

# **KONGRES NASIONAL DAN PERTEMUAN ILMIAH TAHUNAN PERHIMPUNAN DOKTER FORENSIK INDONESIA**

**Bandung, 16 - 18 Mei 2016**

***“Improving Professionalism :  
to Reach Best Practice in Forensic Medicine”***

## **BUKU PROGRAM DAN ABSTRAK**



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FORENSIK INDONESIA 2016**

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to Reach best Practice in Forensic Medicine"***

**Fakultas Kedokteran Universitas Padjadjaran  
Hotel Grand Tjokro, Cihampelas, Bandung  
16-18 Mei 2016**

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*Dilarang memperbanyak, mencetak dan menerbitkan sebagian atau seluruh isi buku ini dengan cara dan dalam bentuk apapun tanpa seijin penyunting dan penerbit.*

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**Legal Medicine Field Study**  
**The Importance Of Opioid Antagonist Agent In Surgery And**  
**Recovery Room**  
**Standard Operating Procedure (SOP)**

Rahmania Kemala Dewi\*, Nily Sulistyorini\*

*Almost 90 % hospital in Surabaya-East Java, are using Opioid medicine for acute post operative pain management in the surgery and recovery room. WHO International Guidelines determined Opioid medicine is one of the first drug of choice for acute pain management.*

*Most Anesthesiologist in Surabaya use Opioid medicine for post operative acute pain. Yet in hospital standard operation procedures for acute pain management for post operative patient are not include the antagonist medicine for Opioid overdose which is Naloxone in the emergency kit. Those hospitals put the Opioid antagonist medicine in the pharmacy area outside the surgery and recovery room. Indeed international guideline for post operative pain management, the emergency care for overdose an Opioid medicine are the Basic Life Support method with Airway, Breathing, and Circulation. But in several cases, some individual are genetically sensitive with Opioid especially with A118G allele variant of Opioid Receptor Mu 1 (OPRM1)/Mu Opioid Receptor 1 (MOR1) in CNS, that in normal dose the effect could be much more potent. These effects could be respiratory depression even cardiac arrest.*

*Opioid is substance that act on Opioid receptor to produce opiate-like effects. Opiate is derived from opium *Papaver somniferum*. Opioid is use to relief from mild to severe, acute such as cancer and post operative, also chronic pain.*

*In Opioid overdose, the patient have triad symptoms as decreased consciousness, pinpoint pupil, and respiratory depression. Emergency treatments are to stabilize airways, breathing, and circulation. The Opioid antagonist agent as Naloxone is recommended for apnoe patient. The Opioid antagonist agent works by reversing the CNS depression and respiratory system caused by Opioid. These competitive antagonists bind to the opioid receptors such as MOR 1, 2, 3; DOR 1, 2; KOR 1, 2, 3, NOR, and ZOR with higher affinity than agonists but do not activate the receptors. This displaces the agonist, attenuating and reversing the agonist effects. However,*



the elimination half-life of Naloxone can be shorter than the opioid itself, so may require repeat dosing or continuous infusion.

Indonesia hospital Standard Operating Procedures (SOP) for surgery and recovery room, there is only an initial treatment of basic life support for Opioid overdose due to any cause, whether an overdose administration or genetically sensitive Opioid receptors patient. The Indonesia hospital standard procedure does not include preparation of Opioid antagonist agent inside the emergency tools in surgery and recovery room.

The preliminary field study of legal medicine with serobiomolecular for Indonesia hospital management standard, we found these small yet important finding is to prepare emergency treatment for Opioid overdose patient. In the future we hope to increased the quality of Indonesia hospital standard through Joint Commissions International (JCI) and Komite Akreditasi Rumah Sakit (KARS) especially for emergency treatment in post operative acute Pain Management Standard Operating Procedure.

**Keywords** : Opioid antagonist, pain management, Standard Operating Procedure (SOP).