		
Continuity Correction ^a	2.659	1	.103		
Likelihood Ratio	6.277	1	.012		
Fisher's Exact Test				.096	.048
Linear-by-Linear Association	4.545	1	.033		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.00.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Outcome = Mati	.692	.482	.995
N of Valid Cases	26		

Diagnosis Stroke * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Diagnosis Stroke	Hemoragik	Count	7	2	9
		Expected Count	7.6	1.4	9.0
		% within Outcome	31.8%	50.0%	34.6%
		% of Total	26.9%	7.7%	34.6%
	Iskemik	Count	15	2	17
		Expected Count	14.4	2.6	17.0
		% within Outcome	68.2%	50.0%	65.4%
		% of Total	57.7%	7.7%	65.4%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.494 ^b	1	.482		
Continuity Correction ^a	.017	1	.895		
Likelihood Ratio	.475	1	.491		
Fisher's Exact Test				.591	.431
Linear-by-Linear Association	.475	1	.491		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.38.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Diagnosis Stroke (Hemoragik / Iskemik)	.467	.054	4.029
For cohort Outcome = Mati	.881	.597	1.302
For cohort Outcome = Hidup	1.889	.317	11.265
N of Valid Cases	26		

Hipertensi * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Hipertensi	Ya	Count	14	3	17
		Expected Count	14.4	2.6	17.0
		% within Outcome	63.6%	75.0%	65.4%
		% of Total	53.8%	11.5%	65.4%
	Tidak	Count	8	1	9
		Expected Count	7.6	1.4	9.0
		% within Outcome	36.4%	25.0%	34.6%
		% of Total	30.8%	3.8%	34.6%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.193 ^b	1	.660		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.202	1	.653		
Fisher's Exact Test				1.000	.569
Linear-by-Linear Association	.186	1	.667		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.38.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Hipertensi (Ya / Tidak)	.583	.052	6.587
For cohort Outcome = Mati	.926	.673	1.275
For cohort Outcome = Hidup	1.588	.192	13.153
N of Valid Cases	26		

Diabetes Mellitus * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Diabetes Mellitus	Ya	Count	10	1	11
		Expected Count	9.3	1.7	11.0
		% within Outcome	45.5%	25.0%	42.3%
		% of Total	38.5%	3.8%	42.3%
	Tidak	Count	12	3	15
		Expected Count	12.7	2.3	15.0
		% within Outcome	54.5%	75.0%	57.7%
		% of Total	46.2%	11.5%	57.7%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.580 ^b	1	.446		
Continuity Correction ^a	.045	1	.832		
Likelihood Ratio	.611	1	.435		
Fisher's Exact Test				.614	.426
Linear-by-Linear Association	.558	1	.455		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.69.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Diabetes Mellitus (Ya / Tidak)	2.500	.224	27.940
For cohort Outcome = Mati	1.136	.830	1.556
For cohort Outcome = Hidup	.455	.054	3.807
N of Valid Cases	26		

Penyakit Jantung * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Penyakit Jantung	Ya	Count	2	1	3
		Expected Count	2.5	.5	3.0
		% within Outcome	9.1%	25.0%	11.5%
		% of Total	7.7%	3.8%	11.5%
	Tidak	Count	20	3	23
		Expected Count	19.5	3.5	23.0
		% within Outcome	90.9%	75.0%	88.5%
		% of Total	76.9%	11.5%	88.5%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.839 ^b	1	.360		
Continuity Correction ^a	.004	1	.948		
Likelihood Ratio	.694	1	.405		
Fisher's Exact Test				.408	.408
Linear-by-Linear Association	.807	1	.369		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .46.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Penyakit Jantung (Ya / Tidak)	.300	.020	4.418
For cohort Outcome = Mati	.767	.339	1.733
For cohort Outcome = Hidup	2.556	.376	17.377
N of Valid Cases	26		

Obesitas * Outcome**Crosstab**

			Outcome		Total
			Mati	Hidup	
Obesitas	Ya	Count	1	0	1
		Expected Count	.8	.2	1.0
		% within Outcome	4.5%	.0%	3.8%
		% of Total	3.8%	.0%	3.8%
	Tidak	Count	21	4	25
		Expected Count	21.2	3.8	25.0
		% within Outcome	95.5%	100.0%	96.2%
		% of Total	80.8%	15.4%	96.2%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.189 ^b	1	.664		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.341	1	.559		
Fisher's Exact Test				1.000	.846
Linear-by-Linear Association	.182	1	.670		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .15.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Outcome = Mati	1.190	1.003	1.413
N of Valid Cases	26		

