

CHAPTER I

INTRODUCTION

1.1 Background

Stroke remains one of the most important causes of disability and death worldwide. Despite all the advances in the acute treatment of ischemic strokes, the proportion of patients who qualify for such medical and endovascular interventions is small and the outcomes are not good even for many who undergo acute therapies. The outcomes of hemorrhagic strokes are dismal, with mortality rates ranging from 30% to 40% and exceeding 50% for anticoagulant-related intracerebral hemorrhages.¹ Extensive efforts to identify hemostatic therapies and surgical evacuation did not yield any efficient acute treatment for brain hemorrhages (M. Edip et al, 2018).

Ischemic stroke is characterized by the sudden loss of blood circulation to an area of the brain, resulting in a corresponding loss of neurologic function. Acute ischemic stroke is caused by thrombotic or embolic occlusion of a cerebral artery and is more common than hemorrhagic stroke. (Edward C, 2018)

Modern life now demands everything instantaneous and fast. Along with that, it turns out we have to pay dearly with our health. In the food there are several factors that if consumed continuously in the long run can decrease the quality of our body health. Therefore, we need something that can maintain the health of our body, especially in the blood circulation, reduce fat deposits in blood vessels (prevent blockage) and relieve the work of the heart. (Arofah, A.N., 2011).

Stroke is a sudden neurological focal syndrome with a specific type of cerebral vascular disease. The terminology of cerebrovascular disease is all of the brain abnormalities due to pathological processes in the blood vessels

of the brain. This process may include blockage of the vascular lumen by thrombosis or embolism, rupture of the blood vessel wall of the brain causing bleeding, changes in the permeability of blood vessel walls and changes in both the viscosity and the quality of the blood itself (Goldzmidt, 2013).

Hypertension is a major risk factor, Hypertension control is the key to preventing stroke. Cardiovascular disease cerebral embolism is derived from the heart, coronary artery disease. Congestive heart failure Left ventricular hypertrophy, rhythm abnormalities (especially atrial fibrillation), congestive heart disease, high cholesterol, obesity, increased hematocrit, increased risk of cerebral infarction, diabetes associated with accelerated atherogenesis, oral contraceptives (especially with hypertension, smoking, and estrogen levels high), smoking, drug abuse (especially cocaine), alcohol consumption (Arif Muttaqin, 2008)

Stroke disease or known as pello disease is one of the diseases in the fear by the community. WHO data in 2015 indicates that stroke is the second leading cause of death after heart disease. On 2015, 6.24 million people worldwide died from stroke. 53.34% suffered a hemorrhagic stroke, and the remaining 46.66% had ischemic stroke (WHO, 2016).

Ranks third as the leading cause of death after coronary heart disease and cancer in developing countries. Developing countries also account for 85.5% of total deaths from strokes worldwide. Two thirds of people with stroke occur in developing countries. There are about 13 million new stroke victims each year, of which about 4.4 million of them die within 12 months. In Indonesia, the prevalence of stroke reached 8.4 per 1,000 population. The regions with the highest prevalence of stroke were Nanggroe Aceh Darussalam (16.8 per 1000 population) and the lowest was Papua (3.5 per 1000 population). (Rikesdas, 2014)

Based on survey results obtained from medical records at General Ulin Hospital Banjarmasin in seruni (nerve) ward Patients suffering from stroke in 2016 reached 96 people, then in 2017 there was an increase of 145 people and in 2018 decreased again to 41 people.

Factors that can not be changed Age: The higher the age the higher the risk of stroke, the offspring of a family history of stroke, and factors that can be changed, hypertension, heart disease, high cholesterol, obesity, diabetes mellitus, living habits, smoking, Alcohol drinkers, Unhealthy activity, lack of exercise, polishing food (Nanda Nic-Noc 2013)

The thick blood will be stuck and clot (thrombosis), so the flow becomes slower. As a result the brain will experience a shortage of oxygen supply. If this delay in oxygen supply drags on, the brain tissue cells will die. When blood flow to the brain decreases from 24 to 30 ml / 100 g of brain tissue will occur ischemia, for blood supply less than 16ml / 100gr brain tissue / minute it will become infarct (Mansjoer et al. 2008).

The sign and symptom that appear depending on the severity of the lesion and also the topicality. Sign and symptom of non haemorrhagic stroke in general such as Motor Disorder, Sensory Disorder, Cognitive Disorder, Memory, Attention and Functional Ability Disorder (Prakasita Masayu, 2014).

