ASUHAN KEPERAWATAN PADA ANAK BRONKOPNEUMONIA DENGAN BERSIHAN JALAN NAFAS TIDAK EFEKTIF DI RUANG ALAMANDA ANAK RSUD MAJALAYA

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ABSTRAK

Bronkopneumonia pada anak sering menyebabkan bersihan jalan napas tidak efektif akibat penumpukan sekret, ditandai batuk, napas cepat, dan suara napas tambahan. Fisioterapi dada dengan teknik *Clapping* efektif untuk pengeluaran sekret dan peningkatan pertukaran gas, dapat dilakukan 2 kali sehari (8-12 jam), idealnya pagi sebelum makan dan 45 menit sesudah makan, serta malam/sore hari. Penelitian ini bertujuan menggambarkan asuhan keperawatan anak bronkopneumonia dengan masalah bersihan jalan napas tidak efektif. **Metode:** Studi kasus deskriptif dilakukan pada dua pasien anak bronkopneumonia di Ruangan Alamanda Anak RSUD Majalaya. Data dikumpulkan melalui observasi, wawancara, dan dokumentasi rekam medis. **Hasil:** Setelah dilakukan asuhan keperawatan dengan memberikan intervensi keperawatan, masalah keperawatan bersihan jalan nafas pada kasus 1 dan 2 teratasi. Pada hari ke-3, pasien 1 (An. M) menunjukkan tidak ada sesak napas, banyak dahak keluar, frekuensi napas 27x/menit, SpO2 99%, dan ronki negatif. Sementara itu, pasien 2 (An. A) juga menunjukkan tidak ada sesak napas, batuk berdahak jarang, frekuensi napas 32x/menit, SpO2 97%, dan ronki negatif. Intervensi seperti fisioterapi dada, nebulizer, hidrasi adekuat, dan posisi semi-Fowler efektif mengurangi batuk dan suara napas tambahan. **Diskusi:** Respons pasien dengan masalah keperawatan bersihan jalan napas selalu bervariasi, dipengaruhi kondisi awal dan keparahan bronkopneumonia, sehingga asuhan komprehensif dan individual diperlukan. Asuhan keperawatan yang tepat meningkatkan bersihan jalan napas pada anak bronkopneumonia, meskipun respons individual berbeda-beda dan harus diperhatikan.

Kata Kunci: Bersihan Jalan Napas Tidak Efektif, Bronkopneumonia, Fisioterapi dada *Clapping*

NURSING CARE FOR CHILDREN WITH BRONCHOPNEUMONIA AND INEFFECTIVE AIRWAY CLEARANCE AT ALAMANDA CHILDREN'S WARD, RSUD MAJALAYA

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ABSTRACT

Bronchopneumonia in children often leads to ineffective airway clearance due to secretion accumulation, characterized by coughing, rapid breathing, and adventitious breath sounds. Chest physiotherapy with the Clapping technique is effective for secretion removal and improving gas exchange. It can be performed twice a day (every 8-12 hours), ideally in the morning before eating or 45 minutes after eating, as well as in the evening/afternoon. This study aimed to describe the nursing care provided to children with bronchopneumonia and the problem of ineffective airway clearance. **Method:** A descriptive case study was conducted on two pediatric patients diagnosed with bronchopneumonia in the Alamanda Children's Ward of RSUD Majalaya. Data were collected through observation, interviews, and medical record documentation. **Results:** After nursing care with nursing interventions was implemented, the nursing problem of ineffective airway clearance in cases 1 and 2 was resolved. On day 3, patient 1 (An. M) showed no shortness of breath, significant sputum expulsion, a respiratory rate of 27x/minute, SpO2 of 99%, and negative rhonchi. Meanwhile, patient 2 (An. A) also showed no shortness of breath, infrequent productive coughs, a respiratory rate of 32x/minute, SpO2 of 97%, and negative rhonchi. Interventions such as chest physiotherapy, nebulizer administration, adequate hydration, and semi-Fowler's position were effective in reducing coughing and adventitious breath sounds. **Discussion:** Patient responses to nursing care for ineffective airway clearance always vary, influenced by their initial condition and the severity of bronchopneumonia, thus requiring comprehensive and individualized care. Conclusion: Appropriate nursing care can improve airway clearance in children with bronchopneumonia, although individual responses must be considered.

Keywords: Bronchopneumonia, Chest Physiotherapy Clapping, Ineffective Airway Clearance