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Implementation of Warm Compresses to Lower Body Temperature in Children with Denguehaemorrhagic Fever (DHF) Army Hospital Kindergarten IV 01.07.01 Pematang Siantar

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ABSTRACT

Dengue Haemorrhagic Fever (DHF) is a disease caused by the dengue virus, belonging to the Flaviviridae family and there are 4 sterotypes, namely DEN-1, DEN-2, DEN-3, and DEN-4. The design of this research is quantitative - descriptive using a case study approach. The research sample consisted of 2 respondents with the inclusion criteria of DHF children, using warm pediatric nursing assessment formats, thermometers, and temperature measurement observation sheets. The sampling used in this research was purposive sampling. Data was collected using observation techniques, interviews, physical examinations, supporting examinations, documentation carried out on April 23 2024 and June 27 2024 at the TK IV Army Hospital 01.07.01 Pematangsiantar. This research was conducted for 3 days. The results of the research that have been obtained confirm the nursing diagnosis, namely hyperthermia with warm compress intervention given 3 times a day for 3 days of treatment to client 1 which decreased to 36.5 0C and to client 2 it decreased to 360C. The main problem of hyperthermia in both clients was resolved by using warm compresses. Researchers, especially parents, are expected to be able to apply the warm compress technique as a measure to treat high fever in children who experience Dengue Haemorrhagic Fever (DHF), especially when caring for sick children at home apart from giving antipyretics.

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INTRODUCTION

Dengue Haemorrhagic Fever (DHF) is a disease caused by the dengue virus, belonging to the Flaviviridae family and there are 4 sterotypes, namely DEN-1, DEN-2, DEN-3, and DEN-4. Dengue Haemorrhagic Fever (DHF) occurs in children and adults with the main symptoms of fever, muscle and joint pain which usually worsens after the first 2 days and if a rash (spot) occurs, the mortality rate is quite high (Sujono & Suharsono, 2022). Climate variation increases the risk of Dengue Hemorrhagic Fever (DHF). Extreme weather such as high rainfall causes puddles as mosquito breeding and has the potential to cause an extraordinary occurrence of Dengue Hemorrhagic Fever (Erika, 2023). Dengue fever incidences have increased dramatically worldwide in recent decades, with cases reported to the World Health Organization (WHO) showing 390 million dengue virus infections per year and 96 million of them manifest clinically (WHO, 2023). Another study on dengue fever prevalence estimates that 3.9 billion people are at risk of contracting the dengue virus. Deaths due to Dengue Haemorrhagic Fever (DHF) reported since the beginning of 2023, dengue fever outbreaks of a significant scale have been recorded in the World Health Organization (WHO) region in the Americas, with nearly 3 million suspected and confirmed cases of fever. which has been reported to surpass the 2.8 million cases of dengue fever recorded worldwide. Of the total dengue fever cases reported as of July 1, 2023 (2,997,097 cases) in Brazil, 45% are laboratory-confirmed, and 0.13% are classified as severe dengue fever. Incidents in other countries recorded 1,302 deaths in Peru and Bolovia with a Case Fatality Rate (CFR) (WHO, 2023)

The World Health Organization (WHO) assesses hypertension at the regional level due to the widespread spread of Aedes spp. mosquitoes (especially Aedes aegypti), the continued risk of severe disease and death, and the expansion of long-standing transmission areas, where the entire population,

including risk groups and health workers, may not be aware of the warning signs. The World Health Organization (WHO) does not recommend any trade travel restrictions for countries in the Americas that are experiencing dengue fever epidemics based on currently available information, as part of the implementation of the Integrated Management Strategy for the Prevention and Control of Arboviral Diseases (STIs-Arbovirus), the World Health Organization (WHO) is actively working with Member States to strengthen health service and surveillance capacities (WHO, 2023). Data from the European Centre for Disease Prevention and Control shows that more than 5 million cases and more than 5,000 dengue-related deaths have been reported in 86 countries globally. The Antille countries of France, Martinique, and Guadeloupe are currently experiencing an increasing trend of dengue fever and have entered the epidemic phase. In early November, the countries of Sant-Martin and Saint-Barthélemy, switched to the epidemic phase after showing an increasing trend in dengue fever cases since October 2023 (European Centre For Disease Control ECDC, 2023).