Hiperkolesterolemia * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Hiperkolesterolemia	Ya	Count	1	0	1
		Expected Count	.8	.2	1.0
		% within Outcome	4.5%	.0%	3.8%
		% of Total	3.8%	.0%	3.8%
	Tidak	Count	21	4	25
		Expected Count	21.2	3.8	25.0
		% within Outcome	95.5%	100.0%	96.2%
		% of Total	80.8%	15.4%	96.2%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.189 ^b	1	.664		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.341	1	.559		
Fisher's Exact Test				1.000	.846
Linear-by-Linear Association	.182	1	.670		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .15.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Outcome = Mati	1.190	1.003	1.413
N of Valid Cases	26		

Gagal Nafas * Outcome**Crosstab**

			Outcome		Total
			Mati	Hidup	
Gagal Nafas	Ya	Count	14	2	16
		Expected Count	13.5	2.5	16.0
		% within Outcome	63.6%	50.0%	61.5%
		% of Total	53.8%	7.7%	61.5%
	Tidak	Count	8	2	10
		Expected Count	8.5	1.5	10.0
		% within Outcome	36.4%	50.0%	38.5%
		% of Total	30.8%	7.7%	38.5%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.266 ^b	1	.606		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.260	1	.610		
Fisher's Exact Test				.625	.504
Linear-by-Linear Association	.256	1	.613		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.54.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Gagal Nafas (Ya / Tidak)	1.750	.205	14.931
For cohort Outcome = Mati	1.094	.762	1.569
For cohort Outcome = Hidup	.625	.104	3.757
N of Valid Cases	26		

Demam * Outcome**Crosstab**

			Outcome		Total
			Mati	Hidup	
Demam	Ya	Count	12	1	13
		Expected Count	11.0	2.0	13.0
		% within Outcome	54.5%	25.0%	50.0%
		% of Total	46.2%	3.8%	50.0%
	Tidak	Count	10	3	13
		Expected Count	11.0	2.0	13.0
		% within Outcome	45.5%	75.0%	50.0%
		% of Total	38.5%	11.5%	50.0%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.182 ^b	1	.277		
Continuity Correction ^a	.295	1	.587		
Likelihood Ratio	1.229	1	.268		
Fisher's Exact Test				.593	.297
Linear-by-Linear Association	1.136	1	.286		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.00.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Demam (Ya / Tidak)	3.600	.322	40.233
For cohort Outcome = Mati	1.200	.857	1.680
For cohort Outcome = Hidup	.333	.040	2.801
N of Valid Cases	26		

Pneumonia * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Pneumonia	Ya	Count	12	3	15
		Expected Count	12.7	2.3	15.0
		% within Outcome	54.5%	75.0%	57.7%
		% of Total	46.2%	11.5%	57.7%
	Tidak	Count	10	1	11
		Expected Count	9.3	1.7	11.0
		% within Outcome	45.5%	25.0%	42.3%
		% of Total	38.5%	3.8%	42.3%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.580 ^b	1	.446		
Continuity Correction ^a	.045	1	.832		
Likelihood Ratio	.611	1	.435		
Fisher's Exact Test				.614	.426
Linear-by-Linear Association	.558	1	.455		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.69.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Pneumonia (Ya / Tidak)	.400	.036	4.470
For cohort Outcome = Mati	.880	.642	1.205
For cohort Outcome = Hidup	2.200	.263	18.425
N of Valid Cases	26		

Infeksi Saluran Kemih * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Infeksi Saluran Kemih	Ya	Count	2	0	2
		Expected Count	1.7	.3	2.0
		% within Outcome	9.1%	.0%	7.7%
		% of Total	7.7%	.0%	7.7%
	Tidak	Count	20	4	24
		Expected Count	20.3	3.7	24.0
		% within Outcome	90.9%	100.0%	92.3%
		% of Total	76.9%	15.4%	92.3%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.394 ^b	1	.530		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.698	1	.404		
Fisher's Exact Test				1.000	.711
Linear-by-Linear Association	.379	1	.538		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .31.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Outcome = Mati	1.200	1.003	1.435
N of Valid Cases	26		

