ABSTRAK

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Pengkajian dan Diagnosa Keperawatan pada Pasien Gagal Jantung dengan Masalah Keperawatan Penurunan Curah Jantung di Ruang Lavender RSD dr. Soebandi Jember
XIII + 79 hal + 7 tabel + 2 lampiran

Abstrak

Pendahuluan: Gagal jantung merupakan sindrom klinis akibat kelainan struktur atau fungsi jantung yang menyebabkan ketidakmampuan pompa ventrikel dalam memenuhi metabolisme tubuh sehingga memicu masalah keperawatan penurunan curah jantung. Studi kasus ini bertujuan untuk menganalisis hasil pengkajian dan penegakan diagnosis keperawatan penurunan curah jantung pada pasien gagal jantung di RSD dr. Soebandi Jember. **Metode:** Desain penelitian menggunakan studi kasus deskriptif dengan pendekatan asuhan keperawatan pada tiga pasien gagal jantung di Ruang Lavender RSD dr. Soebandi Jember. Pengumpulan data dilakukan melalui wawancara, observasi, pemeriksaan fisik (sistem B1–B6) serta pemeriksaan penunjang seperti laboratorium, EKG, foto toraks dan ekokardiografi. **Hasil:** Hasil pengkajian pada ketiga pasien menunjukkan gejala subjektif berupa sesak napas (dispnea), mudah lelah dan nyeri dada. Data objektif menunjukkan adanya takipnea (frekuensi napas 24–32 x/menit), takikardia (nadi 97–112 x/menit), edema ekstremitas bawah, ronki/wheezing, perfusi perifer dingin serta anemia sedang dan hiponatremia. Pemeriksaan penunjang mengonfirmasi adanya kardiomegali, efusi pleura, gangguan irama jantung (fibrilasi atrium/sinus takikardia) dan penurunan fraksi ejeksi (EF 30–42%). Berdasarkan data tersebut, diagnosis keperawatan Penurunan Curah Jantung (D.0008) ditegakkan secara tepat pada ketiga pasien berdasarkan standar SDKI. **Pembahasan:** Penurunan kontraktilitas miokard dan gangguan irama jantung memicu penurunan volume sekuncup yang mengaktivasi sistem kompensasi neurohormonal. Hal tersebut mengakibatkan kongesti pulmonal (sesak napas), retensi cairan sistemik (edema tungkai) serta penurunan perfusi perifer (akral dingin). Studi kasus ini membuktikan bahwa pengkajian komprehensif dan penegakan diagnosis berbasis SDKI sangat krusial dalam mendeteksi ketidakstabilan hemodinamik pasien guna memandu intervensi yang tepat.

Kata Kunci: Gagal Jantung, Pengkajian dan Diagnosis Keperawatan, Penurunan Curah Jantung

ABSTRACT

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Nursing Assessment and Diagnosis in Heart Failure Patients with Decreased Cardiac Output Nursing Problems in the Lavender Ward of RSD dr. Soebandi Jember

XIII + 79 pages + 7 tables + 2 appendices

Abstract

Introduction: *Heart failure is a clinical syndrome resulting from structural or functional cardiac abnormalities that lead to the ventricles' inability to pump blood adequately to meet the body's metabolic demands, thereby triggering the nursing problem of decreased cardiac output. This case study aimed to analyze the results of nursing assessment and the establishment of decreased cardiac output nursing diagnosis in heart failure patients at RSD dr. Soebandi Jember.* ***Method:*** *The research design used a descriptive case study with a nursing care approach in three heart failure patients in the Lavender Ward of RSD dr. Soebandi Jember. Data collection was conducted through interviews, observation, physical examination (B1–B6 systems), and diagnostic investigations such as laboratory tests, ECG, chest X-rays, and echocardiography.* ***Result:*** *The assessment results of the three patients showed subjective symptoms of shortness of breath (dyspnea), fatigue, and chest pain. Objective data revealed tachypnea (respiratory rate of 24–32 breaths/minute), tachycardia (heart rate of 97–112 beats/minute), lower extremity edema, crackles/wheezing, cold peripheral perfusion, moderate anemia, and hyponatremia. Diagnostic tests confirmed cardiomegaly, pleural effusion, cardiac arrhythmias (atrial fibrillation/sinus tachycardia), and a decreased ejection fraction (EF of 30–42%). Based on these data, the nursing diagnosis of Decreased Cardiac Output (D.0008) was accurately established for the three patients according to the SDKI standards.* ***Discussion:*** *Decreased myocardial contractility and cardiac arrhythmias triggered a reduction in stroke volume, which activated neurohormonal compensatory systems. This resulted in pulmonary congestion (dyspnea), systemic fluid retention (leg edema), and decreased peripheral perfusion (cold extremities). This case study demonstrated that comprehensive assessment and SDKI-based diagnosis establishment were crucial in detecting patients' hemodynamic instability to guide appropriate interventions.*

Keywords: *Decreased Cardiac Output, Heart Failure, Nursing Assessment and Diagnosis*