The Ministry of Health reported that in Indonesia in 2023 there were 68,407 cases of Dengue Haemorrhagic Fever (DHF), with 493 deaths due to dengue fever, in 2022 it was children aged 0-4 years. The number of patients with Dengue Haemmorrhagic Fever (DHF) with a high incidence rate. In West Java province, there are 57,844 cases, and the case fatality rate is 422 cases. The Central Statistics Agency of North Sumatra province in 2023 recorded a total of 18,361 cases of Dengue Haemorrhagic Fever (DHF). The highest case of Dengue Haemmorrhagic Fever (DHF) in Deli Serdang with a total of 803, the death rate amounted to 21 cases. Medan City has 652 cases, the death rate (Case fatality rate) is 24 cases. Pematang Siantar City also experienced an increase in Dengue Haemorrhagic Fever (DHF) cases until August 2023, 124 cases of dengue fever were found, 2 people died, with Inciden Rite (IR) of 47.5 per 100,000 population and CFR of 1.64% (Pematang Siantar city health office, 2023).

Based on the initial survey from the data obtained by the Medical Record of the Level Army Hospital. IV 01.07.01 Pematang Siantar reported that the number of Dengue Haemorrhagic Fever (DHF) sufferers from 2021 to 2023 reached 218 people. The number of Dengue Haemorrhagic Fever (DHF) sufferers in 2021 was 29 people, of which all went home in good health and no one died. The number of Dengue Haemorrhagic Fever (DHF) patients treated in 2022 has increased, namely 43 people, all of whom went home in good health and no one died. The number of Dengue Haemorrhagic Fever (DHF) sufferers in 2023 increased by 146 people.

According to UNICEF 2023 Dengue Haemorrhagic Fever (DHF) cases in children are increasing alarmingly in many countries in South Asia, As of August 25, there were more than 209,000 reported cases of dengue fever in South Asia and 564 deaths. Bangladesh has reported more than 21,000 cases of dengue fever in children under the age of 15.

Dengue Haemorrhagic Fever (DHF) medical record data of the Army Level Hospital. IV 01.07.01 Pematang Siantar. In the last 3 months In 2023, namely September, 19 people with Dengue Haemorrhagic Fever disease, all of whom returned home in good health and no one died. In October, the number of people suffering from Dengue Haemorrhagic Fever decreased by 13 people, of which all went home in good health and no one died. And in November there was a decrease of 7 people.

Dengue Haemorrhagic Fever (DHF) is characterized by a sudden fever without an unclear cause accompanied by other symptoms such as weakness, decreased appetite, vomiting, pain in the limbs, back, joints, head and abdomen. The symptoms resemble regular influenza. On the 2nd and 3rd days, various forms of bleeding appeared, starting with the mildest in the form of bleeding under the skin (petechia or ecchymosis), bleeding gums, epistaxis, to severe bleeding in the form of vomiting blood due to gastric bleeding, melena, and also massive hematuria (Nopiyanti & Widia 2023).

Hyperthermia is a condition in which an increase in body temperature occurs in connection with the body's inability to increase heat production or decrease heat production (Lutfiana, 2022). Hyperthermia occurs due to the inability of the heat loss mechanism to compensate for excessive heat production resulting in an increase in body temperature (Working Group of SDKI DPP PPNI, 2017). Fever lasts continuously, sometimes accompanied by nausea and vomiting, joint pain or muscle pain,

headache, pain or burning sensation behind the eyeballs, redness of the face, the presence of constipation, red spots on the folds of the hands (Lela, 2022).

