

Aloe Vera Compress in Children With Diagnosis of Dengue Hemorrhagic Fever (DHF)

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ABSTRACT

Background: Dengue Hemorrhagic Fever (DHF) is an acute viral infection caused by the dengue virus, genus flavivirus, and family flaviviridae, which can be transmitted through the bite of Aedes mosquitoes, especially Aedes aegypti and Aedes albopictus. **Objective:** This case study describes the results of Aloe vera compress intervention in Dengue Hemorrhagic Fever (DHF) patients. **Method:** The case study with a nursing care approach where this research was carried out by collecting data starting from assessment, formulating a diagnosis, planning, carrying out actions, and carrying out intensive evaluation. This case study uses a descriptive method with the main aim of exploring the problem, providing an overview of the case study by analyzing in more depth the nursing care for the diagnosis of Dengue Hemorrhagic Fever (DHF) with the diagnosis of hyperthermia using the application of aloe vera compresses to Dengue Hemorrhagic Fever (DHF) patients. **Result:** The subjective data obtained was that the patient's mother said that her child's body temperature decreased after being given the Aloe vera compress intervention. Meanwhile, the objective data obtained was body temperature, which was originally 38.7°C to 36.8°C. **Conclusion:** The intervention carried out is thought to be effective in reducing body temperature in pediatric patients with Dengue Hemorrhagic Fever (DHF). Theoretically, this research does not conflict with previous research, so it can be a reference in conducting further research. Meanwhile, clinically, the Aloe vera compress intervention carried out to reduce body temperature in pediatric patients with Dengue Hemorrhagic Fever (DHF) can be an alternative for reducing body temperature in pediatric patients with Dengue Hemorrhagic Fever (DHF).

Introduction

Children and adolescents are susceptible to disease due to the complex development that occurs during this time. As they are the next generation of the nation, the health status of children reflects the health status of the nation. Therefore, child health issues are prioritized when planning or organizing nation-building. Dengue Hemorrhagic Fever (DHF) is one of the most common diseases among preschool children (Mbai & Elfi, 2024).

Dengue Hemorrhagic Fever (DHF) is also known as Dengue Hemorrhagic Fever (DHF). This acute viral infection is caused by dengue virus, genus flavivirus, and family flaviviridae, which can be transmitted through the bite of *Aedes* mosquitoes, especially *Aedes aegypti* and *Aedes albopictus*. DHF can affect people of all ages and usually occurs every year. Environmental conditions and community behavior are associated with this disease (Mbai & Elfi, 2024).

Cases of dengue hemorrhagic fever (DHF) continue to increase. Five countries most frequently reported dengue cases to the World Health Organization (WHO) every year from 1996 to 2005, with an average of about 0.4 million to 1.3 million cases per year. In 2010, this number reached 2.2 million, and in 2015, it became 3.2 million, while in 2019, there was an increase to 4.2 million (Winta Oktavia Berutu, 2022). According to the Ministry of Health of the Republic of Indonesia, dengue cases in Indonesia continue to increase. In 2021, there were 73,518 cases with 705 deaths; in 2022, there were 143,266 cases with 1,237 deaths; and from January to August 2023, there were 57,884 cases with 422 deaths (Sari et al., 2024). Meanwhile, according to the Banjar City Health Office, in 2024, there were 74 cases of DHF, with 2 of them dying.

Hyperthermia is a normal reaction of the body to infection. Hyperthermia occurs when the body temperature is higher than 37°C, which causes the body to release more heat than normal. Viruses, excessive heat exposure, lack of fluids or dehydration, and disorders of the immune system cause hyperthermia in children (Maliah, 2023). According to the World Health Organization (WHO), there are 65 million cases of hyperthermia in children worldwide. Febrile diseases such as pneumonia, dengue fever, morbili, and other diseases account for 62% of cases, with a high mortality rate of 33% in Southeast Asia and South Asia. Children aged five to fifteen years, which is the endemic age, are most susceptible to Dengue Hemorrhagic Fever (DHF) (Maliah, 2023).

High fever, which can result in seizures at 38°C or above, can occur as a result of inadequately treated fever. Negative effects on children suffering from fever can include dehydration, oxygen deprivation, neurological damage, and febrile convulsions. To reduce the negative effects, fever must be managed properly (Nur Arifin, 2022). The data shows that nursing staff must manage the problem so that the fever does not increase and become fatal by preventing children from having febrile convulsions, shock, dehydration, and even death. The goal of fever treatment is to make the patient feel more comfortable. Fever therapy can be pharmacological, such as antipyretic drugs and antibiotics, or non-pharmacological. One of the non-

pharmacological measures that can be taken is using aloe vera compresses (Maliah, 2023).

