

DAFTAR PUSTAKA

1. Almirall J, Bolívar I, Vidal J, Sauca G, Coll P, Niklasson B, et al. Epidemiology of community-acquired pneumonia in adults: a population based study. *Eur Resp J*. 2000; 12:757–63.
2. World Health Organization (WHO). Top 10 Causes of Death [Internet]. c2012 [updated 2014 May; cited 2014 Nov].
3. Kementerian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia tahun 2013. Jakarta: Kementerian Kesehatan RI; 2014.
4. Thomas JM, Jane QH. Low-risk patients admitted with community-acquired pneumonia. *Am J Med*. 2005; 118(12):1357-63.
5. Mandell LA, Wunderink R. Pneumonia. In: Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, et al, editors. *Harrison's principles of internal medicine*. 17th ed. New York: McGraw Hill; 2008, chapter 251.
6. Mandell LA, Wunderink RG, Anzueto A, Bartlett JG, Campbell GD, Dean NC, et al. Infectious diseases society of America/American thoracic society consensus guidelines on the management of community-acquired pneumonia in adults. *Clin Infect Dis*. 2007; 44.
7. Kamangar N, Harrington A. Bacterial pneumonia. [Internet] c2014 [cited 2014 Nov] Available from: <http://emedicine.medscape.com/article/300157-overview>
8. Torres A, Peetermans WE, Viegi G, Blasi F. Risk factors for community-acquired pneumonia in adults in Europe: a literature review. *Thorax*. 2013;68:1057–65.
9. Vinogradova Y, Hippisley-Cox J, Coupland C. Identification of new risk factors for pneumonia: population-based case-control study. *Br J Gen Pract*. 2009; 329-38.

10. Vila-Corcoles A, Ochoa-Gondar O, Rodriguez-Blanco T, Raga-Luria X, Gomez-Bertomeu F. Epidemiology of community-acquired pneumonia in older adults: a population-based study. *Respir Med.* 2009; 103:309-316.
11. Baik I, Curhan GC, Rimm EB, Bendich A, Willett WC, Fawzi WW. A prospective study of age and lifestyle factors in relation to community-acquired pneumonia in US men and women. *Arch Intern Med.* 2000; 160: 3082-88.
12. Talbot TR, Hartert TV, Mitchel E, Halasa BN, Arbogast PG, Poehling KA, et al. Asthma as a risk factor for invasive pneumococcal disease. *N Engl J Med* 2005; 352:2082-90.
13. Garcia-Vidal C, Fernández-Sabé N, Carratalà J, Díaz V, Verdaguer R, Dorca J, et al. Early mortality in patients with community acquired pneumonia: causes and risk factors. *Eur Respir J.* 2008; 32: 733–9.
14. Simon EE, Batuman V. Hyponatremia. [Internet] c2014 [Updated 2014 Apr; cited 2014 Dec]. Available from:
<http://emedicine.medscape.com/article/242166-overview>
15. Ndirangu EN. Prevalence of hyponatremia in children admitted at Kenyatta National Hospital with pneumonia [dissertation]. Nairobi: University of Nairobi; 2009.
16. Farr BM, Bartlett CLR, Wadsworth J, Miller DL. Risk factors for community-acquired pneumonia diagnosed upon hospital admission. *Respir Med.* 2000; 94:954-63.
17. World Health Organization (WHO). Pneumonia fact sheet. [Internet] 2014 [updated 2014 Nov; cited 2014 Nov]. Available from:
<http://www.who.int/mediacentre/factsheets/fs331/en/>
18. Waterer GW, Kessler LA, Wunderink RG. Medium-term survival after hospital with community-acquired pneumonia. *Am J Resp Crit Care Med.* 2004; 169:910-4.
19. American Thoracic Society. Guidelines for the initial management of adults with community-acquired pneumonia: Diagnosis, assessment of