Warm compresses are one of the physical methods to lower the body temperature of children who are experiencing hyperthermia.The application of warm compresses to the large blood vessels is an effort to provide stimulation to the preoptic area of the hypothalamus in order to lower body temperature.the warm signal carried by the blood to the hypothalamus will stimulate the preoptic area so that it results in the release of signals by the efactor system. 2 mechanisms, namely peripheral blood vessel dilation and sweating (Syara, 2021)

According to (Rantina, 2021) the process of growth and development is one of the inseparable units because growth is part of development and every one that grows must develop, every human being will grow and develop from him in his mother's womb until he is born into the world, humans will continue to experience very significant growth and development. At the golden age or golden age that occurs in early childhood 0-6 years old is the age that greatly determines how children will be in the future. Every time a child grows older, there will be simultaneous changes in growth and development so that these two events are very important in a child's life.

The process of child growth and development can take place naturally, but the process is very dependent on the parents. An important period in children's growth and development is the toddler period. Because at this time basic growth will affect and determine the child's subsequent development. In this toddler period, the development of language skills, creativity, social, emotional, and intelligence is very fast and is the foundation of subsequent development. Factors that affect the quality of children's growth and development are: internal factors, (family, age, and genetics). factors in, nutrition, toxins or chemical substances. Children in preschool age are referred to as a very active period along with the development of growing muscles and increased play activity. Experts classify the age of toddlers at preschool age as a stage of child development that is quite vulnerable to various disease attacks and the most common disease is infectious diseases (Wowor et al. 2017)

The results of Lutfiana's (2022) research stated that the implementation of warm compresses in pediatric patients with Dengue Haemorrhagic Fever (DHF). fever for 3 days, namely before the intervention the child's body temperature is 38.4°C. after warm compresses, the patient's body temperature decreases, then rises and falls during the intervention day 1 to day 2, after the 3rd day the patient's body temperature becomes normal, which is 36°C. The results of the intervention can be proven that warm compresses that are carried out regularly when the patient's body temperature is rising, can lower the patient's body temperature. This research is also in line with Eco Research, (2023) which states that based on the application of data, it is concluded that warm compresses are successful in lowering high body temperature. This is evidenced by the decrease in body temperature carried out by the Warm compress action from 38^0C to 37^0C, the patient seems calmer and can rest and vital signs are within normal limits.

Applying warm compresses to areas of the body will provide signals to the hypothalamus through the spinal cord. When heat-sensitive receptors in the hypothalamus are stimulated, the effector system emits a signal that initiates sweating and peripheral vasodilation. Changes in the size of blood vessels are regulated by the vasomotor center in the medulla oblongata of the brain limbs, under the influence of the anterior hypothalamus so that vasodilation occurs. The occurrence of this vasodilation causes the dissipation / loss of heat energy through the skin to increase (sweating), and there will be a decrease in body temperature so that it reaches a normal state again.

Nurses have a role and function in carrying out nursing care for children with Dengue Haemorrhagic Fever (DHF), including as care providers, playing a role in preventing diseases and their complications, as educators, and collaborating with other health teams, especially doctors (Febby, 2023). Nurses are members of the health team who work with children and parents. These roles are as educators and health extension workers, counselors, coordinating and collaborating, ethical decision-makers, and as researchers (Maria, 2022).

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Dengue Haemorrhagic Fever (DHF) is a disease that occurs a lot in Indonesia and is increasing, the symptoms of Dengue Haemorrhagic Fever (DHF) are Hyperthermia The action taken to reduce hyperthermia is by doing warm compresses, which is supported by research studies that have compresses Tepid water sponge on Dengue Haemorrhagic Fever (DHF) patients, the results show that warm compresses can lower body temperature in DHF patients.

METHODS

The research used in this scientific paper proposal is quantitative research with a descriptive research design through a case study approach. The location of the research will be carried out in the Melati inpatient room of the Tk 01 Army Hospital. 07. 01 Pematang Siantar. The research was conducted in June 2024. The reason for choosing the study time for 7 days of treatment was because the inclusion criteria were also considered.

