

UNIVERSITAS MUHAMMADIYAH SEMARANG
FAKULTAS ILMU KEPERAWATAN DAN KESEHATAN
PROGRAM STUDI DIPLOMA III KEBIDANAN
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ABSTRAK

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**ASUHAN KEBIDANAN KEGAWATDARURATAN AN. N UMUR 19
BULAN DENGAN KEJANG DEMAM DI RS ROEMANI SEMARANG**

(xix + 80 halaman + 3 tabel + 1 bagan + 1 gambar + 20 lampiran)

Latar Belakang : Kejang demam dilaporkan di Indonesia mencapai 2 - 4% dari 1000 kejadian. Propinsi Jawa Tengah kematian karena kejang demam mencapai 0,01% (Dinkes,2014).. Berdasarkan hasil penelitian Yuana Dkk (2010), di RSUP Dr. Kariadi di peroleh 36 anak berusia <5 tahun mengalami kejang demam, laki – laki 52,8% dan perempuan 47,2%. Di Rumah Sakit Roemani Semarang untuk kasus kejang pada bulan Februari – November 2016 diruang ismail 2 ada 13 kasus kejadian kejang demam. Penyebab kejang pada anak dapat dikarenakan infeksi, kerusakan jaringan otak dan faktor lain yang dapat menyebabkan gangguan pada fungsi otak, keadaan tersebut dapat dijumpai pada kejang demam, epilepsi, meningitis purulentum meningitis tuberkulosis, hidrosefalus, paralisi serebral, hemiplegia infantil akut dan spina bifida. **Tujuan:** Mampu melakukan asuhan kebidanan dengan 7 langkah varney pada Asuhan Kebidanan Kegawatdaruratan Balita dengan Kejang Demam Di RS Roemani Semarang. **Metode:** Studi kepustakaan, wawancara, observasi, dan dokumentasi. **Hasil:** An. N umur 19 bulan dengan kejang demam yaitu memberikan asuhan kebidanan dengan memasang infus Kaen 3B 8tp dan obat – obatan sesuai advis dari dokter Sp.A yaitu Cefitriaxone 300mg/12 jam IV gunanya untuk mematikan bakteri dalam tubuh , mengobati infeksi yang disebabkan oleh bakteri, Dexametason 1/2Amp / 12 jam IV gunanya untuk mengurangi tekanan intrakranial yang meningkat , Asam valproad 1/3 sendok teh/12 jam gunanya untuk mengembalikan keseimbangan neurotransmitter dalam otak sehingga kejang dapat berhenti, paracetamol 1 sendok teh/6 jam gunanya untuk penurun demam. **Kesimpulan:** Keadaan pasien sudah membaik, tidak terjadi kejang berulang dan diperbolehkan dokter untuk pulang rumah.

Kata Kunci : Kegawatdaruratan Balita dengan Kejang Demam
Kepustakaan : 2005-2016

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ABSTRACT

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**MIDWIFERY EMERGENCY CARE ON N AGED 19 MONTH WITH FEBRILE
CONVULSION AT ROEMANI HOSPITAL**

(xix + 80 pages + 3 table + 1 figures + 20 appendices)

Background: The febrile convulsion reported in Indonesia is 2 until 4% from 1000 cases. The death rate in Central Java reached 0.01% (Dinkes, 2014). Based on the results of Yuana's research (2010), there were 36 children which were less than 5 years old got febrile convulsion that the boys consisted of 52.8% and the girls consisted of 47.2% at Karyadi Hospital. Moreover, there were 13 cases of febrile convulsion in February until November 2016 at Ismail room number two, Roemani Hospital. The cause of febrile convulsion in children can be due to infection, brain tissue damage and other factors that can cause disruption to brain function, the situation can be found in febrile convulsion, epilepsy, meningitis, purulent meningitis tuberculosis, hydrocephalus, cerebral paralysis, acute infantile hemiplegia, and spina bifida. **Objectives:** the objective of the study is to perform midwifery care using 7 steps Varney on midwifery emergency care of under-fives with febrile convulsion. **Methodology:** The methods which the researcher used were library research, interview, observation, and documentation. **Results:** An. N who was 19 months with the febrile convulsion that provide midwifery care by installing infusion Kaen 3B 8tp and medicines according to the advice of physician Sp.A. The medicine is ceftriaxone 300mg / 12 hours IV to kill bacteria in the body, treat bacterial infections. Secondly, dexamethasone 1 / 2Amp / 12 hours IV is used to reduce elevated intracranial pressure. valproad acid 1/3 teaspoon / 12 hours to restore the balance of neurotransmitters in the brain so that the seizures can stop, paracetamol 1 teaspoon / 6 hours for fever-lowering. **Conclusion:** The patient's condition has improved, no recurring, and allowed the doctor to go home.

Key words: midwifery emergency care of under-fives with febrile convulsion

References: 005-2016

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