



**KONSEP  
SINDROMA KORONER AKUT  
(SKA)**



# Ninuk Dian K

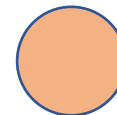
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## **TUJUAN UMUM**



**Setelah mengikuti perkuliahan ini peserta pelatihan micro credential akan mampu menjelaskan konsep Sindroma Koroner Akut (SKA)**

# POKOK BAHASAN



K

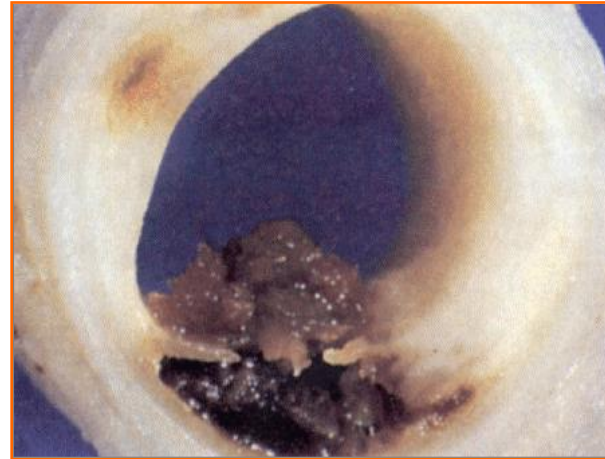
**Konsep SKA**

P

**Pengkajian SKA**

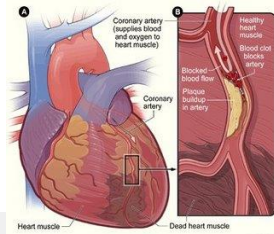
# Sindroma Koroner Akut

**Oklusi pada pembuluh darah koroner, menyebabkan peningkatan frekuensi dan durasi nyeri dada, dan tidak dapat diatasi dengan istirahat atau nitrat.**



# PJK

# KARAKTERISTIK SKA



## ACUTE CORONARY SYNDROME

### 1 STABLE ANGINA

Angina pain develops when there is increased demand in the setting of a stable atherosclerotic plaque. The vessel is unable to dilate enough to allow adequate blood flow to meet the myocardial demand.



Normal

Normal

### 2 UNSTABLE ANGINA

The plaque ruptures and a thrombus forms around the ruptured plaque, causing partial occlusion of the vessel. Angina pain occurs at rest or progresses rapidly over a short period of time.

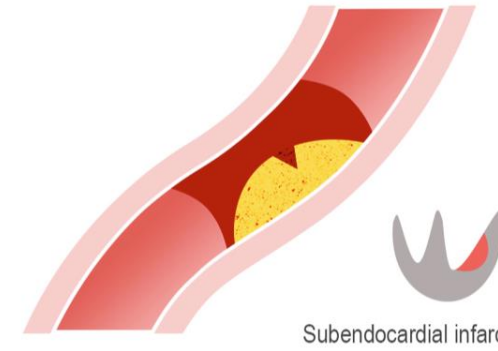


Normal, Inverted T waves, or ST depression

Normal

### 3 NSTEMI

During an NSTEMI, the plaque rupture and thrombus formation causes partial occlusion to the vessel that results in injury and infarct to the subendocardial myocardium.

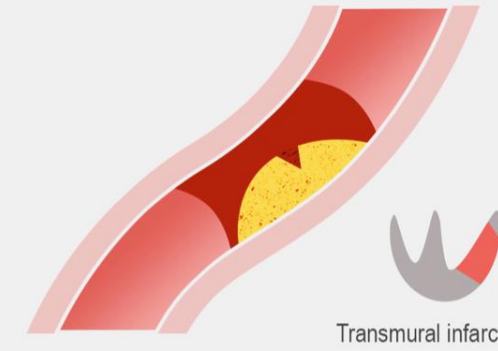


Normal, Inverted T waves, or ST depression

Elevated

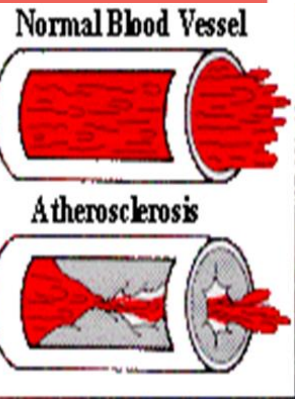
### 4 STEMI

A STEMI is characterized by complete occlusion of the blood vessel lumen, resulting in transmural injury and infarct to the myocardium, which is reflected by ECG changes and a rise in troponins.



