

## ABSTRAK

**Latar Belakang :** *Open pneumothorax* terjadi akibat luka tusuk pada dinding dada dan menembus rongga dada, luka tersebut terbuka atau disebut *sucking chest wound*. Pada kasus *open pneumothorax*, memerlukan penutupan luka segera dengan *occlusive bandage* yang di plester 3 sisinya saja. Pemasangan *occlusive bandage* merupakan pertolongan sementara dan efektif pada pasien sebelum dilakukan tindakan definitif. **Metode :** Penelitian ini menggunakan metode studi kasus satu pasien, kasus dipilih dari kasus *emergency* yang jarang terjadi dimana pasien diberikan penanganan di IGD dengan implementasi pemasangan *occlusive bandage*. **Hasil :** Seorang laki-laki usia 24 tahun datang ke IGD dengan luka tusuk pada dada kiri akibat ditusuk pisau. Pasien menunjukkan tanda-tanda gangguan pada *breathing*. Pergerakan dinding dada kiri tertinggal, *sucking chest wound* sisi kiri, penurunan suara nafas sisi kiri, dada kiri hipersonor. Pemeriksaan fisik composmentis, TD 80/43 mmHg, Nadi 106x/i, RR 25x/i, SpO2 92%, Suhu 36,1<sup>0</sup>C. Pemeriksaan penunjang rontgen thorak menunjukkan kesan *pneumothorax* kiri, hasil laboratorium dalam batas normal. Di IGD pasien dilakukan pemasangan *occlusive bandage* yang dimodifikasi dari plastik dan dipotong sesuai ukuran dan di plester 3 sisinya saja. Setelah pemasangan *occlusive bandage* terdapat perbaikan status hemodinamik pasien hingga dapat dilakukan tindakan definitif dan penanganan lebih lanjut. **Kesimpulan:** Pemasangan *occlusive bandage* dapat meningkatkan status hemodinamik pasien, tindakan ini penting di implementasikan sebelum tindakan definitif.

**Kata Kunci :** *Occlusive Bandage, Open Pneumothorax, Sucking Chest Wound*

## **ABSTRACT**

**Background:** Open Pneumothorax occurs due to a stab wound to the chest wall and penetrates the chest cavity, the wound is open or called a sucking chest wound. In cases of open pneumothorax, it requires immediate wound closure with occlusive bandage which is plastered on 3 sides only. Occlusive bandage placement is a temporary and effective help for patients before definitive action is taken. **Methods:** This study used a one-patient case study method, the case was selected from rare emergency cases where patients were given treatment in the emergency room with the implementation of occlusive bandage installation. **Results:** A 24-year-old male came to the emergency room with a stab wound to the left chest due to a knife stab. The patient showed signs of respiratory distress. Left chest wall movement left, sucking chest wound left side, decreased left side breath sounds, left chest hyperresonant. Physical examination was normal, BP 80/43 mmHg, Pulse 106x/i, RR 25x/i, SpO2 92%, Temperature 36.10C. Supporting examination of thoracic x-ray showed an impression of left pneumothorax, laboratory results within normal limits. In the emergency room, the patient was fitted with a modified occlusive bandage made of plastic and cut to size and plastered on 3 sides only. After occlusive bandage placement, there was an improvement in the patient's hemodynamic status so that definitive action and further treatment could be taken. **Conclusion:** Occlusive bandage placement can improve the patient's hemodynamic status, which is important to implement before definitive treatment.

**Keywords:** Occlusive Bandage, Open Pneumothorax, Sucking Chest Wound