Edema Serebri * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Edema Serebri	Ya	Count	1	0	1
		Expected Count	.8	.2	1.0
		% within Outcome	4.5%	.0%	3.8%
		% of Total	3.8%	.0%	3.8%
	Tidak	Count	21	4	25
		Expected Count	21.2	3.8	25.0
		% within Outcome	95.5%	100.0%	96.2%
		% of Total	80.8%	15.4%	96.2%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.189 ^b	1	.664		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.341	1	.559		
Fisher's Exact Test				1.000	.846
Linear-by-Linear Association	.182	1	.670		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .15.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Outcome = Mati	1.190	1.003	1.413
N of Valid Cases	26		

GCS * Outcome**Crosstab**

			Outcome		Total
			Mati	Hidup	
GCS	Berat	Count	13	1	14
		Expected Count	11.8	2.2	14.0
		% within Outcome	59.1%	25.0%	53.8%
		% of Total	50.0%	3.8%	53.8%
	Sedang	Count	7	1	8
		Expected Count	6.8	1.2	8.0
		% within Outcome	31.8%	25.0%	30.8%
		% of Total	26.9%	3.8%	30.8%
	Ringan	Count	2	2	4
		Expected Count	3.4	.6	4.0
		% within Outcome	9.1%	50.0%	15.4%
		% of Total	7.7%	7.7%	15.4%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.463 ^a	2	.107
Likelihood Ratio	3.546	2	.170
Linear-by-Linear Association	3.363	1	.067
N of Valid Cases	26		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is .62.

NPar Tests**Two-Sample Kolmogorov-Smirnov Test****Frequencies**

Outcome		N
GCS	Mati	22
	Hidup	4
	Total	26

Test Statistics^a

		GCS
Most Extreme Differences	Absolute	.409
	Positive	.409
	Negative	.000
Kolmogorov-Smirnov Z		.753
Asymp. Sig. (2-tailed)		.623

a. Grouping Variable: Outcome

Deep Vein Thrombosis * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Deep Vein Thrombosis	Ya	Count	1	0	1
		Expected Count	.8	.2	1.0
		% within Outcome	4.5%	.0%	3.8%
		% of Total	3.8%	.0%	3.8%
	Tidak	Count	21	4	25
		Expected Count	21.2	3.8	25.0
		% within Outcome	95.5%	100.0%	96.2%
		% of Total	80.8%	15.4%	96.2%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.189 ^b	1	.664		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.341	1	.559		
Fisher's Exact Test				1.000	.846
Linear-by-Linear Association	.182	1	.670		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .15.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Outcome = Mati	1.190	1.003	1.413
N of Valid Cases	26		

Antibiotik * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Antibiotik	Ya	Count	21	3	24
		Expected Count	20.3	3.7	24.0
		% within Outcome	95.5%	75.0%	92.3%
		% of Total	80.8%	11.5%	92.3%
	Tidak	Count	1	1	2
		Expected Count	1.7	.3	2.0
		% within Outcome	4.5%	25.0%	7.7%
		% of Total	3.8%	3.8%	7.7%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.994 ^b	1	.158		
Continuity Correction ^a	.154	1	.695		
Likelihood Ratio	1.467	1	.226		
Fisher's Exact Test				.289	.289
Linear-by-Linear Association	1.918	1	.166		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .31.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Antibiotik (Ya / Tidak)	7.000	.340	144.056
For cohort Outcome = Mati	1.750	.434	7.055
For cohort Outcome = Hidup	.250	.044	1.430
N of Valid Cases	26		

Kultur * Outcome**Crosstab**

			Outcome		Total
			Mati	Hidup	
Kultur	Ya	Count	12	4	16
		Expected Count	13.5	2.5	16.0
		% within Outcome	54.5%	100.0%	61.5%
		% of Total	46.2%	15.4%	61.5%
	Tidak	Count	10	0	10
		Expected Count	8.5	1.5	10.0
		% within Outcome	45.5%	.0%	38.5%
		% of Total	38.5%	.0%	38.5%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.955 ^b	1	.086		
Continuity Correction ^a	1.346	1	.246		
Likelihood Ratio	4.330	1	.037		
Fisher's Exact Test				.136	.122
Linear-by-Linear Association	2.841	1	.092		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.54.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Outcome = Mati	.750	.565	.995
N of Valid Cases	26		

