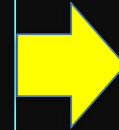


RANGKUMAN SESI II
Webinar Tata Laksana Penanganan COVID-19
di Rumah Sakit Rujukan
(*Best Practice* di RSUD Dr. Soetomo)

Panelis

Prof. Dr. Kuntaman, dr., MS, SpMK(K)

Manag Covid Critical/ICU
Antibiotika
Terapi Plasma Konvalesen
Tocilizumab



Pada COVID-19

Kuntaman

Panelis: Best Practice in Covid-19

Dr Soetomo Hospital Surabaya

Covid-19: Penyakit infeksi yang serba tidak diketahui, kecuali 'sedikit' !!!!

Sama dengan ilmu tentang 'NYAWA' manusia

Kini: *know how* yang 'sedikit' makin terlihat

Mana yang kita pilih: ??

Bagaimana kita bisa melihat: 2 cara

- ~~1. Dengan Testimoni~~
2. Dengan **Evidence Base Medicine (EBM)**

Setiap therapy → Manfaat vs Resiko

Manfaat:

- kesembuhan pasien
- Psikologis

← EBM

Level Evidence: A,B,C,D

Level Recomm:

- Strong
- Weak

Resiko:

- Penyakit baru/komplikasi
- Finansial

Critical Covid-19.... Dr. B Pudjo

Critical: 16-25% Pasien di RS → ICU

- Disfungsi organ
- Disfungsi Resp
- >50% meninggal—80%. → <50%

Concept: Complex management

- Mempertahankan Fungsi Organ
- Medicine

Oxygen
HFNC
Ventilator
ECMO

Res Cairan
Vasopressor
Nutrisi
Obat2an

Supportive therapy & Resp Care 1A

- **HFNC sangat bermanfaat namun perlu monitoring yang sangat ketat**
- **TPK dan ECMO bukan OBAT DEWA...harus diberikan dan dilakukan pada kasus yang tepat**
- **Angka kematian pasien COVID 19 kritis masih sangat tinggi..**
- **Perlu evaluasi tentang penyebab tinggi nya angka kematian di ICU di masing-masing RS**
- **Buat PPK yang mampu laksana**

Team work sangat penting

Plasma Therapy... Dr. Erwin A. T.

Potential Risk

1. **Antibody-dependent enhancement.** This could occur when antibodies trigger a paradoxical worsening of the immune response. The result is an increase in immune-related tissue damage; (**Opsonization**)
2. **Coagulation derangement.** This could occur when the antibodies trigger a worsening of clotting problems that doctors have noted with advanced COVID-19.

Plasma Konvalesen

**IgG Hyper Immune
→ Pts berat/kritis**

Mo-Ab

Plasma + Anti-SAR-CoV-2;

Anti-SARS-CoV-2 dari plasma yang disarikan

Ab-buatan di Lab, bisa Mono atau Poli clonal

Tocilizumab: atas indikasi ketat

Highlights

1. All-cause mortality of severe COVID-19 patients was similar between the tocilizumab and control groups (16.2% [39/241] vs. 24.1% [85/352], RR, 0.61; 95% CI, 0.31-1.22, I² = 68%)
2. The risk of ICU admission was similar between the tocilizumab and control groups (35.0% vs. 15.8%, RR, 1.51; 95% CI, 0.33-6.78, I² = 86%)
3. The requirement of MV was similar between the tocilizumab and control groups (32.4% vs. 28.6%, RR, 0.72; 95% CI, 0.05-10.96, I² = 91%).
4. There is no conclusive evidence that tocilizumab would provide any additional benefit to patients with severe COVID-19.

Lan et al, 2020. Tocilizumab for severe covid-19: meta analysis, J Antimicrob Agents, doi: <http://doi.org/10.1016/j.ijantimicag.2020.106103>

Iv-Ig:

Tabarsi et al, 2020. Ivlg for severe covid-19,
International Immunopharmacology,

Highlights

1. It is not support the use of IVIg & Anti-viral for Covid-19
2. ALOS: Control group were shorter than Treatment group
($p < 0.05$)

Kesimpulan: All treatment should be rational

AntibiotikaHParaton

AB Bijak

- Jika infeksi bakteri
- Bijak: pilih:sens, efektif, murah, sedikit efek samping
- Bakteri atipikal

Efek samping AB:

- Fisiologis:
- Immunologis: hilangnya microflora → menurunkan Antibodi
- Makin kuat AB → makin besar suppresi microflora

Take home message

1. Selalu memperhatikan EBM; *No for Testimony*
2. Pertimbangkan manfaat dan resiko
3. Perhatikan financial
4. Perketat protocol; untuk pasien mild, severe, atau Critical
5. Apa yg telah disampaikan oleh pakar di webinar ini, tolong dikaji di tempat masing2, jika ada *NEW best practice* sampaikan kembali kepada kami, RSUD Dr. Soetomo Surabaya