- severity, and initial antimicrobial therapy. *Am J Resp Crit Care Med.* 2001; 163: 1730-54.
20. Xu J, Kochanek KD, Tejada-Vera B. Deaths: preliminary data for 2007. *National vital statistics reports* 2009; 58(1).
 21. Gray D, Zar HJ. Childhood pneumonia in low and middle income countries: burden, prevention, and management. *Open Infect Dis J.* 2010; 4
 22. Simonetti AF, Viasus D, Garcia-Vidal C, Carratala J. Management of community-acquired pneumonia in older adults. *Ther Adv Infect Dis.* 2014; 2(1):3-16.
 23. Schmidt S. Community acquired pneumonia. [Internet] 2002 [cited 2014 Nov] Available from:
<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/infectious-disease/community-acquired-pneumonia/>
 24. Peters-Golden M. Pneumonia. In: American Thoracic Society (ATS). *Breathing in America: Diseases, Progress, and Hope.* [Internet] 2010 [cited 2014 Nov]; 1:155-63. Available from:
<http://www.thoracic.org/education/breathing-in-america/>
 25. Dairo MT, Kholis FN, Ngestiningsih D. Pola kuman berdasarkan spesimen dan sensitivitas terhadap antibiotik pada penderita community-acquired pneumonia (CAP) di RSUP Dokter Kariadi Semarang [undergraduate thesis]. Semarang (Indonesia): Universitas Diponegoro; 2014.
 26. Perhimpunan Dokter Paru Indonesia (PDPI). *Pneumonia Komuniti Pedoman Diagnosis & Penatalaksanaan di Indonesia.* 2003.
 27. Loke YK, Kwok CS, Niruban A, Myint PK. Value of severity scales in predicting mortality from community-acquired pneumonia: systematic review and meta-analysis. *Thorax.* 2010; 65:884-90.
 28. The Ohio State University College of Medicine [internet]. *Pneumonia Severity Index.* Columbus: Ohio State University. Available from:
<http://internalmedicine.osu.edu/pulmonary/cap/10675.cfm>

29. Fine MJ, Auble TE, Yealy DM, Hanusa BH, Weissfeld LA, Singer DE, et al. A prediction rule to identify low-risk patients with community-acquired pneumonia. *N Engl J Med*. 1997; 336:243-50.
30. Lim WS, van der Eerden MM, Laing R, Boersma WG, Karalus N, Town GI, et al. Defining community acquired pneumonia severity on presentation to hospital: an international derivation and validation study. *Thorax* 2003; 58:377-82.
31. Nuorti JP, Butler JC, Farley MM, Harrison LH, McGeer A, Kolczak MS, et al. Cigarette smoking and invasive pneumococcal disease. *N Engl J Med*. 2000; 342:681-9.
32. Marik PE, Kaplan D. Aspiration pneumonia and dysphagia in the elderly. *Chest*. 2003, 124:328-36.
33. Kornum BJ, Thomsen RW, Riis A, Lervang HH, Schønheyder HC, Sørensen HT. Diabetes, glycemic control, and risk of hospitalization with pneumonia. *Diabetes care*. 2008; 31:1541-5.
34. Ehrlich SF, Quesenberry CP, Van Den Eeden SK, Shan J, Ferrara A. Patients diagnosed with diabetes are at increased risk for asthma, chronic obstructive pulmonary disease, pulmonary fibrosis, and pneumonia but not lung cancer. *Diabetes care*. 2010; 33:55–60.
35. Falguera M, Pifarre R, Martin A, Sheikh A, Moreno A. Etiology and outcome of community-acquired pneumonia in patients with diabetes mellitus. *Chest*. 2005; 128:3233–9.
36. Lepper PM, Ott S, Nüesch E, Von Eynatten M, Schumann C, Pletz MW, et al. Serum glucose levels for predicting death in patients admitted to hospital for community acquired pneumonia: prospective cohort study. *BMJ*. 2012; 344:3397.
37. McKeever T, Harrison TW, Hubbard R, Shaw D. Inhaled corticosteroids and the risk of pneumonia in people with asthma. *Chest*. 2013; 144(6): 1788-94.

