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Medical Surgical Nursing Care For Mr. R With Respiratory System Disorders In Bronchitis In The Army Hospital Grade IV 01.07.01 Pematangsiantar

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Abstract

Bronchitis is an inflammation of the bronchi that causes increased production of secretions or sputum, thereby disrupting the respiratory system and the fulfillment of oxygenation needs. Bronchitis remains a global health problem. According to World Health Organization (WHO) data, 3,920,000 deaths were caused by bronchitis. The purpose of this scientific paper was to provide medical-surgical nursing care for patients with a medical diagnosis of bronchitis at the Army Hospital Level IV 01.07.01 Pematangsiantar. he type of research used was descriptive with a case study approach through the nursing process, which included assessment, nursing diagnosis, intervention, implementation, and evaluation. Data were collected through interviews, observation, physical examination, documentation, and medical record review. Nursing care was provided for three days to a patient with bronchitis in the Aster Ward at the Army Hospital Level IV 01.07.01 Pematangsiantar, from April 29 to May 1, 2026. The assessment findings showed that the patient experienced a productive cough, shortness of breath, fever, nausea, and decreased appetite. The nursing problems identified were ineffective airway clearance related to airway hypersecretion, hyperthermia related to the infectious process, and nutritional deficit related to the inability to absorb nutrients. After nursing interventions were provided for three days, the patient's condition improved, as evidenced by easier sputum expectoration, improved body temperature, and increased nutritional intake. The implementation of nursing care helped improve the patient's condition gradually. The hyperthermia problem was resolved, while ineffective airway clearance and nutritional deficit were partially resolved and still required further nursing follow-up. Nurses are expected to provide comprehensive nursing care for patients with bronchitis and enhance health

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education for patients and their families to support the recovery process and prevent complications.

Keywords: Nursing Care, Bronchitis, Respiratory System Disorders

INTRODUCTION

Bronchitis is condition inflammation of the ducts respiratory incidents Enough high and can occurs in various group age. Bronchitis can influenced by many environments pollution, for example parents who smoke at home, vehicle exhaust fumes motorized, smoke results burning at the time cooking using material burn wood. Patients who experience bronchitis found limited complaints like coughing, wheezing, sputum and shortness of breath are complaints found (Potts & Mandleco, 2007). Frequent problems occurs in bronchitis is ineffectiveness cleaning airway due to production secretions in the bronchi, so that flow air disturbed and causes fulfillment need oxygen patient become not optimal. Accumulated sputum can bother airway. Inability ability in clean secretion so that happen obstruction of the airway (Sümen & Öncel, 2021)

Bronchitis is something inflammation or infection in the tract bronchial, which can cause swelling as well as production excessive mucus. Coughing and increasing expenditure sputum as well as congested breath is common signs appears in sufferers bronchitis divided on two parts, namely bronchitis chronic and bronchitis acute bronchitis I usually due to flu and other infections in the tract breathing, usually bronchitis I start getting better in time a number of day or several weeks (Kassabry, 2023). Meanwhile that, bronchitis chronic is disturbance in the form of inflammation of the airways that must be get management in a way appropriate intensive ((Related et al., 2022).

Frequent problems appears in bronchitis is ineffectiveness cleaning airway due to production excessive secretions and secretions build up in the bronchi so that patient experience disorders of the respiratory tract that result in patient experience disturbance in fulfillment need oxygen. Accumulated sputum can bother airway, inability ability in clean secretion so that happen obstruction of the airway (Ambarwati, 2022)

There are many ways you can do it done For producing sputum, one of them with chest physiotherapy (Moura et al., 2021). Chest physiotherapy is action postural drainage, adjustment position as well as chest percussion and vibration which is method For enlarge effort client and fix function lungs (Indri, 2022). Bronchitis is part from infection lower respiratory tract contributing big to number death consequence disturbance respiratory diseases in the world

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(Maginnis, 2018). WHO (2022) reported that from 4 million death consequence infection channel breathing I every year, approximately 3,920,000 deaths originate from bronchitis. Very high numbers This show that bronchitis Still become problem global health needs attention, especially in countries with exposure pollution and access low health (Alcusky et al., 2019)

developed countries like the United States, bronchitis chronic still become problem big although facility health proceed. Data from the CDC and US in 2024 records that 11–12 million adults in the United States experience bronchitis chronic. This is show that factor risk like smoking, pollution industry and style life still influence height case bronchitis, even in countries with service medical best (Grant & Johnson, 2019).