One way to reduce children's body temperature through the conduction process is to give aloe vera compresses to children, which are usually done on children with body temperatures above normal. Lowering children's body temperature with compresses can be done by cooling the body from the outside, namely by applying a compress. One of these compression methods is to use aloe vera (Maliah, 2023). Compresses using Aloe vera are quite effective in accelerating the release of heat in the body because they contain saponin compounds. Aloe vera has a lignin content that can penetrate the skin and prevent the loss of body fluids from the surface of the skin, providing aloe vera therapy is used because aloe vera has 95% water content so that it can avoid allergic reactions in the skin (Saragih & Lestari, 2023).

According to research (Afsani et al., 2023), the aloe vera compress technique, also known as aloe vera, is effective for lowering body temperature in patients with fever diagnoses. Aloe vera, which is commonly referred to as aloe vera, has a water content of 95%, which can help reduce fever through the process of absorbing body heat and transferring heat.

Based on the description above, researchers are interested in further studying the problems in children with fever. With the Application of Aloe vera Compress Techniques in Overcoming Hyperthermia Nursing Problems in Children with Dengue Hemorrhagic Fever (DHF).

Objective

This writing is to gain experience and knowledge, as well as be able to carry out the Dengue Hemorrhagic Fever (DHF) nursing process with Hyperthermia nursing problems starting from Nursing-based Assessment, Diagnosis, Intervention, Implementation, and Evaluation.

Method

The research design used by the author is a case study with a nursing care approach where this research was carried out by collecting data starting from assessment, formulation of diagnosis, planning, implementation of actions, and implementation of intensive evaluation. This case study method uses a descriptive method with the main aim of exploring the problem, providing an overview of the case study by analyzing in more depth Dengue Hemorrhagic Fever (DHF) nursing care with a diagnosis of Hyperthermia related to the Infection Process by administering aloe vera compresses to reduce the patient's body temperature. Child in the Melati room of the BLUD RSUD Banjar City.

The subject used in this research was one client who experienced Dengue Hemorrhagic Fever (DHF) with Hyperthermia problems in the Melati Room BLUD RSUD Banjar City. The location and time of this case study research were carried out in

the Melati Room BLUD RSUD Banjar City, carried out for 3 days starting from 28 May 2024 to 30 May 2024.

Results

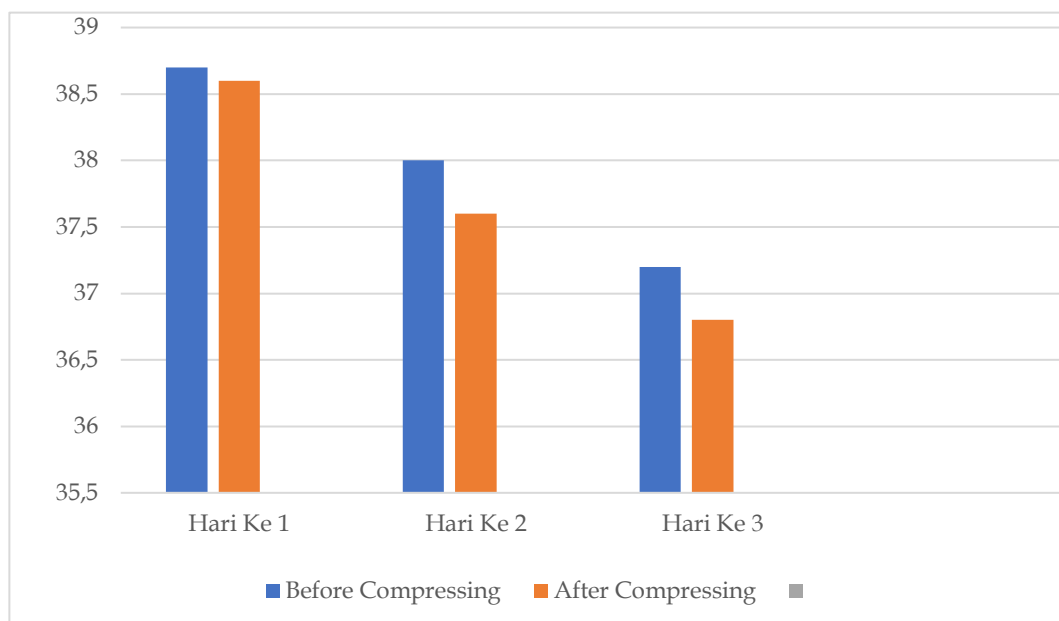
The results of this intervention are supported by the results of research conducted by (Afsani et al., 2023), namely giving aloe vera compresses to reduce body temperature in hyperthermic patients. Before the Aloe vera compress was applied, the patient's body temperature, namely the body temperature before the intervention was given, was 38.5°C to 37.5°C. Hasil suhu tubuh sebelum dilakukan kompres aloe vera yaitu 38.7°C.

