
The Effect Of Water Therapy Of Salam Laveas On Blood Pressure In Hypertension Patient Rubber Village RT 002 RW 001 Batu Besar Nongsa

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Abstract

INTRODUCTION: Hypertension according to the World Health Organization (WHO) is a condition in which blood vessels have a persistent systolic blood pressure of 140 mmHg or a diastolic blood pressure of 90 mmHg. Blood pressure is the force of the blood against the pressure of the arterial walls when the blood is pumped by the heart throughout the body. The higher the blood pressure, the harder the heart works (WHO, 2013). This study aims to obtain an overview or real experience in providing nursing care to hypertensive patients.

METHOD: This study uses a descriptive method in the form of a case study approach. Nursing care by taking one case as the unit of analysis. The unit of analysis is a patient with hypertension in Kampung Karet RT 002 RW 001 Batu Besar Nongsa. Data collection methods are interviews, physical examinations and supporting examinations. The data collection instrument uses the Nursing Care format according to the provisions which include Assessment, Diagnosis, Intervention, Implementation and Nursing Evaluation.

RESULTS AND DISCUSSION: Subject 1 and subject 2 had problems with ineffective Health Management and discomfort. In subject 1 and subject 2 there was an increase in health status and several problems were resolved. And the problem to be solved is Health management.

CONCLUSION: In subject 1 and subject 2 there is 1 problem that is resolved, namely Health Management, 1 problem is partially resolved, namely discomfort.

Keywords: Hypertension, Health Management, comfort disorders.

Terapi Air Rebusan Daun Salam Terhadap Tekanan Darah Pada Penderita Hipertensi Dikampung Karet RT 002 RW 001 Batu Besar Nongsa

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Abstrak

PENDAHULUAN: Hipertensi menurut World Health Organization (WHO) adalah suatu kondisi dimana pembuluh darah memiliki tekanan darah sistolik ≥ 140 mmHg atau tekanan darah diastolik ≥ 90 mmHg yang menetap. Tekanan darah adalah kekuatan darah untuk melawan tekanan dinding arteri ketika darah tersebut dipompa oleh jantung ke seluruh tubuh. Semakin tinggi tekanan darah maka semakin keras jantung bekerja (WHO, 2013). Penelitian ini bertujuan untuk memperoleh gambaran atau pengalaman nyata dalam memberikan asuhan keperawatan pada pasien hipertensi.

METODE: Penelitian ini menggunakan metode deskriptif dengan bentuk studi kasus dengan pendekatan. Asuhan keperawatan dengan mengambil satu kasus sebagai unit analisis. Unit analisis adalah pasien dengan Hipertensi di Kampung Karet RT 002 RW 001 batu besar nongsa. Metode pengambilan data yakni dengan wawancara, pemeriksaan fisik dan pemeriksaan penunjang. Instrumen pengambilan data menggunakan format Asuhan Keperawatan sesuai ketentuan yang meliputi Pengkajian, Diagnosa, Intervensi, Implementasi dan Evaluasi Keperawatan.

HASIL DAN PEMBAHASAN: Pada subjek 1 dan subjek 2 timbul masalah Management Kesehatan tidak efektif dan gangguan rasa nyaman. Pada subjek 1 dan subjek 2 terjadi peningkatan status kesehatan dan teratasinya beberapa masalah. Dan masalah yang teratasi adalah management Kesehatan.

KESIMPULAN: Pada subjek 1 dan subjek 2 terdapat 1 masalah teratasi yaitu Management kesehatan 1 masalah teratasi sebagian yaitu gangguan rasa nyaman.

Kata Kunci: Hipertensi, Management Kesehatan, gangguan rasa nyaman.

