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PENGARUH TRIPOD POSITION TERHADAP FREKUENSI NAPAS DAN SKOR DYSPNEU PADA PASIEN ASMA BRONCHIALE DI RUANG RAWAT INAP DALAM RSUD KAWALI

ABSTRAK

Asma bronchiale merupakan penyakit inflamasi kronis saluran napas yang ditandai dengan episode takipnea dan dyspneu berulang, khususnya pada fase eksaserbasi akut. Penatalaksanaan standar melibatkan terapi farmakologis berupa nebulisasi bronkodilator; namun intervensi non-farmakologis berupa tripod position diyakini mampu mengoptimalkan kerja diafragma dan otot bantu napas sehingga memperbaiki ventilasi paru, terutama bila diterapkan sebelum terapi nebulisasi dimulai. Penelitian ini bertujuan untuk mengetahui pengaruh tripod position terhadap frekuensi napas dan skor dyspneu pada pasien asma bronchiale. Desain penelitian yang digunakan adalah *pre-experimental one group pretest-posttest.* Sampel terdiri dari 30 pasien dewasa (usia 19–59 tahun) yang dipilih menggunakan teknik *purposive sampling* dengan mempertimbangkan kriteria inklusi dan eksklusi yang telah ditetapkan. Responden dirawat di Ruang Rawat Inap Dalam RSUD Kawali pada bulan Januari–Februari 2026, dengan mayoritas berjenis kelamin perempuan (56,7%). Intervensi berupa posisi tripod diberikan selama 15 menit sebanyak satu kali sebelum terapi nebulisasi. Frekuensi napas diukur menggunakan *stopwatch*, sedangkan dyspneu diukur menggunakan *Modified Borg Scale* (0–10). Hasil penelitian menunjukkan rata-rata frekuensi napas menurun dari 26,87 menjadi 21,90 kali/menit (selisih 4,97 kali/menit), dan skor dyspneu menurun dari 5,30 menjadi 2,43 (selisih 2,87 poin). Uji *Wilcoxon Signed Rank Test* menunjukkan $p < 0,001$ untuk kedua variabel tersebut. Disimpulkan bahwa tripod position berpengaruh signifikan terhadap penurunan frekuensi napas dan skor dyspneu pada pasien asma bronchiale.

Kata Kunci: *tripod position*, frekuensi napas, dyspneu, asma bronchiale, *Modified Borg Scale*
Keterangan: 1. Penulis 1, 2. Penulis 2, 3. Penulis 3.

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THE EFFECT OF TRIPOD POSITION ON RESPIRATORY RATE AND DYSPNEA SCORE IN BRONCHIAL ASTHMA PATIENTS AT THE INTERNAL INPATIENT WARD OF RSUD KAWALI.

ABSTRACT

Bronchial asthma is a chronic inflammatory airway disease characterized by recurring episodes of tachypnea and dyspnea, particularly during acute exacerbation. Standard management includes pharmacological therapy with bronchodilator nebulization; however, a non-pharmacological intervention using the tripod position is believed to optimize diaphragmatic and accessory muscle function, thereby improving pulmonary ventilation, especially when applied prior to nebulization therapy. This study aimed to determine the effect of tripod position on respiratory rate and dyspnea score in bronchial asthma patients. This study employed a pre-experimental one group pretest-posttest design. A sample of 30 adult patients (aged 19–59 years) was selected using purposive sampling based on established inclusion and exclusion criteria. Patients were admitted to the Internal Inpatient Ward of Kawali Regional General Hospital from January to February 2026, with the majority being female (56.7%). The tripod position intervention was administered for 15 minutes, once per session, prior to nebulization therapy. Respiratory rate was measured using a stopwatch, while dyspnea was assessed using the Modified Borg Scale (0–10). The results showed that the mean respiratory rate decreased from 26.87 to 21.90 breaths/minute (difference of 4.97 breaths/minute), and the dyspnea score decreased from 5.30 to 2.43 (difference of 2.87 points). Wilcoxon Signed Rank Test yielded $p < 0.001$ for both variables. It was concluded that tripod position significantly reduced both respiratory rate and dyspnea score in bronchial asthma patients.

Keywords*: tripod position, respiratory rate, dyspnea, bronchial asthma, Modified Borg Scale*
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