

## INTISARI

**Latar Belakang:** Menurut Khursheed *et al* (2015) *Death on Arrival* (DOA) merupakan pasien yang dinyatakan meninggal saat tiba di unit gawat darurat tanpa upaya resusitasi atau mereka yang meninggal setelah resusitasi gagal, biasanya dalam 15 hingga 60 menit pertama kedatangan. Penyebab dari DOA bisa bervariasi dan meliputi beragam faktor medis, lingkungan, serta keadaan tertentu yang bisa mempengaruhi keadaan dari individu itu sendiri. Salah satu penyebab dari kasus DOA adalah penanganan pra-rumah sakit yang kurang efektif. Pengetahuan yang mendalam tentang penyebab utama DOA menjadi kunci untuk merancang strategi penanganan pra-rumah sakit yang lebih efektif. Dalam konteks ini, penting untuk mengevaluasi dan meningkatkan kesiapan sistem kesehatan darurat dalam menangani kasus DOA. Sementara itu, teknologi dan penanganan medis terus berkembang, masih ada tantangan dalam mengoptimalkan waktu respons, akses terhadap perawatan, dan koordinasi antara layanan darurat pra-rumah sakit dan rumah sakit.

**Tujuan:** Mengetahui profil kasus *Death on Arrival* yang terjadi di RS Akademik Universitas Gadjah Mada Yogyakarta

**Metode:** Desain penelitian *cross-sectional*, menggunakan data sekunder dari rekam medis RS Akademik UGM dalam kurun waktu Januari 2019 sampai Desember 2021.

**Hasil:** Didapatkan total 8 kasus *Death on Arrival* di RS Akademik UGM pada tahun 2019 sampai 2021. Kasus tersebut hanya pada pasien cedera yang tercatat pada rekam medis RS Akademik UGM. Kasus lebih banyak terjadi pada laki-laki sebanyak 6 kasus (75%) sedangkan perempuan sebanyak 2 kasus (25%). Kasus lebih banyak terjadi pada kelompok usia lansia sebanyak 3 kasus (37,5%) dan pada usia dewasa sebanyak 3 kasus (37,5%). Kasus *Death on Arrival* mayoritas masih bekerja, yaitu sebanyak 5 kasus (62,5%). Semua kasus *Death on Arrival* disebabkan oleh kecelakaan lalu lintas, yaitu sebanyak 8 kasus (100%). Tempat kematian paling banyak terjadi di rumah sakit atau instalasi gawat darurat sebanyak 6 kasus (75%). Selain di rumah sakit, terdapat 2 kasus (25%) yang terjadi di jalan raya. Mayoritas kasus *Death on Arrival* diberikan tindakan medis, yaitu sebanyak 6 kasus (75%). Kasus *Death on Arrival* yang tidak diberi tindakan medis sebanyak 2 kasus (25%) dikarenakan pasien tersebut sudah dinyatakan meninggal oleh dokter yang menangani di tempat kejadian.

**Kesimpulan:** Kasus *Death on Arrival* mayoritas pada laki-laki dengan usia lansia dan masih bekerja. Semua kasus *Death on Arrival* disebabkan oleh kecelakaan lalu lintas. Mayoritas tempat kematiannya adalah di rumah sakit atau instalasi gawat darurat. Pada kasus *Death on Arrival* ini hampir seluruhnya diberi tindakan medis.

**Kata kunci:** *Death on Arrival*, Profil, Penyebab, Tindakan Medis, Kecelakaan lalu lintas

## ABSTRACT

**Background:** According to Khursheed et al (2015) Death on Arrival (DOA) is a patient who is declared dead when arriving at the emergency unit without resuscitation efforts or those who die after resuscitation fails, usually within the first 15 to 60 minutes of arrival. The causes of DOA can vary and include various medical factors, the environment, and certain circumstances that can influence the individual's condition. One of the causes of DOA cases is ineffective pre-hospital treatment. In-depth knowledge of the underlying causes of DOA is key to designing more effective prehospital treatment strategies. In this context, it is important to evaluate and improve the readiness of the emergency health system in handling DOA cases. While medical technology and treatments continue to evolve, challenges remain in optimizing response times, access to care, and coordination between pre-hospital and hospital emergency services.

**Objective:** To determine the profile of Death on Arrival cases that occurred at the Gadjah Mada University Academic Hospital, Yogyakarta

**Method:** Cross-sectional research design, using secondary data from medical records of the UGM Academic Hospital for the period January 2019 to December 2021.

**Results:** There were a total of 8 cases of Death on Arrival at the UGM Academic Hospital from 2019 to 2021. These cases were only in injured patients recorded in the UGM Academic Hospital's medical records. More cases occurred in men with 6 cases (75%) while in women there were 2 cases (25%). More cases occurred in the elderly age group with 3 cases (37.5%) and in adults with 3 cases (37.5%). The majority of Death on Arrival cases were still working, namely 5 cases (62.5%). All Death on Arrival cases were caused by traffic accidents, namely 8 cases (100%). The most common place of death occurred in a hospital or emergency department with 6 cases (75%). Apart from hospitals, there were 2 cases (25%) that occurred on the highway. The majority of Death on Arrival cases received medical treatment, namely 6 cases (75%). There were 2 cases of Death on Arrival where no medical treatment was given (25%) because the patient had been declared dead by the doctor treating him at the scene.

**Conclusion:** The majority of Death on Arrival cases are elderly men who are still working. All cases of Death on Arrival are caused by traffic accidents. The majority of places of death are in hospitals or emergency departments. In Death on Arrival cases, almost all of them received medical treatment.

**Keywords:** Death on Arrival, Profile, Causes, Medical Treatment, Traffic Accident