

# Penerapan posisi reverse trendelenburg dan lateral pada klien bayi dengan hidrosefalus post pemasangan VP shunt di ruang IRNA A lantai III Utara RSUP Fatmawati = Implementation of reverse trendelenburg and lateral position on infants with hydrocephalus post installation VP shunt at IRNA A room in 3rd North Floor of Teratai Building RSUP Fatmawati

Vanny Lestari, author

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## Abstrak

**ABSTRAK**  
Hidrosefalus merupakan keadaan yang disebabkan gangguan keseimbangan antara produksi dan absorpsi cairan serebrospinal dalam ventrikel otak. Kejadian hidrosefalus banyak terjadi pada bayi. Pembedahan melalui pemasangan selang ventriculoperitoneal merupakan salah satu tindakan yang paling efektif untuk

mengatasi kelebihan cairan pada bayi dengan hidrosefalus. Risiko peningkatan tekanan intrakranial merupakan salah satu komplikasi yang dapat muncul pasca pembedahan. Penulisan karya ilmiah akhir ini bertujuan untuk memberikan gambaran asuhan keperawatan pada bayi yang mengalami hidrosefalus, dengan salah satu intervensinya adalah manajemen posisi reverse trendelenburg dan posisi lateral dengan mengelevasikan kepala 10 derajat pada area kepala yang tidak terpasang VP Shunt.

Hasilnya menunjukkan tidak adanya tanda-tanda peningkatan tekanan intrakranial selama perawatan bayi di rumah sakit. Rekomendasi dari laporan akhir ini adalah menjadikan manajemen posisi reverse trendelenburg dan

lateral sebagai salah satu tindakan pada bayi dengan post pemasangan VP Shunt di pelayanan

kesehatan.  
**ABSTRACT**  
Hydrocephalus is a condition caused by impaired balance between production and absorption of cerebrospinal fluid in the ventricles of the brain. Hydrocephalus incident most occurred at baby. Surgery through ventriculoperitoneal tube installation is one of the most effective measures to deal with the excess fluid in infants with hydrocephalus. The risk of increased intracranial pressure is one of the complications that can arise after surgery. The objective of this study was aims to provide an overview of nursing care in infants with hydrocephalus, with one intervention is reverse trendelenburg position and lateral position with head's

elevation 10 degrees in the area of the head that is not attached VP shunt. The result showed no signs of increased intracranial pressure during infant care at the

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