ABSTRAK

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Implementasi *Progressive Muscle Relaxation* (PMR) Terhadap Resiko Perfusi Cerebral Tidak Efektif Pada Pasien Stroke Non Hemoragik Di Ruang Melati Atas RS. Dr. Soebandi Jember

Latar Belakang: Peningkatan tekanan darah sebagai mekanisme kompensasi untuk mempertahankan perfusi serebral. Salah satu intervensi nonfarmakologis yang dapat mendukung pengendalian tekanan darah adalah *Progressive Muscle Relaxation* (PMR).
Tujuan: Penelitian ini bertujuan mengidentifikasi risiko perfusi cerebral tidak efektif sebelum intervensi, mendeskripsikan pelaksanaan terapi PMR
Metode: Penelitian menggunakan desain studi kasus terhadap tiga pasien stroke non hemoragik dengan diagnosis keperawatan Risiko Perfusi Cerebral Tidak Efektif di Ruang Melati Atas RSD dr. Soebandi Jember. Terapi PMR diberikan selama tiga hari berturut-turut, satu kali sehari selama ±15 menit. Evaluasi dilakukan melalui pemantauan tekanan darah, *Mean Arterial Pressure* (MAP), dan respons pasien sebelum serta sesudah intervensi.
Hasil: Seluruh pasien mengalami penurunan tekanan darah dan nilai MAP secara bertahap setelah pemberian PMR. Klien A mengalami penurunan tekanan darah dari 203/130 mmHg (MAP 154 mmHg) menjadi 158/95 mmHg (MAP 116 mmHg), Klien B dari 196/101 mmHg (MAP 133 mmHg) menjadi 155/88 mmHg (MAP 110 mmHg), dan Klien C dari 180/100 mmHg (MAP 127 mmHg) menjadi 155/88 mmHg (MAP 110 mmHg). Secara rata-rata, tekanan darah sistolik menurun 37 mmHg, diastolik 20 mmHg, dan MAP menurun sekitar 26 mmHg, yang menunjukkan PMR membantu memperbaiki stabilitas hemodinamik pada pasien stroke non hemoragik.
Kesimpulan: Terapi PMR sebagai intervensi keperawatan komplementer membantu menurunkan tekanan darah dan nilai MAP sehingga mendukung pemeliharaan perfusi serebral pada pasien stroke non hemoragik**.**

Kata Kunci: Stroke Non Hemoragik, Risiko Perfusi Cerebral Tidak Efektif, *Progressive Muscle Relaxation*, Tekanan Darah, Mean Arterial Pressure.

ABSTRACT

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Implementation of Progressive Muscle Relaxation (PMR) to Reduce the Risk of Ineffective Cerebral Perfusion in Non-Hemorrhagic Stroke Patients in the Melati Atas Ward, Dr. Soebandi Hospital, Jember

Background: *This condition triggers increased blood pressure as a compensatory mechanism to maintain cerebral perfusion. One non-pharmacological intervention that can support blood pressure control is Progressive Muscle Relaxation (PMR).*
Objective: *This study aims to identify the risk of ineffective cerebral perfusion before intervention and describe the implementation of PMR therapy.*
Methods: *The study used a case study design on three non-hemorrhagic stroke patients with a nursing diagnosis of Risk of Ineffective Cerebral Perfusion in the Upper Melati Ward of Dr. Soebandi Regional Hospital, Jember. PMR therapy was administered for three consecutive days, once daily for approximately 15 minutes. Evaluation was conducted through monitoring of blood pressure, Mean Arterial Pressure (MAP), and patient response before and after the intervention.*
Results: *All patients experienced a gradual decrease in blood pressure and MAP values after PMR administration. Client A experienced a decrease in blood pressure from 203/130 mmHg (MAP 154 mmHg) to 158/95 mmHg (MAP 116 mmHg), Client B from 196/101 mmHg (MAP 133 mmHg) to 155/88 mmHg (MAP 110 mmHg), and Client C from 180/100 mmHg (MAP 127 mmHg) to 155/88 mmHg (MAP 110 mmHg). On average, systolic blood pressure decreased by 37 mmHg, diastolic blood pressure by 20 mmHg, and MAP by approximately 26 mmHg, indicating that PMR contributed to improved hemodynamic stability in patients with non-hemorrhagic stroke.*
Conclusion: *PMR therapy as a complementary nursing intervention helps reduce blood pressure and MAP values, thereby supporting the maintenance of cerebral perfusion in patients with non-hemorrhagic stroke.*

Keywords: *Non-hemorrhagic Stroke, Risk of Ineffective Cerebral Perfusion, Progressive Muscle Relaxation, Blood Pressure, Mean Arterial Pressure.*