

NURSING CARE MANAGEMENT EXCELLENT SERVICE IN PATIENTS WITH CONGESTIVE HEART FAILURE (CHF) IN VIP WARD OF LATERSIA BINJAI HOSPITAL IN 2025

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ABSTRACT

Congestive Heart Failure (CHF) is a clinical syndrome characterized by the inability of the heart to pump blood effectively to meet the body's metabolic needs. Patients with CHF frequently experience shortness of breath, fatigue, edema, and decreased activity tolerance. Objective: To describe nursing care management in patients with CHF. Methods: This study used a descriptive case study design conducted in the VIP ward of Latersia Binjai Hospital. Data were obtained through interviews, physical examination, observation, and documentation studies. Results: The patient complained of shortness of breath during activity, weakness, edema in both lower extremities, and difficulty performing daily activities. The priority nursing diagnosis was decreased cardiac output related to altered cardiac rhythm. Nursing interventions included monitoring vital signs, assessing cardiac status, monitoring oxygen saturation, administering oxygen therapy, positioning in semi-Fowler position, and educating the patient regarding activity management. After 3 × 24 hours of nursing care, dyspnea decreased, oxygen saturation improved, and the patient appeared more comfortable. Conclusion: Nursing care management contributed to improving patient condition and reducing symptoms associated with CHF.

Keywords: Congestive Heart Failure, Nursing Care, Decreased Cardiac Output Dyspnea

INTRODUCTION

Heart failure is a health problem with high morbidity and mortality rates in both developed and developing countries, including Indonesia. Congestive heart failure (CHF) is the heart's inability to pump enough blood to meet the body's tissue needs for oxygen and nutrients. Congestive heart failure (CHF) is also defined as a pathological condition in which the heart is unable to pump enough blood to meet the body's metabolic needs. This is caused by impaired cardiac contractility (systolic dysfunction) or cardiac filling (diastolic dysfunction), resulting in a lower-than-normal cardiac output (Mittnacht & Reich, 2021).

The World Health Organization (WHO) reported in 2018 that more than 17 million people worldwide died from heart and blood vessel disease. In Indonesia, the prevalence of heart failure also increased between 2013 and 2018. Based on doctor diagnoses across all ages, heart failure increased to 4.7% (Riskesdas, 2018). A 2019 Sample Registration System (SRS) survey showed that heart disease was the second-highest cause of death after stroke, accounting for 12.9% (Desintya, 2021). In South Sulawesi, the prevalence of Congestive Heart Failure (CHF) in 2018, based on doctor diagnoses, was 4,017 people (Ardiansyah, 2022).

Impaired oxygenation requirements are a significant issue in patients with congestive heart failure. Therefore, this issue should be addressed immediately to prevent worsening the patient's condition. One nursing intervention for patients with heart failure with impaired oxygenation requirements is oxygen administration. Oxygen administration is an integral part of hospitalized patient management, particularly for patients experiencing respiratory distress, to maintain oxygenation. Oxygen administration at a concentration higher than room air is used to treat or prevent hypoxia (Bariyatun, 2018).

This is in line with research conducted by Muzaki & Cornelia (2022), who showed that oxygenation in two patients for 8 hours resulted in improved breathing patterns, decreased shortness of breath, normal respiratory rate, and increased oxygen saturation after receiving 10 liters/minute of NRM therapy. Another study by Melani et al. (2022) showed that after being given NRM oxygen therapy of 12 liters/minute, there was a change in breathing patterns for the better, no shortness of breath, reduced fatigue, reduced rapid and shallow breathing, and the patient's vital signs were monitored with some within normal limits.

Oxygenation is a fundamental human need, essential for the body's cellular metabolism, life maintenance, and the activity of various organs and cells. Nursing care is an important part of the nursing process, implemented by nurses through five stages: assessment, nursing diagnosis, nursing planning, nursing implementation, and nursing evaluation. Nurses play a role in improving the health status of heart failure patients, with one recommended measure being providing supplemental oxygen as needed. Therefore, the role of nurses in providing nursing care to heart failure patients is essential and needed (Puspitasari, 2022). Data obtained indicate that patients with Congestive Heart Failure (CHF) require more comprehensive attention and care, requiring nurses to develop a deeper understanding of the disease. On December 11, 2025, the author conducted an initial survey in the Meranti 1 Room of the University of North Sumatra Hospital on Mr. B with his family, namely his mother, Mrs. K. Based on the results of interviews conducted directly with Mr. B regarding the signs and symptoms experienced by the client, the client said he was admitted to the hospital because of shortness of breath. When assessing the medical history, shortness of breath was felt since 4 days ago before entering the hospital, increasingly shortness of breath during activity, pain in the left chest, duration of 20 minutes, pain scale 5, body feels weak, edema in the lower extremities.

