The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

SERVICE EXCELLENCE NURSING CARE FOR MR. A WITH DENGUE HEMORRHAGIC FEVER AT RSU HAJI MEDAN

Kelsi Wati Pakpahan[1], Petra Diansari Zega[2], Putri Margaretha Manullang[3], Romianna Manurung[4], Nadya Hutagalung[5]

[12345]Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

Email: 2319144031@mitrahusada.ac.id, Petradiansarizega@mitrahusada.ac.id, 2419144038@mitrahusada.ac.id, 2519144023@mitrahusada.ac.id, 2519206010@mitrahusada.ac.id

ABSTRACT

Dengue Hemorrhagic Fever (DHF) is an infectious disease caused by the dengue virus and transmitted through the bite of Aedes aegypti mosquitoes. This disease remains a significant public health problem in Indonesia because it can lead to serious complications such as thrombocytopenia, hemorrhage, plasma leakage, and shock that may be life-threatening. ***Objective*** *of this study is to describe the management of medical-surgical nursing care using a service excellence approach in patients with DBD at the Annisa Ward, Special UPTD RSU Haji Medan.* ***Method*** *employed in this study is a descriptive design with a case study approach through the nursing process stages, including assessment, diagnosis, planning, implementation, and evaluation based on data collected through interviews, observation, physical examination, and medical record documentation.* ***Subject*** *of this study was Mr. A, a 26-year-old male diagnosed with Dengue Fever who was treated in December 2024.* ***Results*** *of the assessment showed intermittent fever for five days, bone pain, headache, nausea, body temperature of 38°C, and platelet count of 64,000/mm³. Nursing diagnoses established were hyperthermia and acute pain. Nursing interventions included monitoring vital signs, managing hyperthermia and pain, monitoring fluid balance, providing health education, and collaborating in pharmacological therapy. Evaluation showed a decrease in fever and pain and improvement in the patient's general condition.* ***Conclusion*** *implementation of medical-surgical nursing care with a service excellence approach in DBD patients proved effective in improving patient comfort, accelerating clinical recovery, and enhancing the quality of holistic, comprehensive, and patient-centered nursing care.*

Keywords: *Dengue Hemorrhagic Fever, Nursing Care, Hyperthermia, Acute Pain, Service Excellence.*

INTRODUCTION

Sustainable Development Goals (SDGs) are a global commitment agreed upon by member states of the United Nations (UN) to achieve overall societal well-being and sustainable development by 2030. Target 3.3 of the SDGs emphasizes efforts to end epidemics of communicable diseases and strengthen their prevention and control. Dengue Hemorrhagic Fever (DHF), as a communicable disease transmitted by *Aedes aegypti* and *Aedes albopictus* mosquitoes, remains a major concern in achieving this target because it continues to contribute to high morbidity and mortality rates, particularly in tropical countries such as Indonesia. Therefore, controlling DHF through early detection, mosquito breeding site eradication, the implementation of clean and healthy lifestyle behaviors, strengthened surveillance, and appropriate management represents a strategic approach to supporting the achievement of the SDGs by 2030 (SDGs, 2024).

Dengue Hemorrhagic Fever (DHF) is an infectious disease caused by the dengue virus and transmitted through the bites of *Aedes aegypti* and *Aedes albopictus* mosquitoes. It is one of the major public health problems in tropical and subtropical countries, including Indonesia (Solida *et al.*, 2026).

According to the World Health Organization (WHO) in 2024, Dengue Hemorrhagic Fever (DHF) reached its highest recorded global incidence, with more than 14.6 million cases and over 12,000 deaths reported across more than 100 countries. WHO also reported that approximately 5.6 billion people, or nearly half of the world's population, are at risk of dengue infection, indicating that dengue remains a major public health concern worldwide (WHO, 2025).

Based on data from the Indonesian Ministry of Health in 2025, a total of 67,030 dengue fever (DBD) cases were recorded in Indonesia, representing an estimated prevalence of around 24 cases per 100,000 population (Kemenkes, 2025).

Based on data from the Dinas Kesehatan of North Sumatra Province in 2024, a total of 8,963 dengue fever (DBD) cases were recorded (Sahawati *et al.*, 2025) .

On December 4–10, 2024, there were four patients diagnosed with Dengue Hemorrhagic Fever in the Annisa Ward, one of whom was Mr. A, a 26-year-old who experienced a five-day fever accompanied by bone pain, headache, and nausea. This condition requires comprehensive management through the nursing process to prevent complications.