In developing countries like Thailand numbers incident bronchitis more tall Because influenced by the environment solids, cigarette smoke, and exposure pollution. Based on Thailand's prevalence data, it is estimated that has 4,150,000 sufferers bronchitis chronic based on prevalence adults 8.3% This data confirm that developing countries face burden distant bronchitis more big consequence condition environment and habits life society (Basit et al., 2023).

Bronchitis Still become problem adequate health large in Indonesia. Based on data from the Indonesian Ministry of Health in 2023, the number of sufferers bronchitis estimated reaching 1,600,000 people every year year. Disorder respiratory problems in adolescents are also very high ; if 89% of Indonesian adolescents experience respiratory disorders and population teenager around 45 million, then approximately 40,050,000 teenagers experience partial respiratory complaints related with bronchitis. In addition, the prevalence bronchitis in adults which reaches 12.8 % if converted to population Indonesian adults around 270 million resident produce approximately 34,560,000 adults affected bronchitis every year (Shi et al., 2023).

One of province with amount case enough bronchitis tall is Central Java Province. Data shows that prevalence bronchitis in Central Java reached around 288 thousand soul or amounting to 0.06% of the total population. This figure show that bronchitis Still become problem necessary health get attention in effort prevention and management disease breathing in the community (Rohmaniyah et al., 2024).

Bronchitis is one of the disease of the system marked breathing with inflammation of the bronchi. Disease This including in group Infection Channel Breathing Acute. Based on data from the North Sumatra Provincial Health Office, the number of ISPA cases in North Sumatra in the period January–September 2025 reached around 669,835 cases. The high number incident disease breathing the show that disturbance system breathing, including bronchitis, still become

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problem health community in North Sumatra (Uhr, 2022).

Specific data about prevalence bronchitis in the city embankment Siantar Not yet published in a way separately. However, based on the report of the Pematangsiantar City Health Service, the case Infection Channel Breathing I Still found Enough high in this area. ISPA is group disease the breath in it including bronchitis so that height cases of ISPA can become indicator existence problem health channel breathing in the city embankment Siantar (Zheng & Yan, 2023).

Based on the data obtained from survey beginning data collection at the Army Hospital Level IV 01.07.01 Pematang Siantar, patient data was obtained bronchitis in 2023–2025 with The total number was 1,203 people. In 2023, it was recorded amount sufferers bronchitis as many as 23 people with exit number 0. In 2024 the number of sufferers bronchitis increase to 464 people with exit number 0. Furthermore, in 2025 the number sufferers bronchitis recorded as many as 716 people with exit number 1. Based on data in 2025, the number of case bronchitis was recorded in October as many as 11 people, in November as many as 7 people, and month December as many as 17 people (Mulyasari et al., 2023).

The data show that case bronchitis Still Enough tall so that required management and care proper nursing care for patients bronchitis. Based on the description above, researchers interested For do study about Care Nursing Medical Surgery With Disturbance System Breathing in Bronchitis at the Army Hospital Class IV 01.07.01 Pematangsiantar.

METHOD

This study uses a qualitative research design with a case study approach. This approach is used to obtain an in-depth picture of nursing care for patients with respiratory system disorders due to bronchitis in the military hospital. The case study was chosen because the researcher wanted to explore the nursing care process comprehensively from assessment to evaluation. Qualitative research is a scientific approach used to understand social phenomena in depth through the subjective perspective of participants. The main focus of this approach is on meaning, experience, values, and construction of reality that cannot be measured numerically (Mardhiyah et al., 2023).