Hyperacute T waves or ST elevation

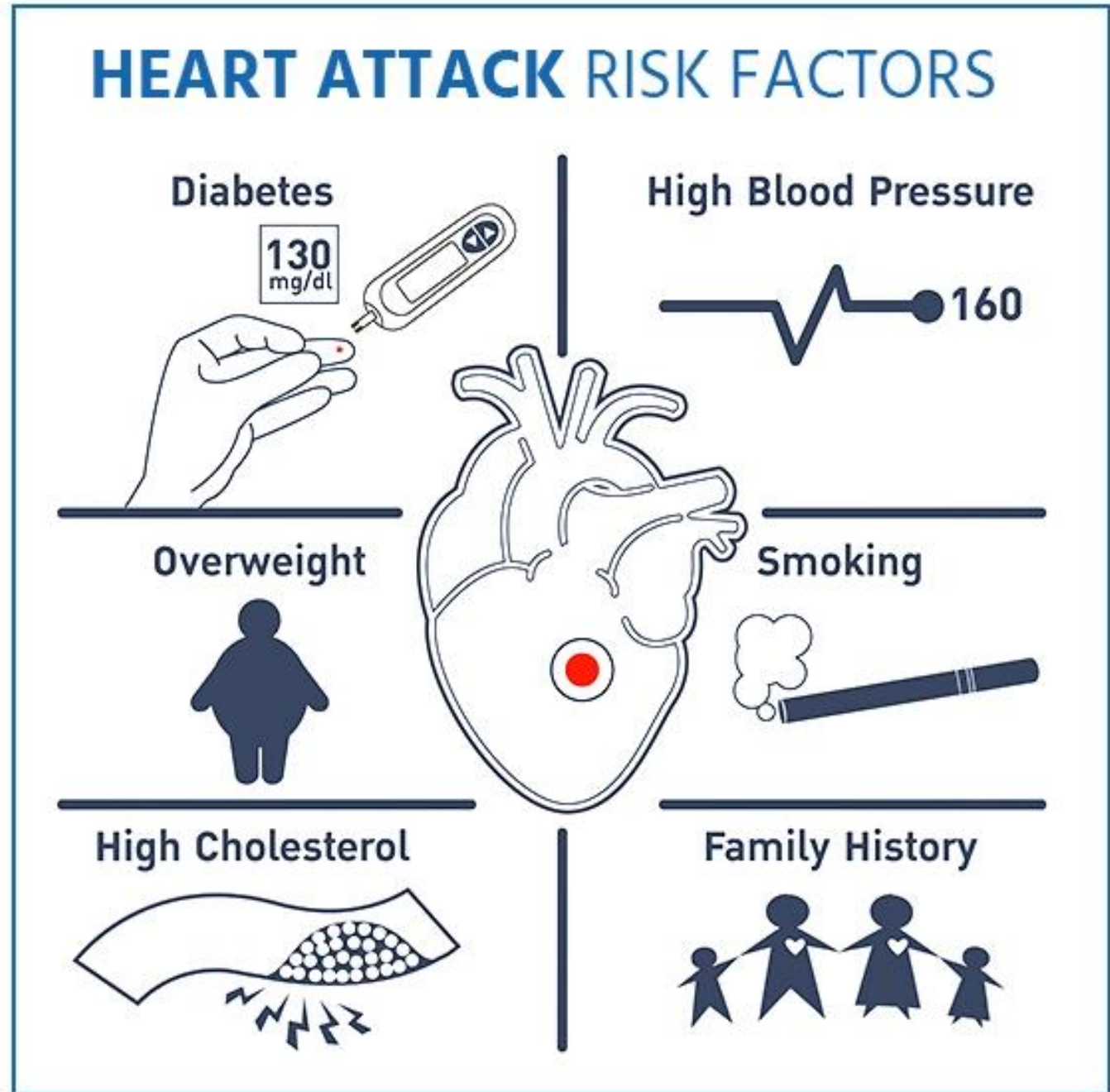
Elevated



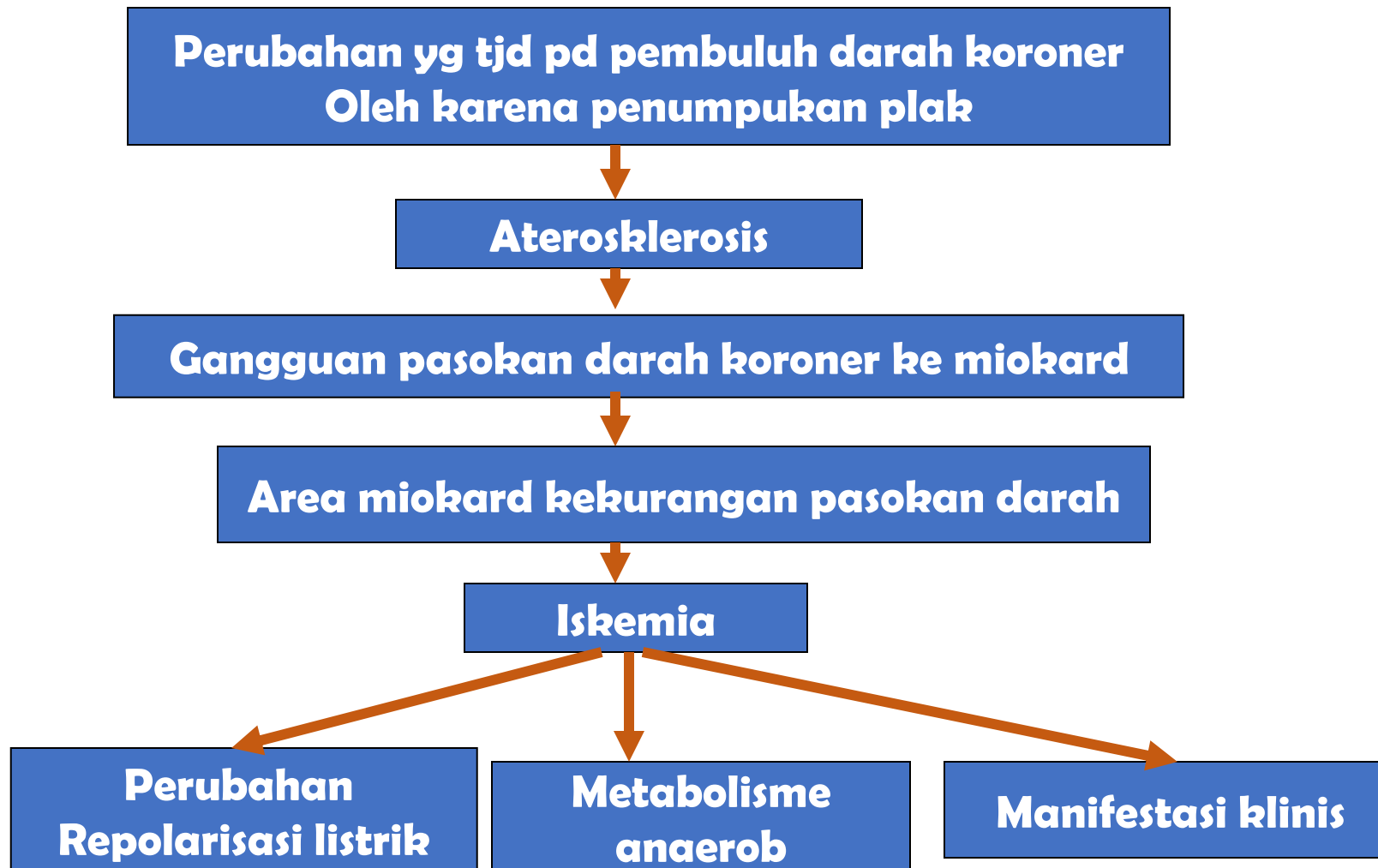
TROPONINS

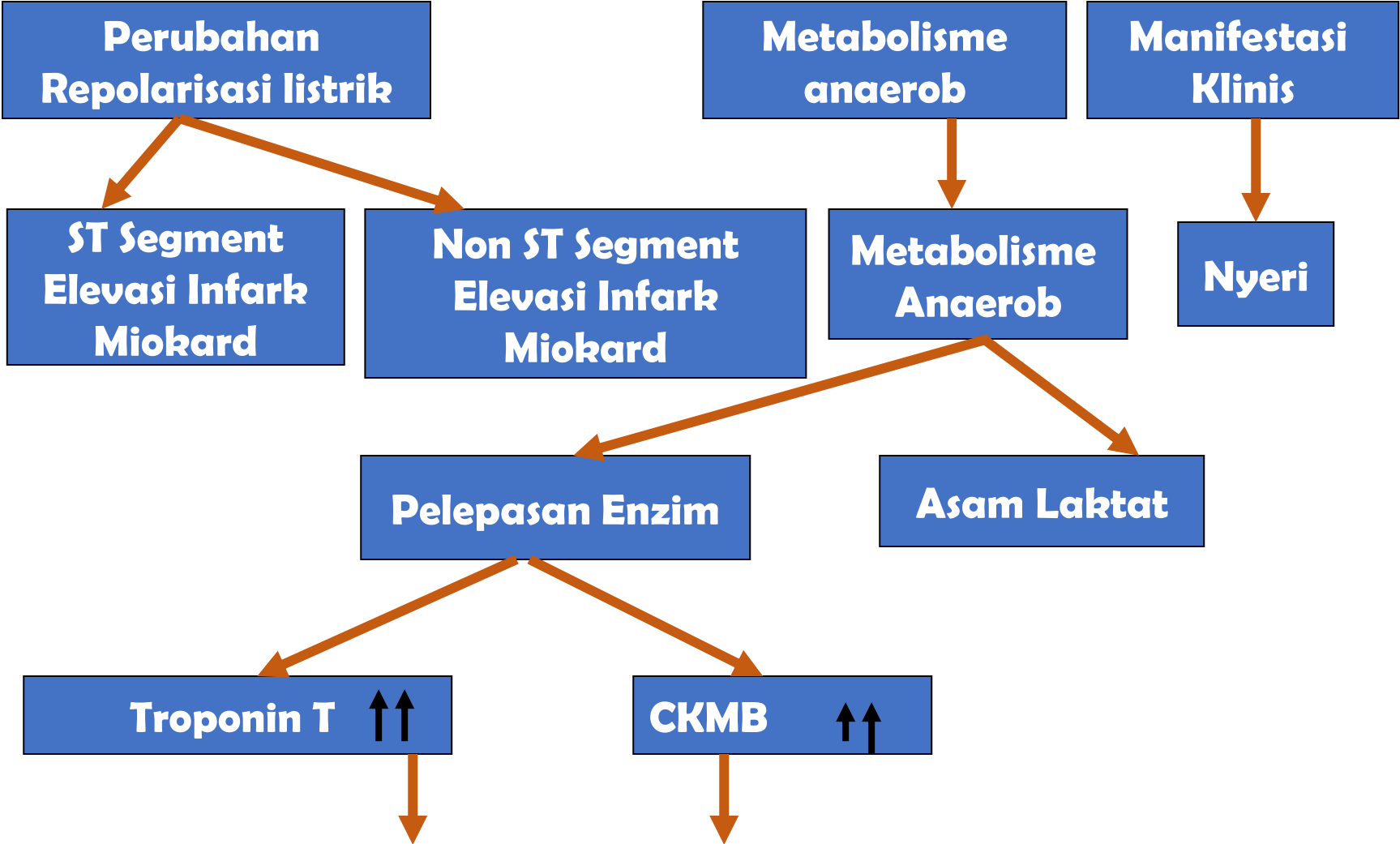
# Faktor Risiko Aterosklerosis

- **Genetik**
- **Merokok**
- **Obesitas**
- **Hypertensi**
- **Usia**
- **Diabetes**
- **Asupan Lemak Jenuh**



# Patofisiologi SKA





# **Pengkajian SKA:**

## **3 komponen PENTING**

- ▶ **Keluhan sakit dada yg berupa APTS/UAP**
- ▶ **Perubahan EKG, STEMI atau Non STEMI dengan atau tanpa Q patologik**
- ▶ **Peningkatan Enzim jantung**