38. O'Byrne PM, Pedersen S, Carlsson LG, Radner F, Thoren A, Peterson S, et al. Risks of pneumonia in patients with asthma taking inhaled corticosteroids. *Am J Respir Crit Care Med*. 2011; 183:589-95.
39. Talbot TR, Hartert TV, Mitchel E, Halasa NB, Arbogast PG, Poehling KA, et al. Asthma as a risk factor for invasive pneumococcal disease. *N Engl J Med*. 2005; 352:2082-90.
40. Zilberberg MD, Exuzides A, Spalding J, Foreman A, Jones AG, Colby C, et al. Hyponatremia and hospital outcomes among patients with pneumonia: a retrospective cohort study. *BMC Pulm Med*. 2008; 8 (16).
41. Sakellaropoulou A, Hatzistilianou M, Eboriadou M, Athanasiadou-Piperopoulou F. Hyponatraemia in cases of children with pneumonia. *Arch Med Sci*. 2010; 6, 4: 578-83.
42. Dwyer R, Hedlund J, Henriques-Normark B, Kalin M. Improvement of CRB-65 as a prognostic tool in adult patients with community-acquired pneumonia. *BMJ Open Res* 2014;1: e000038. Available from: <http://bmjopenrespres.bmj.com>
43. Renaud B, Coma E, Hayon J, Gurgui M, Longo C, Blancher M, et al. Investigation of the ability of the pneumonia severity index to accurately predict clinically relevant outcomes: a European study. *Clin Microbiol Infect* 2007; 13: 923–31.
44. Buising KL, Thursky KA, Black JF, MacGregor L, Street AC, Kennedy MP, et al. Identifying severe community-acquired pneumonia in the emergency department: A simple clinical prediction tool. *Emerg Med Australas*. 2007;19(5):418-26.
45. Guertler C, Wirz B, Christ-Crain M, Zimmerli W, Mueller B, Schuetz P. Inflammatory responses predict long-term mortality risk in community-acquired pneumonia. *Eur Respir J*. 2011; 37(6):1439-46.
46. Ng M, Freeman MK, Fleming TD, Robinson M, Dwyer-Lindgren L, Thomson B, et al. Smoking prevalence and cigarette consumption in 187 countries, 1980-2012. *JAMA*. 2014;311(2):183-92.

47. Kothe H, Bauer T, Marre R, Suttorp N, Welte T, Dalhoff K, et al. Outcome of community-acquired pneumonia: influence of age, residence status, and antimicrobial treatment. *Eur Respir J*. 2008;32:139-46.
48. Garmendia J, Morey P, Bengoechea JA. Impact of cigarette smoke exposure on host-bacterial pathogen interactions. *Eur Respir J* 2012; 39:467-7.
49. Yende S, van der Poll T, Lee MJ, Huang DT, Newman AB, Kong L, et al. The influence of pre-existing diabetes mellitus on the host immune responses and outcome of pneumonia: analysis of two multicentre cohort studies. *Thorax*. 2010;65:870-77.
50. Mathews CE, Brown EL, Martines PJ, Bagaria U, Nahm MH, Burton RL, et al. Impaired function of antibodies to pneumococcal surface protein A but not to capsular polysaccharide in Mexican American adults with type 2 diabetes mellitus. *Clin. Vaccine Immunol*. 2012;19(9):1360-9.
51. Klemets P, Lyytikainen O, Ruutu P, Ollgren J, Kaijalainen T, Leinonen M, et al. Risk of invasive pneumococcal infections among working age adults with asthma. *Thorax*. 2010;65:658-702.
52. Severe sepsis and septic shock. In: Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, et al, editors. *Harrison's principles of internal medicine*. 17th ed. New York: McGraw Hill; 2008, chapter 265.
53. Approach to the patient with shock: introduction. In: Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, et al, editors. *Harrison's principles of internal medicine*. 17th ed. New York: McGraw Hill; 2008, chapter 264.
54. Body temperature, temperature regulation, and fever. In: Guyton AC, Hall JE. *Textbook of medical physiology*. 12th ed. Philadelphia: Elsevier Saunders; 2010, chapter 73. p.875-8.
55. Approach to the patient with cancer. In: Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, et al, editors. *Harrison's principles of internal medicine*. 17th ed. New York: McGraw Hill; 2008, chapter 77.

