

ABSTRAK

Abstrak

UNIVERSITAS MUHAMMADIYAH JEMBER

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Putri Wulandari

Implementasi Posisi *Head up* 30° Dan Pemberian Oksigenasi Dengan Masalah Keperawatan Risiko Perfusi Serebral Tidak Efektif di Instalasi Gawat Darurat (IGD) RSUD dr. H. Koesnadi Bondowoso

xix + 87 hal + 13 gambar + 12 tabel + 4 lampiran

Pendahuluan: *Cerebrovascular Accident* (CVA) Infark merupakan kegawatdaruratan medis yang memicu iskemia akut dan mengancam viabilitas jaringan otak. Kondisi ini memicu diagnosis keperawatan risiko perfusi serebral tidak efektif. Penatalaksanaan fase akut di Instalasi Gawat Darurat (IGD) membutuhkan intervensi cepat berupa kombinasi non-farmakologis untuk mencegah perluasan infark serebral. Studi kasus ini bertujuan mendeskripsikan implementasi posisi *head up* 30° dan terapi oksigenasi pada pasien CVA Infark di IGD RSUD dr. H. Koesnadi Bondowoso. **Metode:** Desain penelitian menggunakan studi kasus deskriptif pada tiga pasien CVA Infark dengan masalah risiko perfusi serebral tidak efektif. Pengumpulan data dilakukan melalui autoanamnesa, aloanamnesa, format pengkajian kritis, dan observasi langsung. Intervensi yang diberikan berupa pengaturan posisi *head up* 30° dan suplementasi oksigen via nasal kanul 4 lpm selama berada di IGD, dikombinasikan dengan pemantauan hemodinamik berkala. **Hasil:** Hasil pengkajian awal menunjukkan ketiga pasien mengalami hemiparesis, disartria, dan riwayat hipertensi dengan skor TEWS berkisar 3–4. Setelah diberikan intervensi posisi *head up* 30° dan oksigenasi, terjadi perbaikan klinis signifikan yang ditandai dengan stabilisasi tekanan darah (*Mean Arterial Pressure*), peningkatan saturasi oksigen (SpO₂) hingga 98-100%, pemeliharaan tingkat kesadaran optimal (GCS 14-15), serta tidak ditemukannya tanda-tanda peningkatan tekanan intrakranial (TIK). **Kesimpulan:** Kombinasi posisi *head up* 30° sebagai pendukung mekanis sirkulasi dan terapi oksigenasi sebagai intervensi utama seluler terbukti efektif dalam memelihara stabilitas perfusi serebral serta mencegah deteriorasi klinis pada pasien CVA Infark fase akut di IGD.

Kata Kunci: Perfusi Serebral Tidak Efektif, *Head up* 30°, Oksigenasi.

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ABSTRACT

Abstract

MUHAMMADIYAH UNIVERSITY OF JEMBER
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Putri Wulandari

Implementation of 30-Degree Head-Up Position and Oxygen Therapy with Nursing Diagnoses of Risk for Ineffective Cerebral Perfusion at the Emergency Department (ED) of dr. H. Koesnadi Hospital, Bondowoso

xix + 87 pages + 13 figures + 12 tables + 4 appendices

Background: Cerebrovascular Accident (CVA) Infarct is a medical emergency that induces acute ischemia and threatens brain tissue viability. This condition triggers the nursing diagnosis of risk for ineffective cerebral perfusion. Acute phase management in the Emergency Department (ED) requires rapid non-pharmacological interventions to prevent the extension of cerebral infarction. This case study aims to describe the implementation of 30° head-up positioning and oxygen therapy in CVA Infarct patients in the ED of RSUD dr. H. Koesnadi Bondowoso. **Methods:** The study design utilized a descriptive case study involving three CVA Infarct patients presenting with the risk of ineffective cerebral perfusion. Data collection was performed through auto-anamnesis, allo-anamnesis, critical assessment forms, and direct observation. The implemented interventions consisted of 30° head-up positioning and oxygen supplementation via nasal cannula at 4 lpm during the ED stay, combined with periodic hemodynamic monitoring. **Results:** Initial assessments showed that all three patients experienced hemiparesis, dysarthria, and a history of hypertension, with TEWS scores ranging from 3–4. Following the 30° head-up and oxygenation interventions, significant clinical improvements were observed, characterized by stabilized Mean Arterial Pressure (MAP), increased oxygen saturation (SpO₂) to 98-100%, maintenance of optimal consciousness (GCS 14-15), and the absence of signs indicating increased intracranial pressure (ICP). **Conclusion:** The combination of a 30° head-up position as a mechanical circulatory support and oxygen therapy as a primary cellular intervention is effective in maintaining cerebral perfusion stability and preventing clinical deterioration in acute CVA Infarct patients within the ED.

Keywords: *Ineffective Cerebral Perfusion, 30° Head up, Oxygenation.*
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