

PENGARUH POSISI ELEVASI KEPALA 30° TERHADAP PERUBAHAN HEMODINAMIK PADA PASIEN INTRA OPERASI KRANIOTOMI DENGAN NEUROANESTESI DI RSUD WATES

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ABSTRAK

Latar Belakang: Mengingat tingginya angka kejadian dan komplikasi yang bisa ditimbulkan akibat ketidak stabilan hemodinamik pada operasi kraniotomi. Menjaga kestabilan hemodinamik sangat penting dilakukan untuk menghindari terjadinya komplikasi yang dapat menyebabkan hipertensi intrakranial, cedera otak bahkan kematian otak. Salah satu terapi non farmakologi yang dapat mengontrol dan menjaga kestabilan hemodinamik yaitu posisi elevasi kepala 30°.

Tujuan: Teridentifikasi pengaruh pemberian posisi elevasi kepala 30° terhadap perubahan hemodinamik pada pasien intra operasi kraniotomi dengan neuroanestesi di RSUD Wates.

Metode: Penelitian ini merupakan penelitian *quasy experiment designs* dengan *One-Grup Pre-Post Test Design*. Teknik pengambilan sampel menggunakan total sampling sebanyak 28 responden. Instrumen yang digunakan yaitu Standar Operasional Prosedur (SOP) elevasi kepala 30°, *bedside monitor*, dan lembar observasi. Hasil penelitian dianalisis dengan menggunakan uji Wilcoxon

Hasil: Hasil pengolahan data menunjukkan adanya perbedaan yang bermakna antara sebelum (*pretest*) dan sesudah (*posttest*) di berikan posisi elevasi kepala 30° terhadap hemodinamik pasien intra operasi kraniotomi dengan neuroanestesi di RSUD Wates, hasil uji *wilcoxon* $p = <0,001$ ($p < 0,05$)

Kesimpulan: : Ada pengaruh posisi elevasi kepala 30° terhadap perubahan hemodinamik pada pasien intra operasi kraniotomi dengan neuroanestesi.

Kata Kunci: Elevasi kepala 30°, hemodinamik, kraniotomi, neuroanestesi.

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EFFECT OF 30° HEAD ELEVATION POSITION ON HEMODYNAMIC CHANGES IN INTRAOPERATIVE CRANIOTOMY PATIENTS WITH NEUROANESTHESIA AT RSUD WATES

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ABSTRACT

Background: Given the high incidence and complications that can be caused by hemodynamic instability in craniotomy surgery. Maintaining hemodynamic stability is very important to avoid complications that can cause intracranial hypertension, brain injury and even brain death. One of the non-pharmacological therapies that can control and maintain hemodynamic stability is the 30° head elevation position.

Objective: To identify the effect of 30° head elevation position on hemodynamic changes in intraoperative craniotomy patients with neuroanesthesia at Wates Hospital.

Methods: This research is a quasy experiment design with One-Group Pre-Post Test Design,. The sampling technique used consecutive sampling as many as 28 respondents. The instruments used were Standard Operating Procedure (SOP) 30° head elevation, bedside monitor, and observation sheet. The results of the study were analyzed using the Wilcoxon test.

Results: The results of data processing showed a significant difference between before (pretest) and after (posttest) given a 30 ° head elevation position on hemodynamics of intraoperative craniotomy patients with neuroanesthesia at Wates Hospital, the results of the Wilcoxon test $p = <0.001$ ($p <0.05$).

Conclusion: : There is an effect of 30 ° head elevation position on hemodynamic changes in intraoperative craniotomy patients with neuroanesthesia.

Keywords: 30° head elevation, hemodynamics, craniotomy, neuroanesthesia.

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