

**Analisis praktik keperawatan kesehatan masyarakat perkotaan pada klien chronic kidney disease on hemodialysis (CKD ON HD) =  
Analisis of urban community health nursing practice in chronic kidney disease client on hemodialysis (CKD ON HD)**

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Abstrak

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Chronic Kidney Disease (CKD) merupakan penyakit gagal ginjal kronik, terjadi penurunan fungsi ginjal secara progresif dan irreversible. Hipertensi dan diabetes mellitus adalah faktor resiko utama penyebab CKD. Pada klien CKD terjadi ketidakmampuan ginjal untuk memfiltrasi cairan tubuh dan penumpukan zat sisa hasil metabolisme yang dapat berpengaruh terhadap metabolik tubuh. Berbagai komplikasi dapat terjadi pada klien dengan CKD, seperti overload cairan menjadi masalah utama yang terjadi. Sehingga klien membutuhkan terapi pengganti ginjal, salah satunya berupa Hemodialisis (HD) dan kontrol faktor resiko sangat penting dilakukan oleh perawat dalam asuhan keperawatan. Untuk itu, penting penatalaksanaan pembatasan cairan, kontrol faktor resiko yaitu kontrol tekanan darah, kontrol glikemik dan edukasi guna pencegahan komplikasi dan overload cairan. Hasil analisa menunjukkan terdapat penurunan overload cairan, kadar ureum dan kreatinin setelah dilakukan Hemodialisis, intervensi kontrol teknanan darah, kontrol glikemik dan edukasi diharapkan mampu mengurangi komplikasi.

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**ABSTRACT**

Chronic Kidney Disease (CKD) is a chronic kidney failure disease, there is a progressive and such decrease in renal function. Hypertension and Diabetes Mellitus are the major risk factors for CKD. In CKD client there is inability of the kidney to filter body fluid and accumulation of residual substance of metabolism which can affect to metabolic body. Various complications can occur in clients with CKD, such as fluid overload being the main problem that occurs. So the client needs renal replacement therapy, one of which is Hemodialysis (HD) and risk factor control is very important done by nurses in nursing care. Therefore, it is important to manage fluid restrictions, control of risk factors such as blood pressure control, glycemic control and education for the prevention of complications and fluid overload. The results showed that there was a decrease in fluid overload, urea and creatinine levels before and after Hemodialysis, blood pressure control, glycemic control and intervention education were expected to reduce complications.