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Original Research/Systematic Review

Nursing Care for An.A with Febrile Illness at the National Defense Central Hospital (RSPPN) Panglima Besar Soedirman

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ABSTRACT

Background: *Fever is a physiological reaction of the body to infection or problems in the immune system, characterized by an increase in body temperature above 37.5°C. In children, fever can cause serious problems such as seizures, dehydration, and decreased level of consciousness. It is important to carry out proper treatment so that these complications do not occur*

Methods: *This study used a case study method in one case of a child with sub febrile. Data were obtained through interviews, observations, physical examinations, and documentation analysis*

Results: *The identified nursing diagnoses included hyperthermia, risk of hypovolemia, and nausea. Implementation of independent nursing, namely Tepid Water Sponge for 15 minutes, showed a response of a decrease in body temperature of 0.4°C. Most nursing problems have been resolved, except for the risk of widespread infection*

Conclusion: *The implementation of nursing care has been in accordance with the nursing plan.*

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INTRODUCTION

Fever (Febris) is a medical condition characterized by a body temperature exceeding 37.5°C as a bodily reaction to infection, fluid loss, or immune system disorders. This condition often occurs in children and can lead to serious complications such as seizures, dehydration, and even brain damage if not treated promptly. Data from WHO (2020) show that globally there are about 11 to 20 million cases of fever annually, with approximately 161,000 deaths. In Indonesia, it is estimated that there are between 80,000 and 100,000 cases of fever each year, with 91% of these cases occurring in children aged 3 to 19 years.

Meanwhile, information from the National Defense Central Hospital (RSPPN) Panglima Besar Soedirman recorded that during the period from December 2024 to February 2025, out of 170 patients treated in the Alamanda Ward, 47 patients experienced fever (febris), which accounted for 27.65% of the total inpatient cases during that time. The management of fever involves both medical and non-medical methods. One proven non-medical method is warm water compresses, performed by moistening the body folds for 10–15 minutes to help lower body temperature through the evaporation process (Hidayati, 2020).

Fever, or febris, is a condition of elevated body temperature above normal as a response to infection or hypothalamic dysfunction. Fever commonly results from infections

caused by viruses, bacteria, or other pathogens, and may also be due to non-infectious conditions such as congenital abnormalities or physiological stress (Chintami Wiji et al., 2024; Lazdia et al., 2022). According to Navilia (2021), fever can be caused by two main factors: infectious and non-infectious. Infectious fever is more common, caused by pathogens such as bacteria or viruses entering the body, and is often accompanied by symptoms such as vomiting, fatigue, and pale skin. On the other hand, non-infectious fever is less common and is generally associated with congenital disorders, stress, or serious diseases such as leukemia.

The classification of fever includes septic, remittent, intermittent, continuous, and cyclic fever, each with distinct patterns of temperature fluctuation (Mauliddiyah, 2021). Clinically, fever may be accompanied by symptoms such as headache, muscle pain, vomiting, and dehydration (Aurelia et al., 2021). The pathophysiology of fever involves the immune system and the release of endogenous pyrogens such as interleukin-1, which stimulates the hypothalamus to raise body temperature. This results in increased metabolism and potential complications such as dehydration or febrile seizures (Astri, 2020; Lestari & Arguni, 2018). Diagnosis of fever requires physical and supporting examinations, such as blood tests, EEG, or CT scans, especially when neurological complications are suspected (Andriyani et al., 2021). Management can be carried out pharmacologically using antipyretics and non-pharmacologically through warm compresses, hydration, and good environmental ventilation (Wati et al., 2020).

One commonly used non-pharmacological nursing intervention is Tepid Water Sponge, which involves applying warm compresses to the body folds for 10–15 minutes. This helps lower body temperature through conduction and evaporation mechanisms and is considered safe without pharmacological side effects (Hidayati, 2020). According to Wijayanti & Rahmawati (2019), child development begins from infancy (0–12 months) with basic abilities such as crying and sensory-motor development. At 1–3 years, children begin to walk and develop motor skills rapidly. By ages 5–6 (preschool), children become more independent and develop socially, linguistically, and emotionally. At ages 7–8, children begin to think more complexly and actively socialize. These stages form the foundation of a child's overall physical and mental development. In addition, hospitalization in children can cause anxiety that impacts their growth and development. Therefore, atraumatic care and family-centered care approaches are essential in pediatric nursing care (Nurlaila et al., 2021).

