

ABSTRAK

PENGARUH PEMANTAUAN TEKANAN INTRAKRANIAL TERHADAP PENINGKATAN PERFUSI SEREBRAL PADA PASIEN NON HEMORAGIC STROKE DIRUANG IGD RSUD LABUANG BAJI MAKASSAR

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Stroke non-hemoragik berisiko meningkatkan tekanan intrakranial (TIK) yang dapat menurunkan perfusi serebral dan memperburuk luaran. **Tujuan:** Mendeskripsikan pengaruh pemantauan TIK dan intervensi posisi terhadap perfusi serebral pada pasien stroke non-hemoragik fase akut di IGD. **Metode:** Laporan kasus pasien dewasa dengan diagnosis stroke non-hemoragik. Data diperoleh melalui pengkajian primer–sekunder, pemeriksaan penunjang (CT-scan, EKG, dan laboratorium), serta observasi serial parameter neurologis (GCS, pupil), hemodinamik (MAP), respirasi (SpO₂), dan tanda bahaya TIK. Intervensi keperawatan mengacu SLKI–SIKI: posisi head-up 30°, meminimalkan stimulus lingkungan, pemantauan neurologis terstruktur, optimasi oksigenasi, pencegahan komplikasi, dan kolaborasi terapi medis. **Hasil:** Pemantauan TIK yang sistematis memfasilitasi deteksi dini perburukan dan keputusan klinis cepat. Penerapan head-up 30° dan lingkungan tenang membantu mempertahankan oksigenasi serta stabilitas hemodinamik; selama periode observasi tidak tampak penurunan GCS akut, MAP tetap dalam target, dan tujuan jangka pendek (stabilitas respirasi dan hemodinamik) tercapai. **Kesimpulan:** Pada fase akut stroke non-hemoragik, pemantauan TIK terstruktur yang dipadukan dengan intervensi nonfarmakologis—khususnya head-up 30°—dan optimasi oksigenasi berkontribusi mempertahankan perfusi serebral dan meningkatkan keselamatan. Disarankan penerapan protokol pemantauan standar di IGD untuk mempercepat pengambilan keputusan dan meningkatkan luaran.

Kata kunci: stroke non-hemoragik, tekanan intrakranial, head-up 30°

ABSTRACT

THE EFFECT OF INTRACRANIAL PRESSURE MONITORING ON IMPROVING CEREBRAL PERFUSION IN NON-HEMORRHAGIC STROKE PATIENTS IN THE EMERGENCY ROOM OF RSUD LABUANG BAJI MAKASSAR

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Non-hemorrhagic stroke can elevate intracranial pressure (ICP), compromising cerebral perfusion and clinical outcomes. Objective: To describe the effect of structured ICP monitoring and positioning on cerebral perfusion during the acute phase in the emergency department (ED). Methods: Case report of an adult with non-hemorrhagic stroke. Data were collected via primary–secondary assessment, ancillary tests (CT scan, ECG, laboratory), and serial observations of neurologic (GCS, pupils), hemodynamic (MAP), and respiratory (SpO₂) parameters, including ICP red-flags. Nursing interventions followed Indonesian SLKI–SIKI: 30° head-up positioning, environmental stimulus minimization, structured neurologic checks, oxygenation optimization, complication prevention, and collaborative medical therapy. Results: Systematic ICP monitoring enabled early recognition of deterioration and timely decisions. Implementing a 30° head-up position within a calm environment supported oxygenation and hemodynamic stability; no acute GCS decline was observed during the observation window, MAP remained on target, and short-term goals (respiratory and hemodynamic stability) were achieved. **Conclusions:** In acute non-hemorrhagic stroke, structured ICP monitoring combined with non-pharmacologic measures—particularly 30° head-up—and oxygenation optimization helps maintain cerebral perfusion and enhances patient safety. Adoption of standardized ED monitoring protocols is recommended to accelerate decision-making and improve outcomes.

Keywords: non-hemorrhagic stroke, intracranial pressure, 30° head-up