IMPLEMENTASI RESTRIKSI CAIRAN TERHADAP PASIEN GAGAL GINJAL KRONIS (GGK) DENGAN HIPERVOLEMIA DI RS DI JAKARTA

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Abstrak

Latar Belakang: Restriksi cairan merupakan intervensi keperawatan penting untuk mengatasi kelebihan volume cairan, namun ketidakpatuhan pasien secara global masih berkisar 30-60% sehingga berisiko menyebabkan hipervolemia yang dapat memperburuk fungsi kardiovaskular. Salah satu kelompok yang rentan adalah pasien gagal ginjal kronik (GGK). Tantangan utamanya adalah rasa haus persisten yang perlu diatasi melalui teknik *chewing gum*, *sipping ice*, dan berkumur air matang.**Tujuan:** Mengetahui gambaran implementasi asuhan keperawatan, khususnya restriksi cairan, pada pasien GGK dengan masalah keperawatan hipervolemia. **Metode:** Studi kasus deskriptif dengan pendekatan *single case study* pada Ny. S selama 3 hari. Pengumpulan data melalui wawancara, observasi, pemeriksaan fisik, dan dokumentasi. Intervensi meliputi manajemen hipervolemia, terapi oksigen, pemantauan hemodinamik, edukasi restriksi cairan, serta manajemen rasa haus menggunakan TDS dan monitoring balance cairan. **Hasil**: Pada awal pengkajian, pasien mengalami sesak napas, edema derajat 2, oliguria, balance cairan +269 ml/24 jam, dan skor TDS 13 (berat). Pemeriksaan penunjang menunjukkan anemia (Hb 9,5 g/dL), kreatinin 3,67 mg/dL, alkalosis respiratorik (pH 7,52; pCO_2 31,5 mmHg), efusi pleura kiri, kardiomegali, serta EF 29%. Ditemukan tiga masalah keperawatan: gangguan pertukaran gas, penurunan curah jantung, dan hipervolemia. Setelah dilakukan intervensi keperawatan selama 3 hari, masalah gangguan pertukaran gas teratasi ditandai RR 20x/menit dan SpO_2 98%; penurunan curah jantung teratasi sebagian ditandai TD 126/90 mmHg; serta hipervolemia teratasi yang ditunjukkan dengan peningkatan diuresis menjadi 0,51 ml/kgBB/jam, balance cairan membaik menjadi -416 ml/24 jam, dan skor TDS menurun dari 13 (berat) menjadi 3 (ringan) setelah penerapan restriksi cairan. **Kesimpulan:** Asuhan keperawatan dapat mengatasi masalah gangguan pertukaran gas serta mengatasi sebagian masalah penurunan curah jantung dan hipervolemia. Penerapan restriksi cairan disertai teknik kontrol rasa haus berkontribusi pada perbaikan keseimbangan cairan dan penurunan distres rasa haus pada pasien GGK dengan hipervolemia.

Kata kunci: Asuhan Keperawatan, Gagal Ginjal Kronik, Hipervolemia, Restriksi Cairan, Thirst Distress Scale.

IMPLEMENTATION OF FLUID RESTRICTION ON CHRONIC KIDNEY DISEASE (CKD) PATIENTS WITH HYPERVOLEMIA AT HOSPITAL IN JAKARTA

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Abstract

Background: *Fluid restriction is an important nursing intervention to manage fluid volume overload; however, global patient non-compliance remains at 30-60%, posing a risk of hypervolemia that can worsen cardiovascular function. One vulnerable group is patients with chronic kidney disease (CKD). The main challenge is persistent thirst, which can be managed through chewing gum, sipping ice, and mouth rinsing with plain water.* ***Objective:*** *To describe the implementation of nursing care, particularly fluid restriction, in a CKD patient with hypervolemia.* ***Method:*** *A descriptive case study using a single case study approach on Mrs. S over 3 days. Data were collected through interviews, observation, physical examination, and documentation. Interventions included hypervolemia management, oxygen therapy, hemodynamic monitoring, fluid restriction education, and thirst management evaluated using the Thirst Distress Scale (TDS) and fluid balance monitoring.* ***Results:*** *On initial assessment, the patient presented with dyspnea, grade 2 edema, oliguria, fluid balance of +269 ml/24 hours, and a TDS score of 13 (severe). Supporting examinations revealed anemia (Hb 9.5 g/dL), creatinine 3.67 mg/dL, respiratory alkalosis (pH 7.52; pCO_2 31.5 mmHg), left pleural effusion, cardiomegaly, and EF 29%. Three nursing diagnoses were identified: impaired gas exchange, decreased cardiac output, and hypervolemia. After 3 days of nursing intervention, impaired gas exchange was resolved, indicated by RR 20x/min and SpO_2 98%; decreased cardiac output was partially resolved, indicated by BP 126/90 mmHg; and hypervolemia was partially resolved, shown by increased diuresis to 0.51 ml/kgBW/hour, improved fluid balance to -416 ml/24 hours, and TDS score decreasing from 13 (severe) to 3 (mild) following fluid restriction implementation.* ***Conclusion:*** *Nursing care was able to resolve impaired gas exchange and partially resolve decreased cardiac output and hypervolemia. Implementation of fluid restriction combined with thirst control techniques contributed to improved fluid balance and reduced thirst distress in CKD patients with hypervolemia.*

Keywords : *Nursing Care, Chronic Kidney Disease (CKD), Hypervolemia, Fluid Restriction, Thirst Distress Scale.*