The results of the body temperature before the aloe vera compress was applied were 38.7°C. After applying an aloe vera compress for 3 days, the patient's body temperature decreased to 36.8°C.

TABLE 1. Result

Day 1	Temperature	Day 2	Temperature	Day 3	Temperature
Before	After	Before	After	Before	After
Compressing	Compressing	Compressing	Compressing	Compressing	Compressing
38,7°C	38,6°C	38,0°C	37,6°C	37,2°C	36,8°C

Graph 1. Result



Discussion

After carrying out the nursing care process on An. L school age (9 years) with Dengue Haemorrhagic Fever (DHF) with hyperthermia problem in Melati Room BLUD RSUD Kota Banjar from May 28, 2024. In the implementation of nursing actions, the author adjusts to the condition, situation, and ability of the client. In acting, the family is very cooperative, so that it facilitates the action. The process consists of assessment, planning, nursing diagnosis, implementation, and evaluation are as follows:

a. Assessment

This stage is the initial stage of a nursing process where the author first approaches the family and explains the purpose and purpose of nursing care to the client so that the author will get data that will later be used as a reference in the formulation of problems which then the problem will be set into nursing diagnoses.

During the assessment, the author did not encounter any obstacles, either from the room nurse. Clients can participate and cooperate with the author in carrying out the nursing process and help the author a lot during the assessment, thus obtaining objective and subjective data. Based on the assessment on May 28, 2024, at 13.00 WIB, the client complained of fever, fever was felt in the afternoon before the night in the area of the whole body, especially the forehead, neck and axillae with a temperature of 38.7 ° C like burning then the heat disappeared in the morning and when taking medicine.

During the physical examination, blood pressure was 90/80 mmHg, pulse 98 beats/minute, body temperature 38.7°C, respiration 22 beats/minute, and SpO₂ 98%.

The complaints submitted are by the signs and symptoms of Dengue Haemorrhagic Fever (DHF) according to standard nursing diagnoses.

b. Nursing diagnosis

Nursing diagnoses from the results of assessment and observation of An. L were obtained eight diagnoses, namely acute pain associated with physical injury agents, nutritional deficits associated with psychological factors (reluctance to eat), hypovolemia associated with increased capillary permeability, hyperthermia associated with bacterial infection processes, activity intolerance associated with weak body condition, sleep pattern disorders associated with environmental barriers, bleeding risk associated with coagulation disorders (eg thrombocytopenia), risk of ineffective cerebral perfusion associated with infective endocarditis.

Based on the limitations of the main problem, the diagnosis taken is Hyperthermia associated with the process of viral infection due to the process of dengue virus infection (viremia) in the body caused by the aedes aegypti mosquito. Characterized by subjective data, the client's mother said that her child's body felt hot for 6 days before entering the hospital, and the objective data obtained were: TTV: blood pressure 90/80 mmHg, pulse 98 times/minute, body temperature 38.7°C, breathing 22 times/minute and SpO₂ 98%.

c. Nursing Intervention

Nursing interventions are all treatments carried out by nurses based on knowledge and clinical judgment to achieve the expected outcomes, namely based on Indonesian Nursing Output Standards and Indonesian Nursing Intervention Standards (SLKI and SIKI PPNI, 2018).

Nursing care interventions for clients that refer to interventions that have been prepared by researchers based on Indonesian nursing outcome standards and Indonesian nursing intervention standards according to the limitations of the needs of pediatric clients with DHF with the nursing problem of hyperthermi associated with the viral infection process, with the aim that after nursing action it is expected that the nursing problem of hyperthermi is resolved with outcome criteria: body temperature within normal limits of 36.5 ° C-37.5 ° C, chills decrease, red skin decreases, pallor decreases. Interventions made based on nursing diagnoses are: Observation of TTV with rational: vital signs are a reference to determine the general condition of the client, warm compresses on the forehead, axilla and thigh folds with rational: aloe vera compresses will help reduce body temperature, recommend bed rest with rational: adequate rest can help recovery by boosting the immune system and providing energy for the body, advise sleeping not to wear blankets and thick clothes with rational: thin clothing will help reduce body evaporation, provide explanations to families / clients about the causes of increased body temperature with rational: reduce the anxiety that arises.

