



INTISARI

Latar Belakang: Code trauma merupakan sistem penanganan kegawatdaruratan yang dirancang untuk mempercepat respon tim medis terhadap pasien trauma berat. Aktivasi yang tepat dan cepat menjadi faktor kunci untuk menurunkan morbiditas dan mortalitas. Namun, implementasi code trauma seringkali menghadapi kendala seperti keterlambatan waktu pengambilan keputusan dan hambatan yang dapat memengaruhi outcome pasien.

Tujuan: Penelitian ini bertujuan untuk menganalisis pelaksanaan code trauma di Instalasi Gawat Darurat (IGD) RSUP Dr. Sardjito, meliputi penyebab aktivasi, waktu keputusan, jenis operasi dan hambatan yang dihadapi.

Metode: Penelitian ini menggunakan desain deskriptif kuantitatif dengan pendekatan potong lintang (cross-sectional). Data diperoleh melalui observasi dan telaah dokumen pada 45 kasus code trauma yang memenuhi kriteria inklusi. Variabel yang dianalisis mencakup karakteristik pasien, kriteria aktivasi code trauma, waktu pengambilan keputusan (time to decision), jenis operasi, dan kendala pelaksanaan.

Hasil: Karakteristik responden pada pasien code trauma usia 19-35 tahun 33,3 % dan jenis kelamin laki laki 62,2%. Jenis cedera merupakan faktor utama yang paling sering memicu aktivasi code trauma, tercatat sebesar 47,6%. Waktu pengambilan keputusan pada 77,8% kasus tercapai, sementara 22,2% kasus mengalami keterlambatan, dan penyebab keterlambatannya 35,3% karena menunggu hasil pemeriksaan penunjang, 29,9% karena prolonged resusitasi dan menunggu kamar operasi. Sedangkan kategori operasi Emergency 53,3% dalam aktivasi code trauma.

Kesimpulan: Pelaksanaan code trauma di IGD RSUP Dr. Sardjito telah berjalan cukup efektif dengan mayoritas kasus memenuhi standar waktu keputusan. Hasil penelitian ini bisa menjadi bahan rujukan untuk membuat kebijakan selanjutnya terkait pelaksanaan code trauma di ruang IGD.

Kata kunci: Instalasi Gawat Darurat, Trauma, Tim Penanganan Pasien.



ABSTRACT

Background: Code trauma is an emergency care system designed to accelerate the medical team's response to patients with severe trauma. Timely and accurate activation plays a key role in reducing morbidity and mortality. However, the implementation of code trauma often encounters challenges such as delays in decision-making and other barriers that may affect patient outcomes.

Objective: This study aimed to analyze the implementation of code trauma in the Emergency Department (ED) of Dr. Sardjito General Hospital, focusing on the causes of activation, decision-making time, types of surgical intervention, and encountered obstacles.

Methods: A descriptive quantitative study with a cross-sectional approach was conducted. Data were obtained through observation and document review of 45 code trauma cases that met the inclusion criteria. The analyzed variables included patient characteristics, criteria for code trauma activation, decision-making time, types of surgery, and implementation barriers.

Results: Respondent characteristics of trauma code patients were 33.3% aged 19-35 years and male gender 62.2%. The type of injury was identified as the leading factor triggering code trauma activation, accounting for 47.6% of cases. Timely decision-making was achieved in 77.8% of cases, while 22.2% experienced delays. The delays were primarily due to waiting for diagnostic test results (35.3%), prolonged resuscitation (29.9%), and operating room availability. Emergency surgery accounted for 53.3% of procedures in activated code trauma cases.

Conclusion: The implementation of code trauma in the ED of Dr. Sardjito General Hospital has been relatively effective, with the majority of cases meeting the standard for decision-making time. These findings may serve as a reference for developing future policies to optimize the implementation of code trauma in emergency settings.

Keywords: Emergency medical services, Wounds and Injuries, Patient Care Team.