
**NURSING CARE FOR MR. Z'S FAMILY WITH THE APPLICATION
OF SYZIGIUM POLYANTHUM (SYZIGIUM POLYANTHUM)
BOOKED WATER IN HYPERTENSION PATIENTS IN KAMPUNG
KARET RT 002 KELURAHAN BATU BESAR SUB-DISTRICT
NONGSA BATAM IN 2022**

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Abstract

Background: hypertension is a major cause of heart failure, stroke, and kidney failure. Referred to as "the killer silent" because people with hypertension are often not show symptoms. Institute National Heart, Lung, and Blood estimate that half of people with hypertension are not aware of the condition.

Goals: to get the image and real experience of nursing education of hypertension, make data analysis, diagnose intervention, and makes evaluation on medical patient with hypertension.

Result: after nursing care 3 x 60 minutes obtained two nursing diagnoses that pain (acute), headache associated with the inability of families caring for family members with hypertension, the risk of complications of hypertension associated with the inability of families to know the problem of hypertension.

Conclusion: the problem of nursing patients about pain (acute), headache, hypertension risk of injury f the disease, has been resolved.

Keywords: *Hypertension, pain, risk of injury*

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Abstrak

Latar belakang: Hipertensi merupakan penyebab utama gagal jantung, stroke, dan gagal ginjal. Disebut sebagai “pembunuh diam-diam” karena orang dengan hipertensi sering tidak menampakan gejala. Institut Nasional Jantung, Paru dan Darah memperkirakan separuh orang yang menderita hipertensi tidak sadar akan kondisinya.

Tujuan: guna memperoleh gambaran dan pengalaman nyata dalam pelaksanaan asuhan keperawatan hipertensi, membuat analisa data, diagnosa, intervensi, dan membuat evaluasi pada pasien dengan hipertensi.

Hasil: setelah dilakukan asuhan keperawatan selama 3x60 menit didapatkan dua diagnosa keperawatan yaitu nyeri (akut), sakit kepala berhubungan dengan ketidakmampuan keluarga merawat anggota keluarga dengan penyakit hipertensi, resiko injury penyakit hipertensi berhubungan dengan ketidakmampuan keluarga mengenal masalah hipertensi.

Kesimpulan: masalah keperawatan pasien tentang nyeri (akut), sakit kepala, injury, sudah teratasi, keluarga kooperatif dengan perawat. Kata kunci: Hipertensi, nyeri, resiko injury

Kata Kunci: Hipertensi, nyeri, resiko injury

Introduction

Background

Hypertension is the main cause of heart failure, stroke and kidney failure. It is called a "silent killer" because people with hypertension often do not show symptoms. The National Heart, Lung and Blood Institute estimates that half of people who suffer from hypertension are unaware of their condition. Once this disease is suffered, the patient's blood pressure must be monitored at regular intervals because hypertension is a lifelong condition. In Indonesia, hypertension is a serious national problem so prevention efforts are needed at the lowest level of health services, namely the Community Health Center (Puskesmas). The results of the 2013 Balitbang Basic Health Research (Riskesdas) showed that the prevalence of hypertension had decreased from 31.7 percent in 2007 to 25.8 percent in 2013. Assumptions that there has been a decrease can vary from different blood pressure measuring devices to the possibility that people have started come for treatment to a health facility. There was an increase in the prevalence of hypertension based on interviews (have you ever been diagnosed with a health worker and taken hypertension medication) from 7.6 percent in 2007 to 9.5 percent in 2013. Based on records and reports

at the Batu Besar Community Health Center, Nongsa District, in the Gatak work area, it is known that hypertension ranks fourth out of the ten largest illnesses, namely 867 people from January to March 2022.

LITERATURE REVIEW

1. Understanding

A family is two or more individuals who live in one household due to blood relations, marriage or adoption. They interact with each other, have their own roles and create and maintain a culture (Bailon and Maglaya, 1978 in Muhlisin, 2012). Hypertension can be defined as persistent blood pressure where the systolic pressure is above 140 mmHg and the diastolic pressure is above 90 mmHg. Hypertension is the main cause of heart disease, stroke and kidney failure (Smeltzer, 2005).

2. Etiology

According to Udjianti (2010) the causes of hypertension are:

A. Primary hypertension

- Genetic
- Gender / Age
- Dieting
- Weight
- Lifestyle & Food

B. Secondary hypertension

Use of oral contraceptives, coarctation of the aorta, neurogenic (brain tumors, encephalitis, psychiatric disorders), pregnancy, increased intravascular

volume, burns, and stress.