56. Principles of cancer treatment. In: Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, et al, editors. Harrison's principles of internal medicine. 17th ed. New York: McGraw Hill; 2008, chapter 81.

LAMPIRAN

Hasil analisis statistik

A. Analisis bivariat

1. UsiaCoded * KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
UsiaCoded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

UsiaCoded * KeluarCoded Crosstabulation

			KeluarCoded		Total
			1	2	
UsiaCoded 1	Count		16	40	56
	% within UsiaCoded		28,6%	71,4%	100,0%
	% within KeluarCoded		51,6%	61,5%	58,3%
	% of Total		16,7%	41,7%	58,3%
2	Count		15	25	40
	% within UsiaCoded		37,5%	62,5%	100,0%
	% within KeluarCoded		48,4%	38,5%	41,7%
	% of Total		15,6%	26,0%	41,7%
Total	Count		31	65	96
	% within UsiaCoded		32,3%	67,7%	100,0%
	% within KeluarCoded		100,0%	100,0%	100,0%
	% of Total		32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	,851 ^a	1	,356		
Continuity Correction ^b	,491	1	,483		
Likelihood Ratio	,846	1	,358		
Fisher's Exact Test				,383	,241
Linear-by-Linear Association	,842	1	,359		
N of Valid Cases	96				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 12,92.

b. Computed only for a 2x2 table

2. JK Coded * KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
JK Coded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

JKCoded * KeluarCoded Crosstabulation

		KeluarCoded		Total
		1	2	
JKCoded 1	Count	14	29	43
	% within JKCoded	32,6%	67,4%	100,0%
	% within KeluarCoded	45,2%	44,6%	44,8%
	% of Total	14,6%	30,2%	44,8%
2	Count	17	36	53
	% within JKCoded	32,1%	67,9%	100,0%
	% within KeluarCoded	54,8%	55,4%	55,2%
	% of Total	17,7%	37,5%	55,2%
Total	Count	31	65	96
	% within JKCoded	32,3%	67,7%	100,0%
	% within KeluarCoded	100,0%	100,0%	100,0%
	% of Total	32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,003 ^a	1	,960		
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,003	1	,960		
Fisher's Exact Test				1,000	,566
Linear-by-Linear Association	,003	1	,960		
N of Valid Cases	96				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 13,89.

b. Computed only for a 2x2 table

3. RokokCoded*KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
RokokCoded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

RokokCoded * KeluarCoded Crosstabulation

		KeluarCoded		Total
		1	2	
RokokCoded 1	Count	2	1	3
	% within RokokCoded	66,7%	33,3%	100,0%
	% within KeluarCoded	6,5%	1,5%	3,1%
	% of Total	2,1%	1,0%	3,1%
2	Count	29	64	93
	% within RokokCoded	31,2%	68,8%	100,0%
	% within KeluarCoded	93,5%	98,5%	96,9%
	% of Total	30,2%	66,7%	96,9%
Total	Count	31	65	96
	% within RokokCoded	32,3%	67,7%	100,0%
	% within KeluarCoded	100,0%	100,0%	100,0%
	% of Total	32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,674 ^a	1	,196		
Continuity Correction ^b	,444	1	,505		
Likelihood Ratio	1,535	1	,215		
Fisher's Exact Test				,243	,243
Linear-by-Linear Association	1,656	1	,198		
N of Valid Cases	96				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,97.

b. Computed only for a 2x2 table

4. DM Coded * Keluar Coded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
DM Coded * Keluar Coded	96	100,0%	0	0,0%	96	100,0%

DM Coded * Keluar Coded Crosstabulation

		Keluar Coded		Total
		1	2	
DM Coded 1	Count	12	14	26
	% within DM Coded	46,2%	53,8%	100,0%
	% within Keluar Coded	38,7%	21,5%	27,1%
	% of Total	12,5%	14,6%	27,1%
2	Count	19	51	70
	% within DM Coded	27,1%	72,9%	100,0%
	% within Keluar Coded	61,3%	78,5%	72,9%
	% of Total	19,8%	53,1%	72,9%
Total	Count	31	65	96
	% within DM Coded	32,3%	67,7%	100,0%
	% within Keluar Coded	100,0%	100,0%	100,0%
	% of Total	32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3,134 ^a	1	,077		
Continuity Correction ^b	2,325	1	,127		
Likelihood Ratio	3,033	1	,082		
Fisher's Exact Test				,090	,065
Linear-by-Linear Association	3,101	1	,078		
N of Valid Cases	96				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 8,40.