d. Nursing Implementation

Operationally, the author has no difficulty in carrying out nursing care, because there are adequate facilities and facilities supported by the openness of clients and families in receiving nursing services so that the implementation in accordance with the action plan that has been prepared runs smoothly. Another obstacle is in implementing and assessing developmental records not perfectly for 24 hours. This is due to limited time and energy. In this case the author cooperates with the room nurse and tries to involve the family to participate in carrying out nursing actions.

First day nursing implementation on An. L with hyperthermi associated with the viral infection process. Implementation carried out is observing vital signs with results: TTV: BP: 90/80 mmHg, N: 117 x/m, RR: 22 x/m, S: 38.7°C, SpO2: 97% compressing aloe vera on the client's forehead, axilla, thigh folds and advising parents to continue applying aloe vera if the client still has a fever with the result: the client's temperature is still up and down at 13.20 WIB Temperature: 38.6°C, encourage the client to bed rest and the consequences if this is not done with the results: bed rest will accelerate the decrease in body temperature and if not done / the client moves a lot. will not help in the process of decreasing body temperature, provide an explanation to the family / client about the cause of the increase in body temperature with the results: the client's family is cooperative, encourage the client's family to drink a lot and explain the benefits for the client with the results: The client is able to drink a little

bit, collaboration with the doctor in administering drugs with results: Drug therapy: Paracetamol 3 x 370 mg, Ondansetron 3x4 mg.

Implementation on the second day carried out, namely: Observing vital signs with results: TTV: BP: 100/80 mmHg, N: 110x/m, RR: 21x/m, S: 38.0°C, SpO2: 98% compressing the client on the forehead, axillae, thigh folds and advising parents to continue applying aloe vera compresses if the client still has a fever with the result: the client's temperature is still up and down at 13.20 WIB Temperature: 37.6°C, encourage the client to bed rest and the consequences if it is not done with the results: bed rest will accelerate the decrease in body temperature and if it is not done / the client moves a lot it will not help in the process of reducing body temperature, provide an explanation to the family / client about the cause of the increase in body temperature with the results: the client's family is cooperative, encourage the client's family to drink a lot and explain the benefits for the client with the results: The client is able to drink a little bit, collaboration with the doctor in administering drugs with results: Paracetamol 3 x370 mg drug therapy, Ondansetron 3x4 mg.

Implementation on the third day carried out, namely: Observing vital signs with results: TTV: BP: 90/70 mmHg, N: 100 x/m, RR: 20 x/m, S: 37.2°C, SpO2: 98%. Compressing aloe vera on the client's forehead area and advising parents to continue compressing aloe vera if the client still has a fever with the result: the client's temperature is still up and down at 13.20 WIB Temperature: 36.8°C. collaboration with doctors in administering drugs with results: Paracetamol 3 x 370 mg, Ondansetron 3x4 mg drug therapy.

e. Nursing Evaluation

Evaluation is the final stage of the nursing process to assess whether the problem is resolved, the problem is partially resolved, or the problem has not been resolved. The evaluation carried out on the diagnosis of hyperthermia associated with the viral infection process, on the first day subjective: The client's mother said her child's body had a fever for 6 days before entering the hospital.

Objective: TTV: BP: 90/80 mmHg, N: 117 x/m, RR: 22 x/m, S: 38.7°C, SpO2: 97%, The client's temperature is still up and down at 13.00 WIB Temperature: 38.7°C, skin palpable warm, drug therapy: Paracetamol 3 x 370 mg, Ondansetron 3x4 mg. Assessment: The problem of hyperthermia has not been resolved. Planning: Continue the intervention of observing vital signs, applying aloe vera compresses to the client on the forehead, axilla and thigh folds for 15-20 minutes, advising the client to bed rest and the consequences if this is not done, advising parents so that clients do not wear blankets and thick clothes, explaining to the family/client about the causes of increased body temperature, encouraging the client's family to drink a lot and explaining the benefits for the client, collaborating with the doctor in administering medication. Evaluation: Temperature 38.6°C, 1:20 pm Temperature 38.6°C. Reassessment: Continue intervention.