MATERIALS AND METHOD

This study employed a case study design aimed at exploring nursing care for a child diagnosed with febrile illness. The subject of this study was a single patient, An.A, who received treatment at the National Defense Central Hospital (RSPPN) Panglima Besar Soedirman. Data collection was conducted through interviews with the patient's family, direct observation, physical examination, and review of medical documentation as well as supporting examination results. The nursing process included assessment, nursing diagnosis formulation, interventions, implementation, and evaluation. The nursing care focused on the management of hyperthermia using Tepid Water Sponge as a non-pharmacological intervention, with evaluation performed by monitoring changes in body temperature and the patient's response to the nursing interventions.

During the case study, the researcher adhered to nursing ethical principles such as informed consent, which is an essential document recording the consent given by the patient or their representative after receiving an explanation regarding medical procedures or other actions to be carried out on the patient (Seta Aji et al., 2023); data confidentiality, as privacy and confidentiality are fundamental, highlighting the patient's right to control their health information and the obligation of healthcare providers to protect sensitive data (Srigantiny1 et

al., 2016); and respect for patient and family rights, ensuring that the patient and their family are treated with dignity and their rights are acknowledged throughout care.

RESULTS

An.A, a 17-year-old child, was admitted to the Alamanda Ward at the National Defense Central Hospital (RSPPN) Panglima Besar Soedirman due to fever that had persisted for three days prior to hospitalization. Upon arrival, the patient's body temperature reached 38°C, and he appeared weak, pale, nauseous, and had a decreased appetite. Vital signs assessment revealed a temperature of 38.7°C, pulse rate of 89 beats per minute, respiratory rate of 28 breaths per minute, blood pressure of 113/70 mmHg, and oxygen saturation of 98%.

Physical examination showed the patient appeared weak, with warm skin and slight sweating. Laboratory results indicated mild leukocytosis with a white blood cell count of 13,200/mm³, hemoglobin 11.5 g/dL, platelets 310,000/mm³, and hematocrit 35%. Other additional tests were within normal ranges. An.A was admitted with a diagnosis of fever. Based on the nursing assessment, the patient had an elevated body temperature of 38.7°C, complained of nausea, and experienced decreased appetite. Nursing diagnoses included risk of widespread infection, hyperthermia, risk of hypovolemia, and nausea.

Interventions for managing the elevated body temperature included applying a tepid water sponge for 15 minutes, monitoring body temperature, administering fluids, and collaborating in providing antipyretic medication. Evaluation revealed a reduction in body temperature by 0.4°C following the interventions. Nursing care was carried out over three days (3x24 hours). The evaluation showed that most nursing problems were successfully addressed, except for the risk of more severe infection, which required further monitoring. The patient appeared more comfortable, body temperature improved, and fluid intake increased.

DISCUSSION

Fever is a natural bodily response to infection, characterized by an increase in body temperature due to the release of endogenous pyrogens, such as interleukin-1, which affect the hypothalamic thermoregulatory center. In children, as observed in the case of An.A, body temperature reached 38°C and was accompanied by additional symptoms such as nausea, fatigue, and decreased appetite. This aligns with the pathophysiological theory of fever described by Astri (2020), where the increase in temperature, along with changes in metabolism, can cause discomfort and risk of complications if not promptly managed.

The nursing intervention applied was the Tepid Water Sponge, a non-pharmacological method that utilizes warm water to reduce body temperature through evaporation and conduction mechanisms (Hidayati, 2020). Applying warm compresses to areas such as the axillae and groin can help accelerate heat loss from the body. This intervention demonstrated significant results, with a 0.4°C reduction in body temperature after 15 minutes. These findings are consistent with research by Kofifah Sulistia Handayani et al. (2024), which reported that Tepid Water Sponge is more effective than fever patches in reducing body temperature in preschool children with febrile conditions.

