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Implementation of Warm Compress on Mrs. A. R., a Malaria Patient with Hyperthermia, in Class I & II Ward of Serui General Hospital

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Abstract. Introduction Malaria is an infectious disease caused by Plasmodium through the bite of a female Anopheles mosquito. In 2022, WHO recorded 249 million cases of malaria globally. In Indonesia, cases reached 418,546 in 2023, with Papua contributing 92% of the total cases. Yapen Islands Regency recorded 21,238 cases in the first semester of 2023. One of the main symptoms of malaria is hyperthermia, which if not treated immediately, can cause serious complications such as febrile seizures, impaired consciousness, and organ damage. This therapy stimulates peripheral vasodilation, which helps reduce body temperature naturally. The purpose of this study was to describe the implementation and effectiveness of warm compress therapy in malaria patients with hyperthermia. The method used is a descriptive case study. This study uses a descriptive case study approach with the aim of describing the implementation of warm compress therapy as a nursing intervention in malaria patients with hyperthermia problems. The results showed a significant decrease in body temperature and increased patient comfort. The suggestion from this study is the need for education to families and health cadres about this therapy procedure. In conclusion, warm compress therapy is a simple, safe, effective nursing solution that is suitable for use in areas with limited resources. Hyperthermia treatment must be carried out quickly and precisely. An effective and practical solution is the application of warm compress therapy to certain areas of the body (forehead, armpits, groin) using water at a temperature of 37–40°C.

Keywords: Hyperthermia, Malaria, Warm Compress

1. INTRODUCTION

Malaria is an infectious disease caused by Plasmodium parasites transmitted through Anopheles mosquitoes. Hyperthermia is a primary clinical manifestation resulting from the body's response to infection. Fever occurs due to the rupture of infected red blood cells. This symptom is common among malaria patients in tropical regions and requires prompt and appropriate management. Early recognition by healthcare professionals is essential (Perdana, 2021). Malaria is a communicable disease caused by Plasmodium parasites and transmitted through bites from female Anopheles mosquitoes. Yapen Islands Regency, located in Papua Province, is one of the regions in Indonesia with a high malaria prevalence (Arisjulyanto & Suweni, 2024).

The magnitude of this issue is substantial. The World Health Organization (WHO) reported 249 million malaria cases globally in 2022, an increase from 244 million cases the previous year. Malaria remains a major public health problem in 85 endemic countries, with Sub-Saharan Africa and Southeast Asia being the most affected regions. The disease continues

to cause high morbidity and mortality. WHO advocates for a phased global elimination strategy (WHO, 2023).

Indonesia recorded 418,546 malaria cases in 2023, with most cases originating from eastern regions, particularly Papua. Papua accounted for approximately 92% of the national total. Although control efforts are ongoing, significant challenges remain in highly endemic areas. Indonesia aims to eliminate malaria by 2030 (Ritonga, 2024). Papua continues to bear the highest malaria burden in Indonesia, with over 90% of national cases occurring in the region. Difficult geography and limited healthcare access pose substantial obstacles. Despite these challenges, elimination programs continue, though delays in treatment and disease spread remain issues. Intensive approaches and local strategies are necessary for prevention (Sroyer, 2022).

Yapen Islands Regency also faces a significant malaria burden. In the first half of 2023, 21,238 malaria cases were reported, with Serui Kota recording the highest number at 5,238 cases. Other areas, such as Warari and Ansus, were also affected. The government has implemented education programs, distributed mosquito nets, and conducted spraying; however, environmental conditions and community behaviors continue to pose challenges (BPS Papua, 2023).

Chronologically, malaria is an infectious disease caused by Plasmodium parasites, which can lead to hyperthermia due to tissue damage, reduced consciousness, renal failure, and internal bleeding. The infection triggers a fever as part of the body's immune response. Hyperthermia (fever) is defined as an elevated body temperature due to increased activity in the hypothalamic thermoregulatory center. Management of fever in malaria patients involves non-pharmacological interventions for the nursing problem of hyperthermia. Among these interventions, warm compress therapy is commonly used. Warm compresses induce vasodilation, allowing pores to open and facilitate heat dissipation, ultimately reducing body temperature (Sandi, 2022).