Evaluation on the second day: Subjective: the client's mother said her child's body was still hot. Objective: TTV: BP: 110/80 mmHg, N: 110 x/m, RR: 21 x/m, S:

38.0°C, SpO₂: 98%, warm skin. Assessment: body temperature imbalance partially resolved. Planning: Continue intervention: Observe vital signs, apply aloe vera compresses to the client's forehead, axillae and thigh folds for 15-20 minutes, advise the client to bed rest and the consequences if this is not done, advise parents so that clients do not wear thick blankets and clothes, collaborate with doctors in administering medication. Implementation: TTV: BP: 110/80 mmHg, N: 110 x/m, RR: 21 x/m, S: 37.6°C, SpO₂: 98%, applying aloe vera compress to the client on the forehead area, bed rest will accelerate the decrease in body temperature, collaborative drug therapy with paracetamol. Evaluation: Temperature 37.6°C, at 1:20 pm Temperature 37.6°C. Reassessment: Continue intervention.

Third day evaluation: Objective: The client's mother said that her child's body was slightly reduced. Objective: TTV: BP: 90/70 mmHg, N: 100 x/m, RR: 20 x/m, S: 37.2°C, SpO₂: 98%. Assessment: Body temperature imbalance partially resolved. Planning: Continue intervention: Observe vital signs, compress the client on the forehead area for 15-20 minutes, collaborate with the doctor in administering medication. Implementation: TTV: BP: 90/80 mmHg, N: 110 x/m, RR: 18 x/m, S: 37.2°C, SpO₂: 98%, after being compressed with aloe vera on the forehead at 13.30 WIB Temperature: 36.8°C, Collaboration of drug therapy: Paracetamol. Evaluation: Temperature 36.8°C, at 1:20 pm Temperature 36.8°C. Reassessment: Continue intervention.

So in the case of An. L with a diagnosis of hyperthermia associated with a viral infection process all problems can be overcome.

Conclusion

Based on nursing care for An. Pre-school age L (9) years old who experienced Dengue Haemorrhagic Fever (DHF) with hyperthermia problems in the Melati Room BLUD RSU Banjar City from 28-30 May 2024, which was given through a nursing process approach, the following conclusions can be drawn: .

1. Assesment

After conducting an assessment on a client suffering from Dengue Haemorrhagic Fever (DHF) for 3 days, there was no difficulty in carrying out the assessment, the client and family were cooperative, the client and family were willing to work together, the assessment could be carried out on time. The methods used in the study are interviews, observation, physical examination and documentation studies, the data collected includes bio-psycho-social aspects. During the study, the author obtained several data, including acute pain, nutritional deficits, hypovolemia, hyperthermia, activity intolerance, disturbed sleep patterns, risk of bleeding, risk of ineffective cerebral perfusion.

2. Nursing Diagnosis

There are 8 nursing diagnoses that appear in nursing care for clients, namely: Acute pain related to physiological injuring agents, Nutritional Deficit related to psychological factors (reluctance to eat), Hypovolemia related to

increased capillary permeability, Hyperthermia is related to the process of bacterial infection, activity intolerance is related to a weak body condition, sleep pattern disorders related to environmental barriers, Risk of bleeding related to coagulation disorders (eg thrombocytopenia), Risk of Ineffective Cerebral Perfusion related to infective endocarditis. Meanwhile, the main diagnosis entered based on the problem definition, namely hyperthermia related to a viral infection process, is characterized by: The client's mother said that her child had a fever for 6 days before entering the hospital, TTV: BP: 90/80 mmHg, N: 117 x/m, RR: 22 x/m, S: 38.7°C, SpO₂: 97%, Skin feels warm.

3. Nursing intervention

Nursing intervention for clients with Dengue Haemorrhagic Fever (DHF) with hyperthermia nursing problems related to the viral infection process, namely by applying aloe vera compresses to the forehead, axilla and groin areas, is expected to be able to reduce the client's body temperature.

4. Nursing Implementation

implementation stage of nursing implementation actions was carried out for 3 days from 28 to 30 May 2024. Namely by applying aloe vera compresses to the forehead, axilla, thigh crease and it was effective in reducing the client's body temperature, it was seen that the client's temperature had decreased.

5. Nursing Evaluation

The end of the nursing process is an evaluation of the nursing care provided. In the evaluation that the researcher carried out for 3 days on the client, all objectives could be achieved because of good cooperation between the client and the nurse. Evaluation results in An. L with a diagnosis of hyperthermia related to the viral infection process has been resolved well according to plan, namely the client's body temperature is within normal limits, namely 36.8°C.

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