

DAFTAR PUSTAKA

- Abdel-Rahman, S. M., Paul, I. M. & James, L. P., 2013. Evaluation of the Mercy TAPE: Performance Against the Standard for Pediatric Weight Estimation. *Annals of Emergency Medicine*, October, 62(4), pp. 332-345.
- Abdel-Rahman, S. M. & Ridge, A. L., 2012. An Improved Pediatric Weight Estimation. *The Open Medical Devices Journal*, Volume 4, pp. 87-97.
- Afifa, I. T., Sambo, C. M. & Medise, B. E., 2018. *PENTINGNYA MEMANTAU PERTUMBUHAN DAN PERKEMBANGAN ANAK*. [Online] Available at: <http://www.idai.or.id/artikel/seputar-kesehatan-anak/pentingnya-memantau-pertumbuhan-dan-perkembangan-anak-bagian-1> [Accessed 21 August 2019].
- AlSulaibikh, A. H., Al-Ojyan, F. I. & Al-Mulhim, K. N., 2017. The Accuracy of Broselow Pediatric Emergency Tape in Estimating Body Weight of Pediatric Patients. *Saudi Med Journal*, 8, 38(8), pp. 798-803.
- Asskaryar, F. & Shankar, R., 2010. An Indian pediatric emergency weight estimation tool: prospective adjustment of the Broselow tape. *International Journal of Emergency Medicine*, May, 17(5), pp. 8-28.
- Broselow, J., 2012. [Online] Available at: <https://epmonthly.com/article/from-humble-beginnings-the-birth-of-the-broselow-tape/> [Accessed 4 July 2019].
- Chiengkriwate, P., Donnapee, R. & Geater, A., 2014. The accuracy of the Broselow tape in the weight estimation of Thai children. *Asian Biomedicine*, December, 8(6), pp. 799-807.
- DeBoer, S., Dawson, E., Bacon, J. & Seaver, M., 2018. *The Evolution of Excellence in Pediatric Emergency Care -Part2 : The Handtevy System*. [Online] Available at: <https://www.emsworld.com/article/219788/evolution-excellence-pediatric-emergency-care-part-2-handtevy-system-next-generation> [Accessed 15th August 2019].
- De Onis, M., Garza, C. & Onyango, W., 2009. WHO growth standards for infants and young children. *Archives de Pediatrie*, Volume 16, pp. 47-53.
- Harris, M., Patterson, J. & Morse, J., 1999. Doctors, nurses, and parents are equally poor at estimating pediatric weight. *Pediatric Emergency Care*, Issue 15, pp. 17-18.
- IDAI, 2015. *Kurva Pertumbuhan WHO*. [Online] Available at: <http://www.idai.or.id/professional-resources/growth-chart/kurva-pertumbuhan-who> [Accessed 1st September 2019].
- Kaufmann, J., Laschat, M. & Wappler, F., 2012. Medication Errors in Pediatric Emergencies: A Systematic Analysis. *Deutsches Ärzteblatt International*, 109(38), pp. 609-616.