This research was conducted in the Aster Room of the Army Hospital TK IV.01.07.01 Pematangsiantar. This research was conducted from March to May 2026. The population is a generalization area consisting of objects/subjects that have certain qualities and characteristics determined by the researcher to be studied and then conclusions can be drawn (synthesis). The population in this study were all patients with respiratory system disorders, especially bronchitis

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who underwent treatment at the Army Hospital TK IV 01.07.01 Pematangsiantar (Watson & Simms, 2022a).

A sample is a portion of the population and its characteristics that are actually studied and conclusions are drawn from. The sample in this study was one bronchitis patient treated at the Army Hospital Class IV 01.07.01 Pematangsiantar.

Data analysis is the process of systematically searching and compiling data obtained using various types of data collection such as interviews, observations and documentation such as video/audio recordings by organizing the data and selecting important and studied names, analyzing using various data analysis methods, and drawing conclusions, so that they are easily understood by oneself and others (Watson & Simms, 2022b).

RESULTS

Research result

The research was conducted at the Pematangsiantar Army Hospital, Level IV 01.07.01, located at Jalan Gunung Simanuk Manuk No. 6, Timbang Galung, West Siantar District, Pematangsiantar City, North Sumatra Province. The Pematangsiantar Army Hospital is one of the Indonesian Army's hospitals that provides health services to TNI members, their families, and the general public. This hospital has various health care facilities such as inpatient and outpatient facilities, emergency facilities, laboratories, radiology, and other treatment rooms (Potter & Perry, 2017)..

This research was conducted in the Aster Room, an inpatient ward used to treat patients with various medical conditions, including respiratory disorders such as bronchitis. The Aster Room is equipped with patient care facilities such as beds, oxygen, vital signs monitoring equipment, and other supporting facilities to support healthcare and nursing care (D. Polit & Beck, 2018).

Data analysis

Table 1. Data Analysis

NO	DATA	ETIOLOGY	PROBLEM
1	**DS** : 1. Patient say hard to breathe 2. Patient say cough phlegmy **DO:**	Exposure to dust/irritants ↓Bronchial inflammation ↓Bronchial	(D.0001) Ineffective airway clearance

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	1. Patient looks hard to breathe RR: 28 x/ minute Pulse: 102 x/ minute 2. Looks use lobe nose moment breathe 3. Looks use muscle assist breathing 4. Sounds rhonchi wet on both roomy lungs especially the basal area 5. There is sputum/secretions 6. Patient looks cough phlegmy 7. Increased respiratory rate (tachypnea) 8. Activity limited, more Lots rest in place Sleep 9. How to walk slow Because hard to breathe	mucosal gland hypertrophy ↓Increased mucus production ↓Accumulation of secretions in the airways	
	DS: 1. Patient say fever 2. Patient said the body feels warm 3. Patient say feel weak **DO:** 1. Temperature body : 38°C 2. Skin is palpable warm 3. Pulse: 102 x/ minute RR: 28 x/ minute Leukocytes : 10,300/mm³ 4. Patient looks weak	Respiratory tract infection (bronchitis) ↓Body's inflammatory response ↓Increased body metabolism ↓Increased body temperature	Hyperthermia

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	DS: 1. Patient say nauseous 2. Patient say vomit 3. Patient say lust Eat decrease DO: 1. Patient looks weak 2. Portion food remaining (only 1/4 portion) 3. Lust Eat decrease 4. Lips A little dry 5. Oral mucosa A little dry 6. Soft diet / food House sick (porridge) 7. Eat a little but often Sometimes nauseous moment drink 8. BB 60 kg	(Respiratory tract infection) Bronchitis ↓Increased body metabolism secondary to infection/fever ↓ Nausea, vomiting, and anorexia ↓Inadequate nutritional intake	Nutritional deficit

