

CHAPTER I

INTRODUCTION

1.1 Background

Currently the development and development of a country has a great impact on the community, Not least Indonesia. The impact has changed the pattern of community structure from agrarian to industrial and village lifestyle to urban lifestyle. The diet changed from natural to fast food. As a result of change in the pattern in a shift of disease from the tendency of infectious diseases to degenerative such as cardiovascular and stroke. (Widyanto & Triwibowo, 2013)

Stroke is a malfunction of the brain tissue caused by the sudden reduction or cessation of blood supply. The brain tissue that experiences this will die and can no longer function. Lay people tend to regard stroke as a disease. Instead doctor actually call it clinical symptom arising from a problematic cardiac artery, disease or simultaneously. (Auryn, 2009)

Non-Hemorrhagic Stroke can be ischemia or embolism and cerebral thrombosis usually occurs after of rest, wakeup in the morning. No bleeding occurs but hypoxic ischemia and subsequent hypoxia and secondary edema may develop awareness generally improves. (Muttaqin, 2012)

According to WHO stroke is a symptom of a deficit in the function of the nervous system caused by cerebrovascular disease and not by others. The world stroke organization noted that almost 85% of people who have risk factors can avoid strokes if they recognize and address these risk factors early on. The World Health Organization predicts that deaths from stroke will increase with deaths from heart disease and cancer by about 6 million in 2010 to 8 million in 2030. (Nabyala, 2012)

Based on the National Health Research (Riskesdas) National 2013, the prevalence of stroke patients in Indonesia as much as 57,9 % per thousand population. Data from per districts and cities of South Kalimantan in 2015, stroke for Banjarmasin city as many as 283 people.

Based on the Data from Ulin General Hospital Seruni ward (Stroke ward) showed that non-hemorrhagic stroke was rating first among the 10 most diseases and prevalence rates experienced a significant increase each year in 2016 is 96 patients and in 2017 is many 145 patients.

Sign and Symptoms is suddenly experiencing weakness or paralysis of half the body, suddenly lost sensitivity, speak *pele*, language disorders, impaired vision, the mouth is either congested or not symmetrical, headache, vertigo, decreased awareness, urination disturbed urine, impaired brain function. (Nurarif & Kusuma, 2015)

Nursing Problem is Physical mobility constraints associated with hemiparesis/hemiplegia, neuromuscular weakness in extermination, Self-care deficit associated with neuromuscular weakness, decreased strength and awareness, weakness, such as eating, bathing, regulating, water temperature, folding or wearing clothing. (Muttaqin, 2012)

Usually interventions in non-hemorrhagic stroke patients according to Muttaqin (2012) are to monitor vital signs, assess whether there is any dysfunction, passive / active ROM delivery, needs fulfillment and health education for both patients and their families.

Long-term management and prevention therapy control Antihypertensive Glucose, cholesterol, comorbid pneumonia or evidence of atherosclerotic sources should be treated which includes lifestyle modification, dietary guidelines and treatment recommendation, stop smoking, reduce alcohol

Physical activity at least 30 minutes of physical exercise with moderate intensity almost daily, and sport. (Alway & Cole, 2011)

One of the nurses of the nurse is nursing care or care provider. Role nurse as a care provider should be implemented comprehensively or thoroughly, not only focusing on promotive actions but also preventive measures. One preventive measure in order to achieve health is to maintain personal hygiene. Nurses are one of the providers of health services, especially in the field of nursing is required to provide quality health services and can provide patient satisfaction and family. One of the role of nurses in fulfilling basic needs is as family advocacy, health teaching, support, counselor, therapeutic, and health care planning. (Asmadi, 2008)

Based on the above data, the authors take the conclusion that stroke disease comes from the impact of changes in community lifestyle. As a result of changes in the pattern resulted in a shift of disease from the tendency of infectious diseases to degenerative and one of them is a stroke. from data obtained at Ulin Hospital Banjarmasin Seruni ward showed a drastic increase amount every year and most stroke sufferers have a wide problem, ranging from maintenance to rehabilitee. Problem often arise that is weakness in the limbs, speech disorders and disturbance of balance. In the process of healing, the patient, need help in fulfilling basic needs. In the fulfillment of basic needs, stroke patients need the participation of the nurse so that from there the authors become interested to take and learn more about the stroke.

1.2 Purpose

1.2.1 General purpose

The general, this case study aims to provide nursing care report in client with medical diagnosis. Non-Hemorrhagic Stroke through professional and comprehensive approaches in both biopsychosocial and spiritual.

1.2.2 Specific Purpose

Specific purposes of writing scientific papers are:

- 1.2.2.1 Able to identify and conduct assessment of family nursing care in primary.
- 1.2.2.2 Survey and secondary survey on Mrs. N with Non-Hemorrhagic Stroke case.
- 1.2.2.3 Formulating the diagnosis of family nursing care on Mrs. N with Non-Hemorrhagic Stroke case.
- 1.2.2.4 Formulating Intervention of family nursing care on Mrs. N with Non-Hemorrhagic Stroke case.
- 1.2.2.5 Implementing family nursing care on Mrs. N with Non-Hemorrhagic Stroke case.
- 1.2.2.6 Evaluate the care of family nursing on Mrs. N with Non-Hemorrhagic Stroke case.
- 1.2.2.7 Doing Documentation of family nursing care on Mrs. N with Non-Hemorrhagic Stroke case.

1.3 Benefits of writing

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

1.3.1 Academy

Education can better prepare students in terms of theory, skills, and mental in dealing with patients in order to contribute maximally to the improvement of other health status, especially in the provision of family care in overcoming non-hemorrhagic stroke.

1.3.2 Theoretically

The nursing care report of client with non-hemorrhagic stroke cases are expected to develop knowledge, especially as a support in nursing care to client with cases of non-hemorrhagic stroke.

1.3.3 Practically

1.3.3.1 Client

To increase health, complication, improve knowledge about the treatment of non-hemorrhagic stroke.

1.3.3.2 Family

Family can participate and give full support. They would get good treating in biopsychosocial spiritual that could their health and improve the knowledge about non hemorrhagic stroke treatment.

1.3.3.3 Nurses or Health Workers.

Improving the quality of nursing care to client with non-hemorrhagic stroke.

1.4 Method of Nursing

Scientific method used in the writing of this paper is a case study approach in order to explore the treatment process all the data that supports both, subjective and objective data. The nursing process approach includes the assessment, formulation of nursing diagnosis, nursing plan, implemented according to existing plans to evaluate the care provided.

1.5 Systematics of Writing

Systematic of writing this case study consists of four parts:

- 1.5.1 Chapter 1 introduction: consist of background, purpose, benefits of writing, method of nursing, systematics of writing.
- 1.5.2 Chapter 2 consist of theoretical basis; anatomy and physiology, definition, classification, etiology, sign and symptoms, pathobiology, pathway, diagnostic text, management. Basic concept of nursing care Non Hemorrhagic Stroke; assessment, nursing diagnosis, nursing intervention.
- 1.5.3 Chapter 3 nursing care report consist of client identity, health history, physical examination, physical psychological social and spiritual

needs, diagnostic test, pharmacological therapy, focus date, data analysis and nursing diagnose, nursing plan, implementation, evaluation and progress note.

1.5.4 Chapter 4 conclusion and suggestion.