Symptoms such as nausea and the risk of hypovolemia were also managed using a holistic approach, including monitoring fluid intake and educating the family on the importance of hydration and proper nutrition during fever. This reflects the comprehensive management concept of febrile illness described by Wati et al. (2020), emphasizing that pharmacological and non-pharmacological interventions should complement each other to achieve optimal outcomes.

In addition to non-pharmacological interventions like Tepid Water Sponge, pharmacological management is also necessary to accelerate fever reduction, especially when body temperature exceeds 38.5°C or the child experiences severe discomfort. In this study,

patient An.A received paracetamol as an antipyretic combined with non-pharmacological interventions. During the case study, An.A was diagnosed with several nursing problems based on the clinical presentation observed during assessment. The identified diagnoses included hyperthermia, risk of hypovolemia, and nausea. Hyperthermia was indicated by a body temperature of 38°C and warm skin, reflecting the body's response to infection. The risk of hypovolemia emerged due to decreased fluid intake, reduced appetite, and fatigue. Nausea was identified based on complaints of queasiness and reluctance to eat, which could be influenced by both physiological and psychological factors.

Nursing interventions were carried out systematically to address these diagnoses, including Tepid Water Sponge to reduce body temperature, monitoring fluid and electrolyte balance, and providing education and support to improve appetite and relieve nausea. Daily evaluations showed improvements in all identified problems. Some nursing diagnoses commonly associated with febrile conditions in children, such as anxiety, sleep pattern disturbances, and activity intolerance, were not present in this case. The patient did not exhibit excessive anxiety, reported no sleep disturbances, and was able to perform light activities without significant complaints.

Research by Andriyani et al. (2021) demonstrated that combining antipyretics with warm compresses is more effective than using antipyretics alone. This finding aligns with the approach used in this case, where An.A received paracetamol along with Tepid Water Sponge, resulting in a 0.4°C decrease in body temperature within 15 minutes, indicating a synergistic effect of the combined interventions. The application of Tepid Water Sponge in An.A successfully reduced body temperature from 38.4°C to 38°C. This result is consistent with Janiah et al. (2022), who reported the effectiveness of warm compresses in lowering fever in children aged 1–5 years, further supporting the justification for this intervention.

Kofifah Sulistia Handayani et al. (2024) also reported that Tepid Water Sponge is more effective than fever patches, with a significant temperature reduction of -0.481°C, aligning with the findings of this study, where body temperature decreased by 0.4°C after 15 minutes of warm compress application. Additionally, studies by Rejo (2024) and Zulherni et al. (2024) examined alternative compress methods using onion and hibiscus leaves. While these methods also reduced body temperature, warm water compresses remain advantageous due to their safety, ease of application, and minimal risk of allergic reactions.

Overall, the findings of this study are consistent with previous research showing that warm compresses are an effective method for reducing fever in children. Rifaldi & Wulandari (2020) reported that using ordinary warm water compresses can lower temperature relatively quickly without side effects, supporting the use of Tepid Water Sponge in this study as a safe and nurse-administered initial intervention. Saragih & Lestari (2023) emphasized that applying warm compresses to body folds such as the axillae and groin significantly reduces body temperature within 30 minutes, and its effectiveness increases when combined with family education on home care for fever. This supports the approach in this case, which also involved educating the family as part of family-centered care.

In conclusion, this case demonstrates that Tepid Water Sponge, as an independent nursing intervention, can be an effective method to manage mild to moderate fever in children and accelerate recovery without causing side effects. However, the risk of infection still requires monitoring, as further management is necessary during the observation period, and ongoing care must be planned carefully.

CONCLUSION

Nursing care for pediatric patients with fever at RSPPN Panglima Besar Soedirman shows that the Tepid Water Sponge intervention is effective in reducing body temperature and addressing hyperthermia. Nursing diagnoses such as hyperthermia, risk of hypovolemia, and

nausea were successfully managed through a comprehensive nursing approach. Evaluation shows improvement in the patient's clinical condition, although the risk of infection still needs to be monitored. Conclusion : The implementation of nursing care has been in accordance with the nursing plan.

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