Introduction

Blood pressure is influenced by factors, namely age, stress, High blood pressure (hypertension), race, medication, male gender

is a health problem that has a higher risk. The main reason for every country is that they can suffer from hypertension earlier. Cause heart disease and stroke. Man-brain shutting down. Hypertension is considered serious health problems because men are also at risk. We often don't realize its arrival, which has a greater impact on morbidity with few, if any, symptoms and mortality of some diseases the real one. This disease can continue to be cardiovascular, while the above. Hypertension gets worse without realizing it until the age of 50 years or more reaching life-threatening levels occurs to many people (Carlson, 2016).

women, smoking habits, Hypertension according to World Health is overweight for those who Organization (WHO) is a condition of having more body weight where the blood vessels have pressure tends to have blood pressure systolic blood pressure ≥ 140 mmHg or higher pressure than those who persistent diastolic blood pressure ≥ 90 mmHg. In obese people, Blood pressure is the force of the heart's blood to work harder to resist the pressure of the arterial walls in pumping blood.

when the blood is pumped by Not all sufferers heart throughout the body. The higher the hypertension, the more medication you need to take blood pressure, the harder the medication is to lower the pressure the heart works (WHO, 2013). his blood. Lots of ingredients In Indonesia, the number of natural

incidents around us is...

Hypertension sufferers whose prevalence continues to lower blood pressure, for example increased. The incidence of boiled bay leaves, extra skin hypertension based on measurements of mangosteen, and soursop leaf extract

blood pressure shows a decrease proven to be effective in lowering from 31.7% in 2013 to 25.8% of blood pressure in sufferers in 2014 while the figures for hypertension. Bay leaves are wrong

East Java Province 25.8% in one food fragrance spice 2013 and experiencing frequent improvements in the kitchen

to 38.8% in 2014 (Riskesdes, 2013). Apart from that, according to East Java health profile in 2015 in East Java Province there were 275,000 people suffer from hypertension (Wahyuni, 2015).

Indonesia. Many studies show that bay leaves have many health benefits, the various substances they contain such as flavonoids, tannins, essential oils can reduce blood pressure, cholesterol and uric acid, and diarrhea. Many people have used bay leaves since ancient times. as a complementary medicine and is often used as an alternative treatment and as a substitute for antihypertensive drugs which are relatively expensive and can be used for life. (NurrobiHasanudin and Bakri, 2010).

Etiology of Hypertension

Based on the causes of hypertension, it is divided into 2 groups (Ardiansyah M., 2012):

- a. Primary (essential) hypertension
Primary hypertension is essential hypertension or hypertension whose cause is unknown in 90%.

Several factors that are thought to be

related to the development of essential hypertension include:

1. Genetics: Individuals with hypertension in their families have a higher potential for developing hypertension.
2. Gender and age: Men aged 35-50 years and women who have gone through menopause are at high risk of developing hypertension.
3. Diet high in salt or fat content. High salt consumption or consumption of foods with a high fat content is directly related to the development of hypertension.
4. Body weight obesity Body weight that is 25% more than ideal body weight is often associated with the development of hypertension.

Smoking lifestyle and alcohol consumption Smoking and alcohol consumption are often associated with the development of hypertension due to reactions to the ingredients or substances contained in both.

b. Secondary hypertension
Secondary hypertension is a type of hypertension whose cause is known. Secondary hypertension is caused by several diseases, namely:

1. Coarctation of the aorta, namely congenital narrowing of the aorta which may occur at several levels in the thoracic aorta or abdominal aorta. Narrowing of the aorta can inhibit blood flow resulting in an increase in blood pressure above the constriction area.
2. Renal parenchymal and vascular disease. This disease is the main disease that causes secondary hypertension. Renovascular hypertension is associated with narrowing.
3. One or more large arteries, which directly carry blood to the kidneys. Approximately 90% of

renal artery lesions in patients with hypertension are caused by atherosclerosis or fibrous dysplasia (abnormal growth of fibrous tissue). Renal parenchymal disease is associated with infection, inflammation, and structural changes as well kidney function)

4. Use of hormonal (estrogen) contraception. Oral contraceptives that contain estrogen can cause this hypertension through
5. mechanism of renin-aldosterone mediate volume expansion. In hypertension, blood pressure will return to normal after several months of stopping oral contraceptives
6. Endocrine disorders. Dysfunction of the adrenal medulla or adrenal cortex can cause hypertension.
7. Secondary. Adrenal mediate hypertension is caused by a primary excess of aldosterone, cortisol, and catecholamines.
8. Overweight (obesity) and lazy to exercise.
9. Stress, which tends to cause a temporary increase in blood pressure.
10. Pregnancy
11. Burns
12. Increased vascular pressure
13. Smoking. Nicotine in cigarettes stimulates the release of catecholamines. Increased catecholamines result in myocardial irritability, increased heart rate and cause vasocortisone which then causes an increase in blood pressure.

