**A black and white rectangular sign

Description automatically generated[Judul Artikel: Laporan Kasus]**

**Abstrak**

[Mulailah dengan menyoroti keunikan kasus ini serta kontribusinya terhadap literatur ilmiah yang ada. Uraikan keluhan utama pasien, diikuti dengan temuan klinis yang signifikan, diagnosis utama, intervensi yang diberikan, serta hasil klinisnya. Akhiri dengan pelajaran penting atau “implikasi klinis” yang dapat diambil dari laporan kasus ini]

Kata kunci: [kata kunci1, kata kunci2, kata kunci3, kata kunci4, …]

**[Title of the article: a Case Report]**

**Abstract**

[Start with what is unique about this case and what does it add to the scientific literature. Report the patient’s main complaint, followed by the important clinical findings, primary diagnoses, interventions, and outcomes. End with what are the “take-away” lessons from this case report.]

Keywords: [keyword1, keyword2, keyword3, keyword 4, …]

**Pendahuluan**

[Bagian ini harus ditulis secara ringkas, sekitar 250–350 kata. Selalu gunakan bentuk naratif; jangan menggunakan format poin-poin atau penomoran.

[Mulailah dengan ringkasan singkat mengenai alasan mengapa kasus ini dianggap unik. Bagian ini dapat mencantumkan beberapa referensi dari literatur medis, namun jumlahnya sebaiknya tidak terlalu banyak.]

**Laporan Kasus**

[Bagian ini harus ditulis sejelas dan sedetail mungkin. Mulailah dengan informasi pasien yang telah dianonimkan (misalnya: usia, jenis kelamin, indeks massa tubuh [IMT], dan diagnosis).

Selanjutnya, uraikan keluhan utama pasien serta gejala-gejala penyerta yang dialami. Riwayat intervensi medis yang relevan beserta hasilnya, riwayat medis dan keluarga, serta informasi genetik yang berkaitan juga harus disertakan.

Lanjutkan dengan temuan klinis (seperti pemeriksaan fisik, hasil laboratorium, dan temuan radiologis). Jika diperlukan, seluruh hasil laboratorium dapat diringkas dalam bentuk tabel. Temuan radiologi dapat disajikan dalam bentuk gambar (figure) selama identitas pasien telah dihapus atau diburamkan, termasuk nama, usia, nama rumah sakit, dan nomor rekam medis.

Selanjutnya, jelaskan intervensi secara rinci, dengan menekankan semua pengamatan penting yang relevan dengan topik laporan kasus. Terakhir, uraikan tindak lanjut dan hasil akhir dari pasien. Setiap kejadian yang merugikan (*adverse events*) maupun kejadian tak terduga harus selalu dilaporkan. Kami sangat menyarankan pembuatan gambar visualisasi yang merangkum *timeline* perjalanan klinis pasien. Lihat Gambar 1 pada publikasi berikut sebagai contoh:

<https://surgicalcasereports.springeropen.com/articles/10.1186/s40792-019-0588-7>

**Discussion**

**[**Dewan editorial JATI Udayana secara rutin menerima naskah dengan bagian diskusi yang sangat panjang. Namun, panjangnya diskusi tidak selalu mencerminkan kualitas yang baik. Dengan batasan jumlah kata sebanyak 1.500, penulis dituntut untuk benar-benar mempertimbangkan cara menyampaikan pesan secara ringkas dan efektif dalam laporan singkat ini.

Mulailah dengan paragraf yang kembali memperkenalkan intervensi yang Anda pilih (atau intervensi sepadan, tergantung pada jenis laporan ini). Beberapa paragraf berikutnya sebaiknya membahas dasar pemilihan intervensi tersebut serta mengaitkannya dengan literatur terkini yang relevan. Pada bagian ini, penulis dapat mengulas mengenai patofisiologi/mekanisme cedera, pedoman terkini, serta poin-poin penting dari kasus yang dilaporkan.

Selanjutnya, bahas kekuatan dan keterbatasan pendekatan yang digunakan dalam penanganan kasus ini. Jika hasil akhirnya kurang baik, diskusikan hal-hal yang dapat diperbaiki serta bagaimana sebaiknya pendekatan dilakukan pada kasus serupa di masa depan. Penulis juga dapat merangkum beberapa laporan kasus serupa sebelumnya dan membahas variasi dalam hasil yang diperoleh.

Paragraf terakhir harus berisi kesimpulan dan pelajaran utama (*take-away message*) dari laporan kasus ini. Bagian ini tidak boleh mencantumkan referensi.]