The population in this study is all children who have experienced cases of Dengue Haemoragic Fever. The sample for this study was 2 respondents who experienced an increase in body temperature with a case of Dengue Haemoragic Fever.in the Melati room of the Army Hospital Tk IV 01.07.01 Pematang Siantar. The sample in this study uses the Purposive sampling technique Purposive sampling is a method of sampling based on criteria determined by the researcher to be considered representative of the characteristics of the population. The instruments used in this study consisted of a pediatric nursing assessment format, SOP (Standard Operating Procedure) Thermometer, warm water compress solution. The data collection procedure in this study is as follows:

a. Requesting a permit to take an initial survey to the institution of the Kesdam I/BB Pematangsiantar Nursing Academy
b. The application of the permit takes initial data to the
c. Army Hospital Tk 01. 07. 01 Pematangsiantar
d. The researcher submitted an application for permission to the head of the hospital. to conduct research at the Kindergarten IV army hospital. 01. 07. 01 Pematang Siantar
e. After obtaining a research permit application letter from the institution, the researcher submits the letter to the head of the hospital
f. After obtaining permission from the head of the hospital to conduct research, the researcher then asked for permission from the head of the inpatient room to conduct research by submitting a certificate of permission to conduct research from the head of the Pematang Siantar Army Hospital
g. After obtaining permission from the head of the inpatient room, the researcher determines two research respondents according to the criteria of the analysis unit (research subject)
h. After finding two repondents according to the inclusion criteria, the researcher explained the intent, objectives, benefits, and procedures during the study
i. The researcher asked for the consent of the patient or parents of the respondents to be used as a research subject by filling in informed consent
j. After obtaining consent from the patient or the respondent's parents, the researcher conducts an assessment

In this case study, the source of data was obtained from the results of interviews with the client's family and other nurses. Observation and physical examination using the IPPA (inspection, palpation, percussion, auscultation) approach on all body systems of the client. In documentation studies, data collection is obtained by viewing or analyzing documents resulting from diagnostic examinations and other relevant data.

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RESULTS AND DISCUSSION

The researcher of this scientific paper used 2 respondents, at the Army Hospital TK IV 01.07.01 Pematangsiantar, and was diagnosed with Dengue Haemorrhagic Fever (DHF) which experienced an increase in body temperature.

Table 1. Medical History

History	Client 1	Client 2
Current Health History		
Client's condition or health at the time of assessment	At the time of the assessment to the client, the client's face looked pale, weak, the client said that the head was dizzy, the fever had been 3 days, the skin was hot and the body temperature was 39 ° c.	At the time of the assessment, the client seemed weak, the client said that the head was dizzy and had a fever for 2 days, the body temperature was 38.7° C and nausea and vomiting. Hot palpable skin
History of Pregnancy and Birth		
Pregnancy check-up	Complete	Complete
Complaints during pregnancy	No complaints during pregnancy	No complaints during pregnancy
Birth Weight	3.5 kg	3, 8 kg
Immunization	Complete, BGC, TT, Measles, Polio, Hepatitis, and DPT	Complete, BGC, TT, Measles, Polio, Hepatitis, and DPT
Place of service	Batam Hospital	Half-quirk war
Length and type of labor	9 months, normal	9 months, normal
Dressing assistant	Midwife	Midwife
Baby Condition	Usual	Usual
The client has experienced an illness	None	None
Breastfeeding	Up to 24 months of age	Up to 24 months of age
Dietary supplements	Starting at 6 months of age	Starting at 6 months of age
Past history		
Childhood illness	Client's parents say they have no previous illness	The client's parents said the client had no previous medical history
have been hospitalized	The client's parents said the client had never been hospitalized	The client's parents said the client said he had never been hospitalized
Medications used	The Client's parents said that the Client had never consumed special drugs	The Client's parents said that the Client had never consumed special drugs
Actions (operations)	The client's parents say the client has never had surgery before	The client's parents say the client has never had surgery before
Accident	The Client's parents said the Client had never had an accident before	The Client's parents said the Client had never had an accident before
Allergy	The Client's parents say the Client has no history of allergies	The Client's parents say the Client has no history of allergies
Family Health History		
Incidence of infectious diseases	The client's parents said none of the siblings suffered	The client's parents said none of the siblings suffered from hereditary diseases and infectious diseases
Diet in the hospital		