Hypertension Classification

1. According to Tambayong (in Nurarif A.H., & Kusuma H. 2016), the classification of clinical hypertension is based on systolic and diastolic blood pressure, namely.

2. According to the World Health Organization (in Noorhidayah, S.A. 2016) the classification of hypertension is:

- a. Normal blood pressure is when the systolic is less than or equal to 140 mmHg and the diastolic is less than or equal to 90 mmHg.
- b. Border line blood pressure is when the systolic is 141-149 mmHg and the diastolic is 91-94 mmHg.
- c. High blood pressure (hypertension) is when the systolic is greater than or equal to 160 mmHg and the diastolic is greater than or equal to 95 mmHg.

Pathophysiology of Hypertension

Increased blood pressure in the arteries can occur in several ways, namely the heart pumps more forcefully so that it flows more fluid each second. The large arteries lose their flexibility and become stiff so that they cannot expand when the heart pumps blood through the arteries. Blood with each heart beat is forced to pass through narrower vessels than usual and causes pressure to rise. This is what happens in old age, where the artery walls become thick and stiff due to arteriosclerosis. In the same way, blood pressure also increases when vasoconstriction occurs, that is, if small arteries (arterioles) temporarily constrict due to stimulation of nerves or hormones in the blood. Increased fluid in circulation can cause increased blood pressure. This occurs if there is an abnormality in kidney function so that it is unable to remove a certain amount of salt and water from the body. The volume of

blood in the body increases so that blood pressure also increases. On the

No	Kategori	Sistolik (mmHg)	Diastolik (mmHg)
1	Optimal	<120	<80
2	Normal	120-129	80-84
3	High Normal	130-139	85-89
	Hipertensi		
4	Grade 1 (ringan)	140-159	90-99
5	Grade 2 (sedang)	160-179	100-109
6	Grade 3 (berat)	180-209	100-119
7	Grade 4 (sangat berat)	≥210	≥210

other hand, if the pumping activity of the sympathetic nervous system in the heart is reduced, the arteries are part of the autonomic nervous system which dilates, a lot of fluid comes out of it temporarily increasing circulation, then blood pressure will decrease during the fight-or-flight response. Adaptation to factors (the body's physical reaction to threats from these is carried out by external changes) increased arterioles in areas within the functioning of the kidneys and certain autonomic nervous systems (e.g. skeletal muscle which (part of the nervous system that regulates requires a greater blood supply for various functions) the body automatically). reduces water waste and changes in kidney function, kidneys salt by the kidneys so that it will control blood pressure by increasing the volume of blood in the body in several ways: if blood pressure releases the hormone epinephrine (adrenaline) increases, the kidneys will add norepinephrine (noradrenaline). which releases salt

and water which will stimulate the heart and blood vessels, causing a reduction in blood volume. Stress factor is one factor and returns blood pressure to the trigger for a normal increase in blood pressure by the process of releasing hormones. If blood pressure decreases, the kidneys receive epinephrine and norepinephrine (Endang, 2014).

Clinical Manifestation Of Hypertensi

1. There are no symptoms of aldosterone. The kidneys are an important organ. There are no specific symptoms that can control blood pressure, because it is associated with an increase in pressure, various diseases and disorders in the blood, apart from determining arterial pressure by the kidneys, this can cause 29 doctors to examine. This means high blood pressure. For example, narrowing of arterial hypertension will never be the artery leading to one of the kidneys diagnosed if blood pressure is not (renal artery stenosis) can cause regular hypertension. Inflammation and injury to one of the.
2. Common symptoms of one or both kidneys can also often be said to be the most common symptom causing an increase in blood pressure. Accompanying hypertension include pain with high blood pressure and fatigue. In fact, showing signs and symptoms such as pain are the most common symptoms, namely headaches, dizziness, palpitations (pounding), in which most patients get tired easily and in some cases even seek medical help. Some

sufferers of high blood pressure are usually patients who suffer from hypertension, namely: do not feel anything, if so complain of headaches, dizziness, new symptoms will appear after the occurrence of weakness, fatigue, shortness of breath, restlessness, complications in the kidneys, eyes, brain, or Nausea, Vomiting, Cardiac epistaxis.