- Kindig, M. & DeBoer, S., 2019. *A Tale of Two Tapes: Broselow-Luten Tapes, 2011 vs. 2017*. [Online] Available at: <https://www.jems.com/2019/04/29/a-tale-of-two-tapes-broselow-luten-tapes-2011-vs-2017/>
- Krieser, D., Nguyen, K. & Kerr, D., 2007. Parental weight estimation of their child's weight is more accurate than other weight estimation methods for determining children's weight in an emergency department?. *Emergency Medicine Journal*, 29 May, Issue 24, pp. 756-759.
- Larose, G., Levy, A. & Bailey, B., 2017. Decreasing Prescribing Errors During Pediatric Emergencies: A Randomized Simulation Trial. *March*.139(3).
- Lesar, T., Lomaestro, B. & Pohl, H., 1997. Medication-prescribing error in teaching hospital : a 9 year experience. *Arch Intern Med*, Volume 157, pp. 1569-1576.
- Lowe, C. K., Campwala, R. T. & Ziv, N., 2016. The Broselow and Handtevy Resuscitation Tapes: A Comparison of the Performance of Pediatric Weight Prediction. *Prehospital and Disaster Medicine Journal*, 25 May.31(4).
- Luten, R. et al., 2002. Managing the unique size related issues of pediatric resuscitation: reducing cognitive load with resuscitation aids. *Acad Emerg Med*, Volume 9, pp. 840-847.
- Luten, R. & Zaritsky, A., 2008. The Sophistication of Simplicity. Optimizing Emergency Dosing. *Society for Academic Emergency Medicine*.
- Manu, S., 2017. *Nursing Manthra* . [Online] Available at: <https://nursingmanthra.com/2017/08/29/how-to-use-broselow-tape/>
- Messelken, M., Schlechtriemen, T. & Arntz, H., 2011. Der minimale Notfalldatensatz MIND3. *Anaesth Intensivmed*, Volume 52, pp. 738-743.
- Mishra, D. G., Kole, T. & Nagpal, R., 2016. A correlation analysis of Broselow™ Pediatric Emergency Tape-determined pediatric weight with actual pediatric weight in India. *World Journal of Emergency Medicine*, 7(1).
- Partridge, R. L., Abramo, T. J. & Haggarty, K. A., 2009. Analysis of Parental and Nurse Weight Estimates of Children in the Pediatric Emergency Department. *Pediatric Emergency Care Journal*, December.25(12).
- Rostika, et al., 2018. *Laporan Tahunan Pasien IRD, GBPT RSUD Dr Soetomo Tahun 2017, 2018 : Data Internal*, Surabaya: s.n.
- Shah, A. N., Frush, K. & Luo, X., 2003. Decreasing Prescribing Errors During Pediatric Emergencies: A Randomized Simulation Trial. *Arch Pediatric Adolescent Medical Journal*, March. Volume 157.
- Singh, S., Jindal, P. & Ramakrishnan, P., 2019. Prediction of endotracheal tube size in children by predicting subglottic diameter using ultrasonographic measurement versus traditional formulas. *Saudi Journal of Anesthesia*, April, 13(2), pp. 93-99.
- So, T.-Y., Farrington, E. & Absher, R. K., 2009. Evaluation of the Accuracy of Different Methods Used to Estimate Weights in the Pediatric Population. *Pediatrics Volume*, 6 June.123(6).

- UDoHaHS, n.d. *Development & Approval Process (Drugs), Forms & Submission Requirements, Pediatrics, Exclusivity Study Age Group*. [Online] Available at: www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualmonographs/ucm071754.htm. [Accessed 02 August 2019].
- Waseem, M., Chen, J. & Leber, M., 2017. A Reexamination of the Accuracy of the Broselow Tape as an Instrument for Weight Estimation. *Pediatric Emergency Care Journal*, 00(00).
- Wells, M. & Goldstein, L., 2019. Are “virtual” paediatric weight estimation studies valid?. *African Journal of Emergency Medicine*, 17 January, Volume 9, pp. 36-40.
- Wells, M., Goldstein, L. & Bentley, A., 2018. Accuracy of weight estimation by the Broselow tape is substantially improved by including a visual assessment of body habitus. *International Pediatric Research Foundation Journal*, January.83(1).
- Wells, M., Goldstein, L. N. & Bentley, A., 2018. The accuracy of paediatric weight estimation during simulated emergencies: The effects of patient position, patient cooperation, and human errors. *African Journal of Emergency Medicine*, 18 Januari, Volume 8, pp. 43-50.
- Williams, Thompson & Seto, 2012. Standard 6: Age Groups for Pediatric Trials. *Pediatrics*. June. Volume 129.
- Wells, M., Coovadia, A. & Kramer, E., 2013. The PAWPER tape: A new concept tape-based device that increases the accuracy of weight estimation in children through the inclusion of a modifier based on body habitus. *Resuscitation*, Volume 84, pp. 237-242.

Lampiran 1

RENCANA ANGGARAN DAN JADWAL PENELITIAN

RENCANA ANGGARAN PENELITIAN

| | | | |
|----|--|-------|-------------|
| 1. | Belanja Bahan | | |
| | • Timbangan berat badan | = Rp. | 145.000,- |
| | • Pita pengukur | = Rp. | 10.000,- |
| | • <i>Broselow tape</i> | = Rp. | 750.000,- |
| 2. | Biaya ATK | | |
| | • Kertas A4 80 gram : 4 x Rp. 45.000,- | = Rp. | 180.000,- |
| | • Kertas A4 70 gram : 4 x Rp. 40.000,- | = Rp. | 160.000,- |
| | • Tinta printer | = Rp. | 150.000,- |
| | • Map plastic 1 lusin | = Rp. | 30.000,- |
| | • Buku Tulis : 2 x Rp. 10.000,- | = Rp. | 20.000,- |
| | • Spidol Marker: 2 x Rp. 30.000,- | = Rp. | 60.000,- |
| | • Balpoin 1 box | = Rp. | 20.000,- |
| | • Penggandaan dan penjilidan | = Rp. | 200.000,- |
| 4. | Biaya Pengolahan Statistika | = Rp. | 1.600.000,- |
| | Total | = Rp. | 3.325.000,- |

