

# Analisis Asuhan Keperawatan Medikal Bedah pada Pasien CKD dengan Efusi Pleura Bilateral Post Pungsi Pleura dengan Penerapan Pranayama: Alternate Nostril Breathing untuk Mengatasi Pola Napas Tidak Efektif = Analysis of Medical Surgical Nursing Care in a CKD Patient with Bilateral Pleural Effusion Post Thoracentesis with the Application of Pranayama: Alternate Nostril Breathing to Overcome Ineffective Breathing Patterns

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## Abstrak

Efusi pleura adalah salah satu presentasi klinis yang umum didapatkan pada pasien dengan Chronic Kidney Disease (CKD). Terhambatnya otot inspirasi akan menurunkan ekspansi dada, menimbulkan gejala dispnea pada pasien. Yoga pranayama melibatkan lubang hidung, saluran pernapasan, diafragma, dan paru-paru secara aktif. Pola ritme alternate nostril breathing memberikan dukungan ventilasi kepada pasien dengan memperkuat sistem pernapasan. Analisis dilakukan pada pasien 61 tahun yang mengalami CKD stage 5 dengan efusi pleura post pungsi pleura dengan keluhan utama sesak napas. Intervensi pranayama: alternate nostril breathing dilakukan selama tiga hari dengan frekuensi latihan dua kali per hari. Evaluasi status pernapasan dan instrumen SGRQ dilakukan untuk mengecek efektifitas alternate nostril breathing dalam memberikan dukungan ventilasi terhadap pola napas tidak efektif. Hasil menunjukkan penurunan frekuensi napas yang signifikan dan penurunan skor total SGRQ sebanyak 12.5% dari skor awal. Berdasar dari hasil penelitian, alternate nostril breathing berhak dilakukan sebagai modalitas terapi tambahan pada pasien dengan pola napas tidak efektif. .... Pleural effusion is one of the most common clinical presentations in patients with Chronic Kidney Disease (CKD). Inhibition of muscle inspiration reduces chest expansion, causing symptoms of dyspnea on the patient. Pranayama as yogic breathing actively engages the nostril, respiratory tract, diaphragm and lungs. The rhythmic pattern of alternate nostril breathing provides ventilatory support to the patient by strengthening the respiratory system. The analysis was carried out on a 61 year old patient who experienced CKD stage 5 with pleural effusion after thoracentesis with chief complaint being shortness of breath. An intervention of Pranayama: alternate nostril breathing is carried out for three days with a frequency of practice twice per day. Respiratory status and SGRQ instrument evaluations were performed to examine the effectiveness of alternate nostril breathing in providing ventilatory support against ineffective breathing patterns. The results showed a significant decrease in respiratory frequency and a decrease in the total SGRQ score of 12.5% from the initial score. Based on the research results, alternate nostril breathing can be performed as an additional therapeutic modality in patients with ineffective breathing patterns.