3. Factors that can be changed. Unhealthy lifestyle habits that can increase hypertension include: smoking, lack of physical activity, alcohol consumption, the habit of drinking coffee, the habit of consuming foods containing lots of salt, the habit of consuming fatty foods. Complications of Hypertension According to Ardiansyah, M. (2012) complications of hypertension are:

1. Stroke

Stroke results from rupture of a vessel in the brain or due to an embolus that detaches from a non-brain vessel. Stroke can occur in chronic hypertension if the arteries that supply the brain experience hypertrophy and the blood vessels thicken so that blood flow in the area is reduced. Arteries that experience atherosclerosis can weaken and increase the formation of aneurysms.

2. Myocardial Infarction

Myocardial infarction occurs when the atherosclerotic coronary arteries do not supply enough oxygen to the myocardium, if a thrombus forms which can obstruct blood flow through the vessel. Due to chronic hypertension and ventricular hypertrophy, myocardial oxygen requirements cannot be met and cardiac ischemia

can occur. which causes infarction.

3. Kidney Failure

Kidney damage is caused by high pressure in the glomerular capillaries. Damage to the glomerulus causes blood to flow to the functional unit of the kidney, neurons are disrupted, and this leads to hypoxia and death. Damage to the glomerulus causes protein to come out in the urine and the plasma colloid osmotic pressure decreases, resulting in edema in chronic hypertension sufferers.

4. Encephalopathy

Encephalopathy (brain damage) occurs in malignant hypertension (hypertension that experiences a rapid increase in blood pressure). High pressure is caused by abnormalities that increase capillary pressure and push fluid into the interstitial space throughout the central nervous system. As a result, the surrounding neurons fall into coma and death.

Management of Hypertension

There are 3 treatments for hypertension, including according to (Endang, 2014), namely:

1. Non-pharmacological treatment. Non-pharmacological treatment or better known as treatment without drugs, is basically a personal or individual action. This means having a significant impact. However, for the other 22 sufferers, it was quite significant in controlling blood pressure. It is difficult for someone who is proven to be suffering from hypertension to recover, but that person can try to control their

blood pressure so that it does not have too much of an impact on their health. Basically, treating hypertension without medication places more emphasis on changing diet and lifestyle. The following is non-pharmacological treatment according to (Endang, 2014).

a. Reduce salt consumption

Table salt contains 40% sodium. Therefore, reducing salt is also an effort to prevent small amounts of sodium from entering the body. Reducing salt consumption can seem difficult at first. This situation occurs because individuals have been accustomed to salty-tasting foods for decades. Of course it requires a lot of effort to reduce salt. However, generally this will only happen at first, after a month the sufferer will start to like the food and find the food tastes salty. Basically to reduce salt consumption.

b. Controlling weight

Controlling weight can be done in various ways. For example, reducing the portion of food that enters the body or compensating by doing lots of activities, reducing 1kg of body weight can cause blood pressure to drop by 1mmHg.

c. Controlling drinking (coffee and alcohol)

Coffee is not good for individuals with hypertension to consume because the caffeine compound in coffee can trigger an increase in heart rate which has an impact on increasing blood pressure. Alcoholic drinks can cause hypertension because, if consumed in excessive amounts, they will increase blood pressure. Basically, hypertension sufferers need to give up alcoholic drinks.

d. Limit fat consumption

Fat consumption is related to cholesterol levels in the blood. High cholesterol levels can cause thickening of blood vessels. If more

and more deposits occur, the blood vessel walls become stiffer or less flexible. This condition can make the heart worse because the heart works harder when pumping blood, making it worse for hypertension sufferers. Hypertension sufferers must maintain normal cholesterol levels in the blood of around 200 mg-250 mg per 100 cc.

e. Exercise regularly. A person with hypertension is not prohibited from exercising, but is advised to exercise regularly. Indeed, there are several types of exercise that are not recommended, or even prohibited, by people with hypertension, namely yoga and similar sports. For hypertension sufferers, all exercise is good as long as it does not cause physical fatigue and apart from light exercise which can slightly increase heart rate and produce sweat. Some sports to choose from are walking, gymnastics or swimming.

f. Avoid stress. A study conducted by Carell Medical College stated that someone who experiences mental stress (stress) for years at work can experience a three times greater risk of hypertension. On the other hand, people who think positively and optimistically have a smaller chance of developing hypertension. Several ways to avoid stress include relaxing or meditating and trying and building a positive life.