**MINIMAL 2 KOMPONEN=  
SKA**

# Dimana Rasa Nyeri Dirasakan??

## TEMPAT TEMPAT NYERI PADA GANGGUAN JANTUNG



Dibelakang tulang Dada



Dibelakang tulang Dadamenjalar ke leher



Dari Dada menjalar ke Bahu dan Dada



Dari Dada menjalar ke Rahang



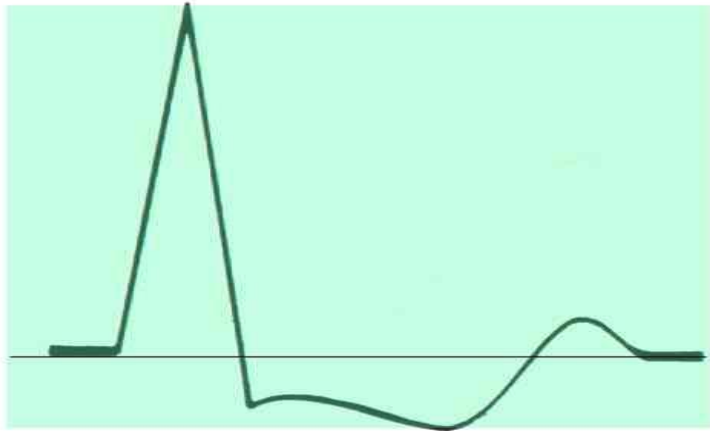
Di Dada bawah di Ulu hati (sering di tafsirkan sakit Maag)



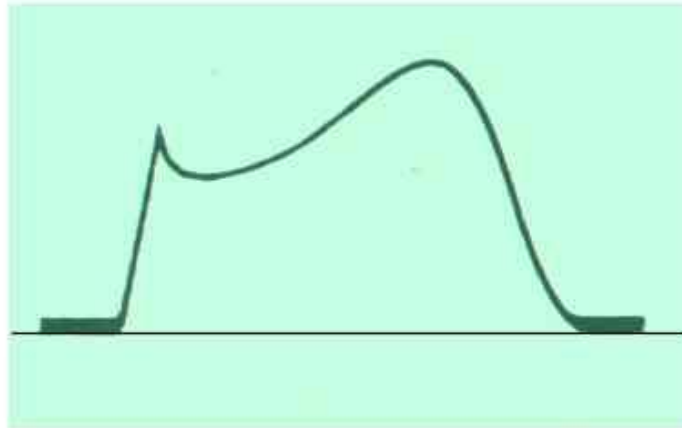
Di daerah Punggung diantara kedua Belikat

# Segmen ST, diukur dari akhir QRS s/d awal gel T

- ▶ **Normal** : Isoelektris
- ▶ **Keuntungan** : Elevasi Pada injuri/infark akut
- Depresi** Pada iskemia



**Non STEMI**



**STEMI**

# EKG

- **STEMI:**

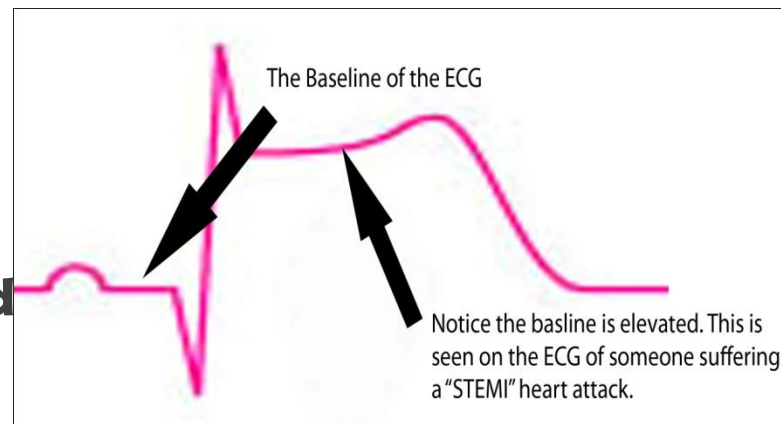
- **Q waves , ST elevations, hyper acute T waves; followed by T wave inversions.**

