

ABSTRAK

ANALISIS ASUHAN KEPERAWATAN PADA PASIEN EDH *POST CRANIOTOMY* DENGAN RISIKO PERFUSI SEREBRAL TIDAK EFEKTIF MENGGUNAKAN PENERAPAN *HEAD UP 30°* TERHADAP PERUBAHAN MAP DI ICU

Cedera kepala berisiko menyebabkan peningkatan tekanan intrakranial (TIK), penurunan perfusi serebral, dan cedera otak sekunder. Kondisi ini dapat ditandai dengan *refleks Cushing* berupa hipertensi, bradikardia, penurunan kesadaran, serta peningkatan *Mean Arterial Pressure* (MAP), sehingga memunculkan diagnosis keperawatan risiko perfusi serebral tidak efektif. *Posisi head up 30°* merupakan intervensi nonfarmakologis untuk meningkatkan aliran balik vena serebral dan mempertahankan perfusi otak. Penelitian ini menggunakan desain studi kasus deskriptif pada satu pasien pasca operasi epidural hematoma (EDH) di ruang ICU. Asuhan keperawatan dilakukan selama 3×24 jam dengan intervensi utama posisi *head up 30°*. Pengkajian menunjukkan tanda *refleks Cushing* berupa tekanan darah 180/100 mmHg, nadi 56 kali/menit, MAP 127 mmHg, somnolen, *FOUR Score* 14, agitasi, dan gelisah. Setelah penerapan *head up 30°*, MAP menurun menjadi 97 mmHg, nadi meningkat menjadi 78 kali/menit, kesadaran membaik menjadi *compos mentis* dengan *FOUR Score* 16, agitasi berkurang, serta tidak ditemukan tanda peningkatan TIK. Penerapan *head up 30°* membantu memperbaiki hemodinamik melalui peningkatan aliran balik vena serebral, menurunkan MAP yang meningkat akibat *refleks Cushing*, serta mendukung pencegahan perfusi serebral tidak efektif pada pasien cedera kepala.

Kata kunci: cedera kepala, *head up 30°*, *Mean Arterial Pressure*, perfusi serebral,

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ABSTRACT

ANALYSIS OF NURSING CARE IN A POST-CRANIOTOMY EPIDURAL HEMATOMA (EDH) PATIENT WITH RISK FOR INEFFECTIVE CEREBRAL TISSUE PERFUSION USING THE 30° HEAD-UP POSITION TO IMPROVE MAP IN THE ICU

Brain injury is a traumatic condition that may increase intracranial pressure (ICP), impair cerebral perfusion, and lead to secondary brain injury. It is commonly characterized by the Cushing reflex, including hypertension, bradycardia, decreased level of consciousness, and elevated Mean Arterial Pressure (MAP), resulting in the nursing diagnosis of risk for ineffective cerebral tissue perfusion. The 30° head-up position is a non-pharmacological nursing intervention that promotes cerebral venous drainage and helps maintain cerebral perfusion. This study employed a descriptive case study design involving one postoperative epidural hematoma (EDH) patient admitted to the Intensive Care Unit (ICU). Nursing care was provided for 3×24 hours. The primary intervention consisted of maintaining a 30° head-up position accompanied by neurological and hemodynamic monitoring. The initial assessment revealed signs of the Cushing reflex, including a blood pressure of 180/100 mmHg, a pulse rate of 56 beats/minute, a MAP of 127 mmHg, somnolence, a FOUR Score of 14, agitation, and restlessness. After the intervention, the MAP decreased to 97 mmHg, the pulse rate increased to 78 beats/minute, the patient's level of consciousness improved to *compos mentis* with a FOUR Score of 16, agitation subsided, and no signs of increased ICP were observed. The 30° head-up position improves hemodynamic stability by enhancing cerebral venous return, reducing elevated MAP associated with the Cushing reflex, and supporting the prevention of ineffective cerebral tissue perfusion in patients with head injury.

Keywords: Brain injury, 30° head-up position, Mean Arterial Pressure, cerebral perfusion