GENERAL

askep efusi pleura aplikasi nanda nic noc ilmu keperawatan

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Introduction

In contemporary nursing practice, a structured approach to patient care is essential for delivering safe, effective, and patient centered services. Among the many clinical scenarios that nurses encounter**pleural effusion** stands out as a condition that demands a comprehensive assessment, precise diagnosis, targeted interventions, and clear outcome expectations. The integration of standardized nursing languages—**NANDA** (Nursing Diagnoses), **NIC** (Nursing Interventions Classification), and **NOC** (Nursing Outcomes Classification)—provides a common framework that enhances communication, promotes evidence based practice, and facilitates quality improvement. This article explores the application of these frameworks in the context of pleural effusion, focusing on how nurses can use **askep efusi pleura aplikasi nanda nic noc ilmu keperawatan** to deliver holistic, high quality care.

Understanding Pleural Effusion

Definition and Classification

Pleural effusion refers to the abnormal accumulation of fluid in the pleural space—the thin cavity between the visceral and parietal pleura that normally contains a small amount of lubricating fluid. The fluid can be **transudative** (low protein, high oncotic pressure) or **exudative**(high protein, inflammatory). Clinically, effusions are further classified by volume (small, moderate, large) and by the underlying etiology (cardiogenic, infectious, malignant, traumatic, etc.).

Etiology and Pathophysiology

The pathophysiological mechanisms that lead to pleural effusion involve either increased capillary permeability, decreased oncotic pressure, or impaired lymphatic drainage. Common causes include:

- Cardiogenic effusion—often due to left heart failure or severe pulmonary hypertension.
- Infectious effusion—pneumonia, tuberculosis, or empyema.
- Malignant effusion—primary lung cancers, metastatic breast or ovarian cancers.
- Traumatic effusion—penetrating or blunt chest trauma.
- Other systemic causes—renal failure, cirrhosis, hypoalbuminemia.

Understanding these mechanisms is crucial for nurses to formulate accurate assessments and interventions.

The Nursing Process in Pleural Effusion Care

Assessment: The Foundation of Nursing Diagnosis

Assessment is the first step in the nursing process and forms the basis for subsequent diagnosis and planning. In the context of pleural effusion, a comprehensive assessment includes:

1. History taking—symptom onset, duration, associated dyspnea, chest pain, cough, fever, weight changes, and comorbidities.
2. Physical examination—inspection, palpation, percussion, auscultation, and assessment of vital signs.
3. Diagnostic tests—chest X ray, ultrasound, CT scan, thoracentesis with fluid analysis, and laboratory investigations (CBC, electrolytes, albumin, LDH).

4. Functional status evaluation—activities of daily living (ADLs), mobility, and exercise tolerance.

Using the **askep efusi pleura aplikasi nanda nic noc ilmu keperawatan**framework, nurses translate clinical findings into standardized NANDA diagnoses. For example, dyspnea related to impaired gas exchange, risk for impaired skin integrity due to prolonged bed rest, or ineffective breathing pattern related to decreased lung expansion.

NANDA: Identifying Nursing Diagnoses

The NANDA taxonomy provides a systematic way to label patient problems. In pleural effusion care, common NANDA diagnoses include:

- Impaired Gas Exchange (00100)—characterized by hypoxemia, tachypnea, and use of accessory muscles.
- Impaired Respiratory Function (00101)—manifested by decreased lung volumes and reduced breath sounds.
- Risk for Infection (00110)—especially in patients undergoing thoracentesis or pleural catheter placement.
- Risk for Ineffective Tissue Perfusion (00102)—due to fluid overload or cardiac dysfunction.
- Impaired Skin Integrity (00103)—secondary to immobility or edema.

Each diagnosis is paired with related factors, defining characteristics, and goals, forming a clear pathway for intervention.

NIC: Implementing Targeted Interventions

Once diagnoses are established, nurses select appropriate NIC interventions to address the patient's needs. Key NIC interventions for pleural effusion include:

- Respiratory Care (NIC 0402)—assess breathing pattern, administer supplemental oxygen, perform incentive spirometry, and facilitate deep breathing exercises.
- Fluid Management (NIC 0304)—monitor input/output, administer diuretics as prescribed, and educate on fluid restrictions.
- Skin Care (NIC 0301)—regular turning, skin inspection, use of pressure relieving devices.
- Infection Control (NIC 0303)—hand hygiene, aseptic technique during procedures, and monitoring for signs of infection.
- Patient Education (NIC 0201)—teach self monitoring of symptoms, medication adherence, and lifestyle modifications.
- Chest Tube Management (NIC 0305)—monitor drainage, assess for complications, and maintain sterile technique.

