Asuhan Keperawatan pada Pasien Sepsis dengan Penerapan qSOFA untuk Mendeteksi Awal Syok Sepsis = Nursing Care for Sepsis Patients with the Application of qSOFA for Early Detection of Sepsis Shock

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Abstrak

Sepsis adalah kondisi yang mengancam jiwa akibat disfungsi organ yang disebabkan oleh respons tubuh terhadap infeksi. Jika tidak dikenali dan ditangani dengan cepat, sepsis dapat berkembang menjadi syok septik, kegagalan multiple organ dan kematian. Penanganan syok sepsis yang optimal memerlukan pendekatan kolaboratif yang melibatkan tim interprofesional termasuk perawat Instalasi Gawat Darurat (IGD). Pengenalan yang cepat dan akurat terhadap kondisi klinis pasien menentukan intervensi yang tepat waktu dan efektif. Penulisan karya ilmiah ini bertujuan untuk menjelaskan analisis asuhan keperawatan pasien syok sepsis dengan masalah keperawatan gangguan sirkulasi spontan Diagnosis keperawatan terutama difokuskan pada penilaian risiko syok jika terjadi sepsis. Intervensi keperawatan meliputi skrinning sepsis dengan menggunakan qSOFA menggunakan tiga parameter klinis utama yakni, perubahan status mental (Glasgow Coma Scale <15), frekuensi napas 22x/ menit, tekanan darah sistolik 100 mmHg, skor 2 mengindikasi sepsis, pemantauan hemodinamik berkelanjutan, menjaga patensi jalan nafas, penilaian keseimbangan cairan dan resusitasi jantung paru. Pasien segera menjalani tindakan sepsis selama di IGD hingga masuk ke ICU. Setelah dilakukan resusitasi jantung paru dan resusitasi cairan dengan dukungan inotropik vasopressor terjadi perbaikan hemodinamik ditandai dengan nadi teraba kuat, akral hangat, CRT< 2dtk, kulit tidak pucat, nilai MAP 65 mmHg. Penerapan qSOFA sebagai pedoman yang direkomendasikan untuk menajemen keperawatan pada pasien sepsis untuk mendeteksi awal syok sepsis

.....Sepsis is a life-threatening condition caused by organ dysfunction resulting from the body’s response to infection. If not promptly recognized and treated, sepsis may progress to septic shock, multiple organ failure, and death. Optimal management of septic shock requires a collaborative approach involving an interprofessional team, including nurses in the Emergency Department (ED). Rapid and accurate identification of the patient's clinical condition is crucial for ensuring timely and effective interventions. This scientific paper aims to analyze nursing care for patients with septic shock, with a focus on the nursing problem of impaired spontaneous circulation. The nursing diagnosis is primarily directed at assessing the risk of shock in the presence of sepsis. Nursing interventions include sepsis screening using the quick Sequential Organ Failure Assessment (qSOFA), which consists of three main clinical parameters: altered mental status (Glasgow Coma Scale <15), respiratory rate 22 breaths per minute, and systolic blood pressure 100 mmHg. A qSOFA score of 2 indicates a high likelihood of sepsis. Additional interventions involve continuous hemodynamic monitoring, maintaining airway patency, assessing fluid balance, and performing cardiopulmonary resuscitation. The patient underwent immediate sepsis management in the ED and was then transferred to the Intensive Care Unit (ICU). After cardiopulmonary resuscitation and fluid resuscitation with inotropic and vasopressor support, hemodynamic improvement was observed, marked by a strong palpable pulse, warm extremities, capillary refill time (CRT) of less than 2 seconds, non-pale skin, and a mean arterial pressure (MAP) of 65 mmHg. The application of qSOFA is recommended as a guideline for nursing management in sepsis patients to support early detection of septic shock.