If hyperthermia is not promptly managed, it can lead to serious complications, including febrile seizures, altered consciousness, and damage to vital organs. This condition is particularly dangerous for children, pregnant women, and the elderly, who are physiologically more vulnerable to extreme temperature changes (Kusyani, 2024). One effective non-pharmacological approach to reduce body temperature is warm compress therapy. This method stimulates peripheral vasodilation, enhancing heat loss through the skin. The therapy is simple, does not require advanced medical equipment, and is suitable for primary healthcare settings

or home care under healthcare supervision (Rahma, 2024). Warm compress therapy involves applying warm and cold compresses alternately to the patient's body. It has been shown to reduce body temperature in malaria patients experiencing hyperthermia (Ina, 2024).

Warm compress therapy is particularly appropriate for regions like the Yapen Islands. Applying a warm cloth at 37–40°C to specific areas can be done by family members or healthcare professionals. This intervention is effective, safe, and easy to perform at home or in a clinic. Its simplicity and adaptability make it highly relevant to local needs and resources. Considering its effectiveness, ease of implementation, and relevance to nursing practice, the researcher is interested in further investigating the implementation of warm compress therapy as a nursing intervention for malaria patients with hyperthermia.

Based on the background outlined above, the researcher deems it important to conduct a case study entitled, "Implementation of Warm Compress Therapy on Mrs. A. R., a Malaria Patient with Hyperthermia, in Class I & II Ward of Serui General Hospital."

2. METHODE

This study employed a case study method to analyze the implementation of warm compress therapy for patient Ny. A. R., who experienced malaria with hyperthermia in Class I & II Rooms at RSUD Serui. The case study approach was chosen because it allows an in-depth understanding of phenomena through a systematic and comprehensive approach (Nursalam, 2020). The study subject was patient Ny. A. R., selected purposively based on case relevance to the study focus, which is the management of hyperthermia through warm compress therapy. The study focused on exploring the effectiveness, procedures, and patient response to the intervention. The study variables were operationally defined as follows: hyperthermia, an increase in body temperature above 37.5°C–38.3°C due to an imbalance between heat production and heat loss (PPNI SDKI, 2017); malaria, a contagious disease caused by *Plasmodium* parasites and transmitted through the bite of infected female *Anopheles* mosquitoes (Arisjulyanto & Suweni, 2024); and warm compress therapy, a method using heated cloths to increase blood circulation, relieve pain, and help reduce the patient's body temperature (Sulthan, 2023). The study was conducted in Class I & II Rooms at RSUD Serui from February 8–28, 2025, according to the academic calendar of the Diploma III Nursing Program at Kepulauan Yapen Poltekkes Kemenkes Jayapura, with the warm compress intervention implemented on February 8, 2025. Data collection was carried out through observation of the care process and patient response, structured interviews with the patient and family, and questionnaires provided by the study program to document clinical assessments

and nursing actions. This combination of methods enabled the researcher to obtain comprehensive information on the application of warm compress therapy and its effects in reducing hyperthermia in malaria patients.

3. RESULT AND DISCUSSION

a. Result

1) Nursing Assesment

The case study was conducted on Mrs. A. R., a 52-year-old woman with a high school education, working as a housewife, Protestant Christian, from Papua, and married, residing at Jln. Palapa. She was admitted to Class I & II, Murai Room, RSUD Serui, with medical record number 011162 on February 7, 2025, at 17:00 WIT through the Emergency Department using a wheelchair, and data collection was conducted on February 8, 2025, at 11:00 WIT. The patient was diagnosed with tropical malaria. Upon admission, she complained of fever and chills for approximately two days, accompanied by headache, nausea, and vomiting, and reported previous hospitalizations for malaria with prior treatment using oral antimalarials and paracetamol. The patient was fully conscious (composmentis) with vital signs: blood pressure 130/90 mmHg, respiratory rate 22 breaths/minute, pulse 84 beats/minute, and body temperature 38.2°C. Physiological assessment showed ineffective peripheral perfusion indicated by cold extremities, risk of nutritional deficit due to nausea, vomiting, and decreased appetite, while fluid balance was adequate. Elimination, activity, and rest needs were within normal limits, and she performed self-care independently. Psychosocially, the patient experienced mild acute headache (pain scale 3/10), anxiety, and feelings of powerlessness, yet retained age-appropriate self-care abilities and skills, with understanding of her illness, medical interventions, and medications. Behaviorally, she maintained personal hygiene, performed bathing, dressing, toileting, and feeding independently, and demonstrated motivation for self-care. Socially, she was comfortable in interactions, spoke coherently, and showed no signs of apathy or disorientation. Her environment was safe, with no risks related to skin integrity, mobility, or post-operative complications. These comprehensive assessments provided the basis for nursing interventions, particularly the implementation of warm compress therapy to manage hyperthermia in a patient with malaria.

