

POLITEKNIK KESEHATAN TANJUNGPUR  
PROGRAM STUDI KEPERAWATAN KOTABUMI  
Laporan Tugas Akhir, 10 Mei 2023

Deva Oktavia Sari,

Laporan Tugas Akhir Asuhan Keperawatan Gangguan Oksigenasi pada Kasus *Stroke Non Hemoragic* (SNH) Terhadap Ny. T di Ruang Freesia RSUD Handayani Kotabumi Lampung Utara, Tanggal 17-19 Oktober 2022

xv + 58 halaman, 12 tabel, 1 gambar

### RINGKASAN

Menurut WHO (*World Health Organization*) tahun 2018, kematian akibat stroke sebesar 51% di seluruh dunia disebabkan oleh tekanan darah tinggi. Di Indonesia, stroke merupakan penyebab utama kematian, dan diperkirakan pada tahun 2030 akan menjadi 23,3 juta kematian di seluruh dunia. Jenis stroke yang paling sering adalah iskemik atau non-hemoragik. Pada saat pengkajian didapatkan data yaitu pasien mengalami sesak napas dan mengalami penurunan kesadaran. Sehingga, diagnosis keperawatan yang diangkat adalah Bersihan Jalan Napas Tidak Efektif, Penurunan Kapasitas Adaptif Intrakranial dan Defisit Perawatan Diri.

Dan ditemukan data mayor batuk tidak efektif, tidak mampu batuk, sputum berlebih, mengi, wheezing atau ronkhi, meconium di jalan napas, sakit kepala, dispnea, sulit bicara, gelisah, sianosis, bunyi napas menurun, frekuensi napas berubah dan pola napas berubah, klien tidak mampu mandi, mengenakan pakaian, makan, toilet, berhias secara mandiri, minat melakukan perawatan diri kurang. Dan ditemukan tekanan darah meningkat, pola napas ireguler, tingkat kesadaran menurun, reflek neurologis terganggu, reflek kognitif terganggu dan tampak lemah, klien tidak mampu melakukan aktivitas (mandi, makan dan ke toilet), rambut klien tampak kotor, klien sedikit berbau keringat, mulut klien tampak kotor.

Rencana yang digunakan untuk diagnosa bersihan jalan napas tidak efektif dengan luaran yang digunakan bersihan jalan napas dan intervensi yang digunakan manajemen jalan napas. Rencana yang digunakan untuk diagnosa penurunan kapasitas adaptif intrakranial dengan luaran kapasitas adaptif intrakranial dan intervensi yang digunakan pemantauan tekanan intrakranial. Rencana yang digunakan untuk diagnosa defisit perawatan diri dengan luaran perawatan diri dan intervensi dukungan perawatan diri. Implementasi keperawatan dibuat sesuai keadaan pasien dan kondisi di rumah sakit. Evaluasi yang didapatkan untuk ketiga diagnosa masih teratasi sebagian.

Simpulan dari laporan tugas akhir ini tidak semua teori proses keperawatan kasus SNH sesuai dengan kondisi pasien pada kenyataan. Saran hendaknya untuk lebih meningkatkan mutu pelayanan keperawatan mengenai tensi meter dan saturasi oksigen yang digunakan untuk mengecek tanda-tanda vital pasien sering eror saat digunakan dan menyediakan informasi dan referensi yang lebih lengkap dalam perkembangan ilmu keperawatan medikal bedah yang khususnya asuhan keperawatan pada pasien SNH.

Kata kunci : Asuhan Keperawatan, *Stroke Non Hemoragic* (SNH)  
Sumber bacaan : 29 (2012-2022)

TANJUNGKARANG HEALTH POLYTECHNIC  
KOTABUMI NURSING STUDY PROGRAM  
Final Project Report, 10 May 2023

*Deva Oktavia Sari,*

*Final Report on Nursing Care of Patients with Impaired Oxygenation in Non-Hemorrhagic Stroke Cases (SNH) Against Ny. T in the Freesia Room of Handayani Hospital, Kotabumi, North Lampung, October 17-19 2022*

*xv + 58 pages, 12 tables, 1 picture*

**ABSTRAK**

*According to WHO (World Health Organization) in 2018, 51% of deaths from stroke worldwide are caused by high blood pressure. In Indonesia, stroke is the main cause of death, and it is estimated that by 2030 there will be 23.3 million deaths worldwide. The most common type of stroke is ischemic or non-hemorrhagic.*

*And found major data ineffective cough, unable to cough, excess sputum, wheezing, wheezing or crackles, meconium in the airway, headache, dyspnea, difficulty speaking, anxiety, cyanosis, decreased breath sounds, respiratory frequency changes and breathing patterns change, the client unable to bathe, wear clothes, eat, toilet, decorate independently, lack of interest in self-care. And found increased blood pressure, irregular breathing patterns, decreased level of consciousness, impaired neurological reflexes, impaired cognitive reflexes and looks weak, the client is unable to perform activities (bathing, eating and toileting), the client's hair looks dirty, the client smells slightly of sweat, the client's mouth looks dirty.*

*At the time of assessment, data was obtained, namely the patient experienced shortness of breath and experienced a decrease in consciousness. Thus, the nursing diagnoses raised were Ineffective Airway Clearance, Decreased Intracranial Adaptive Capacity and Self Care Deficit. The plan used for diagnosing airway clearance is not effective with the outcomes used for airway clearance and the interventions used for airway management. The plan used for the diagnosis of decreased intracranial adaptive capacity with the output of intracranial adaptive capacity and the interventions used for intracranial pressure monitoring. The plan used for diagnosing self-care deficits with self-care outcomes and self-care support interventions. Nursing implementation is made according to the patient's condition and the conditions in the hospital. The evaluation obtained for the three diagnoses is still partially resolved.*

*The conclusion from this final report is that not all theories of the nursing process for SNH cases are in accordance with the patient's condition in reality. Suggestions should be to further improve the quality of nursing services regarding blood pressure meters and oxygen saturation which are used to check patient vital signs, often errors when used and provide more complete information and references in the development of medical-surgical nursing, especially nursing care for SNH patients.*

*Keywords: Nursing Care, Non Hemorrhagic Stroke (SNH)  
Reading sources : 29 (2012-2022)*