b. Computed only for a 2x2 table

5. AsmaCoded*KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
AsmaCoded* KeluarCoded	96	100,0%	0	0,0%	96	100,0%

AsmaCoded * KeluarCoded Crosstabulation

			KeluarCoded		Total
			1	2	
AsmaCoded 1	Count		1	5	6
	% within AsmaCoded		16,7%	83,3%	100,0%
	% within KeluarCoded		3,2%	7,7%	6,3%
	% of Total		1,0%	5,2%	6,3%
2	Count		30	60	90
	% within AsmaCoded		33,3%	66,7%	100,0%
	% within KeluarCoded		96,8%	92,3%	93,8%
	% of Total		31,3%	62,5%	93,8%
Total	Count		31	65	96
	% within AsmaCoded		32,3%	67,7%	100,0%
	% within KeluarCoded		100,0%	100,0%	100,0%
	% of Total		32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,715 ^a	1	,398		
Continuity Correction ^b	,156	1	,693		
Likelihood Ratio	,798	1	,372		
Fisher's Exact Test				,660	,365
Linear-by-Linear Association	,707	1	,400		
N of Valid Cases	96				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,94.

b. Computed only for a 2x2 table

6. NaCoded*KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
NaCoded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

NaCoded * KeluarCoded Crosstabulation

			KeluarCoded		Total
			1	2	
NaCoded	1	Count	11	19	30
		% within NaCoded	36,7%	63,3%	100,0%
		% within KeluarCoded	35,5%	29,2%	31,3%
		% of Total	11,5%	19,8%	31,3%
	2	Count	20	46	66
		% within NaCoded	30,3%	69,7%	100,0%
		% within KeluarCoded	64,5%	70,8%	68,8%
		% of Total	20,8%	47,9%	68,8%
Total		Count	31	65	96
		% within NaCoded	32,3%	67,7%	100,0%
		% within KeluarCoded	100,0%	100,0%	100,0%
		% of Total	32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,382 ^a	1	,537		
Continuity Correction ^b	,146	1	,702		
Likelihood Ratio	,378	1	,539		
Fisher's Exact Test				,639	,348
Linear-by-Linear Association	,378	1	,539		
N of Valid Cases	96				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 9,69.

b. Computed only for a 2x2 table

7. RRCoded*KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
RRCoded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

RRCoded * KeluarCoded Crosstabulation

			KeluarCoded		Total
			1	2	
RRCoded	1	Count	16	12	28
		% within RRCoded	57,1%	42,9%	100,0%
		% within KeluarCoded	51,6%	18,5%	29,2%
		% of Total	16,7%	12,5%	29,2%
	2	Count	15	53	68
		% within RRCoded	22,1%	77,9%	100,0%
		% within KeluarCoded	48,4%	81,5%	70,8%
		% of Total	15,6%	55,2%	70,8%
Total		Count	31	65	96
		% within RRCoded	32,3%	67,7%	100,0%
		% within KeluarCoded	100,0%	100,0%	100,0%
		% of Total	32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11,166 ^a	1	,001		
Continuity Correction ^b	9,619	1	,002		
Likelihood Ratio	10,774	1	,001		
Fisher's Exact Test				,002	,001
Linear-by-Linear Association	11,049	1	,001		
N of Valid Cases	96				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 9,04.

b. Computed only for a 2x2 table

8. TDCoded*KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
TDCoded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

