



INTISARI

Latar belakang : Pada saat ini diperkirakan 5 juta per tahun balita meninggal karena diare akut di negara negara berkembang. Umumnya kematian disebabkan oleh kegagalan mendeteksi dan mengobati keadaan dehidrasi secara tepat dan cepat.

Tujuan: Menilai validitas klinis dehidrasi menurut Manajemen Terpadu Balita Sakit sebagai metoda diagnostik dehidrasi pada balita.

Metoda: Rancangan penelitian ini prospektif observasional untuk tes diagnosis. Anak berusia 2 bulan – 5 tahun dengan diare atau dan muntah yang datang ke Puskesmas, diikutkan dalam penelitian. Diagnosis klinis dibuat oleh tenaga kesehatan yang sudah dilatih Manajemen Terpadu Balita Sakit. Diagnosis dehidrasi bila terdapat penurunan kesadaran, mata sangat cekung, malas minum atau tidak mau minum dan penurunan elastisitas kulit. Analisis statistik menggunakan *chi square* dengan sembilan puluh lima persen interval kepercayaan.

Hasil: Terdapat 148 anak yang berumur 2 bulan-5 tahun mengikuti penelitian ini. Klinis Dehidrasi menurut Manajemen Terpadu Balita Sakit memiliki sensitivitas 91% (95% CI, 83-98), spesifisitas 82% (95% CI, 75-89), nilai duga positif (NDP) 70% (95% CI, 58-77), nilai duga negatif (NPN) 94 % (95% CI, 90-98), rasio kecenderungan positif 5,17 (95% CI, 3,37-7,94), rasio kecenderungan negatif 0,11 (95% CI, 0,04-0,27).

Simpulan: Klinis Dehidrasi menurut Manajemen Terpadu Balita Sakit cukup akurat sebagai uji diagnostik dehidrasi pada balita.

Kata kunci : Uji Diagnostik, Dehidrasi, Manajemen Terpadu Balita Sakit.



ABSTRACT

Background: Current estimates suggest that acute diarrheal disease causes over 5 million deaths in children under five in developing countries. Most deaths are caused by failure to detect and treat dehydration properly and immediately.

Objective : To determine validity Clinical diagnosis of dehydration in Integrated Management of Childhood Illness as diagnostic test for dehydration in children under five.

Methods : The study is a prospective observational research for diagnostic test. Children aged 2 months–5 years with diarrhea or and vomit who came to primary health center were enrolled. The clinical diagnosis was made by a trained Integrated Management of Childhood Illness nurse. Dehydration was defined as the presence of decrease of consciousness, very sunken eyes, can't drink and decrease of skin elasticity. Ninety five per cent confidence intervals were calculated, and significance was assessed by χ^2 .

Results: There were 148 children in age from 2 month – 5 years enrolled in this study. Clinical dehydration that used in Integrated Management of Childhood Illness produced sensitivity 91% (95% CI, 83-98), specificity 82% (95% CI, 75-89), positive predictive value (PPV) 70% (95% CI, 58-77), negative predictive value (NPV) 94% (95% CI, 90-98), positive likelihood ratio 5,17 (95% CI, 3,37-7,94), negative likelihood ratio 0,11 (95% CI, 0,04-0,27).

Conclusion: Clinical diagnosis of dehydration in Integrated Management of Childhood Illness was sufficiently accurate as diagnostic test for dehydration in children under five.

Keywords : diagnostic test, dehydration, Integrated Management of Childhood Illness.