JADWAL PENELITIAN

| No | Jenis kegiatan | Bulan | | | |
|----|------------------------------|-------|---|---|---|
| | | 1 | 2 | 3 | 4 |
| 1 | Pengambilan data | √ | √ | | |
| 2 | Pengolahan dan analisis data | | | √ | |
| 3 | Penyusunan laporan | | | | √ |

Lampiran 2**PENJELASAN UNTUK MENDAPATKAN PERSETUJUAN
(INFORMATION FOR CONSENT)**

Judul Penelitian :

Analisa Akurasi *Mercy Method* Sebagai Alat Bantu Prediksi Berat Badan Pasien Pediatri

Bapak/Ibu/Saudara yang kami hormati, kami dokter di SMF Anestesiologi dan Terapi Intensif Fakultas Kedokteran Universitas Airlangga-RSUD Dr. Soetomo berencana untuk melakukan penelitian dengan judul tersebut di atas

Tim Peneliti Terdiri Dari:

1. Dr. Arie Utariani dr.,SpAn,KAP
2. Lucky Andriyanto dr.,SpAn,KAP,KIC
3. Khildan Miftahul Firdaus dr.

Latar Belakang :

Berat badan merupakan hal yang sangat penting untuk menentukan terapi dan rencana tindakan resusitasi pada pasien pediatri. Namun pada keadaan gawat darurat, penimbangan berat badan menggunakan timbangan tidak dapat dilakukan dan akan menyebabkan ketrelambatan, morbiditas ataupun mortalitas. Oleh karena itu, kami ingin meneliti akurasi dari panjang lengan dan lingkaran lengan atas sebagai alat bantu prediksi berat badan pada pasien pediatri.

Tujuan Penelitian :

Penelitian ini bertujuan untuk menganalisa akurasi *Mercy Method* dalam prediksi berat badan pediatri di RSUD dr. Soetomo.

Manfaat yang Bapak/Ibu/Saudara Dapatkan dengan Ikut Serta Dalam Penelitian Ini :

Dengan Ikut serta dalam penelitian ini, Bapak/Ibu/Saudara ikut berperan dalam menentukan akurasi dari panjang lengan dan lingkaran lengan sebagai alat bantu prediksi berat badan sehingga pasien-pasien pediatri bisa mendapatkan estimasi berat badan yang lebih baik

Resiko Apa yang Bapak/Ibu/Saudara Alami jika Ikut Serta Dalam Penelitian Ini.

Penelitian ini merupakan studi antropometri observasional dan tidak ada tindakan invasif yang dilakukan sehingga tidak ada resiko yang bisa disebabkan oleh penelitian ini.

Prosedur yang Akan Bapak/Ibu/Saudara Alami jika Ikut Dalam Penelitian

1. Bapak/Ibu/Saudara akan mendapatkan penjelasan tentang penelitian ini.
2. Jika Bapak/Ibu/Saudara berkenan ikut serta dalam penelitian, Anda akan diminta secara sukarela menandatangani lembar persetujuan ikut serta dalam penelitian
3. Pengukuran berat badan pada anak Anda dilakukan dengan timbangan yang telah dikalibrasi sebelumnya.
4. Selanjutnya akan dilakukan pengukuran panjang lengan dihitung melalui batas bawah acromion hingga batas atas olecranon dengan posisi tangan di samping pasien dan siku ditekuk 90 derajat.
5. Terakhir dilakukan pengukuran lingkaran lengan atas tengah melalui batas tengah lengan, lalu diukur melingkar dengan posisi tangan menggantung.

Jaminan Kerahasiaan :

Apabila Bapak/Ibu/Saudara ikut serta dalam penelitian ini, maka data pribadi Anda akan dijaga kerahasiaannya oleh tim peneliti. Dalam lembar pengumpul data, identitas Anda akan disamarkan dengan hanya menampilkan inisial dan nomor rekam medis yang disamarkan. Hanya tim peneliti yang mempunyai akses untuk mendapatkan data-data identitas Anda yang sebenarnya. Dalam laporan penelitian atau publikasi, identitas Anda sama sekali tidak akan dimunculkan.

Hak Untuk Menolak Menjadi Subjek Penelitian :

Keikutsertaan sebagai subyek penelitian ini bersifat sukarela dan tanpa paksaan. Pasien (wali pasien) berhak menolak menjadi subyek penelitian dan hal ini tidak berdampak pada kualitas pelayanan kesehatan yang akan diterima.

Hak dan Kewajiban Sebagai Subjek Penelitian :

Bapak/Ibu/Saudara berhak mendapatkan informasi yang sejujur-jujurnya dari tim peneliti. Sebagai subjek penelitian, Anda wajib mengikuti prosedur penelitian yang telah ditetapkan.