DISCUSSION

Medical surgical nursing care for Mr. R with a medical diagnosis of bronchitis was carried out for 3 days in the Aster Room of the Army Hospital TK IV 01.07.01 Pematangsiantar. Based on the results of the real assessment found in the case of Mr. R, there are three main nursing problems that emerged and were established by the researcher, namely Ineffective Airway Clearance, Hyperthermia, and Nutritional Deficit (Watson & Simms, 2018). In the first nursing diagnosis, namely Ineffective Airway Clearance, the narrative of the assessment results on Mr. R showed subjective complaints in the form of shortness of breath and cough that was difficult to expel with thick phlegm (Nasrabadi et al., 2021). Objectively, it was found that the patient appeared to have an ineffective cough, thick, yellowish-white sputum with a volume of 2 cc on the first day, additional breath sounds were heard in the form of rhonchi in both lung fields, and a rapid respiratory rate (RR) of 28 x / minute. The clinical condition of Mr. R was This R occurs due to an inflammatory process in the bronchial area which stimulates hypertrophy of the

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mucous glands, resulting in hypersecretion or increased sputum production which results in obstruction of the patient's airways (Gao et al., 2022)..

Nursing Diagnosis

Based on the results of the assessment and data analysis, the researcher established three nursing diagnoses for Mr. R: ineffective airway clearance, hyperthermia, and nutritional deficit. These diagnoses were based on the subjective and objective data found in the client.

The first diagnosis is ineffective airway clearance related to airway hypersecretion and accumulation of secretions due to bronchial inflammation. This diagnosis is based on subjective data from the client who reported shortness of breath, coughing up phlegm, fatigue, disturbed activity, and uncomfortable sleep due to coughing and shortness of breath. Objective data shows the client appears short of breath, RR 28 times/minute, use of accessory muscles and nasal flaring, presence of wet rhonchi, and sputum that is difficult to expel. Ineffective airway clearance in bronchitis occurs because bronchial inflammation causes increased mucus production so that secretions accumulate in the airways and impede ventilation (Konwar et al., 2022). The diagnosis of ineffective airway clearance established in Mr. R is in accordance with research by Triyastuti et al. (2024) which shows that the main problem in bronchitis patients is the accumulation of secretions that causes ineffective airway clearance.

Nursing Interventions

The nursing interventions provided to Mr. R were developed based on the assessment results and nursing problems identified during the treatment process (Jaggi et al., 2018). The interventions aimed to address ineffective airway clearance, hyperthermia, and nutritional deficits to optimally improve the patient's health. The interventions were developed based on the Indonesian Nursing Intervention Standards (SIKI), medical-surgical nursing theory, and the latest research findings relevant to bronchitis cases (D. F. Polit & Beck, 2022b).

The interventions, including effective coughing exercises, chest physiotherapy, deep breathing exercises, semi-Fowler's positioning, and increased fluid intake, performed on Mr. R are consistent with research by Ambarwati and Susanti (2022), which showed that chest physiotherapy effectively helps expel secretions, reduces respiratory rate, and improves airway clearance in bronchitis patients. Furthermore, research by Magfiroh et al. (2021) explains that chest physiotherapy and effective coughing exercises can accelerate sputum excretion, thereby gradually reducing shortness of breath. Research by Triyastuti et al. (2024) also shows that interventions focused on excreting secretions have a positive impact on improving the

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respiratory status of bronchitis patients, characterized by reduced rhonchi and increased ability of patients to expel phlegm (D. F. Polit & Beck, 2022a).

Implementation

Nursing care for Mr. R was implemented over three days and aligned with previously developed interventions. Nursing actions focused on addressing ineffective airway clearance, hyperthermia, and nutritional deficits. All actions were carried out in stages, taking into account the patient's condition and responses throughout the treatment process(Andri et al., 2018).

