

ABSTRAK

Penerapan Fisioterapi Dada Terhadap Bersihan Jalan Napas Tidak Efektif Pada An. R Dengan ISPA Di Ruang Mawar RSUD Kraton Pekalongan

Meirina Farah Dhiba Zakia, Aida Rusmariana, Khusnul Khotimah

Latar Belakang: Infeksi Saluran Pernapasan Akut (ISPA) merupakan salah satu penyebab utama kematian pada balita secara global, dengan Provinsi Jawa Tengah menempati peringkat kedua kasus tertinggi di Indonesia. Manifestasi klinis utama yang sering muncul adalah bersihan jalan napas tidak efektif akibat akumulasi sekret (dahak) yang kental di saluran pernapasan. Jika tidak ditangani segera, penumpukan sekret dapat memicu hipoksemia dan takhipnea ekstrem. Salah satu intervensi nonfarmakologis mandiri yang dapat dilakukan perawat untuk mengatasi masalah ini adalah fisioterapi dada.

Tujuan: Menganalisis penerapan Fisioterapi Dada dalam meningkatkan bersihan jalan napas pada pasien anak dengan ISPA (infeksi saluran pernapasan akut).

Metode: Metode yang digunakan dalam penulisan karya ilmiah ini adalah studi kasus tunggal. Pasien yang dikelola adalah An.R, anak laki-laki usia 1 tahun 11 bulan, yang dirawat di Ruang Mawar RSUD Kraton Pekalongan dengan diagnosis medis ISPA (infeksi saluran pernapasan akut). Penerapan intervensi nonfarmakologis tercantum pada rencana asuhan keperawatan dengan memberikan Tindakan Fisioterapi Dada. Tindakan dilakukan selama 15 menit dilaksanakan selama 3 hari berturut-turut yang disertai kolaborasi terapi medis berupa pemberian cairan intravena ringer laktat, paracetamol, diazepam, ambroxol, cetirizine, nystatin, dan combivent. Evaluasi dilakukan berdasarkan perubahan RR, SPO₂ dan sputum sebelum dan sesudah Tindakan serta respon pasien selama masa perawatan.

Hasil: Penerapan fisioterapi dada menunjukkan pada hari pertama suara tambahan Ronkhi, RR: 43x/menit, SPO₂: 94%, menjadi RR:40x/menit, SPO₂: 94%, keluar sputum berwarna putih. Pada hari kedua masih terdengar suara ronkhi, RR: 39x/menit SPO₂: 95%, menjadi RR: 35x/menit, SPO₂: 96%, keluar sputum berwarna kekuningan. Pada hari ketiga, masih tersengar suara tambahan ronkhi, RR: 30x/menit, SPO₂: 98%. menjadi RR 29x/m, SPO₂ 98%, keluar sputum tampak berwarna kehijauan.

Simpulan: Penerapan terapi fisioterapi dada secara teratur terbukti aman dan sangat efektif dalam mengatasi masalah bersihan jalan napas tidak efektif pada anak penderita ISPA (infeksi saluran pernapasan akut).

Kata Kunci: Fisioterapi dada, ISPA, balita

ABSTRACT

Meirina Farah Dhiba Zakia¹, Aida Rusmariana², Khusnul Khotimah³

The Implementation of Chest Physiotherapy for Ineffective Airway Clearance in a Paediatric Patient with Acute Respiratory Infection in the Mawar Ward of Kraton Public Hospital, Pekalongan

Introduction: Acute Respiratory Infection (ARI) is one of the leading causes of mortality among children under five worldwide, with Central Java reporting the second highest number of cases in Indonesia. One of the main clinical manifestations is ineffective airway clearance due to the accumulation of thick airway secretions. If not treated promptly, secretion retention may lead to hypoxaemia and severe tachypnoea. One of the independent non-pharmacological interventions that nurses can implement to address this problem is chest physiotherapy.

Objective: This study aimed to analyse the implementation of chest physiotherapy in improving airway clearance in a paediatric patient with acute respiratory infection.

Methods: This study employed a single case study design. The patient was a 1 year and 11 month old boy, admitted to the Mawar Ward of Kraton Public Hospital with a medical diagnosis of ARI. The non-pharmacological intervention was included in the nursing care plan by implementing chest physiotherapy. The intervention was administered for 15 minutes daily over three consecutive days, in collaboration with medical treatment consisting of intravenous Ringer's lactate, paracetamol, diazepam, ambroxol, cetirizine, nystatin, and combivent. Evaluation was based on changes in respiratory rate, oxygen saturation, and sputum characteristics before and after the intervention, as well as the patient's response during the treatment period.

Results: The implementation of chest physiotherapy showed that on the first day, rhonchi were present, with a respiratory rate of 43 breaths/minute and oxygen saturation of 94%. After the intervention, the respiratory rate decreased to 40 breaths/minute, oxygen saturation remained at 94%, and white sputum was expelled. On the second day, rhonchi were still present, with a respiratory rate of 39 breaths/minute and oxygen saturation of 95%. Following the intervention, the respiratory rate decreased to 35 breaths/minute, oxygen saturation increased to 96%, and yellowish sputum was expelled. On the third day, rhonchi were still audible, with a respiratory rate of 30 breaths/minute and oxygen saturation of 98%. After the intervention, the respiratory rate decreased to 29 breaths/minute, oxygen saturation remained at 98%, and greenish sputum was expelled.

Conclusion: The regular implementation of chest physiotherapy was safe and effective in managing ineffective airway clearance in a paediatric patient with ARI.

Keywords: *acute respiratory infection, chest physiotherapy, children under five*