

## Penekanan bantal pasir efektif untuk klien paska kateterisasi jantung dengan komplikasi: randomized controlled trial

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### Abstrak

Penelitian ini bertujuan untuk mengetahui efektifitas penekanan mekanikal bantal pasir 2,3 kg antara 2, 4, 6 jam terhadap komplikasi. Metode penelitian randomized controlled trial, dengan jumlah sampel sebanyak 90 orang. Kelompok intervensi I menggunakan bantal pasir 2,3 kg 2 jam, intervensi II 4 jam, kelompok kontrol 6 jam, pengukuran dilakukan setiap 2 jam.

Hasil penelitian tidak ada mengalami perdarahan pada semua kelompok, tidak ada perbedaan insiden haematom diantara kelompok ( $p= 0,866$ ;  $\#945;= 0,05$ ). Ada perbedaan rasa nyaman diantara kelompok pada observasi 4 jam ( $p= 0,003$ ;  $\#945;= 0,05$ ) dan observasi 6 jam ( $p= 0,0005$ ;  $\#945;= 0,05$ ).

Rekomendasi penelitian ini adalah perlunya modifikasi Standar Prosedur Operasional penggunaan bantal pasir 2,3 kg sebagai penekan mekanikal dari 6 jam menjadi 2 jam, sebab tidak meningkatkan komplikasi, akan tetapi meningkatkan rasa nyaman klien.

*This study was to determine the effectiveness of the mechanical suppression of sandbag 2.3 kg between the 2, 4, 6 hours against complications. The research design was randomized controlled trial study, where 90 patients as sample. A 2.3 kg sandbag was applied for two hours for the first group, four hours for the second groups, and six hours for the control groups, measurements were taken every 2 hours.*

The results showed that no patient has any bleeding, not difference the incidence of hematoma between groups ( $p= 0.866$ ;  $\#945;= 0.05$ ). That the differences of discomfort between groups were found after 4 hours ( $p= 0.003$ ;  $\#945;= 0.05$ ), and after 6 hours ( $p= 0.0005$ ;  $\#945;=0.05$ ). It is recommended that Standard Operational Procedure modification required from six hours into two hours in using a 2.3 kg sandbag as a mechanical pressure, because there is no increase of incidence of complications, on the otherhand an improvement of comfort level is detected.