NIC codes provide a universal language that facilitates interdisciplinary collaboration and documentation.

NOC: Measuring Outcomes and Effectiveness

NOC offers a set of outcome measures that allow nurses to evaluate the success of interventions. For pleural effusion, relevant NOC outcomes include:

- Breathing Pattern (NOC 001)—frequency, depth, use of accessory muscles.
- Oxygenation (NOC 002)—SpO ,, arterial blood gas values.
- Fluid Balance (NOC 003)—net fluid balance, edema resolution.
- Skin Integrity (NOC 004)—presence of pressure injuries, skin moisture.
- Knowledge (NOC 005)—patient's understanding of disease process and self care.

Regular assessment of these outcomes informs ongoing care planning and supports evidence based adjustments.

Integrating the Framework: A Practical Example

Case Scenario

A 68 year old woman presents with progressive dyspnea, orthopnea, and bilateral lower extremity edema. Chest X ray shows a moderate left pleural effusion. Thoracentesis yields exudative fluid with high LDH. She has a history of congestive heart failure and chronic obstructive pulmonary disease (COPD).

Assessment Findings

- Shortness of breath, especially when lying flat.
- Use of accessory muscles, tachypnea (22 breaths/min).
- Decreased breath sounds on the left lower lung field.
- Edema in both ankles and mild hepatomegaly.
- SpO , 88% on room air, improves to 94% with 2 /L/min O ,.

NANDA Diagnosis

- Impaired Gas Exchange (00100)—related to fluid accumulation in the pleural space.
- Risk for Ineffective Tissue Perfusion (00102)—related to fluid overload and cardiac dysfunction.
- Risk for Infection (00110)—related to invasive procedures (thoracentesis).

NIC Interventions

1. Respiratory Care (NIC 0402)—administer supplemental O ,, encourage deep breathing, and use incentive spirometry.
2. Fluid Management (NIC 0304)—prescribe loop diuretics, monitor urine output, and restrict sodium intake.
3. Chest Tube Management (NIC 0305)—ensure proper drainage, check for dislodgement, and maintain sterile environment.
4. Infection Control (NIC 0303)—perform hand hygiene, use sterile gloves during dressing changes.
5. Patient Education (NIC 0201)—teach signs of worsening effusion and when to seek help.

NOC Outcomes

- Breathing Pattern improves—reduced use of accessory muscles.
- Oxygenation increases—SpO , >95% on 2 /L/min O ,.
- Fluid Balance normalizes—negative fluid balance achieved.
- Skin Integrity maintained—no new pressure injuries.
- Knowledge increases—patient demonstrates correct use of incentive spirometer.

Outcome Evaluation

Within 48 hours, the patient's SpO , rises to 96% on 2 L/min O ,, her breathing pattern becomes more regular, and her edema decreases. She reports understanding how to use the incentive spirometer and recognizes early warning signs of fluid overload. These positive changes indicate successful application of the NANDA–NIC–NOC framework.

Educational Implications for Nursing Students

Curriculum Integration

Teaching nurses how to apply NANDA, NIC, and NOC in clinical scenarios such as pleural effusion enhances critical thinking and promotes standardized care. Key educational strategies include:

- Case based learning—students analyze real or simulated patients, identify diagnoses, interventions, and outcomes.
- Simulation labs—practice thoracentesis, chest tube placement, and oxygen therapy in a controlled environment.
- Interprofessional education—collaborate with physicians, respiratory therapists, and dietitians to understand

the multidisciplinary nature of effusion management.

- Reflective practice—students journal their decision making process, reinforcing the integration of theory and practice.

Assessment Tools

Assessing competency involves both knowledge tests and performance evaluations:

1. Written exams covering NANDA, NIC, NOC terminology and application.
2. Objective Structured Clinical Examinations (OSCEs) that simulate pleural effusion scenarios.
3. Portfolio reviews where students document case analyses and care plans.

Research and Evidence Based Practice

Current Evidence on Pleural Effusion Management

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