Lama Pemakaian Ventilator Mekanik * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Lama Pemakaian Ventilator Mekanik	> 24 jam	Count	14	2	16
		Expected Count	13.5	2.5	16.0
		% within Outcome	63.6%	50.0%	61.5%
		% of Total	53.8%	7.7%	61.5%
	<= 24 jam	Count	8	2	10
		Expected Count	8.5	1.5	10.0
		% within Outcome	36.4%	50.0%	38.5%
		% of Total	30.8%	7.7%	38.5%
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.266 ^b	1	.606		
Continuity Correction ^a	.000	1	1.000		
Likelihood Ratio	.260	1	.610		
Fisher's Exact Test				.625	.504
Linear-by-Linear Association	.256	1	.613		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.54.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Lama Pemakaian Ventilator Mekanik (> 24 jam / <= 24 jam)	1.750	.205	14.931
For cohort Outcome = Mati	1.094	.762	1.569
For cohort Outcome = Hidup	.625	.104	3.757
N of Valid Cases	26		

Lama Perawatan * Outcome

Crosstab

			Outcome		Total
			Mati	Hidup	
Lama Perawatan > 7 hari	Count	7	2	9	
	Expected Count	7.6	1.4	9.0	
	% within Outcome	31.8%	50.0%	34.6%	
	% of Total	26.9%	7.7%	34.6%	
<= 7 hari	Count	15	2	17	
	Expected Count	14.4	2.6	17.0	
	% within Outcome	68.2%	50.0%	65.4%	
	% of Total	57.7%	7.7%	65.4%	
Total	Count	22	4	26	
	Expected Count	22.0	4.0	26.0	
	% within Outcome	100.0%	100.0%	100.0%	
	% of Total	84.6%	15.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.494 ^b	1	.482		
Continuity Correction ^a	.017	1	.895		
Likelihood Ratio	.475	1	.491		
Fisher's Exact Test				.591	.431
Linear-by-Linear Association	.475	1	.491		
N of Valid Cases	26				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.38.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Lama Perawatan (> 7 hari / <= 7 hari)	.467	.054	4.029
For cohort Outcome = Mati	.881	.597	1.302
For cohort Outcome = Hidup	1.889	.317	11.265
N of Valid Cases	26		