METHODS

This study used a descriptive method with a case study approach on a patient diagnosed with Dengue Hemorrhagic Fever. The case study was conducted in the Annisa Ward at the Special UPTD Haji General Hospital Medan from December 4 to December 10, 2024. The subject of the study was Mr. A, a 26-year-old male. Data were collected through interviews with the patient and his family, direct observation, physical examination, and review of the patient's medical records.

RESULTS AND DISCUSSIONS

Nursing Assessment: Mr. A, a 26-year-old male, was admitted to Annisa Ward with the chief complaint of fever for the past five days, accompanied by bone pain, headache, and nausea. The patient reported that the fever occurred intermittently. Vital signs assessment revealed a blood pressure of 123/76 mmHg, body temperature of 38°C, pulse rate of 78 beats per minute, and respiratory rate of 20 breaths per minute. Physical examination showed that the patient was in compos mentis condition, with moist oral mucosa, a soft and non-distended abdomen, nausea without vomiting, and no signs of spontaneous bleeding. Laboratory results indicated a platelet count of 64,000/mm³, leukocyte count of 12.81 thousand/mm³, hemoglobin level of 15.9 g/dL, erythrocyte count of 4.19 million/µL, and lymphocyte percentage of 72.1%.

Nursing interventions according to the Indonesian Nursing Diagnosis Standards (SDKI).
Through the process of analyzing the subjective complaints and objective data above, two priority nursing diagnoses were established:

1. Hyperthermia related to the disease process (dengue virus viremia), as evidenced by the patient's complaint of intermittent high fever for five days, an actual body temperature of 38°C, warm skin on palpation, and laboratory findings showing severe thrombocytopenia (64,000/mm³).
2. Acute Pain related to physiological injury agents (systemic inflammatory process), as evidenced by the patient's complaints of back pain and headache with a pain scale of 4 (moderate), continuous duration of pain, facial grimacing, and signs of restlessness.

The interventions were carried out by applying service excellence, which included regular monitoring of vital signs, temperature monitoring, encouraging increased fluid intake, providing warm compresses, identifying the location and intensity of pain, teaching deep breathing relaxation techniques, and collaborating in the administration of medical therapy according to the physician's program.

Nursing implementation was carried out in accordance with the established care plan, including monitoring body temperature, assessing pain, providing warm compresses, educating the patient about fluid needs, positioning the patient comfortably, and collaborating in pharmacological therapy. During the implementation, nurses applied therapeutic communication and service excellence principles by providing care that was prompt, accurate, and patient-centered, thereby ensuring patient comfort and promoting cooperation throughout the treatment process.

Nursing Evaluation: The evaluation results showed a gradual improvement in the patient's condition. Body temperature returned to normal, headache intensity decreased, and the patient

appeared more comfortable and relaxed. After 3×24 hours of nursing interventions, the final evaluation on December 9, 2024, indicated that the hyperthermia problem had been resolved, as evidenced by the absence of fever and stable vital signs, including a body temperature of 36.5°C, blood pressure of 120/80 mmHg, and a pulse rate of 76 beats per minute. The patient was advised to maintain adequate oral fluid intake independently. Furthermore, the problem of acute pain was also resolved, as the patient reported no pain and showed an improved general condition. The patient reported that the headache and generalized body pain had resolved. Objective findings showed that the patient appeared calm, relaxed, and free from signs of discomfort, with a pain scale score of 0. Based on these findings, the acute pain problem was considered resolved, nursing interventions were discontinued, and the patient was educated on simple relaxation techniques to manage pain if it recurred.

The assessment findings showed that the patient's main nursing problems were hyperthermia and acute pain associated with dengue virus infection. Hyperthermia resulted from the body's inflammatory response and was managed through regular temperature monitoring, warm compresses, and encouragement of adequate fluid intake to prevent dehydration. Acute pain, characterized by headache and generalized bone pain, was managed by assessing pain intensity, providing a comfortable position, teaching deep-breathing relaxation techniques, and collaborating in analgesic administration. Following these interventions, the patient's condition improved, as indicated by reduced pain and increased comfort.The application of service excellence was demonstrated through therapeutic communication, a friendly attitude, prompt responses to the patient's needs, and collaboration with the family. This patient-centered approach enhanced patient satisfaction and supported the recovery process.