Hak Untuk Mengundurkan Diri :

Keikutsertaan sebagai subyek penelitian ini bersifat sukarela dan tanpa paksaan. Pasien (wali pasien) berhak mengundurkan diri dan hal ini tidak akan mendapatkan sanksi, denda, ataupun kehilangan manfaat lainnya serta hal ini tidak berdampak pada kualitas pelayanan kesehatan yang akan diterima.

Penghentian Penelitian :

Dokter Anda dapat menghentikan penelitian ini dengan ataupun tanpa persetujuan Anda dengan berbagai pertimbangan.

Ganti Rugi /Kompensasi Untuk Keikutsertaan Anda dalam Penelitian Ini :

Tidak ada resiko yang bisa disebabkan oleh penelitian ini.

Kontak yang Bisa Dihubungi Setiap Saat :

Sebagai Subjek penelitian, Anda dapat sewaktu-waktu mengajukan pernyataan, dan mendapatkan informasi dengan menghubungi tim peneliti. Nomor kontak yang dapat dihubungi adalah :

- | | |
|--------------------------------------|-------------------|
| 1. Dr. Arie Utariani dr.,SpAn,KAP | HP : 085155061060 |
| 2. Lucky Andriyanto dr.,SpAn,KAP,KIC | HP : 081931596773 |
| 3. Khildan Miftahul Firdaus dr. | HP : 082257802341 |

Saya menyatakan bersedia ikut serta sebagai subyek penelitian dengan judul: ” **Analisa Akurasi Mercy Method Sebagai Alat Bantu Prediksi Berat Badan Pasien Pediatri**”, saya telah mendapat penjelasan dengan jelas meliputi tujuan dan manfaat penelitian, tatacara/prosedur penelitian, kebebasan partisipasi dalam penelitian, tidak adanya kompensasi atas keikutsertaan dalam penelitian, serta resiko yang mungkin terjadi bagi anak/saudara/..... saya akibat keikutsertaan dalam penelitian tersebut.

| | |
|---------------------|---------------------------------|
| Penerima penjelasan | Surabaya, Pemberi penjelasan |
| (.....) Saksi I | (.....) Saksi II |
| (.....) | (.....) |

Lampiran 3**LEMBAR PERSETUJUAN MENGIKUTI PENELITIAN*****(Informed Consent)***

Sesudah mendengarkan penjelasan yang diberikan dan diberikan kesempatan untuk menanyakan yang belum dimengerti, Saya yang bertandatangan di bawah ini :

Nama :

Umur :

Alamat :

No HP :

merupakan orangtua/ saudara/..... dari anak :

Nama :

Umur :

No RM :

Alamat :

dengan ini memberikan :

PERSETUJUAN

untuk anak/saudara/..... saya dengan nama tersebut di atas untuk berpartisipasi sebagai subyek penelitian berjudul : **"Analisa Akurasi Mercy Method Sebagai Alat Bantu Prediksi Berat Badan Pasien Pediatri"**,

Demikian persetujuan ini saya buat dengan penuh kesadaran dan tanpa paksaan.

Surabaya,.....

Yang membuat pernyataan,

(.....)

Saksi I

Saksi II

(.....)

(.....)

Lampiran 4

Formulir Penilaian Klinis / Case Record Form (CRF)

Analisa Akurasi *Mercy Method* Sebagai Alat Bantu

Prediksi Berat Badan Pasien Pediatri

IDENTIFIKASI PASIEN

Nama :

Nomor Kasus

Nomor Rekam Medik

Alamat

Jenis Kelamin Laki-laki Perempuan /

DPJP/ Ruang

INFORMASI UMUM

Nomor Kasus

Alamat

Jenis kelamin Perempuan Laki-laki

Tanggal Lahir/ Usia /

Ruangan / DPJP /

Tanggal pemeriksaan

Berat badan aktual , (dalam kg)

Panjang badan , (dalam cm)

Berat badan prediksi menurut , (dalam kg)
Broselow tape

Panjang lengan atas , (dalam cm) = , (dalam kg)
Lingkar lengan atas tengah , (dalam cm) = , (dalam kg)
Berat badan prediksi menurut , (dalam kg)
Mercy Method

Kriteria inklusi:

1. Pasien pediatri usia 2 bulan – 16 tahun
2. Orang tua / wali bersedia menandatangani lembar *informed consent*

Kriteria eksklusif:

1. Neonatus
2. Pasien tidak kooperatif
3. Gangguan medis yang menyebabkan gangguan pada berat badan dan atau tinggi badan (amputasi, *cerebral palsy*, kontraktur sendi, malnutrisi, defisiensi hormon pertumbuhan)

Kriteria *drop out*:

