

KESIMPULAN

Pengelolaan terhadap kondisi klinis pada perkembangan pasien selama empat hari ditunjukkan melalui penurunan suhu tubuh, stabilisasi kondisi umum, serta perkembangan penyembuhan luka berkontribusi terhadap perbaikan kondisi pasien selama masa perawatan. Meskipun manifestasi klinis dan faktor pemberat yang dimiliki setiap pasien berbeda, prinsip tata laksana febrile neutropenia tetap berfokus pada deteksi dini infeksi, pencegahan komplikasi, serta kolaborasi multidisiplin. Pengelolaan *febrile neutropenia* yang direkomendasikan telah sejalan dalam upaya menurunkan risiko komplikasi infeksi pada pasien. Namun, beberapa rekomendasi tidak dapat dievaluasi secara menyeluruh karena keterbatasan dokumentasi.

Penerapan tata laksana *febrile neutropenia* melalui pendekatan multidisiplin efektif untuk meningkatkan penyelesaian masalah, tidak hanya berfokus pada pemberian antibiotik empiris, tetapi memerlukan tatalaksana yang komprehensif sesuai kondisi klinis dan komplikasi yang dialami masing-masing pasien. Seluruh pasien mendapatkan terapi antibiotik empiris segera setelah diagnosis *febrile neutropenia* ditegakkan, namun selama perjalanan perawatan ditemukan berbagai komplikasi yang memerlukan penanganan tambahan di luar terapi farmakologis.

Penerapan pedoman tatalaksana *febrile neutropenia* terbukti memberikan kerangka kerja sistematis bagi tiap multidisiplin dalam penanganan pasien. Melalui pedoman dengan standar, proses pengambilan keputusan klinis akan lebih terarah dan lebih cepat mencapai keberhasilan penyembuhan dan mengurangi risiko morbiditas pasien. Dalam keperawatan, tatalaksana juga menjadi bagian dari peningkatan kualitas asuhan keperawatan. Selain mendukung keselamatan pasien dan keberhasilan terapi, pedoman juga memperkuat peran perawat sebagai koordinator pelayanan, pemberi asuhan langsung, dan pendidik kesehatan dalam tim multidisiplin yang menangani pasien *febrile neutropenia*.

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