ABSTRAK

Pneumonia yang disebabkan oleh bakteri dapat menyebabkan peradangan paru-paru, jika tidak ditangani dengan tepat dapat mengakibatkan kematian. Ketepatan pemberian antibiotik empiris dapat meningkatkan keberhasilan terapi pada pneumonia dan mencegah timbulnya resistensi bakteri terhadap berbagai macam antibiotik. Tujuan penelitian ini adalah untuk menilai ketepatan pemilihan antibiotik empiris pada pneumonia komunitas dengan menggunakan panduan antibiotik ATS/IDSA 2019, serta hubungannya dengan respon klinis pasien. Penelitian ini merupakan jenis rancangan kohort retrospektif, data diambil dari rekam medis pasien pneumonia komunitas yang di rawat inap dan jumlah sampel yang diambil minimal sebanyak 30. Data rekam medis yang diperoleh kemudian dianalisis dengan uji statistik *independent sampel t-test* atau uji *Mann-Whitney* sebagai alternatifnya. Hasil analisis menunjukkan terdapat perbedaan rata-rata perbaikan klinis yang meliputi suhu tubuh, detak jantung dan laju pernapasan antara penderita CAP yang menggunakan antibiotik empiris sesuai panduan ATS/IDSA 2019 dan yang menggunakan antibiotik empiris tidak sesuai panduan ATS/IDSA 2019 (p-*value* <0,05) serta, tidak terdapat perbedaan rata-rata perbaikan klinis yaitu tekanan darah sistolik antara penderita CAP yang menggunakan antibiotik empiris sesuai panduan ATS/IDSA 2019 dan yang menggunakan antibiotik empiris tidak sesuai panduan ATS/IDSA 2019 (p-*value* >0,05) di RSUP Dr. Sardjito.

Kata Kunci : Antibiotik, *Community Acquired Pneumonia*(CAP), Panduan ATS/IDSA 2019, Perbaikan Klinis.

ABSTRACT

Pneumonia caused by bacteria can cause inflammation of the lungs, if not treated properly it can lead to death. The accuracy of giving empiric antibiotiks can increase the success of therapy in pneumonia and prevent the emergence of bacterial resistance to various kinds of antibiotiks. The aim of this study was to assess the appropriateness of empiric antibiotik selection in community pneumonia using the 2019 ATS/IDSA antibiotik guide, as well as its relationship with patient clinical response. This research is a type of retrospective cohort design, the data were taken from the medical records of community pneumonia patients who were hospitalized and the number of samples taken was at least 30.The medical record data obtained were then analyzed by statistical independent sample t-test or the Mann-Whitney test as a the alternative. The results of the analysis show that there is a difference in the mean clinical improvement including body temperature, heart rate and respiratory rate between CAP patients who use empirical antibiotiks according to the 2019 ATS/IDSA guidelines and those using empirical antibiotiks that are not according to the 2019 ATS / IDSA guidelines (p-value <0.05) and, there was no difference in the mean clinical improvement, namely systolic blood pressure between CAP patients who used empirical antibiotiks according to the 2019 ATS / IDSA guidelines and those using empirical antibiotiks not according to the 2019 ATS / IDSA guidelines (p-value >0.05) at Dr. Sardjito.

Keywords: Antibiotiks, Clinical Improvement, Community Acquired Pneumonia (CAP), 2019 ATS/IDSA Guidelines