

ASUHAN KEPERAWATAN PADA PASIEN *CHORONIC KIDNEY DISEASE (CKD)* DALAM PEMENUHAN KEBUTUHAN CAIRAN DI RSUD TARAKAN

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Abstrak

Latar Belakang : *Choronic Kidney Disease (CKD)* merupakan disfungsi ginjal progresif dan ireversibel dimana laju filtrasi glomerulus <15%, sehingga dapat mengganggu kemampuan fungsi tubuh dalam menjaga metabolisme dan keseimbangan elektrolit. Gagal ginjal kronik disebabkan oleh sejumlah kondisi penyakit lainnya, seperti glomerulopati, tekanan darah tinggi, dan diabetes. Gejala yang mungkin timbul mencakup edema paru dan perifer, tekanan darah tinggi, rasa gatal, gangguan fungsi otak, peningkatan kadar kalium dalam darah, mual, dan muntah. Masalah utama yang timbul pada *Choronic Kidney Disease (CKD)*, yaitu hipervolemia, hipervolemia mengacu pada peningkatan volume cairan tubuh yang disebabkan oleh sistem regulasi yang tidak memadai adalah regulasi keseimbangan cairan (Fluid Balance). Penelitian dilakukan untuk melakukan monitoring balance cairan dan memberikan pengetahuan kepada keluarga cara membatasi cairan.

Metode : penelitian yang digunakan dalam penelitian ini adalah kualitatif dengan pendekatan studi kasus. Pengumpulan data dilakukan dengan cara wawancara, observasi, pemeriksaan Fisik dan data penunjang.

Hasil : Diagnosa keperawatan utama pada Tn. R yaitu hipervolemia berhubungan dengan gangguan mekanisme regulasi ditandai dengan terdapat edema perifer dan hasil balance cairan (+). Intervensi keperawatan yang dilakukan memantau balance cairan dan mengajarkan cara pembatasan cairan. Implementasi keperawatan dilakukan sesuai dengan intervensi keperawatan yang telah dibuat serta dilakukan evaluasi keperawatan. Selama 3 kali 8 jam , masalah hipervolemia pada Tn. R dapat teratasi sebagian dengan perlu dilanjutkan pemantauan intake dan output setiap hari.

Kesimpulan : Asuhan Keperawatan yang diberikan kepada Tn. R dapat teratasi.

Kata Kunci : Asuhan keperawatan, *Choronic Kidney Disease*, hipervolemia

NURSING CARE FOR CHRONIC KIDNEY DISEASE (CKD) PATIENT IN FULFILLING FLUID NEEDS AT TARAKAN REGION HOSPITAL

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Abstract

Background: *Chronic Kidney Disease (CKD) is a progressive and irreversible kidney dysfunction in which the glomerular filtration rate is <15%, which can disrupt the body's ability to maintain metabolism and electrolyte balance. Chronic kidney failure is caused by a number of other disease conditions, such as glomerulopathy, high blood pressure, and diabetes. Symptoms that may arise include pulmonary and peripheral edema, high blood pressure, itching, impaired brain function, increased potassium levels in the blood, nausea and vomiting. The main problem that arises in Chronic Kidney Disease (CKD), namely hypervolemia, hypervolemia refers to an increase in body fluid volume caused by an inadequate regulatory system, namely fluid balance regulation. The research was conducted to monitor fluid balance and provide knowledge to families on how to limit fluids. Methods:* *The research used in this research is qualitative with a case study approach. Data collection was carried out by means of interviews, observations, physical examinations and supporting data. Results:* *The primary nursing diagnosis for Mr. R, namely hypervolemia associated with impaired regulatory mechanisms, characterized by peripheral edema and fluid balance results (+). Nursing interventions carried out monitor fluid balance and teach fluid restriction methods. Nursing implementation is carried out in accordance with the nursing interventions that have been made and nursing evaluations are carried out. For 3 times 8 hours, the problem of hypervolemia in Mr. R can be partially resolved by continuing to monitor intake and output every day. Conclusion:* *Nursing care provided to Mr. R can be resolved.*

Keyword : *Nursing Care, Chronic Kidney Disease, hypervolemia*