

APPLICATION OF TURNING REPOSITION AND PASSIVE RANGE OF
MOTION TOWARDS PREVENTION OF PRESSURE WOUNDS IN PATIENTS
WITH POST-CRANIOTOMY INTRACEREBRAL HEMORRHAGIC STROKE
WITH DECREASED CONSCIOUSNESS AT RST TK II dr. SOEPRAOEN

Afika Fadia Rahma¹,

Sulastyawati, S.Kep., Ns., M.Kep²

¹Nursing Professional Education Program, Jl. Besar Ijen 77 C, Malang, Indonesia

² Lecturer of Nursing, Poltekkes Kemenkes Malang, East Java, Indonesia

ABSTRACT

Cerebrovascular Accident (CVA) Intracerebral Hemorrhage (ICH) Post-craniotomy patients with decreased consciousness are conditions that can cause various other health problems, one of which is pressure ulcers. This study aims to provide nursing care to patients at risk of pressure ulcers with a focus on turning reposition interventions (lying down) and Passive ROM. Turning reposition and passive Range of Motion are carried out as an initial stage of rehabilitation to maintain tissue perfusion, reduce prolonged pressure, and prevent pressure ulcers. This scientific paper uses a descriptive research type with a case study approach method. This study uses the SOP Turning Reposition and Passive ROM instruments as a reference in providing interventions. In this study, the nursing care provided includes assessment, diagnosis, intervention, implementation and evaluation of nursing. This study was conducted from March 9 to March 12, 2026. The results showed that after the intervention was given for 4 days, at the beginning of the assessment there was a grade 1 pressure ulcer on the right scapula and sacrum characterized by erythema, the wound area felt warm, the skin texture tended to be moist and wet. After the intervention, granulation tissue was formed which appeared pink due to angiogenesis and fibroblast proliferation. After granulation tissue was formed, epithelial cells migrated from the wound edge towards epithelialization to cover the wound surface, thus the color change to pink is one sign that the healing process is going well. The results of this study indicate that providing a lying position every 2 hours and Passive ROM starting from extension and flexion, then rotation is effective in preventing decubitus in CVA ICH patients with decreased consciousness. This intervention can improve tissue perfusion and maintain skin integrity without disrupting the patient's hemodynamic condition.

Keywords: Cerebrovascular Accident, Intracerebral Hemorrhage, passive range of motion, turning position, pressure injury, Decreased consciousness