

## INTISARI

### GAMBARAN PENERAPAN *VENTILATOR ASSOCIATED PNEUMONIA BUNDLE* PADA PASIEN *POST OPERASI* DI RUANG *SURGICAL INTENSIVE CARE UNIT* RSUP DR. SARDJITO

**Latar Belakang:** *Ventilator Associated Pneumonia* (VAP) merupakan infeksi nosokomial yang sering terjadi pada pasien dengan ventilasi mekanik, khususnya di ruang perawatan intensif. VAP berkontribusi pada peningkatan angka morbiditas, mortalitas, lama hari rawat, dan biaya pelayanan kesehatan. Salah satu upaya pencegahan yang direkomendasikan adalah penerapan *VAP Bundle*, yakni serangkaian intervensi keperawatan berbasis bukti. Meskipun RSUP Dr. Sardjito telah menerapkan prosedur ini, kejadian VAP masih tercatat terjadi.

**Metode:** Penelitian ini menggunakan desain deskriptif kuantitatif dan dilakukan di ruang SICU RSUP Dr. Sardjito. Sampel terdiri dari 104 pasien *post* operasi yang menggunakan ventilator minimal 24 jam. Data dikumpulkan melalui observasi langsung menggunakan instrumen *checklist* yang disusun berdasarkan SOP rumah sakit dan Permenkes RI No. 27 tahun 2017.

**Hasil:** Hasil menunjukkan tingkat kepatuhan yang tinggi pada beberapa komponen *VAP Bundle*, seperti posisi *head-up* 30°–45° (92,3%), perawatan *oral hygiene* dengan *chlorhexidine* (91,3%), pengkajian sedasi dan ekstubasi harian (100%), serta penggantian sirkuit ventilator (100%). Namun, pemberian profilaksis *Deep Vein Thrombosis* (DVT) menunjukkan tingkat kepatuhan yang sangat rendah (1%).

**Kesimpulan:** Secara umum, penerapan *VAP Bundle* di ruang SICU RSUP Dr. Sardjito telah berjalan baik. Namun, peningkatan masih dibutuhkan pada beberapa komponen, terutama dalam pemberian profilaksis DVT, agar upaya pencegahan VAP dapat lebih optimal.

**Kata Kunci:** *VAP Bundle*, ventilator mekanik, SICU, kepatuhan perawatan, pencegahan VAP

## ABSTRACT

### OVERVIEW OF VENTILATOR-ASSOCIATED PNEUMONIA (VAP) BUNDLE IMPLEMENTATION IN POSTOPERATIVE PATIENTS AT THE SURGICAL INTENSIVE CARE UNIT (SICU) OF RSUP DR. SARDJITO

**Background:** Ventilator-Associated Pneumonia (VAP) is a common nosocomial infection among patients receiving mechanical ventilation, particularly in intensive care units. VAP contributes to increased morbidity, mortality, length of hospital stay, and healthcare costs. One recommended preventive measure is the implementation of the VAP Bundle, a set of evidence-based nursing interventions. Although RSUP Dr. Sardjito has implemented this procedure, cases of VAP continue to occur.

**Methods:** This study employed a quantitative descriptive design and was conducted in the Surgical Intensive Care Unit (SICU) of RSUP Dr. Sardjito. The sample consisted of 104 postoperative patients who were on mechanical ventilation for at least 24 hours. Data were collected through direct observation using a checklist instrument developed based on hospital Standard Operating Procedures and Regulation of the Indonesian Ministry of Health No. 27 of 2017.

**Results:** The findings indicated high compliance in several components of the VAP Bundle, such as maintaining the head-up position at 30°–45° (92.3%), performing oral hygiene with chlorhexidine (91.3%), daily sedation and extubation assessment (100%), and ventilator circuit replacement (100%). However, compliance with the provision of Deep Vein Thrombosis (DVT) prophylaxis was notably low (1%).

**Conclusion:** Overall, the implementation of the VAP Bundle in the SICU of RSUP Dr. Sardjito has been well-executed. However, improvements are still needed in certain components, particularly the provision of DVT prophylaxis, to enhance the effectiveness of VAP prevention efforts.

**Keywords:** VAP Bundle, mechanical ventilation, SICU, care compliance, VAP prevention