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Emergency Nursing Care For Mr. D With Cardiovascular System Disorders In Congestive Heart Failure (CHF) At Vita Insani Hospital Pematangsiantar

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Abstract

Congestive Heart Failure (CHF) is a clinical syndrome resulting from the heart's inability to pump blood effectively to meet the body's metabolic demands. Globally, the number of Congestive Heart Failure (CHF) cases in 2023 was estimated to reach approximately 58 million sufferers out of a total world population of around 8.1 billion people. It is expected that researchers will be able to implement emergency nursing care for patients with cardiovascular system disorders in Congestive Heart Failure (CHF).: This study utilized a qualitative research method with a descriptive approach focused on one patient with a medical diagnosis of CHF at Vita Insani Hospital, Pematangsiantar, (98 bpm). For the diagnosis of decreased intracranial adaptive capacity, it was partially resolved with an improvement in the GCS score to 10 (E3, V2, M5). The ineffective breathing pattern was resolved, with the breathing pattern returning to regular at a normal respiratory rate of 22 breaths per minute, no further chest muscle retractions, and a stable, optimal oxygen saturation at 99%. The implementation of comprehensive emergency nursing care for patients with cardiovascular system disorders in Congestive Heart Failure (CHF) is effective in addressing nursing problems related to decreased cardiac output and increased intracranial adaptive capacity, patients experiencing a cardiovascular crisis.

Keywords: Emergency Nursing Care, Cardiovascular System, Congestive Heart Failure, ICU

INTRODUCTION

Condition emergency health can happen every any day and anywhere, Conditions

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emergency This can experienced by adults and children, which includes injury, infection, attack heart, stroke, complications I pregnancy, as well as disease chronic, Although provider service emergency Possible No always available in every location, systematic approach to condition content emergency can save life, According to " Project results Priority Control " Disease ", it is estimated that almost half from death and one third from disability in low- income countries low and medium caused by conditions that can overcome with maintenance (Komariah et al., 2022)

Emergency in patients with Congestive Heart Failure (CHF) manifests as phenomenon complex clinical, where there is failure sudden on the mechanism compensation heart in guard circulation systemic, In a pathophysiology, condition This No just retention static fluid, but rather A disruption hemodynamics triggered by increased pressure filling ventricles lyrics in a way massive, This is cause shift fluid to pulmonary interstitial space, which triggers hypoxia weight and distress breathing (Abuejheisheh et al., 2023).

System cardiovascular consists of from heart and blood vessels functioning blood For maintain flow blood to all over body, Heart functioning as pump main, whereas arteries, veins, and capillaries play a role as network distribution and returns blood, In this situation emergency, understanding about anatomy and physiology base system This is very important for nurses can with fast and precise interpret symptoms, In anatomy, heart located in the mediastinum, slightly to left from the midline, Structure heart divided become four chambers : right and left atrium, and ventricles right and left, The atrium receives blood from circulation systemic and pulmonary, whereas ventricles functioning For pump blood to lungs and the whole body, Valves the heart (tricuspid, pulmonary, mitral, and aortic) ensures flow blood walk in the same direction and prevent flow back (Permatasari, 2016)

Globally, the number of cases of Congestive Heart Failure (CHF) in 2023 are estimated to reach around 58 million sufferers, as reported by the World Health Organization in 2023 and various study epidemiology related, When compared with a total world population of around 8.1 billion soul, number the represent about 0.7% of global population, so that show that CHF is condition chronic with burden considerable morbidity significant in context health public,

In the United States, the number of Congestive Heart Failure (CHF) sufferers are estimated reach approximately 6.2 million people every year year, Prevalence fail heart projected will Keep going experience improvement until 2030. Failed case the heart of the country more Lots found in the group age between 40 to 68 years, with number more incidents high in men (Glew et al., 2019).

From October 2021 to September 2022, cases of Congestive Heart Failure affected

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adolescents 18 years old to above the diagnosis suffer fail heart disease (HF) based on the 2016 European Society of Cardiology guidelines on HF and treated at the Philippine General Hospital, Manila Doctors Hospital, and Manila Medical Center all center medical tertiary, Patients must own signs and symptoms typical HF and handled as patient care road for chronic HF or treated at home Sick because HF is experiencing decompensation, Researchers get agreement written or digital before registration patient, Patient with HF with faction decreased ejection fraction (EF), slightly decreasing, as well as those that do not categorized everything included, Data on cases of Congestive Heart Failure (CHF) in the Philippines shows prevalence care stay around 1.6 %, with trend improvement case consequence disease cardiovascular domination death, Estimate latest confirm approximately 16 out of 1,000 Filipino adults are affected (Benfield et al., 2020)

recorded data medical care obtained from Vita Insani Hospital, the number patients diagnosed with congestive heart failure (CHF) during the period 2023 number 2,312 cases, 2024 total 2,072 cases recorded until 2025 as many as 1577 cases, Meanwhile that, in period time three month lastly, namely in October the number case 141, November total case 157, and December amount case 131, total patients registered on three month final The number of people experiencing CHF reached 429. The data show that CHF cases still Enough high and requires attention in effort handling as well as service home health Sick said (Uzarski & Broome, 2019)