2. Pharmacological Management The aim of treating hypertension is not

only lowers blood pressure b. Adrenergic blockers but also reduce and prevent Is a group of drugs for complications caused by hypertension so that consisting of alpha-blockers, sufferers become stronger. The beta blocker treatment labetalol, which is the standard

proposed by the Committee, inhibits the effects of the nervous system of Hypertension Specialist Doctors (Sympathetic joint. The sympathetic nervous system Committee On Detection, Evaluation is the nervous system which with and Treatment Of High Blood will immediately respond Pressure, USA, 2010) concludes to stress, in the way that diuretic drugs, antagonists increase blood pressure. calcium, or ACE inhibitors can The most frequently used as a single drug are beta-blockers which are effective first, taking into account that they are given to patients with age, condition of the sufferer and other diseases, young, sufferers who are in the sufferer (Padila, had a heart attack (2013). c. ACE-inhibitors.

Pharmacological therapy is carried out. This drug is effectively given by administering drugs such as to white people, the following ages (Endang, 2014): young, people with heart failure.

a. The Angiotensin converting enzyme diuretic group is usually the first drug inhibitor (ACE-inhibitor) given to treat hypertension. Diuretics help blood pressure by removing salt and water from the kidneys, widening the arteries. which will reduce the volume d. Angiotensin-II-blocks fluid throughout the body causing a decrease in blood pressure. blood pressure with a Diuretic also causes a mechanism similar to blood vessel dilation. ACE-inhibitors. Diuretics cause loss of e. Potassium calcium antagonists pass through the urine, thereby causing widening, sometimes additional potassium is given to the blood vessels with or potassium blocking drugs. Diuretic mechanisms are really very effective on different skin people. Very effective for black, elderly, overweight, given to people with heart or kidney failure, elderly,

chest pain, chronic kidney disease, headache (migraine).

3. Alternative / Herbal The National Center for Complementary and Alternative Medicine of the National Institute of Health has classified various types of therapy and treatment systems into 5 categories. One category is biological base therapies (BBT). However, the public still knows very little about them, including:

a. Rosella Dried rosella flower petals and hot water can lower blood pressure. The way to make it is to wash the rosella flowers thoroughly, then brew them with hot water, don't add sugar. Drink the concoction twice a day regularly for one month. The next recipe uses 5g dried ciplukan and clean water.

b. Bay leaf. This plant contains essential oils, especially citral and eugenol, and also contains tannins and flavonoids. This type of plant grows wild in forests, gardens or yards in lowlands to high mountains. To treat hypertension, you need 20 fresh bay leaves, then wash them thoroughly and boil them in three glasses of water until they become one glass. Next, filter it and drink the water, drink it twice a day before eating (Ulfah, 2012).

c. Garlic: 2 pieces of garlic, peeled, 1 glass of warm boiled water. The way to make it is to chew the onion then swallow, then drink warm boiled water. Do it 3 x 1 day.

d. Noni. Have 2 ripe non-fruits ready. The way to make it is to wash the noni fruit thoroughly, then grate it, squeeze it, strain it to get the water. Drink the concoction two to three times a day. 110 ml. How to

make it by washing ciplukan, then boiling it in 110ml of clean water for a quarter of an hour, stirring occasionally, remove from heat, then strain and cool. Drink the concoction twice a day, each drink 100ml. Do not use this concoction for more than 24 hours.

e. celery. This herbal medicine can reduce hypertension. How to make it: Take 28 celery leaves, then wash them thoroughly, add enough clean water. After that, knead it with your hands, then squeeze it and strain it to get the water. Drink the concoction regularly three times a day, two tablespoons

f. Cucumbers Take 2 fresh cucumbers. How to make them. Wash the cucumbers thoroughly, then grate them, squeeze them and strain them to get the water. Drink the concoction two to three times a day. This concoction is drunk once

Theoretical Nursing Care

A. Assessment

The activities carried out by public health nurses in assessing health problems at the individual, family, group and community level are:

1. Data collection is to identify health problems faced by individuals, families, groups and communities, through interviews, observations, documentation studies using data collection instruments to collect information. The necessary assessment is of the core of the community and its environmental factors. The community assessment elements consist of the core of the community including: demographics, population, values, beliefs and individual history including health history. Meanwhile, environmental factors are: physical environment, education, security and transportation, politics and government, health and social services, communication,

economy and recreation.

