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Emergency Nursing Care For Mr. A With Urinary System Disorders Chronic Kidney Failure In The ICU Vita Insani Hospital Pematangsiantar

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Abstract

Chronic Kidney Failure (CKD) is a progressive and persistent decline in kidney function. According to WHO (2023), the number of sufferers reached 850 million, or approximately 10% of the world's population of approximately 8 billion. This study aims to provide comprehensive emergency nursing care for CKD patients. This descriptive study used a case study approach on one respondent. Nursing care was provided for 3 days of treatment (April 29–May 1, 2026) in the ICU of Vita Insani Hospital, Pematangsiantar. Data collection used an Emergency Assessment format, informed consent, and SOP. After nursing care for 3 days of treatment, three nursing diagnoses were obtained, namely: Impaired gas exchange, Hypervolemia and Decreased intracranial adaptive capacity. The final evaluation results per diagnosis (impaired gas exchange, hypervolemia, and decreased intracranial adaptive capacity) showed that all nursing problems were not resolved because the patient was declared dead (exit) on the fourth day of treatment. Patient families are expected to promote very strict adherence to routine hemodialysis schedules and fluid intake restrictions to prevent recurrent emergencies.

Keywords: Emergency Nursing Care, Urinary System, Chronic Kidney Failure

INTRODUCTION

Kidney failure Chronic is condition decline function ongoing kidney in a way progressive and characteristic settled, so that kidney No capable operate its function in maintain balance fluids, electrolytes, and metabolism body (Polit & Beck, 2022b). Decrease function kidney This happen in a way slowly and often No show clear symptoms at this stage early, so that Lots sufferers new diagnosed when disease has entering an advanced stage. Consequence disturbance said, the remainder metabolism the body that should be issued through urine will

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piled up inside blood and cause various complications systemic, such as uremia, disorders electrolytes, and disorders balance liquid (Chiu et al., 2021).

Chronic Kidney Failure at the moment This is problem important health remember besides incidents and their increasing prevalence increased, treatment replacement kidneys that must be undergone by sufferers fail kidney is very expensive treatment. Dialysis is something action therapy in care sufferers fail terminal kidney. This action often also called as therapy replacement Because functioning replace part function kidney therapy frequent substitutes done is hemodialysis and peritoneal dialysis. Among second type said, which becomes choice main and methods general care sufferers fail kidney (Sanchez et al., 2020).

Kidney failure chronicle is infectious disease irreversible, so at an advanced stage sufferers need therapy replacement kidney For maintain continuity live, like hemodialysis or peritoneal dialysis. Condition This No only impact on aspects physical, but also affects aspect psychological, social, and economic sufferers as well as his family. Therefore that, is necessary role comprehensive nursing, especially in care nursing community, for increase quality life patient through effort promotive, preventive, curative, and rehabilitative in accordance with draft nursing community (Naralia, Mukaromah, Purnanto & Basri, 2023).

Based on data from the Ministry of Health (2025), the number of sufferers disease fail kidney chronic estimated reach around 713 thousand people or approximately (0.25%) of the total number estimated population of Indonesia around 281 million souls in 2025, disease fail kidney chronic be one of problem necessary health get attention Because related with increasing disease No infectious such as diabetes mellitus, hypertension, obesity, and change pattern life underprivileged communities Healthy (Lee & Seo, 2022).

In North Sumatra Province, the disease fail kidney chronic is also one of the problem necessary health get attention. Amount sufferers fail kidney chronic reach 30 thousand people or about 0.2% of the total number estimated population around 15 million soul, condition This show that fail kidney chronic Still be one of disease No infectious that needs to be get attention in effort prevention and control in the community (Watson & Simms, 2022).

Based on recorded data sources medical care obtained at Vita Insani Hospital Pematangsiantar, number kidney failure sufferers Chronic from 2023 to 2025 recorded as many as 580 people, with details as following : in 2023 there were 190 people suffering from Failed Kidney Chronic, in 2024 it will decrease to 76 people, and in 2025 again increase to 314 people, 3 months data final from month October until with December amount kidney failure sufferers Chronic as many as 92 people, with details on the month October as many as 37 people, November 25 people and December 30 people (Shi et al., 2023). According to 3 months of data

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final from ICU room of Vita Insani Hospital Pematangsiantar There is as many as 29 patients sufferers fail kidney chronic with details on the month October as many as 11 people, November as many as 10 people and December as many as 8 people (Record Vita Insani Hospital medical Pematangsiantar) (Polit & Beck, 2022a).

According to study Dyah Swinging Galuh, et al. (2020) in his research entitled " Parenting " Nursing Emergency Emergency in Patients with Chronic Kidney Failure in the ICU Room of Salatiga Regional Hospital " explained that Chronic Kidney Disease (CKD) is disturbance progressive renal function and causes failure body in maintain balance fluid. This research aim For know description care nursing in fulfillment need fluids and electrolytes in CKD patients with problem hypervolemia through method studies case descriptive on one subject in the ICU room with diagnosis nursing associated hypervolemia with disturbance mechanism regulation, marked with peripheral edema and oliguria (Achyar et al., 2019)..