METHODS

This study employed a descriptive case study design to describe the implementation of excellent nursing care management in a patient diagnosed with Congestive Heart Failure (CHF). The study was conducted in the VIP Ward of Lattersia Binjai Hospital in 2025.

The subject of this study was one hospitalized patient diagnosed with Congestive Heart Failure who met the inclusion criteria, including being conscious, able to communicate effectively, willing to participate in the study, and receiving comprehensive nursing care during hospitalization. Written informed consent was obtained from the patient prior to data collection.

Data were collected using multiple sources to ensure comprehensive assessment, including patient and family interviews, direct observation, physical examination, review of medical records, laboratory findings, and nursing documentation. The assessment covered biological, psychological, social, and spiritual aspects of the patient's condition. The nursing care process followed the five stages of the nursing process: assessment, nursing diagnosis, planning, implementation, and evaluation. Nursing diagnoses were established according to the Indonesian Nursing Diagnosis Standards (SDKI), interventions were planned and implemented based on the Indonesian Nursing Intervention Standards (SIKI), and patient outcomes were evaluated using the Indonesian Nursing Outcomes Standards (SLKI).

Nursing interventions included continuous monitoring of vital signs and oxygen saturation, cardiovascular assessment, oxygen therapy, positioning the patient in the semi-Fowler position, fluid balance monitoring, medication collaboration, activity management, and health education for the patient and family. Nursing care was provided for 3 × 24 hours, and the patient's responses to each intervention were documented and evaluated continuously to determine the achievement of the expected nursing outcomes.

RESULTS AND DISCUSSIONS

The assessment findings showed that the patient experienced shortness of breath, fatigue, peripheral edema, and decreased activity tolerance. These findings are consistent with the theory proposed by Heidenreich et al. (2022), which states that patients with Congestive Heart Failure commonly present with dyspnea, fluid retention, and reduced functional capacity due to impaired cardiac pumping ability. The occurrence of edema and activity intolerance in this patient indicates decreased cardiac output, resulting in inadequate tissue perfusion and oxygen delivery.

The priority nursing diagnosis established in this case was decreased cardiac output related to altered cardiac rhythm. This diagnosis was supported by the patient's symptoms of dyspnea, weakness, tachycardia, and reduced activity tolerance. According to PPNI (2017), decreased cardiac output is characterized by an inability of the heart to pump sufficient blood to meet the body's metabolic demands. Similar findings were reported by Ibrahim and Syamsuddin (2023), who found that decreased cardiac output is one of the most common nursing diagnoses among hospitalized CHF patients. The nursing interventions implemented included monitoring vital signs, monitoring oxygen saturation,

administering oxygen therapy, positioning the patient in a semi-Fowler position, monitoring fluid balance, and providing health education. These interventions are in accordance with the recommendations of PPNI (2018) and evidence-based guidelines for heart failure management. Semi-Fowler positioning helps reduce venous return and decreases the workload of the heart, thereby improving respiratory function. Oxygen therapy also contributes to increasing oxygen supply to tissues and reducing symptoms of dyspnea. Following 3 × 24 hours of nursing care, the patient demonstrated reduced shortness of breath, improved oxygen saturation, decreased fatigue, and increased comfort. These outcomes indicate that the nursing interventions were effective in addressing the patient's physiological needs. Similar results were reported by Purwaningsih and Karlina (2023), who found that continuous monitoring, oxygen therapy, and patient education significantly improved clinical outcomes in cardiovascular patients.

The implications of this case study suggest that comprehensive nursing care plays a crucial role in improving the clinical condition of patients with CHF. Early identification of decreased cardiac output, appropriate nursing interventions, and continuous evaluation can reduce symptom severity and prevent further complications. Therefore, nurses should prioritize evidence-based cardiovascular assessment and intervention strategies to improve patient outcomes and quality of life among individuals with Congestive Heart Failure.

CONCLUSION

The nursing care management provided to a patient with Congestive Heart Failure (CHF) demonstrated that the primary clinical problems included dyspnea, fatigue, decreased activity tolerance, and peripheral edema. The priority nursing diagnosis was decreased cardiac output related to altered cardiac rhythm. Through the implementation of appropriate nursing interventions, including cardiovascular monitoring, oxygen therapy, positioning, fluid management, and patient education, the patient's condition improved as evidenced by reduced dyspnea, increased comfort, and enhanced activity tolerance. These findings indicate that comprehensive nursing care contributes positively to the recovery process of patients with CHF. Nurses are encouraged to optimize evidence-based nursing interventions and continuous monitoring of cardiovascular status in patients with CHF. Hospitals should support the provision of quality cardiovascular nursing services through ongoing training and adequate facilities. Patients and their families are expected to adhere to treatment plans and lifestyle modifications to prevent disease recurrence. Future studies are recommended to involve larger samples and explore the effectiveness of nursing interventions in improving clinical outcomes among patients with CHF.

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