**Ucapan Terima Kasih**

Para penulis menyampaikan terima kasih kepada [nama orang] atas kontribusinya dalam [jenis kontribusi] pada penelitian ini.

**Pernyataan Persetujuan Pasien**

Para penulis menyatakan bahwa mereka telah memperoleh seluruh formulir persetujuan pasien yang sesuai. Dalam formulir tersebut, pasien telah memberikan persetujuan untuk penggunaan gambar dan informasi klinisnya guna dipublikasikan dalam jurnal. Pasien memahami bahwa nama dan inisial mereka tidak akan dipublikasikan, dan upaya maksimal akan dilakukan untuk menjaga kerahasiaan identitas mereka, namun anonimitas secara penuh tidak dapat dijamin.

**Dukungan Dana dan Sponsor**

Nihil.

**Konflik Kepentingan**

Para penulis menyatakan tidak terdapat konflik kepentingan.

**Kontribusi Penulis**

Konsep dan seleksi kasus:

Pengumpulan dan interpretasi data klinis:

Telaah pustaka:

Penulisan dan revisi naskah:

Persetujuan terhadap naskah untuk publikasi: seluruh penulis.

**Daftar Pustaka**

1. Ryalino C, Sahinovic MM, Drost G, Absalom AR. Intraoperative monitoring of the central and peripheral nervous systems: a narrative review. Br J Anaesth 2024; 132(2): 285-99.
2. Tan HS, Yeo KW, Tan CW, Chan JI, Cheng SM, Sultana R, et al. Pre-operative pain and psychological vulnerability factors associated with primary cesarean delivery: An observational study. Bali Journal of Anesthesiology 2023; 7(2): 94-8.
3. Senapathi TGA, Panji PAS, Yudiskara IGH, Pradhana AP. Insertion with Laryngoscope McGrath and Macintosh: A Case Series. Bali Journal of Anesthesiology 2020; 4(Suppl 2):S64-S66.
4. Cai SC, Tung AMS, Eslick AT. Performance of ChatGPT on a free-response anaesthesia primary examination. Br J Anaesth 2024 (In-press).
5. Urman RD, Ehrenfeld JM. Pocket Anesthesia. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2020.
6. García PS, Whalin MK, Sebel PS. Pharmacology of Intravenous Anesthetics. In: Hemmings HC, Egan TD, editors. Pharmacology and Physiology for Anesthesia. 2nd ed. Philadelphia: Elsevier; 2019. p. 193-216.
7. Niranjan N, Wilson I. Tutorial of the Week: Awareness under Anaesthesia [Internet]. London (UK): World Federation of Anaesthesiologists; [updated 2008 May 7; cited 2018 June 10]. Available from: https://resources.wfsahq.org/atotw/tutorial-of-the-week-awareness-under-anaesthesia/
8. Profiles in Science [Internet]. Bethesda (MD): National Library of Medicine (US); 1998 - [cited 2011 Jul 8]. Available from: http://profiles.nlm.nih.gov
9. AMA: helping doctors help patients [Internet]. Chicago: American Medical Association; c1995-2007. AMA launches exclusive partnership with the ReachMD Channel for medical professionals; 2007 Mar 26 [cited 2007 Mar 28]; [about 2 screens]. Available from: http://www.ama-assn.org/ama/pub/category/17469.html

**Tabel**

Tabel 1. Temuan laboratorium

|  |  |  |
| --- | --- | --- |
| **Pemeriksaan** | **Nilai** | **Unit** |
| Haemoglobin | 12.9 | mg/dL |
| Fungsi ginjal  BUN  Kreatinin | 21  1.2 | mg/dL  mg/dL |
| Elektrolit  Natrium  Kalium | 131  4.5 | mmol/L  mmol/L |

**BUN**: blood urea nitrogen; [tuliskan keterangan tabel lanjutan disini]

Tabel 2. …

**Keterangan Gambar**

Gambar 1. *Timeline* kasus.

Gambar 2. …

**A black text on a white background

Description automatically generated[Title of the article: a Case Report]**

**Abstract**

[Start with what is unique about this case and what does it add to the scientific literature. Report the patient’s main complaint, followed by the important clinical findings, primary diagnoses, interventions, and outcomes. End with what are the “take-away” lessons from this case report.]