2) Nursing Diagnosis

The priority nursing problem identified in this case is hyperthermia related to the disease process. The patient, Ny. A. R, reports experiencing fever and chills. Objectively, she presents with pallor, a body temperature of 38.2°C, and cold extremities (acral). Her vital signs include a blood pressure of 130/90 mmHg, a respiratory rate of 22 breaths per minute, a pulse rate of 84 beats per minute, and an oxygen saturation of 97%. These findings indicate hyperthermia related to infection, as evidenced by the combination of subjective complaints and objective clinical signs.

3) Interventions

The nursing interventions for Ny. A. R, a 52-year-old patient with malaria experiencing hyperthermia, were based on the nursing diagnosis D.0130. The interventions aimed at managing hyperthermia (L.14134) included identifying the cause of hyperthermia, monitoring body temperature, loosening or removing clothing, applying warm compresses on the forehead, axilla, and groin folds, encouraging adequate bed rest, and collaborating with the medical team for intravenous electrolyte administration if necessary.

4) Implementation

The interventions were carried out on February 8, 2025, at RSUD Serui in Class I & II rooms. The nurse identified that the hyperthermia was caused by Plasmodium infection. The patient's temperature was monitored at 38.2°C. Clothing was loosened successfully, and warm compresses were applied as planned. The patient adhered to bed rest and received intravenous fluids and paracetamol drip as per medical orders.

5) Evaluation

After 8 hours of care, the patient's hyperthermia was effectively managed. Body temperature decreased to 36.2°C, blood pressure improved to 120/80 mmHg, and oxygen saturation reached 96%. Subjective complaints of fever and chills subsided, while pallor and redness of the skin improved. Overall, the patient demonstrated effective thermoregulation, and the hyperthermia problem was resolved. The nursing interventions were then discontinued.

b. Discussion

1) Nursing Assessment

On February 8, 2025, at 14:00 WIT, a nursing assessment was conducted on Ny. A. R, a 52-year-old female patient admitted to Class I & II room at RSUD Serui

with a medical diagnosis of Tropical Malaria. The patient appeared weak and was lying in bed with compos mentis consciousness. Vital signs showed an axillary temperature of 38.2°C, pulse 84 beats/min, respiratory rate 22 breaths/min, blood pressure 130/90 mmHg, and SpO_2 97%. The patient reported fever, sweating, and chills for the past two days, accompanied by nausea and vomiting. The skin was warm to touch with cold extremities. Physical examination revealed dry oral mucosa and slightly whitish tongue. No rashes or wounds were observed. The patient's room was warm, well-ventilated, and she used a thick blanket while sleeping. Past medical history showed no chronic illnesses. Currently, the patient was receiving oral antibiotics and antipyretics. Fluid and food intake were adequate, although the patient reported slightly decreased appetite due to the fever.

Nursing assessment is the foundation for providing care according to the patient's needs. A complete and systematic assessment based on factual patient conditions is crucial for formulating nursing diagnoses and delivering individualized care (Utami, 2020). Assessment involves systematic, comprehensive, accurate, concise, and continuous data collection obtained through anamnesis, observation, and supporting examinations, which are then documented (Purwo, 2022). It is the initial and fundamental step in the nursing process, consisting of data collection and identifying patient needs or problems, covering aspects such as patient identity, reason for admission, predisposing factors, physical, psychosocial, mental status, discharge planning, coping mechanisms, psychosocial and environmental issues, knowledge, and medical aspects (Widya, 2022).

2) Nursing Diagnosis

After assessing Ny. A. R, who presented with high fever for two days, the nursing diagnosis was established. The patient appeared weak, febrile, and shivering, with a body temperature of 38.2°C and warm skin. She also complained of nausea and vomiting. Based on subjective and objective data, the nursing diagnosis was: Hyperthermia related to infection process, manifested by body temperature 38.2°C, warm skin, fever, and chills.

According to the Indonesian Nursing Diagnosis Standard (SDKI) by DPP PPNI, 2017, hyperthermia is defined as a body temperature above the normal range. Contributing factors include dehydration, exposure to a hot environment, common

illnesses, inappropriate clothing, increased metabolic rate, trauma response, and excessive physical activity (Cherly, Iriani & Asrum, 2024).

Nursing diagnosis is the second step in the nursing process after assessment and data collection. It describes human responses (actual or potential changes) in individuals or groups (Heri, 2024). Nursing diagnoses are classified into negative diagnoses, indicating actual or potential health problems requiring therapeutic, restorative, or preventive interventions, and positive diagnoses, indicating a healthy state that can be optimized (Mendrofa & Hani, 2023).

