

CHAPTER I

INTRODUCTION

1.1 Background

Globally, cerebrovascular disease (stroke) is the second leading cause of death. It is a disease that predominantly occurs in mid-age and older adults. WHO estimated that in 2005, stroke accounted for 5.7 million deaths world wide, equivalent to 9.9 % of all deaths. Over 85% of these deaths will have occurred in people living in low and middle income countries and one third will be in people aged less than 70 years. (WHO, 2015)

Stroke is a disease of the brain in the form of impaired neural function locally and/or globally, the appearance of sudden, progressive, and fast. Nerve function impairment in stroke is caused by non traumatic brain circulation disorder. These neurological disorders cause symptoms such as paralysis of the face or limbs, speech is not fluent, speech is not clear (*pelo*), maybe changes in consciousness, impaired vision, and other. (Kemenkes RI, 2013)

Ischemic stroke is the most common type of stroke that is 85% of the total number of the stroke patient. Ischemic stroke is a stroke caused by atherosclerosis. Atherosclerosis is a condition when there is a pile of fat and cholesterol or plaque that will form a blockage. The blockage can occur along the artery to the brain so that the brain passes through the blood vessel suffers from a lack of blood supply and results in a lack of energy and oxygen supply. Brain cells that lack oxygen supply cannot function properly. The cell can stop working temporarily or will die completely, depending on the severity. (Purwani, 2017)

Non Hemorrhagic Stroke is the process of ischemia caused by embolism and cerebral thrombosis usually occurs after a long rest, just waking up or in the morning and no bleeding. Hypoxic ischemia develops and subsequent secondary edema may develop. (Muttaqin, 2008)

Stroke disease or commonly known as *pelo* disease is one of the disease feared by society. WHO data in 2015 showed that stroke is the second leading cause of death after heart disease. In 2015, as many as 6,24 million in the world died from stroke. 53.34% suffered a hemorrhagic stroke, and the remaining 46.66% had an ischemic stroke. (WHO,2016)

Indonesia 2014 Sample Registration System (SRS), cited from Ministry of Health RI (2017), shows that stroke is the main cause of death, 21.1% of all causes of death for all age groups. Based on the National Health Research (Riskesdas) National 2013, the prevalence of stroke patients in Indonesia as much as 57,9%. From South Kalimantan Health Office in 2012 stated that in the last 12 months in south kalimantan province stroke prevalence of 9,7% per thousand population (range 5,2% - 18,5% per thousand population).

Based on the data of patient with stroke in Ulin General Hospital Banjarmasin especially in Seruni Ward, showed that non hemorrhage stroke was ranked first in 10 most disease, the prevalence rate has increased significantly each year. In 2016 as many as 96 patients and in 2017 as many as 145 patients.

One of the cause of stroke is of age, sex, family history and race. Cerebral infarction is a decrease in the supply of certain cerebral blood in the brain. The extent of infarction depends on factors such as the location and magnitude of the blood vessels and the adequacy of collateral circulation to the area supplied by blocked blood vessels. (Purwani, 2017)

There are signs of loss of feeling or weakness on the face, Feeling confused, difficulty speaking, talking *pelo*. Nursing diagnosis for stroke disease is Risk for Increasing of Intracranial Pressure related to increasing of intracranial volume, suppression of tissue cerebral and cerebral edema and Ineffective cerebral tissue perfusion related to interruption of blood flow : intracerebral hemorrhage, brain occlusion, vasospasm and cerebral edema.

Management for stroke disease is conservative treatment that is vasodilators increase cerebral blood flow (ADS) experimentally, but their significance in the human body has not been proven. Can be given histamine, aminophyllin, acetazolamide, intra arterial papaverine. Antithrombotic medications may be prescribed because platelets play a very important role in the formation of thrombus and embolization. Antiplatelet aggregations such as aspirin are used to inhibit the thrombotic aggregation release reaction that occurs after ulceration of the atheroma. Anticoagulants may be prescribed to prevent the occurrence or burden of thrombosis or embolization from elsewhere in the cardiovascular system. (Purwani, 2017)

For surgical treatment that is the main purpose is to improve cerebral blood flow. Carotid endarterectomy reshapes the carotid artery, that is by opening the carotid artery in the neck. Revascularization is primarily an act of surgical benefit most felt by TIA clients. Evaluation of blood clotting is done to acute stroke. Carotid artery angioplasty in the neck especially in aneurysm. (Muttaqin, 2008)

Based on the data above the writer or nurse tries to outline the basic concepts of stroke in theoretical background and provides comprehensive nursing care to clients with non hemorrhage stroke. The writer will be explain more about what the stroke is, what the main cause that can lead to the stroke, on how the stroke can be happen, what are the early sign and symptom of stroke, on how to treat that stroke, what are diagnostic finding

that we have to do for the client with stroke, the prognosis that may happen to the client and also the complication of stroke.

Another that things, the nurse should provides the comprehensive nursing care to the client because the client with stroke usually depend on the totally caring from the nurse. The nurse should assess the client comprehensively, find the nursing diagnosis that appear from the assessment, make the problem priority, make a planning on what will the nurse do for the client and also taking action or take the implementation for the client. After that, the nurse should evaluate the result of the implementation that already done and make the documentation of that client.

1.2 Purpose

1.2.1 General Purpose

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

1.2.2 Specific Purpose

- 1.2.2.1 Assessing the health status of the client with non hemorrhagic stroke
- 1.2.2.2 Determining nursing diagnoses that appear in clients with non hemorrhagic stroke.
- 1.2.2.3 Determining nursing interventions that can be performed on the client with non hemorrhagic stroke.
- 1.2.2.4 Giving the implementation of nursing according to the plan that has been done.
- 1.2.2.5 Evaluating outcomes of nursing care that was given to the client with non hemorrhagic stroke.

- 1.2.2.6 Documenting the results of nursing care with non hemorrhagic stroke.

1.3 Benefits

1.3.1 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 non hemorrhagic stroke.

1.3.2 Client

Client can improve the health, in order to prevent occurrence of complications and recurrence of non hemorrhagic stroke.

1.3.3 Family

Families can improve the health, in order to prevent occurrence of complications and recurrence of non hemorrhagic stroke.

1.3.4 Nurse

The scientific paper can improve the knowledge of the theory of nursing care in clients with non hemorrhagic stroke, so as to improve the quality of health care in the profession of nurse.

1.3.5 Nursing Education Institutions

This scientific paper can be use as a reference in implementing to nursing care in clients with non hemorrhagic stroke.

1.4 Method of Writing

The design of this scientific writing is descriptive using case study approach aims to explore all data in nursing care process and supporting data. The approach consists of assessment, determine the nursing diagnosis, make a planning, implementation and evaluation for the nursing care that given to client with non hemorrhagic stroke

1.5 Systematics of Writing

The writer divides into several chapters, namely:

- 1.5.1 Chapter I: Introduction consists of background, purpose, benefits, method of writing and systematics of writing.
- 1.5.2 Chapter II: Basic concept of Non Hemorrhare Stroke; anatomi and physiology, definition, classification, etiology, signs and symptoms, pathophysiology, pathway, diagnostic test, management, basic concepts of nursing care; assesment, nursing diagnosis, intervention
- 1.5.3 Chapter III: Nursing Care Report consist of an overview of cases, data analysis, nursing diagnosis, nursing intervention, implementation, and evaluation.
- 1.5.4 Chapter IV: Conclusion and suggestion