Logistic Regression

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)	95.0% C.I. for EXP(B)			
							Lower	Upper		
Step 1 ^a	Usia	-2.777	3.603	.594	1	.441	.062	.000	72.527	
	Dx_stroke	-2.240	2.008	1.243	1	.265	.107	.002	5.457	
	Hipertensi	.022	3.020	.000	1	.994	1.022	.003	380.258	
	DM	-.121	2.533	.002	1	.962	.886	.006	126.998	
	Jantung	-3.680	4.782	.592	1	.442	.025	.000	296.720	
	Gagal_nafas	1.581	2.195	.518	1	.472	4.859	.066	359.173	
	Demam	4.109	3.868	1.128	1	.288	60.909	.031	119526.1	
	Pneumonia	-2.324	2.601	.798	1	.372	.098	.001	16.020	
	ISK	18.718	27787.441	.000	1	.999	1E+008	.000	.	
	Edema	13.791	40192.984	.000	1	1.000	976015.7	.000	.	
	GCS	1.156	1.798	.413	1	.521	3.176	.094	107.798	
	DVT	11.489	40192.985	.000	1	1.000	97629.045	.000	.	
	Antibiotik	.100	4.465	.001	1	.982	1.106	.000	6989.097	
	Constant	-82.415	126540.0	.000	1	.999	.000			
Step 2 ^a	Usia	-2.766	3.260	.720	1	.396	.063	.000	37.438	
	Dx_stroke	-2.236	1.949	1.316	1	.251	.107	.002	4.877	
	DM	-.114	2.336	.002	1	.961	.892	.009	86.909	
	Jantung	-3.669	4.476	.672	1	.412	.026	.000	164.804	
	Gagal_nafas	1.575	2.050	.590	1	.442	4.831	.087	268.459	
	Demam	4.103	3.746	1.200	1	.273	60.493	.039	93316.549	
	Pneumonia	-2.311	1.820	1.611	1	.204	.099	.003	3.516	
	ISK	18.727	27923.769	.000	1	.999	1E+008	.000	.	
	Edema	13.804	40192.974	.000	1	1.000	988486.5	.000	.	
	GCS	1.163	1.489	.610	1	.435	3.199	.173	59.251	
	DVT	11.493	40192.974	.000	1	1.000	98052.743	.000	.	
	Antibiotik	.086	3.967	.000	1	.983	1.090	.000	2592.891	
	Constant	-82.492	126660.0	.000	1	.999	.000			
	Step 3 ^a	Usia	-2.767	3.259	.721	1	.396	.063	.000	37.355
Dx_stroke		-2.236	1.949	1.316	1	.251	.107	.002	4.874	
DM		-.114	2.336	.002	1	.961	.892	.009	86.931	
Jantung		-3.669	4.476	.672	1	.412	.025	.000	164.566	
Gagal_nafas		1.576	2.049	.591	1	.442	4.833	.087	268.378	
Demam		4.104	3.744	1.201	1	.273	60.557	.039	93184.722	
Pneumonia		-2.311	1.820	1.612	1	.204	.099	.003	3.513	
ISK		18.729	27960.454	.000	1	.999	1E+008	.000	.	
Edema		13.802	40192.934	.000	1	1.000	986895.5	.000	.	
GCS		1.163	1.489	.610	1	.435	3.200	.173	59.262	
Antibiotik		.086	3.967	.000	1	.983	1.089	.000	2595.411	
Constant		-59.506	97923.614	.000	1	1.000	.000			
Step 4 ^a		Usia	-2.771	3.258	.723	1	.395	.063	.000	37.176
		Dx_stroke	-2.230	1.927	1.340	1	.247	.108	.002	4.693
	DM	-.119	2.327	.003	1	.959	.888	.009	84.886	
	Jantung	-3.719	3.824	.946	1	.331	.024	.000	43.663	
	Gagal_nafas	1.587	1.985	.639	1	.424	4.888	.100	238.953	
	Demam	4.118	3.684	1.250	1	.264	61.466	.045	84013.473	
	Pneumonia	-2.309	1.818	1.612	1	.204	.099	.003	3.507	
	ISK	18.729	27940.276	.000	1	.999	1E+008	.000	.	
	Edema	13.776	40192.953	.000	1	1.000	961620.0	.000	.	
	GCS	1.173	1.413	.690	1	.406	3.232	.203	51.517	
	Constant	-59.331	97900.618	.000	1	1.000	.000			

a. Variable(s) entered on step 1: Usia, Dx_stroke, Hipertensi, DM, Jantung, Gagal_nafas, Demam, Pneumonia, ISK, Edema, GCS, DVT, Antibiotik.