1. Data penelitian tidak lengkap

Lampiran 5**Frequencies**

| | | Usia | | | |
|-------|--------|-------------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Infant | 38 | 10.1 | 10.1 | 10.1 |
| | 1 | 30 | 8.0 | 8.0 | 18.1 |
| | 2 | 21 | 5.6 | 5.6 | 23.7 |
| | 3 | 24 | 6.4 | 6.4 | 30.1 |
| | 4 | 26 | 6.9 | 6.9 | 37.1 |
| | 5 | 22 | 5.9 | 5.9 | 42.9 |
| | 6 | 23 | 6.1 | 6.1 | 49.1 |
| | 7 | 23 | 6.1 | 6.1 | 55.2 |
| | 8 | 18 | 4.8 | 4.8 | 60.0 |
| | 9 | 18 | 4.8 | 4.8 | 64.8 |
| | 10 | 19 | 5.1 | 5.1 | 69.9 |
| | 11 | 17 | 4.5 | 4.5 | 74.4 |
| | 12 | 20 | 5.3 | 5.3 | 79.7 |
| | 13 | 18 | 4.8 | 4.8 | 84.5 |
| | 14 | 20 | 5.3 | 5.3 | 89.9 |
| | 15 | 22 | 5.9 | 5.9 | 95.7 |
| | 16 | 16 | 4.3 | 4.3 | 100.0 |
| Total | | 375 | 100.0 | 100.0 | |

| | | Usia.3kat | | | |
|-------|-----------|------------------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Infant | 38 | 10.1 | 10.1 | 10.1 |
| | Pediatrik | 205 | 54.7 | 54.7 | 64.8 |
| | Adolesent | 132 | 35.2 | 35.2 | 100.0 |
| | Total | 375 | 100.0 | 100.0 | |

| | | Jenis.Kelamin | | | |
|-------|-------|----------------------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | F | 186 | 49.6 | 49.6 | 49.6 |
| | M | 189 | 50.4 | 50.4 | 100.0 |
| | Total | 375 | 100.0 | 100.0 | |

BMI

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------------|-----------|---------|---------------|--------------------|
| Valid Gizi kurang | 93 | 24.8 | 24.8 | 24.8 |
| Normal | 272 | 72.5 | 72.5 | 97.3 |
| Gizi lebih | 10 | 2.7 | 2.7 | 100.0 |
| Total | 375 | 100.0 | 100.0 | |

Descriptives**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|--------------------|-----|---------|---------|----------|----------------|
| Panjang.Badan | 375 | 52.00 | 168.00 | 110.7472 | 28.89665 |
| Panjang.Lengan | 375 | 7.50 | 38.00 | 23.0493 | 6.30579 |
| Lingkar.Lengan | 375 | 8.00 | 33.00 | 17.6920 | 5.19980 |
| BB.Aktual | 375 | 3.50 | 72.00 | 23.5387 | 14.99028 |
| BB.Predict | 375 | 3.60 | 72.80 | 23.3531 | 14.54191 |
| Deffirent.BB | 375 | -9.50 | 7.00 | -.1856 | 2.04938 |
| Valid N (listwise) | 375 | | | | |

Means**Report**

| Kategori Usia | PB | PL | LLTA | BBA | BBP | Diffeirent.BB |
|----------------|----------|---------|---------|----------|----------|---------------|
| Infant | 38 | 38 | 38 | 38 | 38 | 38 |
| Minimum | 52.00 | 7.50 | 8.00 | 3.50 | 3.60 | -.50 |
| Maximum | 88.00 | 18.00 | 12.00 | 8.80 | 8.80 | .60 |
| Mean | 64.9737 | 13.6184 | 10.3158 | 6.3105 | 6.2737 | -.0368 |
| Std. Deviation | 9.06877 | 2.19777 | 1.16492 | 1.43542 | 1.34721 | .25933 |
| Pediatrik | 205 | 205 | 205 | 205 | 205 | 205 |
| Minimum | 72.00 | 13.00 | 9.00 | 7.00 | 8.00 | -5.00 |
| Maximum | 147.00 | 30.00 | 29.50 | 49.00 | 44.00 | 4.90 |
| Mean | 100.3473 | 20.7951 | 16.1098 | 17.5254 | 17.3668 | -.1585 |
| Std. Deviation | 17.09543 | 3.83316 | 3.60370 | 8.06799 | 7.41596 | 1.53632 |
| Adolesent | 132 | 132 | 132 | 132 | 132 | 132 |
| Minimum | 104.00 | 19.00 | 15.00 | 12.00 | 13.70 | -9.50 |
| Maximum | 168.00 | 38.00 | 33.00 | 72.00 | 72.80 | 7.00 |
| Mean | 140.0758 | 29.2652 | 22.2727 | 37.8371 | 37.5667 | -.2705 |
| Std. Deviation | 16.18152 | 4.07349 | 3.96760 | 13.81656 | 13.16480 | 2.87773 |
| Total | 375 | 375 | 375 | 375 | 375 | 375 |
| Minimum | 52.00 | 7.50 | 8.00 | 3.50 | 3.60 | -9.50 |
| Maximum | 168.00 | 38.00 | 33.00 | 72.00 | 72.80 | 7.00 |
| Mean | 110.7472 | 23.0493 | 17.6920 | 23.5387 | 23.3531 | -.1856 |
| Std. Deviation | 28.89665 | 6.30579 | 5.19980 | 14.99028 | 14.54191 | 2.04938 |