TDCoded * KeluarCoded Crosstabulation

		KeluarCoded		Total	
		1	2		
TDCoded	1	Count	19	18	37
		% within TDCoded	51,4%	48,6%	100,0%
		% within KeluarCoded	61,3%	27,7%	38,5%
		% of Total	19,8%	18,8%	38,5%
2	Count	12	47	59	
	% within TDCoded	20,3%	79,7%	100,0%	
	% within KeluarCoded	38,7%	72,3%	61,5%	
	% of Total	12,5%	49,0%	61,5%	
Total	Count	31	65	96	
	% within TDCoded	32,3%	67,7%	100,0%	
	% within KeluarCoded	100,0%	100,0%	100,0%	
	% of Total	32,3%	67,7%	100,0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10,003 ^a	1	,002		
Continuity Correction ^b	8,635	1	,003		
Likelihood Ratio	9,914	1	,002		
Fisher's Exact Test				,003	,002
Linear-by-Linear Association	9,899	1	,002		
N of Valid Cases	96				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 11,95.

b. Computed only for a 2x2 table

9. SuhuCoded*KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
SuhuCoded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

SuhuCoded * KeluarCoded Crosstabulation

			KeluarCoded		Total
			1	2	
SuhuCoded 1	Count		7	2	9
	% within SuhuCoded		77,8%	22,2%	100,0%
	% within KeluarCoded		22,6%	3,1%	9,4%
	% of Total		7,3%	2,1%	9,4%
2	Count		24	63	87
	% within SuhuCoded		27,6%	72,4%	100,0%
	% within KeluarCoded		77,4%	96,9%	90,6%
	% of Total		25,0%	65,6%	90,6%
Total	Count		31	65	96
	% within SuhuCoded		32,3%	67,7%	100,0%
	% within KeluarCoded		100,0%	100,0%	100,0%
	% of Total		32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	9,398 ^a	1	,002		
Continuity Correction ^b	7,242	1	,007		
Likelihood Ratio	8,756	1	,003		
Fisher's Exact Test				,005	,005
Linear-by-Linear Association	9,300	1	,002		
N of Valid Cases	96				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 2,91.

b. Computed only for a 2x2 table

10. NeoCoded*KeluarCoded

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
NeoCoded * KeluarCoded	96	100,0%	0	0,0%	96	100,0%

NeoCoded * KeluarCoded Crosstabulation

		KeluarCoded		Total
		1	2	
NeoCoded 1	Count	10	8	18
	% within NeoCoded	55,6%	44,4%	100,0%
	% within KeluarCoded	32,3%	12,3%	18,8%
	% of Total	10,4%	8,3%	18,8%
2	Count	21	57	78
	% within NeoCoded	26,9%	73,1%	100,0%
	% within KeluarCoded	67,7%	87,7%	81,3%
	% of Total	21,9%	59,4%	81,3%
Total	Count	31	65	96
	% within NeoCoded	32,3%	67,7%	100,0%
	% within KeluarCoded	100,0%	100,0%	100,0%
	% of Total	32,3%	67,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5,484 ^a	1	,019		
Continuity Correction ^b	4,252	1	,039		
Likelihood Ratio	5,178	1	,023		
Fisher's Exact Test				,026	,022
Linear-by-Linear Association	5,427	1	,020		
N of Valid Cases	96				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 5,81.

b. Computed only for a 2x2 table

B. Analisis multivariat

Categorical Variables Codings

		Frequency	Parameter coding
			(1)
NeoCoded	0	78	,000
	1	18	1,000
DMCoded	0	70	,000
	1	26	1,000
RRCoded	0	68	,000
	1	28	1,000
TDCoded	0	59	,000
	1	37	1,000
SuhuCoded	0	87	,000
	1	9	1,000
RokokCoded	0	93	,000
	1	3	1,000

Block 1: Method = Enter**Omnibus Tests of Model Coefficients**

		Chi-square	df	Sig.
Step 1	Step	47,590	6	,000
	Block	47,590	6	,000
	Model	47,590	6	,000

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	73,187 ^a	,391	,546

a. Estimation terminated at iteration number 6 because parameter estimates changed by less than ,001.

