

INTISARI

Latar Belakang: Penerapan *Early Warning Score* (EWS) dalam menentukan kebutuhan perawatan intensif masih menghadapi kendala operasional sehingga efektivitasnya perlu dievaluasi.

Tujuan: Untuk mengetahui hubungan skor *Early Warning Score* (EWS) pada hari terakhir perawatan dengan respons admisi ke ICU pada pasien rawat inap di Rumah Sakit Akademik UGM.

Metode: Penelitian observasional analitik ini menggunakan desain retrospektif berbasis data sekunder. Sampel berjumlah 275 rekam medis pasien rawat inap dewasa (Januari–Desember 2025) yang dipilih secara *purposive sampling*. Data dianalisis menggunakan uji *Chi-Square* dan *Contingency Coefficient*.

Hasil: Karakteristik responden didominasi oleh rentang usia 46–65 tahun (42,2%) dengan rerata usia 55,51 tahun, dan mayoritas berjenis kelamin laki-laki (54,9%). Terdapat hubungan yang sangat bermakna antara peningkatan skor akhir EWS dengan probabilitas rujukan ke ICU ($p < 0,001$; *Contingency Coefficient* = 0,432). Seluruh pasien (100%) kategori EWS tinggi (≥ 7) diadmisi ke ICU, diikuti risiko sedang (57,1%), dan risiko rendah (24,2%). Faktor jenis kelamin ($p = 0,189$) dan usia ($p = 0,562$) terbukti tidak memiliki hubungan yang bermakna dengan admisi ke ICU.

Kesimpulan: Terdapat hubungan linier dan signifikan antara tingkat risiko EWS dengan keputusan admisi ICU. Keputusan prioritas admisi ICU tidak dipengaruhi oleh faktor demografi.

Kata kunci: Pasien rawat inap, *Early Warning Score* (EWS), Unit perawatan intensif

ABSTRACT

Background: The implementation of the Early Warning Score (EWS) in determining the need for intensive care still faces operational constraints, thus its effectiveness needs to be evaluated.

Objective: To determine the association between the Early Warning Score (EWS) on the final day of care and the ICU admission response among hospitalized patients at UGM Academic Hospital.

Methods: This analytical observational study used a retrospective design based on secondary data. The sample consisted of 275 medical records of adult inpatients (January–December 2025) selected by purposive sampling. Data were analyzed using the Chi-Square test and Contingency Coefficient.

Results: The respondents' characteristics were dominated by the 46–65 years age range (42.2%) with a mean age of 55.51 years, and the majority were male (54.9%). There was a highly significant association between the increase in the final EWS score and the probability of referral to the ICU ($p < 0.001$; Contingency Coefficient = 0.432). All patients (100%) in the high EWS category (≥ 7) were admitted to the ICU, followed by moderate risk (57.1%), and low risk (24.2%). Gender ($p = 0.189$) and age ($p = 0.562$) proved to have no significant association with ICU admission.

Conclusion: There is a significant linear association between the EWS risk level and the decision for ICU admission. Priority decisions for ICU admission are not influenced by demographic factors.

Keywords: Inpatients, Early Warning Score (EWS), Intensive Care Units