3. Clinical Manifestations

- Headache (heaviness in the nape of the neck)
- Palpitations
- Fatigue
- Nausea
- Epitaxis
- Blurred or double vision
- Tinnitus (ringing in the ears)

4. Pathophysiology

The mechanisms that control the constriction and relaxation of blood vessels are located in the vasomotor center, in the medulla in the brain. From this vasomotor center originates the sympathetic nerve pathway, which continues down the spinal cord and out of the spinal cord columns to the sympathetic ganglia in the thorax and abdomen. Stimulation of the vasomotor center is delivered in the form of impulses that move downward through the sympathetic nervous system to the sympathetic ganglia. At this point, preganglionic neurons release acetylcholine, which stimulates postganglionic nerve fibers to the blood vessels, where the release of norepinephrine causes blood vessel constriction. At the same time that the sympathetic nervous system stimulates the secretion of epinephrine, which causes blood vessels to respond to emotional stimuli, the adrenal glands are also stimulated, resulting in additional vasoconstrictive activity. The adrenal medulla secretes epinephrine, which causes vasoconstriction. The adrenal cortex

secretes cortisol and other steroids, which can potentiate the vasoconstrictor response of blood vessels. Vasoconstriction which causes a decrease in blood flow to the kidneys, causing the release of renin. Renin stimulates the formation of angiotensin I which is then converted to angiotensin II, a powerful vasoconstrictor, which in turn stimulates aldosterone secretion by the adrenal cortex.

This hormone causes sodium and water retention by the renal tubules, causing an increase in intravascular volume. All of these factors tend to trigger hypertension.

GOALS OF NURSING

1. ASSESSMENT

- a. General Data (KK's name, address and telephone, KK's occupation, KK's education, Composition family)
- b. Family history and development stage (Current family development stage, nuclear family history, family history previously)
- c. Environment (Characteristics of neighbors and RW community, house characteristics)
- d. Family structure (Family communication patterns, family power structure, role structure, family values or norms)
- e. Family functions (affective, socialization, family care, reproduction, economics) F. Stress and family coping (Short and long term stressors, family's ability to respond to situations or stressors,

-
- coping strategies used, functional adaptation strategies)
- f. Physical examination
 - g. Family expectations

NURSING DIAGNOSES

1. Diagnosis that can be obtained from (Doengoes, 2010), (Nanda, 2022) and (Friedman, 1998 in muhlisin 2012): Pain (acute), headaches related to the family's inability to care for family members
2. who have hypertension.
3. The risk of decreased cardiac output is related to the family's inability to recognize the problem of hypertension.
4. The risk of injury (falling) is related to the family's inability to recognize hypertension.
5. Activity intolerance related to the family's inability to care for sick family members.
6. Excess fluid volume is related to the family's inability to care for family members who have hypertension.

INTERVENTION

1. Headaches are related to the family's inability to care for family members who suffer from hypertension.
General goal: pain disappears.
Specific goal: families are able to care for family members who suffer from hypertension.
 - a. Teach the family how to care for hypertension sufferers, especially those who have pain.

- b. Use known or home-based techniques and equipment to help treat pain.
 - c. Teach relaxation techniques for families who suffer from hypertension.
 - d. Monitor the family in carrying out pain treatment.
2. The risk of decreased cardiac output is related to the family's inability to recognize the problem of hypertension.
General goal: families are able to participate in activities that reduce blood pressure or heart workload.
Specific goal: families are able to recognize hypertension in particular to maintain blood pressure within the individual's acceptable range. Intervention:
 - a. Provide a calm, comfortable environment, reduce environmental activity/noise.
 - b. Maintain restrictions activities, such as resting in bed/chair.
 - c. Perform comfortable actions, such as back and neck massage, raising your head in bed. Suggest relaxation techniques, guided imagination, diversionary activities.

3. The risk of injury (falling) is related to the family's inability to recognize hypertension.
General goal: families are able to prevent the risk of injury (falls).
Specific objective: families are able to recognize hypertension, especially regarding the risk of injury (fall).
 - a. Provide information about the meaning, causes, signs, symptoms and treatment of

-
- hypertension.
 - b. Review the client's vision, ask about complaints about blurred vision.
 - c. Encourage a healthy emotional attitude in dealing with hypertension.
 - d. Monitor the family in carrying out treatment to overcome hypertension problems.

- 4. Activity intolerance related to the family's inability to care for family members who suffer from hypertension.

General Goal: to prevent activity intolerance.

Specific Objective: families are able to care for family members who suffer from hypertension.