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)	95.0% C.I. for EXP(B)		
							Lower	Upper	
Step 5	Usia	-2.777	3.254	.728	1	.393	.062	.000	36.617
	Dx_stroke	-2.232	1.926	1.342	1	.247	.107	.002	4.682
	DM	-.121	2.328	.003	1	.959	.886	.009	84.955
	Jantung	-3.725	3.825	.949	1	.330	.024	.000	43.436
	Gagal_nafas	1.590	1.983	.643	1	.423	4.903	.101	238.988
	Demam	4.127	3.677	1.260	1	.262	61.985	.046	83590.360
	Pneumonia	-2.310	1.818	1.614	1	.204	.099	.003	3.502
	ISK	18.729	27960.380	.000	1	.999	1E+008	.000	.
	GCS	1.175	1.412	.692	1	.405	3.239	.203	51.588
Constant	-31.771	55920.760	.000	1	1.000	.000			
Step 6	Usia	-2.790	3.269	.729	1	.393	.061	.000	37.236
	Dx_stroke	-2.265	1.835	1.523	1	.217	.104	.003	3.787
	Jantung	-3.680	3.681	.999	1	.318	.025	.000	34.324
	Gagal_nafas	1.549	1.805	.736	1	.391	4.707	.137	162.001
	Demam	4.168	3.627	1.321	1	.250	64.611	.053	79055.665
	Pneumonia	-2.323	1.803	1.659	1	.198	.098	.003	3.361
	ISK	18.682	27980.981	.000	1	.999	1E+008	.000	.
	GCS	1.129	1.081	1.090	1	.297	3.092	.371	25.741
	Constant	-31.792	55961.964	.000	1	1.000	.000		
Step 7	Usia	-2.931	3.611	.659	1	.417	.053	.000	63.236
	Dx_stroke	-2.439	1.848	1.741	1	.187	.087	.002	3.268
	Jantung	-4.020	3.828	1.103	1	.294	.018	.000	32.543
	Gagal_nafas	1.773	1.816	.954	1	.329	5.891	.168	206.840
	Demam	4.385	3.992	1.207	1	.272	80.270	.032	200629.9
	Pneumonia	-2.372	1.845	1.652	1	.199	.093	.003	3.474
	GCS	1.184	1.115	1.128	1	.288	3.268	.367	29.082
	Constant	5.879	9.240	.405	1	.525	357.502		
	Dx_stroke	-2.610	1.847	1.996	1	.158	.074	.002	2.747
Step 8	Jantung	-3.618	3.244	1.244	1	.265	.027	.000	15.478
	Gagal_nafas	2.188	1.863	1.380	1	.240	8.920	.232	343.467
	Demam	2.339	1.757	1.771	1	.183	10.371	.331	324.944
	Pneumonia	-2.420	1.993	1.475	1	.225	.089	.002	4.416
	GCS	1.453	1.150	1.597	1	.206	4.276	.449	40.729
	Constant	2.520	7.501	.113	1	.737	12.430		
	Dx_stroke	-2.302	1.716	1.798	1	.180	.100	.003	2.893
	Jantung	-2.016	2.119	.906	1	.341	.133	.002	8.467
	Demam	1.945	1.554	1.567	1	.211	6.992	.333	146.888
Step 9	Pneumonia	-1.224	1.657	.546	1	.460	.294	.011	7.561
	GCS	1.294	.971	1.776	1	.183	3.647	.544	24.453
	Constant	1.735	6.424	.073	1	.787	5.670		
	Dx_stroke	-1.755	1.460	1.444	1	.229	.173	.010	3.025
	Jantung	-1.779	1.940	.841	1	.359	.169	.004	7.565
	Demam	1.947	1.520	1.641	1	.200	7.008	.356	137.860
	GCS	1.423	.908	2.457	1	.117	4.150	.700	24.589
	Constant	-1.466	4.515	.105	1	.745	.231		
	Dx_stroke	-1.532	1.384	1.226	1	.268	.216	.014	3.255
Step 11	Demam	1.877	1.504	1.557	1	.212	6.536	.343	124.706
	GCS	1.511	.909	2.765	1	.096	4.531	.763	26.896
	Constant	-5.207	3.317	2.463	1	.117	.005		
	Demam	1.320	1.330	.985	1	.321	3.743	.276	50.746
Step 12	GCS	1.352	.820	2.719	1	.099	3.864	.775	19.267
	Constant	-6.364	3.087	4.251	1	.039	.002		
	GCS	1.304	.766	2.902	1	.088	3.684	.822	16.520
Step 13	Constant	-4.130	1.701	5.894	1	.015	.016		

a. Variable(s) entered on step 1: Usia, Dx_stroke, Hipertensi, DM, Jantung, Gagal_nafas, Demam, Pneumonia, ISK, Edema, GCS, DVT, Antibiotik.

Lampiran 5. Biodata Mahasiswa**Identitas**

Nama : Mellisa Hidayah
NIM : 22010111110113
Tempat/tanggal lahir : Samarinda/5 Oktober 1992
Jenis kelamin : Perempuan
Alamat : Prima Selatan No. E8/E Perum. Graha Estetika Tembalang Semarang
Nomor Telpon : 02476917132
Nomor HP : 085250335288
E-mail : mellisahidayah@ymail.com

Riwayat Pendidikan Formal

1. TK : TK Alkautsar Samarinda
2. SD : SD Muhammadiyah 1 Samarinda Lulus tahun : 2004
3. SMP : SMP Negeri 1 Samarinda Lulus tahun : 2007
4. SMA : SMA Negeri 1 Samarinda Pindah tahun: 2009
MA Al-Hamidiyah Depok Lulus tahun : 2011
5. FK UNDIP : Masuk tahun : 2011