

**POLITEKNIK KESEHATAN TANJUNGPINANG
JURUSAN KEPERAWATAN
PROGRAM STUDI PENDIDIKAN PROFESI NERS
Karya Ilmiah Akhir Ners, 01 Juli 2024**

Shintia Lega Utami

**ANALISIS KAPASITAS ADAPTIF INTRAKRANIAL PADA PASIEN
POST OPERASI KRANIOTOMI DENGAN INTERVENSI
PENGATURAN POSISI DI RSUD DR. H. ABDUL MOELOEK PROVINSI
LAMPUNG TAHUN 2024**

xiii+ 70 halaman, 4 tabel, 1 gambar dan 6 lampiran

ABSTRAK

Data tahun 2022 terdapat 150 pasien yang menjalani operasi kraniotomi dan 97 disebabkan oleh adanya perdarahan otak serta 150 pasien tersebut menjalani perawatan di ruang ICU pasca operasi. Faktor yang memperburuk keadaan pasien pasca kraniotomi selama di rawat di ICU seperti penurunan kesadaran, edema serebri, dilatasi pupil, peningkatan tekanan intrakranial, kejang, demam/peningkatan suhu tubuh, nyeri hebat, terjadinya cedera lain akibat penggunaan alat-alat life support seperti ventilator, monitor, *Central Venous Pressure* (CVP), dan gangguan pernafasan akibat penggunaan sedasi selama proses operasi dilakukan. Tujuan karya ilmiah ini menganalisis intervensi pengaturan posisi (*head up 30°*) terhadap kapasitas adaptif intrakranial pasien post operasi kraniotomi di RSUD Dr. H. Abdul Moeloek Tahun 2024. Karya ilmiah ini menggunakan metode studi kasus dengan proses keperawatan dari tahapan pengkajian sampai dengan evaluasi keperawatan. Sampel karya ilmiah ini yaitu pasien post operasi kraniotomi berjumlah 1 klien dengan masalah penurunan kapasitas adaptif intrakranial. Setelah dilakukan perawatan selama 4 hari dengan menerapkan intervensi *head up 30°* didapatkan bahwasanya klien mengalami peningkatan kapasitas adaptif intrakranial ditandai dengan peningkatan kesadaran dan hemodinamik dimana mengalami peningkatan dari GCS E2M4Vtt menjadi E4M6Vtt, tekanan darah membaik dari 154/93 menjadi 124/94 serta tekanan nadi 51x/menit menjadi 89x/menit dan tidak terdapat dilatasi pada pupil. Penulis menyarankan agar menerapkan *head up 30°* sebagai salah satu intervensi mandiri keperawatan dalam upaya meningkatkan kapasitas adaptif intrakranial pada pasien post operasi kraniotomi.

Kata Kunci : Intrakranial, *Head Up 30°*, Kraniotomi
Pustaka : 46 (2017-2023)

**TANJUNGPOLYTECHNIC OF HEALTH
TANJUNGPOLYTECHNIC SCHOOL OF NURSING
NURSING PROFESSIONAL STUDY**

Final Professional Nurse report, 01 July 2024

Shintia Lega Utami

***ANALYSIS OF INTRACRANIAL ADAPTIVE CAPACITY IN PATIENTS
POST CRANIOTOMY SURGERY WITH POSITIONING INTERVENTION AT
DR. H. ABDUL MOELOEK LAMPUNG PROVINCE IN 2024***

xiii + 70 Pages, 4 Tables, 1 pictures and 6 attachments

ABSTRACT

In 2022, there were 150 patients who underwent craniotomy surgery and 97 were caused by brain hemorrhage and 150 of these patients underwent post-operative treatment in the ICU. Factors that worsen the condition of post-craniotomy patients while being treated in the ICU include decreased consciousness, cerebral edema, pupil dilation, increased intracranial pressure, seizures, fever/increased body temperature, severe pain, other injuries due to the use of life support equipment such as ventilators, monitor, Central Venous Pressure (CVP), and respiratory problems due to the use of sedation during the operation. The aim of this scientific work is to analyze positioning interventions (head up 30°) on the intracranial adaptive capacity of post-craniotomy patients at RSUD Dr. H. Abdul Moeloek Year 2024. This scientific work uses the case study method with the nursing process from the assessment stage to nursing evaluation. The sample for this scientific work is 1 post-craniotomy patient with the problem of decreased intracranial adaptive capacity. After treatment for 4 days by applying a 30° head up intervention, it was found that the client experienced an increase in intracranial adaptive capacity, characterized by increased awareness and hemodynamics, which increased from GCS E2M4Vtt to E4M6Vtt, blood pressure decreased from 154/93 to 124/94 and pressure pulse was 51x/minute to 89x/minute and there was no dilation of the pupils. The author suggests implementing a 30° head up as an independent nursing intervention in an effort to increase intracranial adaptive capacity in post-craniotomy patients.

Keywords : Intracranial, Head Up 30°, Craniotomy

Reference : 46 (2017-2023)