Intervention:

- a. Teach the family how to care for hypertension sufferers, especially those who have activity intolerance problems.
- b. Use techniques and equipment available at home to help treat activity intolerance.
- c. Monitor the family in carrying out treatment to overcome the problem of activity intolerance.
- d. Instruct and help choose the right foods, avoid foods with high-fat saturation and cholesterol.
- 5. Excess fluid volume associated with family inability to care for family members who suffer from hypertension.

General Goal: fluid volume

returns to normal.

Specific Objective: families are able to care for family members who suffer from hypertension. Intervention:

- a. Teach the family how to care for hypertension sufferers, especially those who have activity intolerance problems.
- b. Use techniques and equipment available at home to help treat activity intolerance.
- c. Monitor the family in carrying out treatment to overcome the problem of activity intolerance.

SPECIAL PURPOSE

1. Biodata

The assessment was carried out on Tuesday 10 March 2022 at 14.00 WIB at Mr. S's house in Batu Besar Nongsa. With Mr. S as the head of the family, 50 years old, working as a laborer, with a final education of elementary school and Mrs. S (wife) 48 years old, working in the private sector, with a final education of junior high school. The composition of Mr.S's family consists of four family members, namely Mr.S, Mrs.S who suffers from hypertension, An.R is 23 years old, male, his last education is high school, private work and An.N is still in kindergarten, aged 6. year female.

2. Nursing Assessment

From the focus data assessment, Mrs. S's subjective data stated that for the last 5 months she had been suffering from hypertension, Mrs. S says blurry vision, frequent dizziness or stabbing headaches, whiny neck,

tight shoulders. Mrs. S said that her dizziness came and went and often recurred when she was tired or exhausted. Mrs. S said the pain scale was at 5. Mrs. S said he likes salty food. Mr.S said hypertension is a disease of high blood pressure, Mr.S does not know the causes, signs and symptoms, prevention of hypertension. An.R said he did not know the treatment for hypertension. Objective data, the conjunctiva of the eye is not anemic, the pupil is isochorous, the sclera is not icteric, the vision is blurred. Mrs. S BB 48 kg, TB 150 cm, BP 160 / 100 mmHg, temperature 36.8 0C, pulse 96 x/minute, and breathing 20 x/minute.

3. Nursing Diagnosis

A. Painful (acute) headaches in Mrs. S are related to the family's inability to care for sick family members.

B. The risk of injury (falling) in Mrs. S is related to the family's inability to recognize the problem.

DISCUSSION

In this chapter the author will discuss the family nursing care that the author carried out for one week in the Batu Besar Community Health Center area by referring to the theory in CHAPTER 2:

1. Diagnoses that appear in real cases and exist in theory:

A. Painful (acute) headaches in Mrs. S are related to the family's inability

to care for sick family members.

Discussion:

1) The author made this diagnosis because the patient said he had been suffering from hypertension for the last \pm 5 months. Mrs. An R said he didn't know how to care for a family with hypertension.

PQRST Assessment:

P: Mrs. S said she often had dizziness, this happens when Mrs. S is tired and tired,

Q: Mrs. S said she felt dizzy like she was being stabbed.

R: Mrs S said the pain was felt in the back of the head, neck and shoulders.

S: Mrs. S said the pain scale was 5.

Q: Mrs. S said her dizziness came and went.

Objective Data:

BP: 160 / 90 mmHg,

N: 84x/min,

RR: 20 x / minute,

Temperature:

36.8°C, WW:

45 kg, TB: 150 cm.

The author prioritizes this diagnosis as the first diagnosis because the problem has already occurred and requires care and treatment.

B. The risk of injury (falling) for Mrs. S is related to the family's inability to recognize the problem.

Discussion:

The author confirmed this diagnosis because the patient said he often ate salty food, his vision was blurry, Mr.S

said hypertension was a disease of high blood pressure, Mr.S did not know the causes, signs and symptoms, prevention of hypertension.

Objective Data:

the conjunctiva of the eye is not anemic, the pupil is isochore, the sclera is not icteric, the vision is blurry.

BP: 170 / 90 mmHg,

N: 84 x/min,

RR: 20 x / minute,

Temperature: 36.8°C, BB: 45 kg, TB: 150 cm.

The author prioritizes this diagnosis as a second diagnosis because the problem is not yet serious and does not need to be treated immediately, because he thinks there are still other problems that need to be treated.

2) Diagnoses that exist in theory but do not appear in cases. The high risk of decreased cardiac output is related to the family's inability to recognize the problem of hypertension.

Discussion:

To confirm this diagnosis, supporting data is needed, namely low blood pressure, fast pulse, cyanosis, no chest pain, oliguria. There was no data found on the patient the

So this diagnosis was not confirmed by the author. Activity intolerance is related to the family's inability to care for family members who suffer

from hypertension.