CONCLUSIONS

The implementation of nursing care with a service excellence approach for Mr. A, who was diagnosed with Dengue Hemorrhagic Fever in the Annisa Ward of UPTD Khusus Haji General Hospital Medan, was carried out comprehensively through the nursing process, including assessment, nursing diagnosis, planning, implementation, and evaluation. Based on the assessment findings, two primary nursing problems were identified, namely hyperthermia and acute pain. The nursing interventions provided according to the patient's needs produced positive outcomes, as evidenced by the reduction of body temperature to normal levels and the alleviation of pain complaints. These findings indicate that optimal, patient-centered nursing care can support the recovery process and improve the quality of healthcare services.

ACKNOWLEDGEMENT

The author would like to express sincere appreciation to Mr. A and his family for their cooperation and participation throughout the nursing care process. The author also extends gratitude to UPTD Khusus RSU Haji Medan for providing the opportunity and support in carrying out this case study. Special thanks are addressed to the lecturers and academic staff of STIKes Mitra Husada Medan for their guidance, encouragement, and valuable assistance during the completion of this study.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The author declares that there is no conflict of interest regarding the publication of this article. This study did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. All costs related to this study were independently supported by the author.

AUTHOR CONTRIBUTIONS

The author was responsible for conceptualization, data collection, investigation, methodology, formal analysis, validation, project administration, and preparation of the original draft. The author also conducted data interpretation, manuscript review and editing, and final approval of the manuscript for publication.

REFERENCES

Alimuddin, T.A. and J, A. (2023) 'Asuhan Keperawatan pada Klien Ny. "S" dengan Demam Berdarah Dengue di Ruang Perawatanbaji Nyawa RSUD Labuang Baji Makassar', *Jurnal Siti Rufaidah*, 1(3), pp. 01–12. Available at: DOI: https://doi.org/10.57214/jasira.v1i3.81.

Kemenkes (2025) 'Kasus Demam Berdarah Di Indonesia'. **https://kemkes.go.id/id/waspada-penyakit-di-musim-hujan**

Sahawati, S. *et al.* (2025) 'Analisis Faktor Risiko Penyebaran Demam Berdarah Dengue (DBD)', *Jurnal Penelitian Sains dan Kesehatan Avicenna*, Vol.4.

SDGs (2024) *In dikator Tujuan Pembangunan Berkelanjutan Indonesia*. Jakarta: Badan Pusat Statistik. Available at: https://www.bps.go.id/id/publication/2024/12/31/936a26d5d2b168b9971d3b02/indikator-tujuan-pembangunan-berkelanjutan-indonesia-2024.html, **ISSN 2745-6803**.

Solida, L.F.M.A. *et al.* (2026) 'Factors Influencing the Behavior of Implementing 3M Plus in Efforts to Prevent Dengue Hemorrhagic Fever (DHF) in the Working Area of the Kenali Besar Community Health Center in Jambi City in 2025', *International Journal Of*

Health, Engineering And Technology (IJHET), Volume 4, p. Page. 1622-1631. Available at: **DOI:** https://doi.org/10.55227/ijhet.v4i5.504

WHO (2025) 'Demam Berdarah Dengue'. Available at: **https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue.**

Alimuddin, T. A., & J, A. (2023). Asuhan Keperawatan pada Klien Ny. "S" dengan Demam Berdarah Dengue di Ruang Perawatanbaji Nyawa RSUD Labuang Baji Makassar. *Jurnal Siti Rufaidah*, *1*(3), **DOI:** https://doi.org/10.31004/jkt.v1i3.1232

Pratama, A. A., Muniroh, S., Zuliani, Z., Kesehatan, F. I., & Jombang, U. (2021). Asuhan Keperawatan Pada Klien Demam Berdarah Dengue (Studi Literatur) Nursing Care for Clients of Dengue Hemorrhagic Fever (Literature Study). Journal Well Being, 6(2), 26157519. http://journal.stikes-bu.ac.id/http://journal.stikes-bu.ac.id/

Setyaningrum, T. A., & Saputra, O. (2025). *Demam Berdarah Dengue dengan Warning Sign pada Anak Perempuan*. *9*, 238–242. **DOI: https://doi.org/10.23960/jkunila.v9i2.pp238-242**

Suparto, Tan, H. T., Anton, M., & Deby. (2024). *Demam Berdarah Dengue Penatalaksanaan Klinis dari Diagnosa dan Pemulihan dalam IPD, Fisiologi, Histologi, Mikrobiologi, Anastesi, Keperawatan, Gizi, dan Anatomi* (Vol. 2). **ISBN: 978-623-500-621-5**