

**ASUHAN KEPERAWATAN MEDIKAL BEDAH
PADA Tn. M DENGAN DIAGNOSA KEPERAWATAN PENURUNAN
CURAH JANTUNG DI RUANG ICU RSUD MUARA TEWEH**

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INTIASARI

Latar Belakang: Penderita *Acute Decompensated Heart Failure* (ADHF) terjadi pada pasien dengan serangan yang sangat cepat. Seringkali pasien mengalami kesulitan mempertahankan oksigenasi sehingga mereka cenderung sesak napas dan dapat mengakibatkan kelelahan pada otot-otot pernafasan sehingga beresiko Aritmia. Pada temuan kasus di RSUD Muara Teweh, dimana Pasien Tn.M dengan diagnose medis ADHF dirawat di ruang ICU dengan sesak dan jantung terasa berdebar-debar, TD: 145/78 mmHg, N: 116 x/menit, R: 30x/menit, S: 36.5 C, SpO2 98% pada ekstermitas terdapat pembengkakan di kedua kaki dengan pitting edema 2 derajat dan hasil EKG menunjukkan Synus Tachicardia. Diagnose keperawatan utama adalah Penurunan Curah Jantung. Salah satu penanganan yang umumnya diberikan adalah dengan memberikan oksigenasi, *Deep diagfragmatic breathing exercise* dan posisi *semi fowler* serta terapi farmakologi

Tujuan: Melaksanakan asuhan keperawatan medikal bedah pada pasien Tn. M dengan diagnosa keperawatan penurunan Curah Jantung pada pasien ADHF

Metode: Melakukan proses asuhan keperawatan dari pengkajian, menentukan diagnosa, intervensi, implementasi dan evaluasi berdasarkan *evidence based practice* dengan memberikan oksigenasi *deep diagfragmatic breathing* dan posisi *semi fowler*. Teknik pengumpulan data yang di gunakan antara lain: wawancara, observasi dan pemeriksaan fisik

Hasil: Masalah keperawatan Penurunan Curah Jantung Belum Teratasi dimana pasien mengeluh sesak masih ada walaupun sudah mulai berkurang dan hasil EKG menunjukkan SVT.

Kesimpulan: pada kasus adhf dengan penurunan curah jantung dengan manajemen artemia belum teratasi

Kata Kunci: Penurunan Curah Jantung, *deep diagfragmatic breathing*, *semi fowler*

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MEDICAL SURGICAL NURSING CARE

Mr. M WITH NURSING DIAGNOSIS OF DECREASED CARDIAC CURRENT IN THE ICU ROOM RSUD MUARA TEWEH

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ABSTRACT

Background: Acute Decompensated Heart Failure (ADHF) occurs in patients with a very rapid onset. Patients often have difficulty maintaining oxygenation so they tend to be short of breath and this can result in fatigue in the respiratory muscles, leading to the risk of arrhythmias. In the case findings at Muara Teweh Regional Hospital, where patient Mr. S: 36.5 C, SpO2 98% in the extremities, there was swelling in both legs with pitting edema of 2 degrees and the EKG results showed Synus Tachicardia. The nursing diagnosis is Decreased Cardiac Output. One of the treatments generally given is oxygenation, deep diaphragmatic breathing exercise and semi-Fowler position as well as pharmacological therapy.

Objective: To carry out medical surgical nursing care for patients Mr. M with a nursing diagnosis of decreased cardiac output in ADHF patients

Method: Carrying out the nursing care process of assessment, determining diagnosis, intervention, implementation and evaluation based on evidence-based practice by providing deep diaphragmatic breathing oxygenation and semi-fowler position. Data collection techniques used include: interviews, observation and physical examination

Results: The nursing problem of decreased cardiac output has not been resolved, where the patient complains that the shortness of breath is still there even though it has begun to decrease and the ECG results show SVT.

Conclusion: in cases of ADHF with decreased cardiac output with artemia management it has not been resolved

Keywords: Decreased cardiac output, deep diaphragmatic breathing, semi fowler

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