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History	Client 1	Client 2
Diet	Rice, side dishes and vegetables as well as fruits	Rice, side dishes and vegetables as well as fruits
Diet pattern	3 x a day	3 x a day
Number of diets	1200 kcal/day	1200 kcal/day
Difficulty chewing	No difficulty chewing	No difficulty chewing
Problems with diet	The client said there was no appetite, the tongue tasted bitter. Eat 1/3 of the serving portion	The client said there was no appetite, the tongue tasted bitter. Eat 1/3 of the serving portion

Table 2. History/ Psychological Conditions

History/ Psychological Conditions	Patient 1	Patient 2
Emotional state	Not easy to get angry and emotional during the interview	Not easy to get angry and emotional during the interview
Relationship with siblings	Well, the client's mother has a harmonious relationship with the family, and there are no disputes with relatives	Well, the client's mother has a harmonious relationship with the family, and there are no disputes with relatives
Relationships with others	Well, many relatives and friends of the client came to visit	Well, many relatives and friends of the client came to visit
Favorite	Playing Ball	Playing Ball
Adaptability	Clients can adapt to the current surrounding environment	Clients can adapt to the current surrounding environment

Table 3. Physical Examination

Physical Examination	Patient 1	Patient 2
Vital Signs		
Temperature	39ºC	38, 7° C
Blood pressure	100 / 60 mmhg	110 / 70 mmhg
Height	150 cm	140 cm
Weight	38kg	37 kg
Nadi (Hr)	110 x/menit	110 x / i
RR	24 x / i	22 x / i
Head and Hair		
Head shape	Simetris	Simetris
Head hygiene	Clean scalp, no lesions	Clean scalp, no lesions
Hair spread and condition	Evenly spread hair	Evenly spread hair
Hygiene	Clean hair, no dandruff	Clean hair, no dandruff
Hair type and structure	Straight, black and thin	Straight, black and thin
Skin color	Tan	Tan
Facial structure	Oval	Oval

Table 4. Integument

Assessment	Client 1	Client 2
Integumen		
Hygiene	Clean skin	Clean skin
Warmth	Warm palpable skin	Warm palpable skin
Color	Tan	Tan

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Turgor	Good back in 2 seconds	Good back in 2 seconds
Kelembapan	Well, no abnormalities	Well, no abnormalities
Abnormalities in the skin	There is a patemia on the skin	No abnormalities in coolies
Thorax/chest examination		
Thoracic shape	Right and left symmetrical	Right and left symmetrical
Respiratory Frequency	24 x/i	24 x/i
Rhythm	Regular	Regular
Signs of difficulty breathing	No difficulty in breathing	No difficulty in breathing
Abdominal Examination		
Abdominal Shape Inspection	Right and left symmetrical	Right and left symmetrical
Mass lumps	No mass lumps	No mass lumps
Vascular shadow	No shadow of blood vessels	No shadow of blood vessels
Intestinal peristaltic aucture	Intestinal noise 12x/min	Intestinal noise 12x/min
Palpation Signs of pressure pain	No tenderness	No tenderness
Mass lumps	No mass lumps	No mass lumps
Tanda acites	No signs of acites	No signs of acites
Hepatic	No liver enlargement, no tenderness	No liver enlargement, no tenderness
Lien	No magnification and no palpation	No magnification and no palpation
Mc. Burney Point	No tenderness in the lower right abdomen	No tenderness in the lower right abdomen
Abdominal Voice Percussion	Beat Results Sounds tympani	Beat Results Sounds tympani
Acites examination	No acites	No acites

Table 6. Limb Examination

Assessment	Client 1	Client 2
Limb Examination		
Upper extremities	The right and left upper extremities can be moved well.	The right and left upper extremities can be moved well.
Lower extremity	The right and left lower extremities can be moved well, (if the lower extremities are given a load can withstand the load	The right and left lower extremities can be moved well, (if the lower extremities are given a load can withstand the load