Based on the survey initial treatment carried out in the Intensive Care Unit (ICU) at home human life disease Pematangsiantar, found that patient with a diagnosis of Congestive Heart Failure (CHF) is one of them case frequent cardiovascular need maintenance emergency emergency, CHF is a condition in which the heart No capable pump blood optimally, so that happen disturbance circulation blood and accumulation fluids in various organs, especially lungs, Condition This potential develop to acute decompensated heart failure, which is demanding handling intensive as well as monitoring tight in the ICU (Pittman et al., 2022).

Survey results beginning disclose that majority Congestive heart failure (CHF) patients admitted to the ICU arrived with complaint main in the form of severe shortness of breath until installed ventilator, as well as edema of the extremities, Some the patient also showed signs decline saturation oxygen and increase frequency breathing, Condition This reflect disturbance gas exchange due to accumulation fluid in the lungs, so that need handling fast with giving therapy oxygen and monitoring breathing in a way intensive (Nisa et al., 2024).

Handling congestive heart failure (CHF) patients in the ICU are usually started with stabilization condition clinical, especially in the system breathing and circulation, Based on the

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results observation during survey early, patient generally accept therapy oxygen For increase saturation oxygen and reduce complaint shortness of breath. In more severe cases weight, patient can need support ventilation For ensure function breathing still adequate, In addition, monitoring hemodynamics done in a way continuous, covering measurement pressure blood, frequency pulse, saturation oxygen, as well as evaluation activity heart through electrocardiography (Karbakhsh Ravari et al., 2020).

Whereas research conducted by Naura et al., (2024) Childcare nursing care provided to patient with Congestive Heart Failure in the Intensive Cardiac Care Unit (ICCU) room emphasizes monitoring hemodynamics, balance fluids, and functions cardiopulmonary, Through various intervention nursing like monitoring pressure blood, monitoring fluid intake and output, administration therapy oxygen, as well as collaboration in giving vasopressors and diuretics, evaluation show that condition patient Still experience instability marked hemodynamics with decline pressure blood, CRT > 3 seconds, oliguria, up to occurrence worsening clinical,

Response time in condition emergency must utilized optimally by nurses and doctors For carry out procedure main handling patient emergency known emergency with ABCD (Airway, Breathing, Circulation, and Disability). Implementation ABCD procedures on patients with disturbance heart need done in a way fast and precise, This is Because the longer the time the required response, then the more small chance safety patient, Condition is very risky for patients fail heart, because if No quick get handling can cause decline function Work the heart then cause disturbance breathing until leading to death (Bafandeh Zendeh et al., 2022).

Based on the data that has been set show that researchers interested For take title Scientific Paper " Culture " Nursing Emergency Emergency At Mr. D With Disturbance System Cardiovascular Disease in Congestive Heart Failure (CHF) in the ICU of Vita Insani Hospital Pematangsiantar ”.

METHOD

This research use method study qualitative with approach descriptive research method qualitative is something the approach used For understand phenomena experienced by the subject study in a way in-depth, covering behavior, perception, motivation, action, and experience respondents in natural context (Ferede et al., 2024).

Design research used is approach studies case, which aims For describe in a way deep about implementation Care Nursing Patient Emergencies With Congestive Heart Failure (CHF) in the ICU Room at Vita Insani Hospital, Research This carried out in the ICU room at Vita Insani Hospital as location study For obtain related data with Congestive Heart Failure case.Participants

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in study This is 1 patient with diagnosis Congestive Heart Failure (CHF) patients treated in the ICU at Vita Insani Hospital, Participants chosen use purposive technique, based on considerations specific in accordance with criteria inclusions determined by the researcher and adjusted with objective study, This technique used Because study studies case qualitative emphasize depth of data and understanding comprehensive about conditions and experiences participants than amount participants studied (Cruz et al., 2020).