Discussion:

To confirm this diagnosis, data is needed that supports verbal reports of fatigue or weakness, discomfort when moving, dyspnea, paleness, vertigo.

This data was not found in the patient. So this diagnosis was not confirmed by the author. Excess fluid volume is related to the family's inability to care for family members who suffer from hypertension.

Discussion:

To confirm this diagnosis, supporting data is needed, namely signs of excess fluid, namely strong/irregular pulse, shortness of breath, edema, weight gain,

skin is taut and shiny. This data was not found in the patient.

So this diagnosis was not confirmed by the author. Implementation of actions.

First diagnosis: Painful (acute) headache in

Mrs. S was related to the family's inability to care for a sick family member. The author implemented the activities in 2 meetings, the first meeting was about health issues and progressive relaxation techniques, teaching progressive relaxation techniques, teaching environmental modification and explaining the importance of using health facilities. The second meeting was for evaluation.

Second diagnosis:

The risk of injury (falling) for Mrs S is related to the family's inability to recognize the problem. Author's implementation on Thursday, March 13 2022. Implementation was carried out 2 times. The first implementation was carried out by health officials regarding hypertension and secondly carried out an evaluation.

The first implementation is that the author carries out a family health assessment regarding the meaning of hypertension, namely

The family can say understanding hypertension, signs and symptoms, explaining the further consequences of hypertension, teaching how to care for sufferers, explaining a supportive environment, explaining the use of nearby health facilities

The second implementation is on Friday 14 March 2022, namely re-evaluating what was done during the implementation on Thursday 13 March 2022.

B. Evaluation Results

First diagnosis

Mrs. S's painful (acute) headaches were related to the family's inability to care for sick family members. For (S), Mr. S's family said that headache is local or generalized pain or discomfort in the head and can spread to the face, eyes, teeth, lower jaw and neck. Progressive relaxation technique is

a technique that can reduce cerebral vascular pressure and which slows down the sympathetic response is effective in eliminating headaches, Mr.

Q: Mrs. S said she felt dizzy like she was being stabbed.

R: Mrs. S said the pain was felt in the back of the head, neck and shoulders..

S: Mrs. S said the pain scale was 3.

Q: Mrs. S said her dizziness came and went. For objective (O) The family has been able to demonstrate progressive relaxation techniques, the family appears to be teaching progressive relaxation techniques to Mrs. S, the client's house appears calm, the family appears to check sick family members at the nearest health center. Analysis (A), namely pain problems (acute) headache partially resolved, Planning (P), namely, keep the family motivated to teach progressive relaxation techniques to Mrs.S.

Second diagnosis:

The risk of injury (falling) in Mrs. S is related to the family's inability to recognize the problem. For Subjective (S), the family said the definition of hypertension is, hypertension is systolic blood pressure ≥ 140 mmHg and diastolic pressure ≥ 90 mmHg, saying the causes of hypertension are heredity, gender and age, consuming excessively salty and fatty foods. State the signs and symptoms of hypertension, namely headaches, irritability, heaviness in the nape of

the neck, ringing in the ears, say the consequences of hypertension if not treated are coronary heart disease, stroke, kidney function failure. For Objectives (O), The family was able to demonstrate making traditional medicine from cucumbers, the family was seen making traditional medicine from cucumbers, the client's house was quite calm, the family was seen checking sick family members at the Community Health Center. For Analysis (A), the problem of the risk of complications of hypertension is resolved. For planning (P), the intervention is stopped.

CONCLUSION

From the results of the study of family nursing care, it was found that the family was able to overcome and solve the health problems faced by Mr. the family's inability to care for family members

Hypertension and the family's inability to recognize the problem of hypertension. In order to achieve the goals and objectives, the provision of nursing care to Mr. S's family is carried out continuously, where after completion it is necessary to carry out follow-up on the nursing care provided through home visits.

The actions taken by nursing care for Mrs.

The evaluation obtained was that Mrs. S was able to carry out

progressive relaxation techniques independently, and was able to make traditional medicine. Mrs. S and her family were able to understand the health education that had been provided.

SUGGESTION

1. Client and Family

Continuously improve the quality of health by utilizing nearby health service locations and implementing and assisting the nursing care provided as much as possible.

2. Community Health Center

For the community health center where the author conducted the case study, so that client care services can be improved. Even with limited means and facilities

It is hoped that client care will not abandon theoretical principles as much as possible so that professional service is obtained and clients receive nursing care that meets standards.

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