On the first day of treatment, researchers monitored the patient's vital signs, respiratory rate, breathing pattern, additional breath sounds, and the level of shortness of breath. Results showed that the patient continued to experience shortness of breath, a productive cough, use of accessory respiratory muscles, and crackles in both lung fields. Based on these conditions, the patient was placed in a semi-Fowler's position to help increase lung expansion and facilitate ventilation. Furthermore, the patient was taught effective coughing techniques and deep breathing exercises to help expel accumulated secretions in the respiratory tract. Researchers also collaborated on oxygen therapy according to the medical program and encouraged the patient to increase fluid intake to help thin the secretions (Scisco et al., 2010). These results align with research by Ambarwati and Susanti (2022), which showed that routine chest physiotherapy can improve patients' ability to expectorate phlegm and improve respiratory status. Research by Magfiroh et al. (2021) also explained that effective coughing exercises performed continuously can reduce secretion retention, accelerate sputum expulsion, and improve breathing comfort in bronchitis patients. This condition aligns with the development experienced by Mr. R, where after nursing actions were carried out the patient began to be able to expel phlegm better and complaints of shortness of breath gradually decreased (Taha et al., 2021).

Evaluation

Nursing care was provided for 3 days, with evaluations based on subjective and objective data for each nursing diagnosis. On the first day of the diagnosis of ineffective airway clearance, the client was still short of breath and coughing up phlegm with a respiratory rate of 28 breaths/minute and moist rhonchi in both lung fields. After the intervention, the shortness of breath decreased slightly and the phlegm began to be expelled more easily (Cascella et al., 2020). On the second day, the respiratory rate decreased to 26 breaths/minute, the rhonchi decreased, and the client reported that the shortness of breath began to decrease. On the third

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day, the respiratory rate decreased to 24 breaths/minute, the use of accessory muscles decreased, the rhonchi were only mild, and the client reported that breathing felt easier. Based on these results, the problem of ineffective airway clearance was partially resolved because secretions were cleared and shortness of breath was reduced (Prakash et al., 2019). These evaluation results are in line with research by Triyastuti et al. (2024) which showed that after nursing interventions in the form of chest physiotherapy and effective coughing exercises, there was a decrease in shortness of breath, a decrease in rhonchi, and an increase in the patient's ability to expel sputum. Research by Jannah Nurul et al. (2021) also found improvements in respiratory status after three days of nursing care in a patient with bronchitis. This finding aligns with the evaluation of Mr. R, which showed a decrease in respiratory rate, reduced use of accessory muscles, and improved ability to expel secretions (Alexander et al., 2020)..

CONCLUSION

Based on the results assessment of Mr. R with diagnosis medical bronchitis which was carried out in the Melati Room of Vita Insani Hospital Pematangsiantar, subjective data was obtained in the form of complaint shortness of breath, cough phlegm, fever, weakness, nausea, vomiting, and decreased lust eating. Objective data show improvement respiratory rate, presence of rhonchi breath sounds, increased temperature body, as well as intake nutrients that are not adequate.

Based on the results assessment said, researchers uphold three diagnosis nursing that is cleaning airway is not effective relate with hypersecretion airway, hyperthermia relate with the infection process, and deficit nutrition relate with decline lust Eat.

Interventions that are designed referring to the Standard Intervention Indonesian Nursing (SIKI) and implemented in accordance condition patient. Nursing actions provided covering respiratory status monitoring, administration position semi Fowler, training cough effective therapy oxygen, monitoring temperature body, giving compress warm, monitoring nutritional status, education health, as well as collaboration with team medical in giving therapy.

Evaluation results show existence repair condition patient, namely shortness of breath decreases, sputum increases easy issued, temperature body decreased, nausea and vomiting reduced, and lust Eat increased. Based on the results said, third diagnosis nursing that is cleaning airway is not effective, hyperthermia, and deficit nutrition resolved and resolved part so that Still need monitoring and maintenance advanced

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