Intervention nursing care performed is management hypervolemia with addition non-pharmacological measures in the form of sucking slimber ice (ice cubes with lemon slices or certain aromas) for 5 minutes. Evaluation results show that action sucking slimber ice for 3 days consecutive effective in lower intensity of thirst in a way significant in patients undergoing restrictions fluid. This research recommend use slimber ice as intervention independent effective nurse For overcome thirst in patients fail kidney chronic.

Survey the beginning of the researcher do through interview with nurse in the room, found information that moment This No There is patient with a diagnosis of Chronic Kidney Failure treated. However, the nurse explain that Kidney Failure Patients Chronicle is one of the most frequent cases treated in the room said (Rozveh et al., 2023). Interview results that Chronic Kidney Failure patients who usually treated come with complaint general in the form of edema/ swelling especially in the extremities below, shortness of breath due to accumulation liquid, as well as nausea and vomiting, Mostly patient experience intolerance activity so that need help nurses and families in fulfillment of ADL (Activities of Daily Living) (Akbaş & Yiğitoğlu, 2020)..

The nurse also explained procedure handling If there is Chronic Kidney Failure patients admitted in condition emergency emergency (acute). Condition frequent emergencies found such as, patients come with shortness of breath (dyspnea), rapid breathing rate (tachypnea), and decreased saturation oxygen. Normal action done is giving oxygen concentration high, semi-fowler/fowler position.

Based on data from the description above, I interested do study with title care nursing emergency emergency on patient with disturbance system urination diagnosis medical fail kidney chronic at Vita Insani Hospital Pematangsiantar.

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METHOD

According to Moleong (2021) design research used in study This is study qualitative descriptive with approach studies case study. Qualitative research is " research that produces descriptive data in the form of written words or oral of people and behaviors that can observed." This research is very useful in understand pattern behavior and interaction social in a way in-depth. This research use approach studies case study For describe description How care nursing emergency system emergency urination with diagnosis medical fail kidney chronicles at home Vita Insani disease Pematangsiantar (Uhr, 2022).

According to Hamzah (2019). Participant is a source who refers to someone who understands related with object study as well as capable give description about topic research that was raised. Participants alone is the right person Correct know and have involved direct in problem research. With understanding That somebody Can participate when find himself with groups, through various with other people in matter values, traditions, feelings, obedience and responsibility Answer together.

According to Hizamuddin (2021), stated technique data collection is a process that important and necessary done careful preparation in implementation data collection, because technique data collection is a strategy or the way that will used researchers For collect the required data / information in accordance with problem research, as well as for the process of doing analysis and retrieval conclusion in do research.Preparation, At the stage this, researcher will compile work write scientific study with using case study research via Google Scholar or Google Scholar, using Google Books or book online text (Iheduru-Anderson, 2020). Then researchers do guidance to lecturer supervisor.Administration Researchers moreover formerly submit application permission study to Vita Insani Hospital Pematangsiantar. After obtaining letter permission study from institutions, researchers deliver letter the to the Hospital as condition administrative. Furthermore, after get agreement from the Hospital for carry out research, researcher request permission to Head of Inpatient Room use carry out study in accordance with applicable procedures. (Yuniartika et al., 2021)

RESULT

This research done through studies case with objective that is do care nursing at Vita Insani Hospital Pematangsiantar. Foster Care nursing on every patient done for 3 days treatment. Patient get maintenance counted from April 29, 2026 - May 1, 2026 with location care in the ICU.

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Data analysis

Table 1. Data Analysis

NO	DATA	ETIOLOGY	PROBLEM
1.	DS : 1. Family client say client had time shortness of breath before client decline awareness DO : 1. BP 187/82 mmHg 2. RR 28X/ minute (ETT installed) 3. Pulse 107x/ minute 4. There is additional breath sounds like gurgling on auscultation 5. Saturation Oxygen (SpO2) 100% with help ETT tool. 6. Breath rhythm is not regular. 7. There is accumulation of secretions in the airways.	Damage kidney ↓ retention fluid ↓ accumulation fluid in the lungs / pulmonary edema ↓ imbalance ventilation-perfusion.	Disturbance Gas Exchange
2.	DS : 1. Family client say before client experience decline awareness client No guard pattern eat and drink his Then client No wash blood as many as 3x 2. The client's family said that the client usually has dialysis twice a week on Tuesdays and Fridays. DO: 1. BP 187/82 mmHg 2. RR 28X/ minute	Decline function kidney ↓ decline glomerular filtration ↓ sodium and fluid retention ↓	Hypervolemia

