APPLICATION OF DEEP BREATHING RELAXATION THERAPY AND HOBE POSITION ON PAIN SCALE REDUCTION IN STEMI PATIENTS AT THE EMERGENCY DEPARTMENT OF RSUD KARSA HUSADA BATU

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ABSTRACT

Introduction: STEMI (*ST-Elevation Myocardial Infarction*) is a cardiovascular emergency with chest pain as the main complaint. Inadequate pain management can worsen the patient's hemodynamic condition. Non-pharmacological interventions such as deep breathing relaxation and Head of Bed Elevation (HOBE) are needed as complementary therapies. **Method:** This case study employs a qualitative descriptive approach to examine a 49 years old patient, Mr. S, diagnosed with inferior STEMI in the emergency department of Karsa Husada Batu Regional General Hospital. The interventions provided included deep breathing relaxation techniques and the HOBE position. The assessment was conducted through interviews, observations, and supportive examinations. **Result:** After approximately 5 hours of intervention, the patient's pain scale decreased from 7 to 4, blood pressure improved (110/86 mmHg), pulse increased from 54 to 69 beats/min, respiration decreased from 21 to 17 breaths/min, and oxygen saturation increased from 96% to 100%. Repeat ECG showed improvement in ST-segment elevation ≤2,5 mm. **Discussion:** Deep breathing relaxation stimulates the parasympathetic nervous system and endorphin release, while HOBE position optimizes lung expansion and reduces cardiac workload. The combination provides a synergistic effect in reducing pain. **Conclusion:** The application of deep breathing relaxation therapy and HOBE position is effective in reducing pain scale in STEMI patients in the emergency department.

Keywords: STEMI, chest pain, deep breathing relaxation, HOBE, non-pharmacological therapy