3) Nursing Interventions

After analyzing and identifying the nursing diagnosis of hyperthermia with body temperature of 38.2°C, the main problem was defined as hyperthermia related to the infection process. Interventions included monitoring body temperature every two hours using a digital thermometer to track response to therapy, applying warm compresses to the forehead, axilla, and groin folds for 15–20 minutes to help reduce body temperature, encouraging oral fluid intake of at least 2,000 mL/day if no contraindication, maintaining a cool and well-ventilated environment, replacing patient clothing with thin, sweat-absorbing garments, coordinating with the medical team for antipyretic administration (paracetamol 500 mg) as prescribed, and educating the patient about rest, hydration, and signs of fever requiring immediate reporting.

Interventions are strategic actions to prevent, reduce, and manage identified nursing problems. Planning describes how nurses can effectively and efficiently resolve issues based on nursing diagnoses, including setting goals and expected outcomes (Tim Pokja SIKI DPP PPNI, 2017).

Hyperthermia interventions include pharmacological and non-pharmacological approaches. Pharmacological action involves administering antipyretic medication, while non-pharmacological action involves physical therapy such as warm compresses (Maharningtyas & Setyawati, 2022). Warm compresses raise external skin temperature, signaling the brain to reduce thermoregulation, causing peripheral vasodilation and increased heat dissipation through the skin, ultimately lowering body temperature (Tuti Elyta et al., 2023).

4) Nursing Implementation

Following planning, warm compresses were applied to Ny. A. R on February 8, 2025, at 14:00 WIT. Compresses were applied to the forehead, axilla, and groin using small towels soaked in water at approximately 37°C. The procedure followed standard operating procedures: the nurse explained the procedure to the patient, cleaned the targeted areas, and applied the compress for 15 minutes, changing every 5 minutes to maintain warmth. The patient was cooperative and showed no discomfort.

Implementation in nursing care involves executing planned actions tailored to patient conditions to achieve optimal health, maintain or restore normal function, and provide therapeutic interventions (Kahi, 2024; Shohilin, Koyimah & Satrianto). For hyperthermia, this included monitoring body temperature, electrolytes, urine output, maintaining a cool environment, loosening clothing, warm compress application, and collaborating with the medical team for fluid therapy. Implementation was carried out over three consecutive days in collaboration with doctors and ward nurses (Gabrella, 2024).

5) Nursing Evaluation

After 8 hours of care, including warm compress application to the axilla and groin and increased oral hydration, the patient's body temperature decreased from 38.2°C to 36.2°C. The patient appeared more comfortable, no longer shivering, and reported feeling better. Vital signs were within normal limits, and no signs of dehydration were observed. Evaluation showed a positive response to nursing interventions. Interventions were discontinued as appropriate, and body temperature continued to be monitored periodically.

Family-reported feedback indicated the patient's body was no longer warm. Objective data showed comfort, normal temperature (36.2°C), pulse 84 beats/min, and respiratory rate 20 breaths/min. Thermoregulation was achieved, and the plan included ongoing temperature monitoring, maintaining a cool environment, loosening clothing, providing oral fluids, and applying warm compresses (Audia, 2024).

Evaluation after 8 hours confirmed that the hyperthermia problem was resolved. The patient's fever decreased from 38.2°C to 36.2°C, cold extremities were no longer felt, and no skin color changes occurred (Dwi, 2022). Analysis indicated that the nursing care provided effectively addressed Ny. A. R's hyperthermia, and

knowledge deficits were resolved. Patient condition, observation results, and expected outcomes were compared to confirm the success of interventions (Cherly, Iriani & Asrum, 2024).

4. CONCLUSION

Based on the nursing care provided to Ny. A. R with hyperthermia due to Tropical Malaria, the nursing process, including assessment, diagnosis, planning, intervention, implementation, and evaluation, proved effective in managing the patient's condition. The initial assessment identified hyperthermia with a body temperature of 38.2°C, chills, and warm skin. Nursing interventions, including warm compress application, monitoring vital signs, maintaining a cool environment, promoting hydration, and coordinating with the medical team for antipyretic administration, resulted in significant improvement. After 8 hours of care, the patient's temperature decreased to 36.2°C, chills subsided, extremities warmed, and vital signs stabilized, demonstrating effective thermoregulation. This case highlights the importance of systematic and evidence-based nursing care in managing hyperthermia, ensuring patient comfort, and preventing complications. Continuous monitoring and family education contributed to maintaining the patient's health and optimizing recovery.

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