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| BMI | | PB | PL | LLTA | BBA | BBP | Different.BB |
|-------------|----------------|----------|---------|---------|----------|----------|--------------|
| Gizi kurang | N | 93 | 93 | 93 | 93 | 93 | 93 |
| | Minimum | 68.00 | 13.00 | 9.00 | 5.00 | 5.60 | -4.00 |
| | Maximum | 157.00 | 31.00 | 24.00 | 35.00 | 33.90 | 5.70 |
| | Mean | 110.2258 | 21.7204 | 15.8817 | 17.3720 | 17.9903 | .6183 |
| | Std. Deviation | 21.98623 | 4.70745 | 3.33248 | 7.40812 | 7.39578 | 1.75932 |
| Normal | N | 272 | 272 | 272 | 272 | 272 | 272 |
| | Minimum | 52.00 | 7.50 | 8.00 | 3.50 | 3.60 | -9.50 |
| | Maximum | 168.00 | 38.00 | 29.00 | 69.00 | 67.00 | 7.00 |
| | Mean | 109.8904 | 23.2004 | 17.9632 | 24.5934 | 24.1746 | -.4187 |
| | Std. Deviation | 30.73228 | 6.59569 | 5.32076 | 15.41822 | 14.98590 | 2.02048 |
| Gizi lebih | N | 10 | 10 | 10 | 10 | 10 | 10 |
| | Minimum | 111.00 | 24.00 | 22.00 | 33.00 | 30.90 | -5.00 |
| | Maximum | 168.00 | 38.00 | 33.00 | 72.00 | 72.80 | 4.90 |
| | Mean | 138.9000 | 31.3000 | 27.1500 | 52.2000 | 50.8800 | -1.3200 |
| | Std. Deviation | 20.33306 | 4.62000 | 4.70254 | 16.71859 | 17.51392 | 3.19646 |
| Total | N | 375 | 375 | 375 | 375 | 375 | 375 |
| | Minimum | 52.00 | 7.50 | 8.00 | 3.50 | 3.60 | -9.50 |
| | Maximum | 168.00 | 38.00 | 33.00 | 72.00 | 72.80 | 7.00 |
| | Mean | 110.7472 | 23.0493 | 17.6920 | 23.5387 | 23.3531 | -.1856 |
| | Std. Deviation | 28.89665 | 6.30579 | 5.19980 | 14.99028 | 14.54191 | 2.04938 |

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| Jenis.Kelamin | | PB | PL | LLTA | BBA | BBP | Different.BB |
|---------------|----------------|----------|---------|---------|----------|----------|--------------|
| F | N | 186 | 186 | 186 | 186 | 186 | 186 |
| | Minimum | 52.00 | 7.50 | 8.00 | 3.50 | 3.60 | -8.80 |
| | Maximum | 162.00 | 38.00 | 29.00 | 69.00 | 67.00 | 7.00 |
| | Mean | 112.5763 | 23.3790 | 18.0672 | 24.4183 | 24.2548 | -.1634 |
| | Std. Deviation | 29.73322 | 6.32948 | 5.26303 | 14.56672 | 14.33680 | 1.99947 |
| M | N | 189 | 189 | 189 | 189 | 189 | 189 |
| | Minimum | 58.00 | 10.00 | 8.00 | 3.50 | 3.60 | -9.50 |
| | Maximum | 168.00 | 38.00 | 33.00 | 72.00 | 72.80 | 5.80 |
| | Mean | 108.9471 | 22.7249 | 17.3228 | 22.6730 | 22.4656 | -.2074 |
| | Std. Deviation | 28.01116 | 6.28223 | 5.12390 | 15.38520 | 14.72497 | 2.10242 |
| Total | N | 375 | 375 | 375 | 375 | 375 | 375 |
| | Minimum | 52.00 | 7.50 | 8.00 | 3.50 | 3.60 | -9.50 |
| | Maximum | 168.00 | 38.00 | 33.00 | 72.00 | 72.80 | 7.00 |
| | Mean | 110.7472 | 23.0493 | 17.6920 | 23.5387 | 23.3531 | -.1856 |
| | Std. Deviation | 28.89665 | 6.30579 | 5.19980 | 14.99028 | 14.54191 | 2.04938 |