- **Clinically significant ST segment elevations:**

- ✦ **> than 1 mm (0.1 mV) in at least two anatomical contiguous leads**

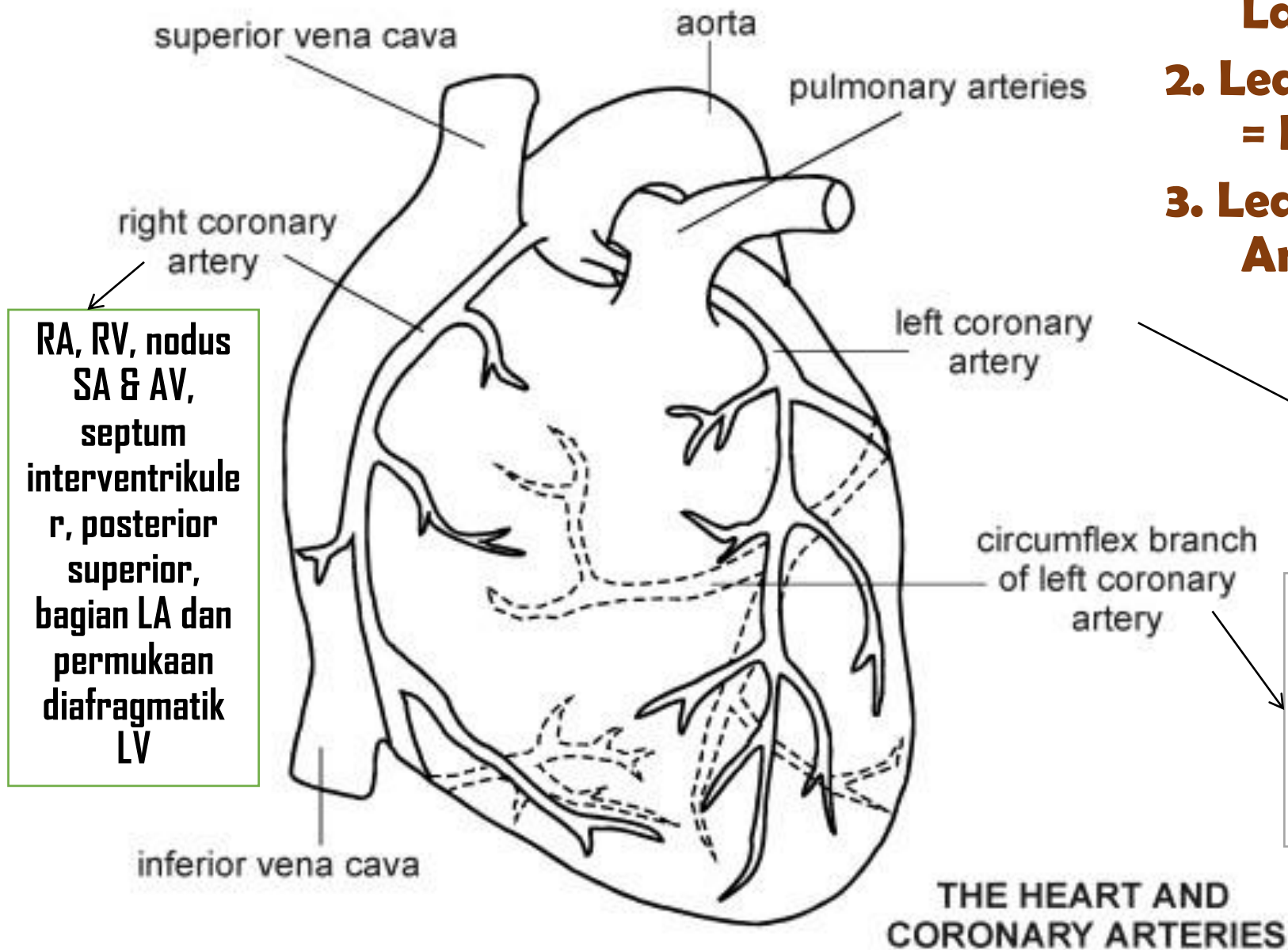
- ✦ **or 2 mm (0.2 mV) in two contiguous precordial leads (V2 and V3)**