2. Analysis of factors related to the problem or what is usually called etiology. To determine the etiology of nursing problems in the community, you can use the following options:

- a. Community cultural factors
- b. Insufficient knowledge
- c. The attitude of the community is less supportive
- d. Lack of support from formal or informal leaders
- e. Lack of health cadres in the community
- f. Lack of supporting facilities in the community
- g. Lack of effective organization
- h. Environmental and geographical conditions less conducive
- i. Inadequate health services
- j. Lack of skills regarding disease prevention procedures
- k. Lack of skills regarding health care procedures
- l. Financial factors
- m. Communication/coordination

B. Formulation of Community Nursing Problems/Diagnosis

1. Summarize nursing problems in the community based on problem ownership classification.
2. Formulation of writing nursing diagnoses:
 - a. Problem
 - b. Etiology
 - c. Supporting data
3. Types of community nursing diagnoses

The types of community nursing diagnoses are generally the same as individual and family nursing diagnoses. However, the main type of

diagnosis is actual diagnosis, whose characteristic is the presence of major (main) data so that the problem is valid enough to be raised. The second type of diagnosis is Risk and High Risk, where the characteristics are the presence of factors in the community that are at risk. Data that supports risk diagnosis is data that validates risk factors. The following is a list

Community Nursing Diagnoses based on the OMAHA Problem Possession Classification. The OMAHA nursing diagnosis consists of 4 classifications of problems, namely Environmental, Psychosocial, Physiological, and Behavioral 30 which are related to health and consist of 40 types of problems.

C. Develop a Care Plan

1. Prioritize problems, using scoring
2. Formulate goals
 - a. Community oriented
 - b. Oriented to the problem and the factors causing it
 - c. Achievement period (long term - short-term)
3. Formulate results criteria. Write down measures/standards for achieving expected results according to objectives.
4. Arrange activities/interventions
 - a. Collaboration across programs and sectors (Collaborating with Community Health Centers/Homes. Sick by making a referral)
 - b. Organizing stage (forming Pokjakes and determine cadres)
 - c. Education stage (providing counseling or health education with the problems needed)
 - d. Training or action stage

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5. Determine:
 - a. Person responsible
 - b. Determine the implementation time
 - c. Determine the implementation location
 - d. Determine the methods and media used.

D. Implementation

Is the implementation of activities that have been planned by actively involving the community through groups in the community, community leaders and in collaboration with formal leaders in the community, Community Health Center/Health Service or other related sectors, which include activities:

1. Promotional:
 - a. Health cadre training
 - b. Health/education counseling health
 - c. Standardization of good nutrition
 - d. Housing provision
 - e. Recreational places
 - f. Marriage counseling
 - g. Sex education and genetic problems
 - h. Periodic health checks
2. Preventive:
 - a. Occupational Health and Safety
 - b. Prevention of disease and problems health
 - c. Providing special nutrition
 - d. Observation/storage of goods, dangerous materials
 - e. Regular health checks
 - f. Special immunization for special groups
 - g. Personal hygiene and environmental health
 - h. Protection for accidents and accidents work safety
 - i. Avoid sources of allergies
3. Direct health services:
 - a. Health services at Posyandu

Toddlers and Elderly

- b. Home Care
- c. Reference
- d. Development of groups in society Stage
- Special purpose :
- E. Evaluation
 1. Development of health problems that have been discovered
 2. Achievement of nursing goals (especially short term goals)
 3. Effectiveness and efficiency of actions/activities that have been carried out
 4. Follow-up plan.

Biodata: The assessment was carried out on Tuesday 12/08/2022 at 14.00 WIB at Mrs. S's house in Batu Besar Nongsa. Mrs. S is 45 years old, works as a housewife, has a junior high school education and Mr. A (husband) is 50 years old, works in the private sector, has a junior high school education. The family composition of Mrs. S consists of four family members, namely Mr. A, Mrs. S who suffers from hypertension, An. 23 years old, male, last education is high school, private job and An.N is still in junior high school, 6 years old, female.