Explore

Tests of Normality

| | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
|------------|---------------------------------|-----|------|--------------|-----|------|
| | Statistic | df | Sig. | Statistic | df | Sig. |
| BB.Aktual | .130 | 375 | .000 | .913 | 375 | .000 |
| BB.Predict | .123 | 375 | .000 | .915 | 375 | .000 |

a. Lilliefors Significance Correction

Nonparametric Correlations

Correlations

| | | | BB.Aktual | BB.Predict |
|----------------|------------|-------------------------|-----------|------------|
| Spearman's rho | BB.Aktual | Correlation Coefficient | 1.000 | .982** |
| | | Sig. (2-tailed) | . | .000 |
| | | N | 375 | 375 |
| | BB.Predict | Correlation Coefficient | .982** | 1.000 |
| | | Sig. (2-tailed) | .000 | . |
| | | N | 375 | 375 |

** . Correlation is significant at the 0.01 level (2-tailed).

Correlations

| Usia.3kat | | | BB.Aktual | BB.Predict |
|-----------|----------------|-------------------------|-----------|------------|
| Infant | Spearman's rho | Correlation Coefficient | 1.000 | .982** |
| | | Sig. (2-tailed) | . | .000 |
| | | N | 38 | 38 |
| | BB.Predict | Correlation Coefficient | .982** | 1.000 |
| | | Sig. (2-tailed) | .000 | . |
| | | N | 38 | 38 |
| Pediatrik | Spearman's rho | Correlation Coefficient | 1.000 | .984** |
| | | Sig. (2-tailed) | . | .000 |
| | | N | 205 | 205 |
| | BB.Predict | Correlation Coefficient | .984** | 1.000 |
| | | Sig. (2-tailed) | .000 | . |
| | | N | 205 | 205 |
| Adolesent | Spearman's rho | Correlation Coefficient | 1.000 | .976** |
| | | Sig. (2-tailed) | . | .000 |
| | | N | 132 | 132 |
| | BB.Predict | Correlation Coefficient | .976** | 1.000 |
| | | Sig. (2-tailed) | .000 | . |
| | | N | 132 | 132 |

** . Correlation is significant at the 0.01 level (2-tailed).

Correlations

| BMI | | | BB.Aktual | BB.Predict |
|-------------|----------------|----------------------------|-----------|------------|
| Gizi kurang | Spearman's rho | Correlation Coefficient | 1.000 | .964** |
| | | BB.Aktual Sig. (2-tailed) | . | .000 |
| | | N | 93 | 93 |
| | | Correlation Coefficient | .964** | 1.000 |
| | | BB.Predict Sig. (2-tailed) | .000 | . |
| | | N | 93 | 93 |
| Normal | Spearman's rho | Correlation Coefficient | 1.000 | .995** |
| | | BB.Aktual Sig. (2-tailed) | . | .000 |
| | | N | 272 | 272 |
| | | Correlation Coefficient | .995** | 1.000 |
| | | BB.Predict Sig. (2-tailed) | .000 | . |
| | | N | 272 | 272 |
| Gizi lebih | Spearman's rho | Correlation Coefficient | 1.000 | .866** |
| | | BB.Aktual Sig. (2-tailed) | . | .001 |
| | | N | 10 | 10 |
| | | Correlation Coefficient | .866** | 1.000 |
| | | BB.Predict Sig. (2-tailed) | .001 | . |
| | | N | 10 | 10 |

** . Correlation is significant at the 0.01 level (2-tailed).

Correlations

| | | Jenis.Kelamin | BB.Aktual | BB.Predict |
|----------------|---|----------------------------|-----------|------------|
| Spearman's rho | F | Correlation Coefficient | 1.000 | .993** |
| | | BB.Aktual Sig. (2-tailed) | . | .000 |
| | | N | 186 | 186 |
| | | Correlation Coefficient | .993** | 1.000 |
| | | BB.Predict Sig. (2-tailed) | .000 | . |
| | | N | 186 | 186 |
| | M | Correlation Coefficient | 1.000 | .989** |
| | | BB.Aktual Sig. (2-tailed) | . | .000 |
| | | N | 189 | 189 |
| | | Correlation Coefficient | .989** | 1.000 |
| | | BB.Predict Sig. (2-tailed) | .000 | . |
| | | N | 189 | 189 |

