

PERBEDAAN SENSITIVITAS SPESIFISITAS SKOR SINCLAIR DAN SKOR
KOIVURANTA TERHADAP KEJADIAN PONV PASCA SPINAL ANESTESI
DI RS PKU MUHAMMADIYAH GAMPING YOGYAKARTA

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ABSTRAK

Latar Belakang : Salah satu komplikasi pada spinal anestesi adalah PONV. PONV menjadi komplikasi yang umum terjadi pada pasien pasca operasi dengan presentase 30% dan meningkat sekitar 80% pada pasien dengan resiko tinggi. Manajemen strategis menurunkan PONV adalah menggolongkan pasien berdasarkan resiko dan menyusun terapi berdasarkan klasifikasi. Skor Sinclair dan skor Koivuranta memiliki nilai prediksi yang signifikan tinggi dibandingkan dengan skor yang lainnya.

Tujuan : Diketuainya perbedaan sensitivitas spesifisitas skor Sinclair dan skor Koivuranta sebagai prediktor PONV pasca spinal Anestesi.

Metode : Penelitian ini menggunakan metode *cross sectional* dengan teknik *consecutive sampling*. Sampel berjumlah 46, responden penelitian dinilai risiko PONV dengan skor Sinclair dan Skor Koivuranta melalui wawancara dan observasi selama 0-6 jam setelah operasi. Analisis yang digunakan adalah uji diagnostik dan *chi-square*.

Hasil : Skor Sinclair memiliki sensitivitas 31.5%, spesifisitas 44.5% dan nilai AUC sebesar 0.449 (IK 95% : 0.274 - 0.624). Skor Koivuranta memiliki sensitivitas 89.4%, spesifisitas 56.6 dan nilai AUC sebesar 0.778 (IK 95% : 0.642 – 0.914). Hasil dari uji *chi-square* $P = 0.003$.

Kesimpulan : Ada perbedaan yang signifikan antara sensitivitas spesifisitas skor Sinclair dan sensitivitas spesifisitas skor Koivuranta di RS PKU Muhammadiyah Gamping. Skor Koivuranta memiliki sensitivitas spesifisitas lebih tinggi daripada skor Sinclair.

Kata Kunci : Anestesi spinal, Skor Sinclair, Skor Koivuranta, , PONV

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DIFFERENCES IN SENSITIVITY SPECIFICITY SINCLAIR SCORES AND
KOIVURANTA SCORES TO THE INCIDENT OF PONV AFTER SPINAL
ANESTHESIA IN PKU MUHAMMADIYAH GAMPING HOSPITAL
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ABSTRACT

Background: One complication of spinal anesthesia is PONV. PONV became common complications that occur in postoperative patients about 30% and will be increased 80% in patients with high risk. Strategic management to reduce PONV is to classify patients based on risk and develop therapies based on these classifications. Sinclair scores and scores Koivuranta had significant predictive value higher than the other score.

Aim : Knowing the difference of sensitivity and specificity scores Sinclair Koivuranta score as predictors of PONV after spinal anesthesia.

Method : This study using cross sectional method with consecutive sampling technique. Samples is 46, then each of the respondents rated the risk of PONV by Sinclair scores and Koivuranta scores through interviews and observation for 0-6 hours after surgery. The analysis is a diagnostic test and chi-square.

Results: Sinclair score had a sensitivity of 31.5%, specificity 44.5% and AUC 0449 (CI 95%: 0274-0624). Koivuranta score had a sensitivity of 89.4%, specificity 56.6% and AUC 0778 (CI 95%: 0642-0914).

conclusion: There are significant differences in sensitivity and specificity between Sinclair score and Koivuranta score at Gamping PKU Muhammadiyah Hospital which has a sensitivity spesifisifisitas Koivuranta score higher than the Sinclair score.

Keywords : Spinal anesthesia, Sinclair Score, Score Koivuranta,, PONV

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