

ABSTRAK

Abstrak

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Implementasi Pemberian *Digoxin* pada Klien *Atrial Fibrilasi* dengan Masalah keperawatan Penurunan Curah Jantung di Ruang ICCU RSUD dr.H Koesnadi Bondowoso

xiii + 95 hal + 10 tabel + 2 gambar + 2 lampiran

Abstrak

Atrial fibrilasi (AF) merupakan masalah gawatdarurat medis yang hingga saat ini menjadi salah satu penyebab kematian dikarenakan jantung merupakan organ yang penting bagi tubuh manusia. *Digoxin* adalah glikosida kardiotonik yang termasuk dalam kelas “digitalis”, dengan rumus kimia $C_{41}H_{64}O_{14}$. Penurunan curah jantung adalah ketidakmampuan jantung memompa darah untuk memenuhi kebutuhan metabolisme tubuh. Desain penelitian ini yaitu studi kasus bertujuan untuk membandingkan perkembangan terhadap implementasi pemberian *digoxin* pada klien *atrial fibrilasi* dengan masalah keperawatan penurunan curah jantung. Subjek penelitian yang digunakan dalam studi kasus ini terdiri dari 3 klien diagnosa medis *atrial fibrilasi* dengan masalah keperawatan penurunan curah jantung serta pemberian *digoxin*. Proses pengambilan data menggunakan metode wawancara dan observasi, dengan menanyakan kepada keluarga klien maupun klien mengenai identitas, kronologi kejadian, riwayat dan genetic warisan penyakit klien, keluhan utama klien, pemeriksaan fisik head to-toe dan pendekatan IPPA (*inspeksi, palpasi, perkusi, auskultasi*) pada tubuh klien. Pengkajian tiga pasien menunjukkan gejala kardiorespirasi khas AF, seperti sesak, nyeri dada, dan takikardia ireguler. Klien 1 dan 2 memiliki riwayat risiko, sementara klien 3 diduga mengalami AF onset baru. Dari data pengkajian di rumuskan diagnosis keperawatan penurunan curah jantung. Implementasi yang dilakukan yaitu pemberian *digoxin* dalam waktu implementasi 3 hari. Evaluasi keperawatan menunjukkan perbaikan mengenai kondisi kesehatan klien. Selama tiga hari asuhan keperawatan, semua pasien dengan AF menunjukkan perbaikan hemodinamik seperti penurunan nadi.

Kata kunci: *Digoxin*, Penurunan Curah Jantung, *Atrial Fibrilasi*
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Abstract

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Implementation of Digoxin Administration to Atrial Fibrillation Clients with Nursing Problems of Decreased Cardiac Output in the ICCU Room at RSUD dr.H Koesnadi Bondowoso

xiii + 95 page + 10 tables + 2 figures + 2 attachments

Abstract

Atrial fibrillation (AF) is a medical emergency problem that is currently one of the causes of death because the heart is important to the human body. Digoxin is a cardiotonic glycoside belonging to the "digitalis" class, with the chemical formula $C_{41}H_{64}O_{14}$. Decreased cardiac output is the inability of the heart to pump blood to meet the body's metabolic needs. This research design is a case study aimed at comparing the development of the implementation of digoxin administration in atrial fibrillation clients with nursing problems of decreased cardiac output. The research subjects used in this case study consisted of 3 clients with medical diagnoses of atrial fibrillation with nursing problems of decreased cardiac output and digoxin administration. The data collection process uses interview and observation methods, by asking the client's family and clients about the identity, chronological events, history and genetic heritage of the client's disease, the client's main complaints, head-to-toe physical examination and IPPA (inspection, palpation, percussion, auscultation) approach to the client's body. Assessment of three patients showed typical cardiorespiratory symptoms of AF, such as shortness of breath, chest pain, and irregular tachycardia. Clients 1 and 2 had a history of risk, while client 3 was suspected of having new onset AF. From the assessment data, a nursing diagnosis of decreased cardiac output was formulated. The implementation carried out is the administration of digoxin within 3 days of implementation. Nursing evaluation showed improvement in the client's health condition. During the three days of nursing care, all patients with AF showed hemodynamic improvement such as a decrease in pulse rate.

Keyword: Digoxin, Decreased Cardiac Output, Atrial Fibrilasi
Bibliography 40 (2017-2025)