Discussion

In the discussion, the researcher will discuss the implementation in two clients with Dengue Haemorrhagic Fever (DHF) cases. carried out for 3 days which was carried out on An. N since the date of nursing care is carried out for 3 days on the first patient An. N from April 22-24, 2024 and the second patient An. L since May 2729, 2024 in the Melati Room of the Army Hospital Kindergarten IV. 01.07.01 Pematangsiantar. The activities carried out include assessment, nursing diagnosis, nursing intervention, nursing implementation and nursing evaluation. According to Nopianti, Arisandy Widya, Suherwin, Khorin 2023, The results of the study were obtained from patient 1 with complaints of high fever before

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a warm compress with a body temperature of 39°C after a compress of 36.4°C, in patient 2 with high complaints, before a warm compress with a body temperature of 38.8°C, after a compress of 36.4°, there was an effect of warm compresses on a decrease in body temperature in patients with Dengue Hemorrhagic Fever.

Assessment

Based on the results of the assessment that has been obtained from An. N and An. L with a case of Dengue Haemorrhagic Fever (DHF). The assessment carried out on client 1 in the Melati room of the Army Hospital Tk IV 01.07.01 Pematang Siantar, a 14-year-old client, with a male gender, the client said that the head felt dizzy, looked pale, weak, body temperature 39 ° C, Rr 24x/i. Hr 110x/I, platelets 93,000 mm^3 while client 2 is 13 years old with the same gender, i.e. male, the client's face looks pale, weak, the client said the head feels dizzy, body temperature 38.7 ° c, nausea and vomiting. Hr 110 x/ I. Rr 22 x/i, and Platelets 95,000 mm^3.

According to Putri Nadila Anggita, Syafrinanda Virginia, Olivia Nina 2023 After 3 days of nursing intervention in cases 1 and 2, it was stated that it had succeeded in overcoming the lack of volume and fluids in DHF patients by showing normal body temperature results, normal skin turgor, normal intake and output, no signs of dehydration were found

Diagnosis

The results of the analysis of diagnostic data on An. N i.e., Hyperthermia is associated with an increase in body temperature characterized by the client saying the head feels dizzy, the client looks pale, weak, body temperature 39°C. Rr : 24 x/ i. Hr : 110 x / i. platelets 93,000 mm, while in patient An. That is, Hyperthermia is related to an increase in body temperature characterized by the client saying the head feels dizzy, the client appears weak, nausea and vomiting, body temperature 38.7 °C. Rr: 22 x/i. Hr : 110x/ i. Platelets 95,000 mm .

Based on the results obtained to establish the diagnosis through physical examination, observations that have been carried out and data analysis, it was found that the nursing diagnosis of Hyperthermia was related to an increase in body temperature characterized by the client saying that the head felt dizzy, the pulse frequency increased, the client seemed weak, and the body temperature increased. This data is in accordance with the Indonesian Nursing Diagnostic Standards

(PPNI, 2017). according to Putri Nadila Anggita, Syafrinanda Virginia, Olivia Nina 2023 After 3 days of nursing intervention in cases 1 and 2, it was stated that the lack of volume and fluids in DHF patients was successfully overcome by showing normal body temperature, normal skin turgor, normal intake and output, no signs of dehydration were found

Nursing Intervention

The interventions carried out in the case of Dengue Haemorrhagic Fever were Hypertensive Management (I.15506), Observation: identification of the cause of hyperthermia, body temperature monitor, monitoring of complications due to hyperthermia. Stress: loosen or remove clothes, Give oral fluids give antipyretic drugs, provide a cool environment Provide non-pharmacological techniques to reduce Hyperthermia (Warm compress technique), check vital signs, Education: recommend bed rest.

