Journal for Quality in Women's Health
DOI : https://doi.org/10.30994/jqwh.v6i1.210 https://jqwh.org/
ISSN: 2615-6660 (print); 2615-6644 (online) Vol.6 No 1. March 2023. Page. 72-74

Tersedia *online* di https://jqwh.org/index.php/JQWH

NURSING CARE OF CHILDREN WITH FEBRILE CONVULSION WITH HYPERTHERMIY NURSING PROBLEMS IN SRIKANDI ROOM JOMBANG HOSPITAL

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Received: November 18, 2022; Accepted: March 14, 2023; Published: March 20, 2023

ABSTRACT

Background : Febrile seizures are disorders that arise due to an abnormal increase in body temperature (> 38 ^{0} C). Febrile seizures are often associated with epilepsy and the risk of mental retardation in children. Until now, the cause of children experiencing febrile seizures cannot be known with certainty. Most cases of febrile seizures are associated with high fevers that occur due to ear infections, chickenpox, tonsillitis, or flu virus infections.
Method : The design of this research is a case study using the subject of 2 pediatric patients who experienced febrile seizures with hyperthermia nursing problems on the first day, nursing care was carried out 3 consecutive days by providing warm compresses or tepid sponge interventions.
Results : The results showed the problem of hyperthermia with warm compresses or a tepid sponge, the problem was resolved in reducing the increase in body temperature.
Analysis : To carry out nursing care for clients who experience febrile seizures with priority problems of hyperthermia.
Conclution : Warm compresses or tepid sponges can be used in hospitals as additional therapy to lower body temperature.

Keywords: Hyperthermia, Warm Compress, Tepid Sponge

1. INTRODUCTION

Febrile seizures are disorders that arise due to an abnormal increase in body temperature (temperature > 38°C). Febrile seizures are often associated with epilepsy and the risk of mental retardation in children. Until now, the cause of children experiencing febrile seizures cannot be known with certainty. Most cases of febrile seizures are associated with a high fever that occurs with an ear infection, chickenpox, tonsillitis, or a flu virus infection. In some cases, febrile seizures can also occur after the child is immunized (Makarim, 2019).

Hyperthermia is a state of increased body temperature above the body's normal range (SDKI DPP PPNI, 2017). Hyperthermia is a condition when an individual experiences or is at risk of experiencing an increase in body temperature > 37.8 ^{0} C orally or > 38.8 ^{0} C rectally which is persistent due to external factors (Scientific, 2016).

Based on data presented by the *World Health Organization* (WHO) in 2018, there were more than 2.165 million sufferers of febrile seizures and more than 2.16 thousand of them died . In 2016 in Indonesia the incidence of febrile seizures was 2-5% of which 85% were caused by respiratory tract infections. In 2017, 17.4% of children had febrile seizures and there was an increase of 22.2% in 2018 (Windawati & Alfiyanti, 2020) . Febrile seizures can result in feelings of excessive fear, emotional trauma and anxiety in parents, recurrent seizures can occur in 25 to 50% of children (Angelia et al., 2019). Based on data obtained at the Jombang Hospital in the last 3 months, 16 children had febrile seizures (Jombang Hospital medical record data, 2022).

When a febrile seizure lasts, the child will be at risk of experiencing airway obstruction due to the closure of the pharynx by the tongue. Airway obstruction can cause decreased oxygen supply to the lungs resulting in impaired tissue perfusion. Febrile seizures can also cause nursing problems such as hyperthermia which can cause increased intracranial pressure (Lilis, 2018).

Pharmacological and non-pharmacological measures are combined measures for the treatment of patients with febrile seizures. Its pharmacological action is antipyretic administration. While the additional action after administration of antipyretics to reduce fever is a non-pharmacological action. Giving lots of drinks, giving a room with normal temperature, not using thick clothes, and giving warm compresses or tepid sponge therapy are non-pharmacological measures to treat fever (Rahmasari et al, 2018).

The aim of the study was to carry out nursing care for children who have febrile seizures with hyperthermia nursing problems using warm compresses or tepid sponge therapy.

2. METHODS

This research plan uses a case study approach. The subjects of this study were 2 respondents with the criteria of a patient with a medical diagnosis of febrile seizures . The focus of this case study is a patient who has an increase in body temperature resulting in hyperthermia nursing problems. The location for taking this case study was carried out in the Srikandi room at the Jombang Hospital on July 25-27 2022 . Data collection is by interview, observation and documentation study.

3. RESULTS

The results of the study obtained subjective data for client 1 aged 4 years and client 2 aged 3 who had febrile seizures . While the objective data obtained by the two clients complained of heat . Client 1 complains of fluctuating fever for 2 days (38^{0}C), cough with phlegm and runny nose and client 2 has had fever up and down for 4 days (38.3^{0}C), cough with phlegm and runny nose. In theory, *febrile convulsions are* seizures that occur at high body temperature (body temperature above 38^{0}C due to intracranial abnormalities). by an increase in body

temperature (>38^{0}C) caused by extracranial processes (Lestari 2017).

Nursing actions carried out as independent nursing actions are non-pharmacological therapies which include warm compresses or tepid sponges to provide comfort and reduce body temperature using a cloth or towel dipped in warm water and placed all over the body (Masruroh et al, 2017).

Based on the evaluation results that the increase in body temperature of the two clients has been partially resolved, by showing a decrease in body temperature.

4. DISCUSSION

There is a difference between case studies and theory because not all of them are prepared or planned because they adjust problems and priorities according to client needs.

5. CONCLUSION

The results of the study showed that there was a difference in An V and An B data, namely in patient 1 an increase in body temperature that had occurred 2 days ago, only one seizure lasted 10 minutes, the diagnosis that emerged was hyperthermia related to the disease process. Patient 2 has an increase in body temperature after playing with his friends, hot since 4 days ago, the diagnosis that appears is hyperthermia related to the disease process with planned interventions of warm compresses or tepid sponges to reduce body temperature. Implementation carried out in both patients are:

a. Monitor body temperature
b. Perform external cooling (eg, warm compresses or tepid sponges)
c. Recommend laying blinds.

Self preparation:

a. Greet
b. Wash hands
c. Put a cloth in a basin filled with warm water and then squeeze it
d. Place the cloth on the required body area, wait 5-10 minutes with the results of partially resolved hyperthermia.

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