Classification Table^a

Observed		Predicted			
		KeluarCoded2		Percentage Correct	
		Hidup	Meninggal		
Step 1	KeluarCoded2	Hidup	59	6	90,8
		Meninggal	11	20	64,5
Overall Percentage					82,3

a. The cut value is ,500

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)		
							Lower	Upper	
Step 1 ^a	RokokCoded(1)	2,970	1,641	3,277	1	,070	19,498	,782	485,945
	DMCoded(1)	1,543	,697	4,907	1	,027	4,681	1,195	18,339
	RRCoded(1)	2,390	,658	13,184	1	,000	10,919	3,005	39,679
	TDCoded(1)	2,170	,660	10,792	1	,001	8,756	2,399	31,953
	SuhuCoded(1)	3,220	1,142	7,949	1	,005	25,037	2,669	234,880
	NeoCoded(1)	2,322	,780	8,864	1	,003	10,195	2,211	47,015
	Constant	-3,961	,793	24,940	1	,000	,019		

a. Variable(s) entered on step 1: RokokCoded, DMCoded, RRCoded, TDCoded, SuhuCoded, NeoCoded.

BIODATA PENELITI**Identitas**

Nama : Selma Lolita Dyah Pitaloka

NIM : 22010111140156

Tempat/Tanggal Lahir: Semarang/16 Oktober 1995

Jenis Kelamin : Perempuan

Alamat : Jalan Singosari VII/22 Semarang

Nomor Telpon : 024 8310272

Nomor HP : 0815 42 42 6006

Email : selmalolita00@gmail.com

Riwayat Pendidikan Formal

1. SD: SD NASIMA SEMARANG Lulus Tahun: 2006
2. SMP: SMP NEGERI 2 SEMARANG Lulus Tahun: 2008
3. SMA: SMA NEGERI 3 SEMARANG Lulus Tahun: 2011
4. FK UNDIP: Masuk Tahun: 2011

Keanggotaan Organisasi

1. Asian Medical Students' Association (Anggota, 2011 – Sekarang)



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



SURAT IZIN
MELAKSANAKAN PENELITIAN

DL.00.02/1137/2015

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 : Selma Lolita Dyah P
 Pembimbing : dr. Banteng Hanang Wibisono, Sp.PD-KP
 Institusi peneliti : FK UNDIP
 Judul penelitian : Beberapa faktor Resiko yang Berhubungan dengan Kematian Pasien Pneumonia Komunitas di RSUP dr Kariadi Semarang

Lokasi penelitian : Instalasi Rekam Medis

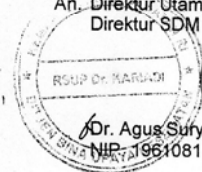
Untuk melaksanakan kegiatan penelitian selama 2 bulan, terhitung mulai sejak diterbitkannya surat ijin penelitian ini.

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, 22 APR 2015

An. Direktur Utama
 Direktur SDM dan Pendidikan



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

Ethical Clearance

Surat Keputusan KEPK No. 57/EC/FK-RSDK/2015

	<p>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</p>	
<p>ETHICAL CLEARANCE No. 57/EC/FK-RSDK/2015</p>		
<p>Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro-RSUP. Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :</p>		
<p>BEBERAPA FAKTOR RISIKO YANG BERHUBUNGAN DENGAN KEMATIAN PASIEN PNEUMONIA KOMUNITAS DI RSUP DR. KARIADI</p>		
Peneliti Utama	:	Selma Lolita Dyah Pitaloka
Pembimbing	:	dr. Banteng Hanang Wibisono, Sp.PD-KP
Penelitian	:	Dilaksanakan di RSUP Dr. Kariadi Semarang
<p>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</p>		
<p>Penelitian ini adalah Rekam Medik, jadi tidak memerlukan Informed Consent Peneliti diwajibkan menyerahkan :</p>		
<ul style="list-style-type: none"> - Laporan kemajuan penelitian (<i>clinical trial</i>) - Laporan kejadian efek samping jika ada ✓ Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian 		
<p>Semarang, 11 MAR 2015</p>		
<p>Komis Etik Penelitian Kesehatan Fakultas Kedokteran Undip-RS. Dr. Kariadi Ketua,</p>		
		
<p>Prof. Dr.dr. Suprihati, M.Sc, Sp.THT-KL(K) NIP.19500621 197703 2 001</p>		