ABSTRAK

ASUHAN KEPERAWATAN POST OPERASI KRANIOTOMI FAKTOR RISIKO STROKE HEMORAGIK DENGAN PENURUNAN KAPASITAS ADAPTIF INTRAKRANIAL

Stroke hemoragik merupakan terjadinya kerusakan atau pecahnya pembuluh darah otak yang menimbulkan akumulasi darah serta berujung pada peningkatan TIK dan berpotensi menimbulkan kerusakan neurologis. Salah satu intervensi medis untuk mengurangi TIK adalah kraniotomi. Namun, komplikasi pasca kraniotomi, seperti penurunan kapasitas adaptif intrakranial, masih menjadi tantangan dalam perawatan. Berdasarkan data di Ruang Pulau Nunukan RSPAL dr. Ramelan Surabaya, tercatat ± 85 klien stroke hemoragik post kraniotomi mengalami peningkatan TIK yang membutuhkan penatalaksanaan keperawatan.

Penelitian ini menggunakan metode dengan pendekatan studi kasus pada klien post operasi kraniotomi faktor risiko stroke hemoragik dengan penurunan kapasitas adaptif intrakranial. Data dikumpulkan melalui observasi, wawancara, serta telaah rekam medis klien.

Pemberian posisi *head up* 30º, pembebasan jalan nafas dengan *suction*, dan *oksigenasi* selama 4 hari dengan hasil pada klien 1 dan klien 2 mengalami perbaikan TTV secara bertahap pada hari ke-4 post operasi kraniotomi (hari ke-1 perawatan di ruangan). Sedangkan untuk peningkatan kesadaran terjadi di hari ke-3 perawatan di ruangan. Hal ini terbukti intervensi tersebut efektif dalam menurunkan TIK dan meningkatkan kesadaran klien. Pemantauan tanda vital dan status neurologis juga berperan penting mendeteksi komplikasi lebih dini.

Asuhan keperawatan yang tepat dan terintegrasi berperan penting dalam mencegah komplikasi neurologis, mempercepat pemulihan. Maka, diperlukan pendekatan yang standar dengan *head up* 30º, *suction*, dan *oksigenasi* dapat mencegah terjadinya penurunan kapasitas adaptif intrakranial pada klien stroke hemoragik post operasi kraniotomi.

Kata Kunci: stroke hemoragik, kraniotomi, penurunan kapasitas adaptif intrakranial, *head up* 30º, *suction*, dan *oksigenasi*.

ABSTRACT

NURSING CARE FOR POST CRANIOTOMY PATIENTS AT RISK OF HEMORRHAGIC STROKE WITH DECREASED INTRACRANIAL ADAPTIVE CAPACITY

Hemorrhagic stroke is intracranial pressure increases as a consequence of hemorrhage caused by the rupture of cerebral blood vessels and potential neurological impairment. Craniotomy is a medical intervention aimed at relieving ICP; however, complications such as decreased intracranial adaptive capacity remain a challenge in nursing care. Data from the Pulau Nunukan Ward, RSPAL dr. Ramelan Surabaya, recorded approximately 85 post-craniotomy hemorrhagic stroke patients experiencing elevated ICP that required intensive nursing management.

This study applied a case study design involving patients with hemorrhagic stroke risk factors who underwent craniotomy and subsequently experienced decreased intracranial adaptive capacity. Data were obtained through observation, interviews, and review of medical records.

Nursing interventions included positioning patients with 30° head elevation, maintaining airway patency through suctioning, and administering oxygen therapy over four consecutive days. The findings showed that both patients demonstrated gradual improvement in vital signs by the fourth postoperative day, corresponding to the first day of ward care. Improvement in consciousness was observed by the third day of ward care. These outcomes suggest that the interventions effectively reduced ICP and improved neurological status.

Continuous monitoring of vital signs and neurological function played a critical role in the early identification of complications. Integrated nursing care is essential to prevent neurological deterioration and optimize recovery. Standardized interventions, including 30° head elevation, suctioning, and oxygen therapy, are recommended as evidence-based strategies to prevent decreased intracranial adaptive capacity in post-craniotomy hemorrhagic stroke patients.

Keywords: hemorrhagic stroke, craniotomy, intracranial adaptive capacity, 30° head elevation, suctioning, oxygen therapy