ABSTRAK

Analisis Asuhan Keperawatan Pada Pasien STEMI Post PCI Dengan Masalah Keperawatan Intoleransi Aktivitas Melalui Penerapan Protokol Mobilisasi Dini Bertahap Di Ruang ICCU RSUD R.T. Notopuro Sidoarjo

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ST-Elevation Myocardial Infarction (STEMI) merupakan bentuk paling berat dari sindrom koroner akut yang memerlukan tindakan reperfusi segera melalui *Percutaneous Coronary Intervention* (PCI), namun pasca-prosedur pasien kerap mengalami intoleransi aktivitas akibat penurunan kontraktilitas miokardium dan fenomena miokardial *stunning* yang diperburuk oleh tirah baring berkepanjangan melalui sindrom dekondisi, sehingga diperlukan intervensi mobilisasi dini bertahap yang terstruktur dan berbasis bukti. Tujuan penulisan ini adalah menganalisis asuhan keperawatan pada pasien STEMI post PCI dengan masalah keperawatan intoleransi aktivitas melalui penerapan protokol mobilisasi dini bertahap di ruang ICCU RSUD R.T. Notopuro Sidoarjo. Metode yang digunakan adalah studi kasus deskriptif analitik pada satu pasien (Tn. S, 58 tahun) dengan diagnosis STEMI Anterior *Late Onset* post PCI, menggunakan pendekatan pengkajian persistem B1–B6 serta asuhan keperawatan yang mengacu pada SDKI, SLKI, dan SIKI dengan intervensi unggulan berupa protokol mobilisasi dini bertahap 5 tahap selama 3 × 24 jam. Hasil pengkajian menemukan tanda dan gejala mayor intoleransi aktivitas berupa kelelahan skala 8/10, takikardia (HR 105 x/menit), takipnea (RR 24 x/menit), dan ketidakmampuan melakukan ADL secara mandiri, sehingga ditegakkan diagnosis keperawatan Intoleransi Aktivitas (D.0056); implementasi protokol mobilisasi dini bertahap Tahap I–IV dilaksanakan dengan pemantauan hemodinamik ketat tanpa ditemukan *adverse event* kardiovaskular, dan evaluasi pada hari ketiga menunjukkan seluruh 5 kriteria hasil L.05047 tercapai meliputi keluhan lelah menurun dari 8/10 menjadi 2/10, HR saat aktivitas meningkat hanya 6,8% dari baseline, SpO2 98%, dan pasien mampu duduk di tepi tempat tidur selama 8 menit. Penerapan protokol mobilisasi dini bertahap terbukti efektif dan aman meningkatkan toleransi aktivitas pasien STEMI post PCI dalam 3 × 24 jam perawatan ICCU, sehingga direkomendasikan untuk distandarisasi dalam bentuk SPO di ruang ICCU sebagai bagian dari rehabilitasi jantung fase 1.

Kata Kunci: Intoleransi Aktivitas, Mobilisasi Dini Bertahap, STEMI, Post PCI, ICCU

ABSTRAK

Analysis of Nursing Care in STEMI Post PCI Patients With Activity Intolerance Nursing Problem Through the Application of Early Graduated Mobilization Protocol in the ICCU Ward of RSUD R.T. Notopuro Sidoarjo

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ST-Elevation Myocardial Infarction (STEMI) represents the most severe form of acute coronary syndrome requiring immediate reperfusion through Percutaneous Coronary Intervention (PCI); however, post-procedurally, patients frequently experience activity intolerance due to decreased myocardial contractility and myocardial stunning phenomenon, which is further worsened by prolonged bed rest through deconditioning syndrome, necessitating a structured and evidence-based early graduated mobilization intervention. The purpose of this study was to analyze nursing care in a STEMI post PCI patient with activity intolerance through the application of an early graduated mobilization protocol in the ICCU ward of RSUD R.T. Notopuro Sidoarjo. A descriptive-analytic case study method was employed on a single patient (Mr. S, 58 years old) diagnosed with Late Onset Anterior STEMI post PCI, using a B1–B6 systems-based assessment approach with nursing care guided by SDKI, SLKI, and SIKI standards, featuring a 5-stage early graduated mobilization protocol implemented over 3 × 24 hours. Assessment findings revealed major signs and symptoms of activity intolerance including fatigue rated 8/10, tachycardia (HR 105 bpm), tachypnea (RR 24 breaths/minute), and inability to perform activities of daily living independently, leading to the establishment of the Activity Intolerance nursing diagnosis (D.0056); implementation of the early graduated mobilization protocol Stages I–IV was carried out under strict hemodynamic monitoring without any cardiovascular adverse events, and evaluation on the third day demonstrated that all 5 outcome criteria of L.05047 were achieved, including fatigue reduction from 8/10 to 2/10, HR increase during activity of only 6.8% from baseline, SpO2 98%, and the patient's ability to sit at the bedside for 8 minutes. The application of the early graduated mobilization protocol proved effective and safe in improving activity tolerance in STEMI post PCI patients within 3 × 24 hours of ICCU care, and is therefore recommended to be standardized as a Standard Operating Procedure in the ICCU as part of Phase 1 cardiac rehabilitation.

Keywords: *Activity Intolerance, Early Graduated Mobilization, STEMI, Post PCI, ICCU*