

**REPORT OF NURSING CARE TO Mrs. S WITH SYMPTOMATIC  
BRADICARD IN WISNUMURTI ROOM RSUP Dr. SARDJITO  
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**ABSTRACT**

**Background:** Symptomatic bradycardia is also known as bradycardia syndrome or Adam Stokes syndrome, which is a collection of symptoms due to decreased blood flow to the brain, usually with a heart rate of less than 45x/minute. **Objective:** To describe nursing care in patients with symptomatic bradycardia. **Method:** This report uses a descriptive method or description of a case in one patient who was treated at RSUP Dr. Sardjito. **Results:** The nursing assessment was found to be in accordance with the theory where the patient complained of dizziness and occasional chest pain. The author did not find any syncope, edema, and cyanosis. The results of the physical examination of the heart revealed an enlarged heart. The results of the electrocardiographic examination showed junctional bradycardia HR: 36x/minute and laboratory examination showed electrolyte abnormalities. In enforcing nursing diagnoses, there are three diagnoses that are the same as the theory, namely decreased cardiac output, activity intolerance, anxiety and 1 different diagnosis, namely the risk of electrolyte imbalance. The interventions and implementations provided included positioning the patient in semi-Fowler's, teaching breathing relaxation techniques in monitoring fluid intake and output, practicing passive ROM, as well as collaborative drug therapy and hemodialysis measures. The final evaluation found that all nursing problems were resolved as evidenced by all the outcome criteria being achieved. **Conclusion:** Positioning the patient in semi-Fowler's position is effective in improving hemodynamic status. Deep breathing relaxation techniques are effective for reducing mild pain and patient anxiety. Monitoring intake and output is effective to create an efficient fluid restriction program. As well as breathing exercise and mobilization of the thorax cage are effective in reducing the degree of shortness of breath in patients.

**Keywords:** Symptomatic Bradycardia, Decreased cardiac output.

**LAPORAN ASUHAN KEPERAWATAN PADA PASIEN NY.S DENGAN  
BRADIKARDI SIMPTOMATIK DI RUANGAN WISNUMURTI  
RSUP DR. SARDJITO YOGYAKARTA**

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**ABSTRAK**

**Latar Belakang:** Bradikardi simtomatik disebut juga sindrom bradikardia atau *sindrome Adam Stokes* yaitu kumpulan gejala karena menurunnya aliran darah ke otak, biasanya dengan laju denyut jantung kurang dari 45x/menit. **Tujuan:** Untuk menggambarkan asuhan keperawatan pada pasien dengan bradikardi simptomatik. **Metode:** Laporan ini menggunakan metode deskriptif atau gambaran suatu kasus pada satu pasien yang dirawat di RSUP Dr.Sardjito. **Hasil:** Pengkajian keperawatan ditemukan sesuai dengan teori dimana pasien mengeluh pusing dan sesekali nyeri dada. Penulis tidak menemukan adanya sinkop, edema, dan sianosis. Hasil pemeriksaan fisik jantung terdapat pembesaran jantung. Hasil pemeriksaan elektrokardiografi diperoleh *junctional bradykardia* HR: 36x/menit dan pemeriksaan laboratorium terdapat abnormalitas elektrolit. Pada penegakkan diagnosa keperawatan terdapat tiga diagnosa yang sama dengan teori yaitu penurunan curah jantung, intoleran aktivitas, ansietas dan 1 diagnosa yang berbeda yaitu resiko ketidakseimbangan elektrolit. Intervensi dan implementasi yang diberikan diantaranya memposisikan pasien semi fowler, mengajarkan teknik relaksasi nafas dalam monitor intake dan output cairan, melatih ROM pasif, serta kolaborasi terapi obat dan tindakan hemodialisa. Evaluasi akhir didapatkan semua masalah keperawatan teratasi dibuktikan dengan semua kriteria hasil tercapai. **Kesimpulan:** Memposisikan pasien semi fowler efektif untuk meningkatkan status hemodinamik. Teknik relaksasi nafas dalam efektif untuk menurunkan nyeri ringan dan kecemasan pasien. Pemantauan intake dan output efektif untuk menciptakan program pembatasan cairan yang efisien. Serta breathing exercise dan mobilisasi sangkar thorax efektif untuk mengurangi derajat sesak pada pasien.

**Kata kunci:** Bradikardi simptomatik, Penurunan curah jantung