

**POLITEKNIK KESEHATAN TANJUNGPINANG  
JURUSAN KEPERAWATAN  
PROGRAM STUDI PROFESI NERS**

**LAPORAN AKHIR PROFESI NERS, JUNI 2022**

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**ASUHAN KEPERAWATAN PERIOPERATIF PADA PASIEN SUBDURAL HEMATOMA KRONIK PERICALVARIA FRONTOTEMPORAL DEKSTRA DENGAN TINDAKAN OKLUSI KRANIOTOMI DI RSUD JENDERAL AHMAD YANI METRO TAHUN 2022**

xv + 99 halaman, 21 tabel, 7 gambar, 5 lampiran

**ABSTRAK**

Cedera kepala merupakan keadaan gawat darurat yang perlu penanganan segera. Data Riskesdas 2018, kejadian cedera kepala didominasi laki-laki 11,9%, angka kejadian tertinggi terjadi di Gorontalo (17,9%). Walaupun persentasenya sedikit, cedera kepala merupakan salah satu masalah paling penting karena menjadi penyebab kematian ketiga di RS. Kejadian cedera kepala dapat mengakibatkan subdural hematoma. Penatalaksanaan terbaik pada kasus SDH adalah dengan kraniotomi. Data rekam medik RSUD Jend. A. Yani Metro pada Januari-April 2022 tercatat pasien SDH yang sebanyak 13 pasien (25%) dari total 51 pasien dengan tindakan kraniotomi. Penyusunan laporan bertujuan untuk menggambarkan pelaksanaan asuhan keperawatan perioperatif pada SDH dengan tindakan oklusi kraniotomi di RSUD Jend. A Yani Metro. Metode pengambilan data melalui observasi, wawancara, pemeriksaan fisik, dan studi dokumentasi. Subjek laporan yaitu pasien SDH dengan tindakan kraniotomi. Hasil pengkajian ditemukan pasien mengalami nyeri kepala disertai mual dan hemiparesis sinistra. Penyebab yang dialami pasien karena peningkatan TIK. Diagnosa keperawatan fase preoperatif pasien mengalami penurunan kapasitas adaptif intrakranial, fase intraoperatif mengalami risiko perdarahan dan risiko hipotermia perioperatif, fase postoperatif pasien mengalami risiko hipotermia perioperatif, risiko aspirasi, dan penurunan kapasitas adaptif intrakranial. Disusun intervensi keperawatan meliputi manajemen PTIK, memantau perdarahan, manajemen hipotermi, dan manajemen jalan napas. Setelah diberikan tindakan keperawatan menunjukkan penurunan TIK, hasil laboratorium hematologi membaik, suhu tubuh membaik, dan jalan napas paten. Asuhan keperawatan ini diharapkan dapat menjadi bahan acuan dalam menerapkan asuhan keperawatan secara komprehensif terutama pada lingkup perioperatif serta dapat menjadi bahan informasi dalam pengembangan ilmu bagi laporan selanjutnya.

**Kata Kunci** : Subdural Hematoma (SDH), Oklusi, Kraniotomi  
**Pustaka** : 63 (2012-2022)

**HEALTH POLYTECHNIC OF TANJUNGKARANG  
NURSING MAJOR  
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**NERS PROFESSIONAL FINAL REPORT, JUNE 2022**

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**PERIOPERATIVE NURSING CARE FOR CHRONIC SUBDURAL HEMATOMA PERICALVARIA FRONTOTEMPORAL DEXTRA PATIENTS WITH CRANIOTOMY OCCLUSION AT JENDERAL AHMAD YANI METRO HOSPITAL IN 2022**

xv + 99 pages, 21 tables, 7 pictures, 5 attachments

**ABSTRACT**

*Head injury is an emergency that requires immediate treatment. Data from Riskesdas 2018, the incidence of head injuries is dominated by 11.9% males, the highest incidence occurred in Gorontalo (17.9%). Although the percentage is small, head injury is one of the most important problems because it is the third leading cause of death in hospitals. Head injury can result in a subdural hematoma. The best management for SDH is craniotomy. General Hospital medical record data. A. Yani Metro in January-April 2022 recorded SDH patients as many as 13 patients (25%) out of a total of 51 patients with craniotomy. The preparation of the report aims to describe the implementation of perioperative nursing care in SDH with craniotomy occlusion actions at Jend. General Hospital. A Yani Metro. Methods of data collection through observation, interviews, physical examination, and study documentation. The subject of the report is an SDH patient with craniotomy. The results of the study found that the patient had headache accompanied by nausea and left hemiparesis. The cause experienced by patients due to increased ICP. Nursing diagnoses in the preoperative phase of the patient experienced a decrease in intracranial adaptive capacity, the intraoperative phase experienced the risk of bleeding and the risk of perioperative hypothermia, the postoperative phase of the patient experienced the risk of perioperative hypothermia, the risk of aspiration, and decreased intracranial adaptive capacity. Nursing interventions include ICP management, monitoring of bleeding, hypothermia management, and airway management. After being given nursing actions, it showed a decrease in ICP, the results of the hematology laboratory improved, body temperature improved, and the airway was patent. This nursing care is expected to be a reference material in implementing comprehensive nursing care, especially in the perioperative scope and can be used as information material in the development of knowledge for subsequent reports.*

**Keywords** : Subdural Hematoma (SDH), Occlusion, Craniotomy  
**References** : 63 (2012-2022)