ABSTRAK

Anggi Novantika Roni (2025). Asuhan Keperawatan Pada Klien Asma Bronkial Dengan Masalah keperawatan Gangguan Pertukaran Gas Di RSUD Kota Dumai. Karya Tulis Ilmiah Studi Kasus, Program Studi DIII Keperawatan, Jurusan Keperawatan, Politeknik Kesehatan Kemenkes Riau. Pembimbing (I) Ns. Masnun, SST., S.Kep., M.Biomed., (II) Ns. Sari Anggela, M.Kep., Sp.Kep.A. Penguji (I) Ns. Magdalena, SST., S.Kep., M.Kes., (II) Ns. Melly, SST., S.Kep., M.Kes.

Asma bronkial merupakan penyakit inflamasi kronik saluran napas yang dapat menyebabkan gangguan pertukaran gas akibat bronkospasme, edema mukosa, dan peningkatan produksi sekret. Studi kasus ini bertujuan untuk menggambarkan asuhan keperawatan pada Tn. A dengan masalah keperawatan gangguan pertukaran gas pada diagnosis medis asma bronkial eksaserbasi akut di RSUD Kota Dumai. Metode yang digunakan adalah studi kasus dengan pendekatan proses keperawatan yang meliputi pengkajian, diagnosis keperawatan, intervensi, implementasi, dan evaluasi selama empat hari, yaitu tanggal 01–04 April 2026. Hasil pengkajian menunjukkan klien mengalami sesak napas, takipnea 30 kali per menit, penggunaan otot bantu napas, wheezing, saturasi oksigen 95%, serta hasil analisa gas darah yang mengindikasikan gangguan pertukaran gas. Intervensi keperawatan meliputi pemantauan respirasi, posisi semi-Fowler, terapi oksigen, nebulizer, latihan pernapasan diafragma, dan teknik batuk efektif. Hasil evaluasi menunjukkan penurunan frekuensi napas menjadi 24 kali per menit, peningkatan saturasi oksigen menjadi 98%, serta berkurangnya keluhan sesak napas, meskipun wheezing masih terdengar. Kesimpulan menunjukkan bahwa masalah keperawatan gangguan pertukaran gas pada Tn. A teratasi sebagian setelah diberikan asuhan keperawatan selama empat hari, yang ditandai dengan penurunan frekuensi napas, peningkatan saturasi oksigen, dan berkurangnya keluhan sesak napas. Namun, bunyi napas wheezing masih terdengar. Saran diharapkan bagi pasien dan keluarga untuk mematuhi pengobatan dan menghindari faktor pencetus asma untuk mencegah kekambuhan.

Kata kunci : Asuhan Keperawatan, Asma Bronkial, Gangguan Pertukaran Gas

ABSTRACT

Anggi Novantika Roni (2025). Nursing Care for a Patient with Bronchial Asthma and Nursing Diagnosis of Impaired Gas Exchange at RSUD Kota Dumai. Scientific Paper, Case Study, Diploma III Nursing Study Program, Department of Nursing, Health Polytechnic of the Ministry of Health of Riau. Supervisor (I) Ns. Masnun, SST., S.Kep., M.Biomed., (II) Ns. Sari Anggela, M.Kep., Sp.Kep.A. Examiner (I) Ns. Magdalena, SST., S.Kep., M.Kes., (II) Ns. Melly, SST., S.Kep., M.Kes.

Bronchial asthma is a chronic inflammatory disease of the airways that can cause impaired gas exchange due to bronchospasm, mucosal edema, and increased mucus secretion. This case study aimed to describe nursing care for Mr. A with the nursing problem of impaired gas exchange and the medical diagnosis of acute exacerbation of bronchial asthma at Dumai Regional General Hospital. The method used was a case study applying the nursing process, including assessment, nursing diagnosis, intervention, implementation, and evaluation over four days, from April 1 to April 4, 2026. The assessment revealed that the patient experienced shortness of breath, a respiratory rate of 30 breaths per minute, use of accessory respiratory muscles, wheezing, oxygen saturation of 95%, and arterial blood gas results indicating impaired gas exchange. Nursing interventions included respiratory monitoring, semi-Fowler's positioning, oxygen therapy, nebulizer therapy, diaphragmatic breathing exercises, and effective coughing techniques. The evaluation showed a decrease in respiratory rate to 24 breaths per minute, an increase in oxygen saturation to 98%, and reduced complaints of shortness of breath, although wheezing was still present. The study concluded that the nursing problem of impaired gas exchange was partially resolved after four days of nursing care, as evidenced by the decreased respiratory rate, improved oxygen saturation, and reduced shortness of breath. However, wheezing was still present. Suggestion patients and their families are expected to adhere to the prescribed treatment and avoid asthma triggers to prevent recurrence.

Keywords : Bronchial Asthma, Impaired Gas Exchange, Nursing Care