Therapy in non hemorrhagic stroke patient aim to increase blood perfusion to the brain, help blood clot lysis and prevent advanced thrombosis, protects active brain tissue and prevent other secondary injuries such as Thrombolytic therapy, Anticoagulant therapy, and Supportive therapy. Non medical management such as Therapeutic Lifestyle Changes and Physical Activity (Esther, 2010).

Based on the above phenomenon the authors are interested to make a case study report with the title of nursing care of patients with comprehensive Non Hemorrhagic Stroke which include biological, psychological, social and spiritual factors in patients with Non Hemorrhagic Stroke by using nursing process that can help patients solve problems arising because it is life-threatening and patient life.

In dealing with client problem with stroke, nurse participation is needed to solve the problem faced by the client. The nurse role as a nursing care provider include public education staff, coordinator in patient care, collaborator in fostering cooperation with other profession, consultant or advisor on labor and client, as well as system reformer, methodologie and attitude.

Another that thing, nurse should provides comperhensive nursing care to client because client with stroke usually depend on totally caring from nurse. Nurse should assess client comperhensively, find nursing diagnosis that appear from assessment, make problem priority, make a planning on whar will nurse do for client and also taking action or take implementation for client. After that nurse should eveluate result of implementation that already done and make documentation of client.

1.2 Purpose

1.2.1 General Purpose

The general purpose of this paper is to document the results of comprehensive nursing care physically, psychologically, socially and spiritually on clients with Non Hemorrhagic Stroke Ulin Hospital Banjarmasin.

1.2.2 Specific Prupose

In addition to general goals, the writing of Scientific Writing also has a special purpose, among others:

1.2.2.1 Conduct an nursing assessment in patients with Non Hemorrhagic Stroke cases.

1.2.2.2 Determine the nursing diagnoses that appear in patients with Non Hemorrhagic Stroke cases.

1.2.2.3 Determine nursing intervention in patients with Non Hemorrhagic Stroke cases.

1.2.2.4 Implement nursing implementation in patients with Non Hemorrhagic Stroke cases.

1.2.2.5 Evaluate the results of nursing care that have been performed in patients with Non Hemorrhagic Stroke cases.

1.2.2.6 Establish documentation of nursing care in patients with Non Hemorrhagic Stroke cases.

1.3 Benefits of Writing

Writing of nursing care report, writer expected to have following benefits:

1.3.1 Academy

As an input in improving the learning process in the future and benchmark in learning the implementation comprehensively.

1.3.2 Theoritically

Increase knowledge for the user in order to prevent themselves and others to avoid stroke, that a stroke is a state that occurs suddenly or

not that will initially experience interference in the case of motor, speak, and sensory impairment. Writing this paper also serves to know between the theory and real cases that occur in the synchronous or not, because in theory that already exists is not always the same as the case that happened. So this scientific paper was compiled.

1.3.3 Practically

1.3.3.1 Client

The fulfillment of the biopsychosocial and spiritual needs of patients with non-hemorrhagic stroke cases and patients can achieve optimal independence.

1.3.3.2 Family

Family can participate and provide full support in the recovery and biopsychosocial and spiritual needs in patients with Non Hemorrhagic Stroke cases.

1.3.3.3 Nurse or Health Worker

As a reference for care in the implementation of comprehensive nursing care in order to be used for the benefit of the hospital in providing nursing care in patients with cases of Non Hemorrhagic Stroke.

1.4 Writing Method

In writing this report the authors use case study methods using nursing process approach which includes assessment, nursing diagnosis, planning, implementation, evaluation and documentation. Library study by collecting references related to cases raised as headings. While the method of collecting data by interview, observation, physical examination and investigation.

1.5 Systematics of writing

This report the author compiled with the following systematics:

- 1.5.1 Chapter 1 introduction, covering the background, the purpose of writing, the benefits of writing, the method of writing and systematics of writing.
- 1.5.2 Chapter 2 on the oretical bacground Non-Hemorogic Stroke, including the anatomy of brain physiology, definitions, etiology, pathophysiology, signs and symptoms, Medical management, the nursing theoretical review comprises assessment, nursing diagnoses, nursing orders, implementation and evaluation.
- 1.5.3 Chapter 3 results of nursing care, consisting of case images, data analysis, nursing diagnoses, nursing orders, implementation of nursing and nursing evaluation.
- 1.5.4 Chapter 4 concludes with conclusion and suggestion.