Keywords: [keyword1, keyword2, keyword3, keyword 4, …]

**[Judul Artikel: Laporan Kasus]**

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[Mulailah dengan menyoroti keunikan kasus ini serta kontribusinya terhadap literatur ilmiah yang ada. Uraikan keluhan utama pasien, diikuti dengan temuan klinis yang signifikan, diagnosis utama, intervensi yang diberikan, serta hasil klinisnya. Akhiri dengan pelajaran penting atau “implikasi klinis” yang dapat diambil dari laporan kasus ini]

Kata kunci: [kata kunci1, kata kunci2, kata kunci3, kata kunci4, …]

**Introduction**

[This part should be brief, somewhere around 250-350 words. Always write in narrative form, do not write in bulleted or numbered layout.

Start with a brief summary of why this case is unique. This section may include several, but not many, medical literature references.]

**Care Report**

[This part should be written as detailed as possible. Start with de-identified patient information (e.g., age, sex, BMI, diagnosis).

Then, follow with primary complaint and the extended symptoms of the patient. Relevant past interventions and their respective outcome, medical and family history, and relevant genetic information should be added as well.

Continue with clinical findings (i.e., physical examination, laboratory, radiology findings). If necessary, all lab findings can be summarised in a table. Radiology findings can be reported as a figure as long as the authors have removed of blurred the patient’s identity, including, name, age, hospital’s name, and medical record number.

Next, present the intervention in details highlighting all the important observations related to the topic. Finally, end with the follow up and outcome of patient. Adverse and unanticipated events should always be reported. We strongly recommend creating a visualization figure that summarize the timeline of the patient. See the Figure 1 of this publication as an example: <https://surgicalcasereports.springeropen.com/articles/10.1186/s40792-019-0588-7>

**Discussion**

**[**The editorial board of JATI Udayana regularly receives manuscripts with long discussion. This is not necessarily an indication of a good discussion. With a word limit of 1,500 words, we are making authors to really think how to convey the message in such a short report.

Start with a paragraph that re-introduces your choice of intervention (or its equivalent depending on the nature of this report). Next several paragraphs should discuss the rationale of your choice and associate it to the **up-to-date** relevant literature. This is where authors can discuss pathology/injury mechanisms, current guidelines, and case highlights.

Furthermore, discuss the strength and limitations to your approach to this case. In the event of poor outcome, discuss what can be improved on how we could have approached similar cases in the future. Authors may also summarise several previously similar case reports and discuss the variations in the outcome.

The final paragraph should consist of the conclusion and the primary take-away lessons from this case report. There should be no references in this part.]

**Acknowledgement**

The authors would like to acknowledge [*person’s name*] for [*contribution*] in this study.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

**Authors’ contributions**

Concept and Case Selection:

Clinical data acquisition and interpretation:

Literature review::

Manuscript drafting and revision:

Approved this manuscript for submission: all authors.

**References**

1. Ryalino C, Sahinovic MM, Drost G, Absalom AR. Intraoperative monitoring of the central and peripheral nervous systems: a narrative review. Br J Anaesth 2024; 132(2): 285-99.
2. Tan HS, Yeo KW, Tan CW, Chan JI, Cheng SM, Sultana R, et al. Pre-operative pain and psychological vulnerability factors associated with primary cesarean delivery: An observational study. Bali Journal of Anesthesiology 2023; 7(2): 94-8.
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5. Urman RD, Ehrenfeld JM. Pocket Anesthesia. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2020.
6. García PS, Whalin MK, Sebel PS. Pharmacology of Intravenous Anesthetics. In: Hemmings HC, Egan TD, editors. Pharmacology and Physiology for Anesthesia. 2nd ed. Philadelphia: Elsevier; 2019. p. 193-216.
7. Niranjan N, Wilson I. Tutorial of the Week: Awareness under Anaesthesia [Internet]. London (UK): World Federation of Anaesthesiologists; [updated 2008 May 7; cited 2018 June 10]. Available from: https://resources.wfsahq.org/atotw/tutorial-of-the-week-awareness-under-anaesthesia/
8. Profiles in Science [Internet]. Bethesda (MD): National Library of Medicine (US); 1998 - [cited 2011 Jul 8]. Available from: http://profiles.nlm.nih.gov
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**Tables**

Table 1. Laboratory findings

|  |  |  |
| --- | --- | --- |
| **Test names** | **Values** | **Units** |
| Haemoglobin | 12.9 | mg/dL |
| Renal function  BUN  Creatinine | 21  1.2 | mg/dL  mg/dL |
| Electrolytes  Sodium  Potassium | 131  4.5 | mmol/L  mmol/L |

**BUN**: blood urea nitrogen; [write the rest of the legend here]

Table 2. …

**Figure Legends**

Figure 1. Timeline of the current case.

Figure 2. …