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	(ETT installed) 3. Pulse 107x/ minute 4. There is +3 edema in the facial area as well as extremities top and bottom. 5. AV Shunt (Cimino) installed extremity left on. 6. The skin looks black 7. Decreased skin turgor 8. Skin looks dry 9. CRT >2 seconds 10. Pressure blood 182/87 mmHg. 11. Intake: 622 ml / 8 hours Output : 10 ml / 8 hours 12. High Urea levels reached 194 mg/dl and Creatinine 13.9 mg/dl. 13. Urine 0	excess fluid volume intravascular.	
3.	DS : 1. Family client say that patient brought to the emergency room because experience decline awareness moment be at home. DO : 1. Client in condition somnolence with a total GCS score of 8 (Eye: 3, Verbal: 1, Motor : 4). 2. Client only give response moment given stimulation painful. 3. Pressure very high blood pressure (182/87 mmHg) 4. RR 28X/ minute	Uremia and disorders metabolic ↓ cerebral edema ↓ improvement pressure intracranial.	Decline Capacity Adaptive Intracranial

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	(ETT installed) 5. Pulse 107x/ minute 6. The client has an Endotracheal Tube (ETT) inserted. 7. Urea 194 mg/dL. 8. Creatinine 13.9 mg/dL. 9. Hemoglobin 5 g/dL.		

DISCUSSION

The results of the study conducted on April 29, 2026 in the ICU room of Vita Insani Hospital Pematangsiantar, data was found that Mr. A (51 years old) was found in emergency status that comes in to in category triage red. Based on the information from party family, before referred to to House sick, patient had time experience complaint Shortness of breath occurs when the kidneys are unable to excrete urine, causing it to accumulate in the blood vessels. Breathing frequency can reach 28 times per minute. from the monitor as well level saturation SpO2 oxygen 100% using help ETT tool. Condition the trigger occurrence decline awareness to level somnolence with GCS score at 8, which is due to non-compliance patient For therapy hemodialysis routine 3 times in a row, plus Again with lack of restrictions fluids at home (Esmond, 2013).

When it is done inspection physique in a way straight to the ICU, signs excess fluid looks very clear, like edema +3 diarrhea face, extremities top and bottom. In addition, the condition skin patient looks blackened, dry and turgor skin decrease as well as installed tool Endotracheal Tube (ETT) connected to the ventilator to the monitor, Nasogastric Tube (NGT) tube for fulfillment nutrition, and looks existence access active AV Shunt (Cimino) vascular in the arm part left. Assessment This reinforced by the results inspection laboratory that shows level High urea up to 194 mg/dl, Creatinine reached 13.9 mg/dl, and hemoglobin was at the figure low namely 5.0 g/dl due to from Chronic Kidney Failure stage V(Nasrabadi et al., 2021).

Diagnosis Nursing

After analyzing all data obtained from stages inspection physical and laboratory, researchers formulate problem nursing problems experienced by Mr. A. nursing that can be enforced is (Alcusky et al., 2019):

Diagnosis first to be enforced is Disturbance gas exchange (D.0003) bd imbalance ventilation-perfusion consequence accumulation fluid. The establishment of this nursing

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diagnosis is based on subject data and object data, family client say client had time shortness of breath before client decline awareness, pressure blood pressure 187/82 mmHg, respiratory rate (RR) 28x/ minute with condition ETT installed, pulse 107x/ minute, there is additional breath sounds like gurgling when auscultation, saturation Oxygen (SpO2) 100% with help ETT tool, as well as irregular breathing rhythm regular. (Sümen & Öncel, 2021).

Diagnosis First Disturbance Gas Exchange, plan intervention nursing For diagnosis main on SIKI Monitoring Respiration (I.01014) with Expected output of Gas Exchange SLKI (L.01003). decrease after 3x24 hours of treatment (Bunting & de Klerk, 2022). Details activity action This arranged includes : Observation, Monitoring the frequency, rhythm, depth and effort of breathing, Monitoring breathing patterns (such as bradypnea, tachypnea, hyperventilation, Kussmaul, Cheyne-Stokes, Biot, ataxic), Monitoring the ability to cough effectively, Monitoring the presence of airway obstruction, Palpation of the symmetry of lung expansion, Auscultation of breath sounds, Monitoring oxygen saturation (Ju et al., 2018). In Therapeutic, Perform semi-Fowler position, Perform mucus suction (Suction) (Folami, 2017).

Diagnosis second Hypervolemia, plan intervention diagnosis second, SIKI Management Hypervolemia (I.03114) with Balance SLKI Expected fluid (L.03020) decrease with criteria edema results decreased. In activity action This. Observation, Check for signs and symptoms of hypervolemia, Identify the cause of hypervolemia, Monitor fluid intake and output, Monitor skin integrity, Monitor body weight. In therapeutics, limit fluid intake.