Data collection techniques in the qualitative study process This involving effort important for example submission questions, do observation, collecting specific data from participants, and interpret meaning from the data obtained, Collected data nature descriptive and analytical in a way inductive, so that study results can focused on meaning than generalization (Gayatri et al., 2022).

Data presentation is part important from the research process, especially in make report results research, Data presentation is required For give information about results research presented in form table or graph (Singh, 2022).

RESULTS

This research was conducted at Vita Insani Hospital Pematangsiantar, a private health service established in 1983. Geographically, this hospital is in a very strategic location in the city center, which is located at Jalan Merdeka No. 329, Pahlawan, East Siantar District, Pematangsiantar City, North Sumatra. Currently, Vita Insani Hospital holds a Type B Hospital classification and has achieved Full Accreditation status (Five Stars). Vita Insani Hospital has complete services to meet the medical health needs of the community.

This research is a case study conducted in the ICU with one respondent. The research was conducted on client Mr. D on April 29th. The discussion stage is in accordance with the stages of nursing care, starting from nursing assessment, determining nursing diagnoses, nursing interventions, and nursing implementation. The results chapter of this study will describe the suitability and intentionality of the client or respondent(Wei et al., 2018)..

DATA ANALYSIS

Table 1. intervention nursing

No	Diagnosis Nursing	Output and Outcome Criteria	Intervention Nursing
1	Decreased Cardiac Output relate with	After it is done intervention nursing for	**Maintenance Heart (I.02075) Observation :**

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	change *afterload* (load) post-load increased heart rate), Marked with Pressure blood increased (212/116 mmHg), frequency pulse tachycardia (110x/ minute), CRT slow (3 seconds), acral palpable cold, sounds sound heart additional (gallop) and murmur noise, ECG image shows deviation axis left (LAD), and patient looks weak with awareness somnolence (GCS 8: E2V2M4).	3x24 hours, it is expected that Cardiac Output (L.02008) will increase with criteria results : 1. Weak decrease 2. Edema decreased 3. Decreased jugular venous distension 4. Decreased oliguria 5. pressure blood getting better 6. weight gain	- Identification primary signs / symptoms of decline rainfall heart (includes dyspnea, fatigue, *edema, orthopnea, paroxysmal nocturnal dyspnea,* increased CVP) - Identification signs / symptoms secondary decline rainfall heart (including : increased weight gain, *hepatomegaly,* jugular venous distension, palpitations, rhonchi wet, oliguria, cough, skin pale) - Pressure monitor blood (including pressure blood orthostatic, if need) - Monitor fluid intake and output - Saturation monitor oxygen - Monitor arrhythmia (rhythm and frequency abnormalities) **Therapeutic :** - Position patient *semi-fowler* - Give oxygen For maintain saturation oxygen > 94% **Collaboration :** - Collaboration in administering antiarrhythmics, if necessary
2.	Decline Adaptive relate Capacity Intracranial with	After it is done intervention nursing for 3x24 hours, it is	**Management Pressure (I.06194)** **Improvement Intracranial** **Observation :**

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	disturbance autoregulation cerebral (due to crisis hypertension and history of ischemic stroke) is characterized with level awareness somnolence, GCS score 8 (E2, V2, M4), blood pressure blood increase extreme reached 212/116 mmHg, frequency pulse tachycardia (110x/ minute), irregular breathing rhythm and pattern / tachypnea (RR 27x/ minute), and patient get therapy Mannitol 250 mg.	expected Capacity Adaptive Intracranial (L.06049) Increased with criteria results : 1. Level of consciousness increase 2. Function cognitive increase 3. Pressure blood getting better 4. Pressure pulse getting better 5. Breathing pattern improves 6. Reflex neurological getting better 7. Nervous decrease	- Monitor for signs / symptoms increased ICP (e.g. blood pressure) increased pressure dilated pulse , bradycardia, breathing pattern irregular, awareness decrease) - Monitor respiratory status - Monitor the state of consciousness **Therapeutic :** - Minimize stimulus by provide quiet environment - Give semi-Fowler position - Maintain temperature normal body **Collaboration :** - Collaboration in administering osmotic diuretics, if necessary
3.	Ineffective Breathing Pattern relate with obstacle airway (due to decline awareness and there is *secret*). Marked with visible breathing pattern No regular, irregular breathing rhythm, presence of retraction	After it is done intervention nursing for 3x24 hours, it is expected that the breathing pattern will improve (L.01004) with criteria results : 1. Dyspnea decrease	**Monitoring respiration (I.01014)** **Observation :** - Monitor the frequency, rhythm, depth and effort of breathing. - Monitor breathing patterns (such as *bradypnea, tachypnea, hyperventilation,*

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	chest muscles, *tachypnea* respiratory rate (RR: 27x/ minute), and existence complaint *dyspnea* before awareness decrease,	2. Use muscle respiratory assistance decreased 3. Elongation *phase expiration* decrease 4. Breathing frequency improves Breathing depth improves	*Kussmaul, Cheyne-Stokes, Biot, ataxic*) - Monitor the presence of blockage airway - Auscultation breath sounds - Saturation monitor oxygen **Therapeutic** : - Set the respiratory monitoring interval according to the patient's condition. Document the monitoring results.