Nursing Assessment: From the focus data assessment, Mrs. subjective data was obtained. S said that the posyandu for the elderly was held once a week.. Mrs. S said he didn't know how to maintain health and how to deal with diseases such as hypertension. Mrs. S said he had never done hypertension exercises. Mrs. S said he did not know about the complications of the health problems experienced by Mrs. S said not to limit/reduce consumption of salty foods/salt, Mrs. S says blurry vision, frequent dizziness or stabbing headaches, whiny neck, tight shoulders. Objective data The client looks confused.

Awareness: Compos Mentis, GCS: 15, Blood pressure Mrs. S :190/100mmHg, N: 83 x/minute, P: 20 x/minute, S: 36.5 oC.

Nursing diagnoses

1. Health management is ineffective
2. Disturbance of comfort.

Nursing plan Ineffective Health Management:

measure blood pressure, advise families or clients with more than normal results to carry out alternative treatment, teach clean and healthy living behavior. Teach strategies that can be used for clean and healthy living behavior. Provide health education materials and media. Schedule health education

according to agreement. Provide opportunities to ask questions, explain the causes, periods and strategies for pain relief, Encourage self-monitoring of pain, Encourage appropriate use of analgesics, Teach non-pharmacological techniques to reduce pain.

Evaluation

Date 12/08/2022 First diagnosis: ineffective health management. S: Mrs. S said he didn't know about hypertension, O: TTV: BP: 190/100 mmHg, N: 80x/I, P: 20x/I,

A: The problem has not been resolved, P: Continue intervention. Second diagnosis: disturbance of comfort. S: Mrs. S said he had never received education like this, O: Client looked confused TTV: BP: 190/100mmHg, N: 80x/I, P: 20x/I, A: Problem not resolved, P: Continue intervention.

Date 13/08/2022 first diagnosis: ineffective health management, S:

Mrs. S said he already knew about hypertension. O: TTV, BP: 180/90 mmHg, N: 80x/I, P: 20x/I, A: Problem resolved, P: Intervention stopped. Second diagnosis: disturbance of comfort, S: Mrs. S says he understands some of the causes of pain, strategies for relieving pain and how to monitor pain. O: The client can explain what causes the pain TTV : BP : 180/90 mmHg, N : 80x/I, P : 20x/I. A: Problem partially resolved. P: Continue intervention.

Date 14/08/2022: disturbance of comfort, S: Client complained of a slight dizziness. The client says he can do the deep breathing relaxation technique taught, O: the client appears to be able to do deep breathing, BP: 180/90 mmHg, N: 80x/I, P: 20x/ A: Problem resolved, P: Intervention is stopped'

Conclusion: Based on the results of writing the Final Scientific Paper for Nurses after the elective nursing professional practice that has been carried out, it can be taken. Conclusion :

1. The theoretical concept of hypertension has been understood: Definition, Etiology, Blood Pressure Classification, Pathophysiology, Signs and Symptoms, Complications, Non-Pharmacological Management.

2. Theoretical nursing care for hypertension has been carried out: assessment, nursing diagnosis, intervention, implementation, evaluation.

3. A case study of Mrs. Community nursing care has been carried out. S with hypertension in Karet Village RT 002 RW 001 Batu Besar Nongsa

4. Community nursing care for Mrs. S with hypertension in Kampung Karet RT 002 RW 001 Batu Besar Nongsa in

accordance with related research.

5. One of the interventions from the related journal has been implemented in Mrs. S in Karet Village RT 002 RW 001 Batu Besar Nongsa

6. The results of the implementation of interventions regarding hypertension have been analyzed.

Suggestion :

Some suggestions that can be given by the author regarding this final scientific work for nurses are:

1. For Educational Institutions

It is hoped that the implementation of this Final Scientific Work for Nurses can become a reference and reading material in the Batam University library, and to fulfill the Family Community Nursing Care Course.

2. For Health Services

Suggestions for health services, especially Community Health Centers, to be able to optimize health promotion interventions, especially hypertension, for health maintenance as well as a program to reduce the incidence of hypertension in Kampung Karet RT 002 RW 001 Batu Besar Nongsa. Apart from that, it can also optimize the role of health cadres in society.

3. For Hypertension Sufferers

The results of this research can be used as consideration for hypertension sufferers to choose appropriate and practical alternative treatment for lowering blood pressure by consuming boiled bay leaves, by preparing 10 bay leaves, boiled in 3 glasses of water to make 1 glass and then drink it every morning and afternoon ½ cup.

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