- **Note: LBBB and MI on EKG**



**Diagnosis of**

# Menentukan Lokasi Infark



1. Lead I, aVL, V5, V6:  
Lateral = LCX

2. Lead II, III, aVF: Inferior  
= RCA

3. Lead V1, V2, V3, V4:  
Anterior = LAD

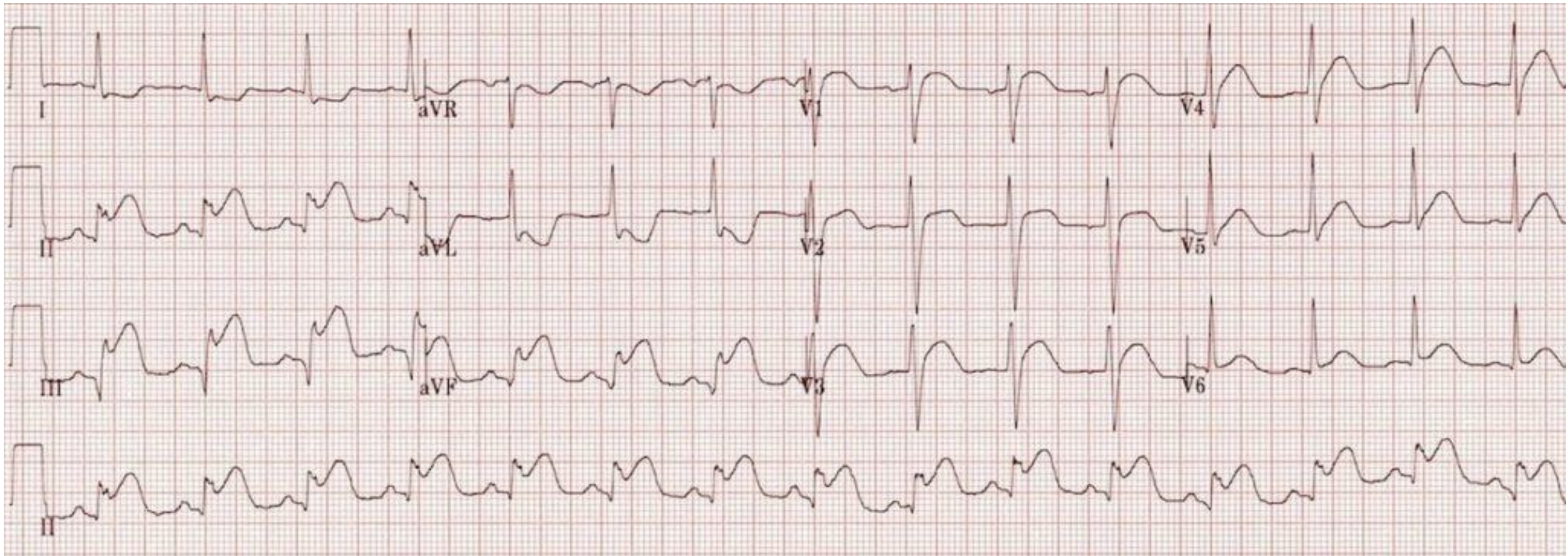
RA, RV, nodus SA & AV, septum interventrikuler posterior superior, bagian LA dan permukaan diafragmatik LV

atrium kiri, seluruh dinding posterior dan 1/3 septum intraventrikuler posterior

2/3 dari septum intraventrikuler, sebagian besar apeks, ventrikel kiri anterior

THE HEART AND CORONARY ARTERIES

<b>ECG Leads</b>	<b>Region</b>	<b>Artery</b>	<b>Other affected areas</b>
II, III & AVF	inferior	RCA	R. atrium anterior RV wall. sinus node (55%) AV node Bundle of His
I, AVL, V5 & V6	lateral	circumflex	L. atrium lateral & inferior LV wall (small branch → sinus node in 45%)
V1, V2, V3 & V4	anterior	LAD	anterior & apex LV septum (septal perforating arteries) R. bundle branch L. anterior bundle
V4R, V9, V10  & mirror image of V1, V2, V3	posterior	PDA	posterior RV posterior & inferior LV wall L. posterior bundle



- ST elevasi di II, III and aVF + formasi Q-wave tahap awal.
- Perubahan resiprokal aVL.
- ST elevasi di lead III > II dengan perub resiprokal di lead I and ST elevasi di V1-2 → oklusi RCA b.d infark Ventrikel kanan? → kit aperlu melakukan rekaman jantung bayangan cermin di sisi kanan



**Terimakasih**

*Thank You!*