DISCUSSION

Researchers has carry out care nursing emergency emergency in patients with diagnosis *Congestive Heart Failure* (CHF) during three day start April 29 to May 1, 2026 for Mr. D in the ICU room of Vita Insani Hospital Pematangsiantar, In the discussion this, the author will discuss suitability theory and results care nursing that has been performed on patients which includes assessment, diagnosis, intervention, implementation, and evaluation nursing,

Assessment Maintenance

Results of the assessment on Mr. D aged 48 years with diagnosis medical *Congestive Heart Failure* (CHF) indicates complaint main in the form of severe shortness of breath (*orthopnea*) that worsens since a few hours before enter House sick, Complaints This accompanied by with fast body tired moment activities and existence swelling (*edema*) in both legs, Patient experience decline consciousness (*somnolence*) with GCS 8. On primary examination, *the airway* was found airway obstruction with existence secretions (gurgling sound), *breathing* frequency 27 x/ minute, *circulation* pressure blood reached 212/116 mmHg, pulse 110 x/ minute, acral cold, and CRT slows down >3 seconds, The ECG results also show existence improvement frequency heart and deviation axis left (LAD).

Mr. D's clinical condition aligns with research by Sari et al. (2024) which suggests that CHF patients in the emergency department (ER) generally present with severe shortness of breath accompanied by edema in the extremities. Findings related to decreased consciousness,

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hypertension, and tachycardia are also supported by research by Ibrahim and Syamsuddin (2023) which shows that CHF patients often experience extreme weakness, cardiomegaly, and heart rhythm abnormalities (arrhythmias) that lead to decreased cardiac output and severe tissue perfusion disorders(Giske et al., 2023).

Diagnosis Nursing

Through data analysis from Mr. D's assessment, four primary nursing diagnoses were identified: decreased cardiac output, ineffective breathing pattern, ineffective airway clearance, and hypervolemia, diagnosis the established based on subjective and objective data use Indonesian Nursing Diagnosis Standards (SDKI) (Lee & Jang, 2020).

Intervention Nursing

The interventions for Mr. D were designed based on the Indonesian Nursing Intervention Standards (SIKI). In the diagnosis of decreased cardiac output, the primary intervention is cardiac care, which includes close monitoring of vital signs, 12-lead ECG monitoring, semi-Fowler's positioning, and collaborative antihypertensive medication administration. This semi-Fowler's positioning intervention is strongly supported by research by Simanjuntak and Lismawati (2025), who concluded that this position modification is very effective in improving hemodynamic parameters in CHF patients (Oka et al., 2019).

a. When diagnosed with an ineffective breathing pattern and ineffective airway clearance, interventions focus on respiratory monitoring and airway management. These steps include monitoring breath depth, observing adventitious breath sounds, performing regular suctioning, and maintaining oxygenation above 94%. When diagnosed with hypervolemia, interventions focus on close fluid monitoring, including monitoring intake and output and regularly observing the degree of edema in the ICU (Fahriza & Huzaifah, 2021).
b. In the diagnosis of decreased intracranial adaptive capacity related to impaired cerebral autoregulation, the authors established management interventions for increased intracranial pressure, which included monitoring signs and symptoms of increased ICP, minimizing environmental stimuli, and collaborating in administering (Mannitol). These interventions align with the guidelines from Wowor (2024) in Critical Nursing Care, which emphasize the importance of environmental management, administration of osmotic agents, and close neurological monitoring in patients with cardiovascular crisis complicated by decreased consciousness.