** . Correlation is significant at the 0.01 level (2-tailed).

Frequencies

Agreement.10

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | Tidak | 88 | 23.5 | 23.5 | 23.5 |
| | Ya | 287 | 76.5 | 76.5 | 100.0 |
| | Total | 375 | 100.0 | 100.0 | |

Agreement.20

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Tidak | 10 | 2.7 | 2.7 | 2.7 |
| Valid Ya | 365 | 97.3 | 97.3 | 100.0 |
| Total | 375 | 100.0 | 100.0 | |

Crosstabs

Usia.3kat * Agreement.10 Crosstabulation

| | | Agreement.10 | | Total | |
|-----------|--------------------|--------------------|-------|--------|--------|
| | | Tidak | Ya | | |
| Usia.3kat | Infant | Count | 1 | 37 | 38 |
| | | % within Usia.3kat | 2.6% | 97.4% | 100.0% |
| | Pediatrik | Count | 52 | 153 | 205 |
| | | % within Usia.3kat | 25.4% | 74.6% | 100.0% |
| Adolesent | Count | 35 | 97 | 132 | |
| | % within Usia.3kat | 26.5% | 73.5% | 100.0% | |
| Total | Count | 88 | 287 | 375 | |
| | % within Usia.3kat | 23.5% | 76.5% | 100.0% | |

Usia.3kat * Agreement.20 Crosstabulation

| | | Agreement.20 | | Total | |
|-----------|--------------------|--------------------|-------|--------|--------|
| | | Tidak | Ya | | |
| Usia.3kat | Infant | Count | 0 | 38 | 38 |
| | | % within Usia.3kat | 0.0% | 100.0% | 100.0% |
| | Pediatrik | Count | 6 | 199 | 205 |
| | | % within Usia.3kat | 2.9% | 97.1% | 100.0% |
| Adolesent | Count | 4 | 128 | 132 | |
| | % within Usia.3kat | 3.0% | 97.0% | 100.0% | |
| Total | Count | 10 | 365 | 375 | |
| | % within Usia.3kat | 2.7% | 97.3% | 100.0% | |

BMI * Agreement.10 Crosstabulation

| | | | Agreement.10 | | Total |
|-------|--------------|--------------|--------------|--------|--------|
| | | | Tidak | Ya | |
| BMI | Gizi kurang | Count | 38 | 55 | 93 |
| | | % within BMI | 40.9% | 59.1% | 100.0% |
| | Normal | Count | 47 | 225 | 272 |
| | | % within BMI | 17.3% | 82.7% | 100.0% |
| | Gizi lebih | Count | 3 | 7 | 10 |
| | | % within BMI | 30.0% | 70.0% | 100.0% |
| Total | Count | 88 | 287 | 375 | |
| | % within BMI | 23.5% | 76.5% | 100.0% | |

BMI * Agreement.20 Crosstabulation

| | | | Agreement.20 | | Total |
|-------|--------------|--------------|--------------|--------|--------|
| | | | Tidak | Ya | |
| BMI | Gizi kurang | Count | 5 | 88 | 93 |
| | | % within BMI | 5.4% | 94.6% | 100.0% |
| | Normal | Count | 5 | 267 | 272 |
| | | % within BMI | 1.8% | 98.2% | 100.0% |
| | Gizi lebih | Count | 0 | 10 | 10 |
| | | % within BMI | 0.0% | 100.0% | 100.0% |
| Total | Count | 10 | 365 | 375 | |
| | % within BMI | 2.7% | 97.3% | 100.0% | |

Jenis.Kelamin * Agreement.10 Crosstabulation

| | | | Agreement.10 | | Total |
|---------------|------------------------|------------------------|--------------|--------|--------|
| | | | Tidak | Ya | |
| Jenis.Kelamin | F | Count | 37 | 149 | 186 |
| | | % within Jenis.Kelamin | 19.9% | 80.1% | 100.0% |
| | M | Count | 51 | 138 | 189 |
| | | % within Jenis.Kelamin | 27.0% | 73.0% | 100.0% |
| Total | Count | 88 | 287 | 375 | |
| | % within Jenis.Kelamin | 23.5% | 76.5% | 100.0% | |

Jenis.Kelamin * Agreement.20 Crosstabulation

| | | Agreement.20 | | Total | |
|---------------|------------------------|------------------------|-------|--------|--------|
| | | Tidak | Ya | | |
| Jenis.Kelamin | F | Count | 5 | 181 | 186 |
| | | % within Jenis.Kelamin | 2.7% | 97.3% | 100.0% |
| | M | Count | 5 | 184 | 189 |
| | | % within Jenis.Kelamin | 2.6% | 97.4% | 100.0% |
| Total | Count | 10 | 365 | 375 | |
| | % within Jenis.Kelamin | 2.7% | 97.3% | 100.0% | |