According to the theory, the nursing plan is adjusted to the client's conditions and the SDKI, SLKI, and SIKI books. The Nursing Plan made for An. N and An. L After doing warm compresses for 3 days, it is expected that the body temperature will decrease according to the result criteria (L. 08066). Body temperature improves, grimacing decreases, paleness decreases, breathing improves, pulse improves.

According to Putri Nadila Anggita, Syafrinanda Virginia, Olivia Nina 2023 After 3 days of nursing intervention in cases 1 and 2, it was stated that the lack of volume and fluids in DHF patients was successfully overcome by showing normal body temperature results, normal skin turgor, normal intake and output, no signs of dehydration were found.

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Nursing Implementation

The implementation of the first day examined the factors that cause Dengue Haemorrhagic Fever, an increase in body temperature. with the results of the assessment format and observation sheets. On the first day before the warm compress was performed, the body temperature in patient 1 was : 39 ° C, patient 2 was : 38.7 ° C and after the warm compress was carried out there was no decrease in body temperature. On the second day after the warm compress was carried out, the body temperature of patient 1 was 38°C, and on the third day after the warm compress was carried out, the body temperature of patient 1 decreased from 38°C to 36.5°C. and on client 2 there was a body temperature of 38.7°C, and after the warm compress was carried out on the first day there was no decrease in body temperature, the second day after the warm compress was carried out the body temperature decreased from 38.7°C to 38, 4° C . On the third day, the patient's body temperature improved / normal 36°C.

According to Putri Nadila Anggita, Syafrinanda Virginia, Olivia Nina 2023 After 3 days of nursing intervention in cases 1 and 2, it was stated that the lack of volume and fluids in DHF patients was successfully overcome by showing normal body temperature results, normal skin turgor, normal intake and output, no signs of dehydration were found.

Nursing Evaluation

The evaluation was found after taking action for 3 days to An. N and An. By teaching warm compresses, the body temperature decreases gradually. On the first day before the warm compress, the body temperature in patient 1 is: 39°C, Rr 24x/Ii, Hr 110x/i. And after doing warm compresses, there has been no decrease in body temperature. The second day before the warm compress was carried out, the client's body temperature was 390C, and after the warm compress was carried out, there was a decrease in body temperature of 38 0 C. On the third day after the warm compress was carried out on patient 1, namely: 36.5 ° C, in the 2nd patient, namely: body temperature 38.7° C, and after the warm compress action there was no decrease in body temperature, the second day before the warm compress was 38.7° C and after the warm compress there was no decrease in body temperature, on the third day before the warm compress was carried out the body temperature in patient 2 was 37° C, and after the action of warm compresses, there is a decrease in body temperature, which is :36° C.

There is an effect between a decrease in body temperature before and after warm compresses in Dengue Haemorragic Fever patients. According to Stefanus E, (2023). It can be concluded that the use of warm compresses can lower the body temperature of people with Dengue Haemorrhagic Fever.

According to Putri Nadila Anggita, Syafrinanda Virginia, Olivia Nina 2023 After 3 days of nursing intervention in cases 1 and 2, it was stated that the lack of volume and fluids in DHF patients was successfully overcome by showing normal body temperature results, normal skin turgor, normal intake and output, no signs of dehydration were found.

CONCLUSION

Nursing care for An. N and An. L with the application of warm compresses to lower body temperature, based on the results of the assessment in the first patient, it was found that the patient experienced an increase in body temperature, the main complaint was that the head felt dizzy, . The second patient experienced an increase in body temperature and the main complaint was dizziness. Nausea and vomiting. After nursing treatment with the Warm compress technique for 3 days, and the results before and after the warm compress technique were obtained on the first day, the results of Temp: 39 0C to 39 0C, on the second day the results of body temperature were obtained to 38 0C, on the third day the results were 36.5 ° C while in patient II an assessment was carried out for 3 days and a warm compress technique was carried out on the first day the results of Temp were obtained: 38.7°C to 38.7°C, on the second day the result of body temperature was obtained to 37°C, on the third day Temp: 36°C was obtained. It can be concluded that there is a decrease in body temperature in the first patient and the second patient.

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