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c. In the diagnosis of ineffective breathing patterns and ineffective airway clearance, the authors determined that the primary interventions were respiratory monitoring and airway management, which included monitoring breath depth, observing adventitious breath sounds, performing periodic suctioning (mucus suctioning), and maintaining oxygenation above 94 %. with research by Sari et al. (2024) which emphasizes importance management airway For prevent obstruction,

Implementation Nursing

Nursing care was implemented intensively in the ICU for three days. On the first day, the focus of interventions was directed at airway management and hemodynamic stabilization of the patient experiencing decreased consciousness (Buek et al., 2022). Actions taken included close monitoring via a cardiac monitor, semi-Fowler's position, oxygen administration via nasal cannula at 3 liters/minute, and suctioning to address gurgling. Intravenous nicardipine was also administered to lower the patient's critical blood pressure. This implementation of medical collaboration and hemodynamic monitoring is in line with the guidelines recommended by Ibrahim and Syamsuddin (2023) to prevent further perfusion complications (Momennasab et al., 2022).

Evaluation Nursing

Evaluation nursing show that Mr. D does not experience development improving conditions in a way overall after given care nursing for 3 days, Evaluation done using the SOAP format (Subjective, Objective, Assessment, Planning) (Konwar et al., 2022). Evaluation nursing care for Mr. D is Problem Not Resolved In diagnosis decline rainfall heart relate with change *afterload,* evaluation day First show problem Not yet resolved, where the pressure blood Still was at 212/116 mmHg and tachycardia Still occurred, However, on the second and third day of evaluation, the problem was declared partially resolved (Moura et al., 2021).. This was indicated by gradual hemodynamic improvement, with blood pressure decreasing and stabilizing to 160/89 mmHg, pulse rate improving (98 beats/minute), and the acral area beginning to feel warm (Salzmann-Erikson & Eriksson, 2023). Considering that cardiac output function had not yet fully recovered optimally, hemodynamic monitoring and nursing interventions continued as the patient moved to the inpatient ward. This gradual clinical development aligns with the literature by Wowor (2024) which states that in patients with acute cardiovascular crisis, recovery of heart pump function requires time and continuous medical stabilization, so that in the early critical phase, systemic perfusion problems can generally only be partially resolved (Walczak et al.,

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2017).

CONCLUSION

Based on the results implementation care nursing emergency emergency on Mr. D with disturbance system Cardiovascular in cases of Congestive Heart Failure (CHF) in the ICU of Vita Insani Hospital Pematangsiantar which is carried out for 3 days, starting from April 29th to by May 1, 2026, can withdrawn a number of conclusion main,

At the stage assessment, primary and secondary data show that Mr. D who is 48 years old is at in condition emergency with level awareness somnolence and GCS 8 (E2V2M4). Condition clinical patient aggravated by the presence of accumulation secretions (gurgling), severe shortness of breath (orthopnea) with frequency breathing reaching 27 x/ minute, irregular breathing rhythm, use muscle assist breathing, as well as it sounds additional breath sounds rhonchi, In addition, the hemodynamic status show improvement pressure very sharp blood reached 212/116 mmHg, tachycardia with pulse 110 x/ minute, acral cold, Capillary Refill Time (CRT) is prolonged for 3 seconds, and the presence of pitting edema bilateral +3 degree on both extremities lower,

Based on all assessment data of these, five diagnoses were established nursing priorities that include decline rainfall heart relate with disturbance contractility myocardial, decreased capacity adaptive intracranial, cleaning airway is not effective relate with dysfunction neuromuscular or accumulation secretions, irregular breathing pattern effective relate with obstacle breathing effort, as well as hypervolemia relate with disturbance mechanism regulations or retention liquid,(Eva Supriatin et al., 2021).

For overcome problem said, the plan action nursing arranged in a way comprehensive with refers to the SDKI, SLKI, and SIKI standards, Planned interventions covering maintenance heart through hemodynamic status monitoring, ECG monitoring, saturation oxygen level awareness, as well as intake-output liquid, Plan This supported with management airway passage action suction mucus (suction), monitoring respiration, regulation semi-fowler position 30 to 40 degrees, and management hypervolemia through restrictions fluids and monitoring edema, Management it also integrates collaboration giving therapy medical which includes nasal cannula oxygen 3 lpm, fluid infusion, medicine antihypertensive nicardipine, mannitol, diuretics, and administration nutrition via NGT.

After it is done implementation nursing in a way intensive for 3 days, the results evaluation end show varying developments, Problems nursing breathing pattern is not effective stated resolved fully marked with repair breathing pattern and return frequency breathing to

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normal range, While that, four problem nursing others, namely decline rainfall heart, decrease capacity adaptive intracranial, cleaning airway is not effective, and hypervolemia stated resolved part Because although has show repair clinical like decline pressure blood, reduced production secretions, and reduction degrees edema, the condition Not yet completely optimal. Therefore condition general patient has experience stabilization, patient Then moved to room care stay For get monitoring as well as maintenance advanced

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