Diagnosis third Decline Capacity Adaptive Intracranial, plan intervention diagnosis third, SIKI Management Improvement Pressure Intracranial (I.06194) with SLKI Capacity Adaptive Intracranial (L.06049) is expected getting better (Maginnis, 2018). Observation, Identification reason ICT enhancement, Monitor signs / symptoms Increased ICP, Monitor respiratory status, Monitor conscious status. In Therapeutic, Adjust PaCO2 Ventilation and in Collaboration, Collaboration giving drug antihypertensive (Doyle et al., 2020).

According to research by Tasya Shafa Rahman, Sri Utami Dwiningsih, and Nina Indriyawati (2021) in Nursing Journal window entitled "Nursing Care to Meet Fluid and Electrolyte Needs of Chronic Kidney Disease Patient", planning strategy comprehensive interventions in critical CKD patients of course must integrate management function respiration, fluid volume circulation, and protection cerebral in a way simultaneous intervention must prioritize hydration status monitoring (Jaggi et al., 2018), regulation supportive position ventilation, as well as calculation on fluid intake and output so that hemodynamic status and blood pressure intracranial patient can controlled with safe (Al-Zein & Al-Khawaldeh, 2015).

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Implementation and Notes Development

Implementation nursing implemented in a way intensive for 3 days treatment in the ICU, starting April 29 to May 1, 2026. Use monitoring tools, as well as attitude cooperative family patient in agree action clinical become supporters main implementation care nursing this.Diagnosis First Disturbance Gas Exchange, the action taken by monitoring respiration towards Mr. A who had an Endotracheal Tube (ETT) installed. Based on the information family, clients had time experience shortness of breath at home before experience decline consciousness (Ramadan et al., 2024a). When examined, the respiratory rate was fast reaching 28x/ minute (tachypnea) with rhythm No regular, visible existence retraction chest muscles, cough No effective, and heard additional breath sounds in the form of gurgling on both roomy lungs consequence accumulation fluid. However, saturation oxygen SpO 2 monitored at 100 % with ETT assistance (Kim et al., 2018). Therapeutic measures taken is positioning semi-Fowler patient and perform suction mucus (suction) on the ETT tube, which was successful emit secret white thick as much as 5 mL so that the airway becomes more clean (Hockenberry et al., 2021).

Evaluation Nursing

Evaluation end nursing done on the day third treatment (29 April - 1 May 2026) with SOAP method, and shows results that third diagnosis nursing the priority imposed on Mr. A is stated Not yet resolved as well as need continuation intervention intensive critical (Ramadan et al., 2024b).

a. Gas Exchange Disorders related to ventilation perfusion imbalance due to fluid accumulation The results of the final nursing evaluation using the SOAP progress note method for the primary diagnosis of gas exchange disorders indicate an unresolved clinical status (Neto et al., 2025).
    1. On the first day, breathing was 28x/minute, mucus suction was obtained at 5 ml and a semi-Fowler position was given to maintain the airway.
    2. On the second day, breathing was 27x/minute, mucus suction was obtained at 4 ml and a semi-Fowler position was given to maintain the airway.
    3. On the third day, breathing was 28x/minute, mucus suction was obtained at 5 ml and a semi-Fowler position was given to maintain the airway.
b. Hypervolemia is associated with disruption of regulatory mechanisms due to kidney failure.

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CONCLUSION

Care nursing emergency emergency done during three day (29 April–01 May 2026) on Mr. A aged 51 years with diagnosis of kidney failure Chronic in the ICU of Vita Insani Hospital Pematangsiantar. Obtained Mr. A's road condition breath not patented, there is obstructive secretions airway, RR 28X/ minute, SPO2 100x/ minute with help ett, edema +3 on the face as well as extremities upper and lower, neurological status with GCS 8 (E 3,V 1,M4) somnolent. Based on the assessment obtained enforced diagnosis disturbance gas exchange bd imbalance ventilation-perfusion consequence accumulation fluid, hypervolemia bd disturbance mechanism regulations consequence failure function kidney, Decrease capacity adaptive intracranial BD disorders metabolism consequence uremia tall.

Of the three diagnosis his intervention monitoring respiration, management hypervolemia, management improvement intracranial. After intervention planned action giving semi-Fowler position, suction mucus suction, restriction fluid and level monitor awareness. Obtained results disturbance gas exchange results done action giving semi-Fowler position and suction action, hypervolemia obtained results has restricted intake fluid, decrease capacity adaptive intracranial obtained results obtained gsc 8 (E 3,V 1,M4) somnolent.From the results evaluation third diagnosis obtained evaluation diagnosis Disturbance gas exchange, hypervolemia and Decreased capacity adaptive intracranial Not yet resolved and intervention stopped due to client exit (died) on the day treatment to 4.

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