

POLITEKNIK KESEHATAN TANJUNG KARANG
PRODI KEPERAWATAN KOTABUMI
Laporan Tugas Akhir, 08 November 2021

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Asuhan Keperawatan Gastroenteritis pada Ny. S dengan Gangguan Kebutuhan Cairan di Ruang Penyakit Dalam RSUD Mayjen HM Ryacudu Kotabumi
Lampung Utara Tanggal 08-10 November 2021
xvi + 58 halaman, 9 tabel, 2 gambar

RINGKASAN

Gastroenteritis biasanya merupakan salah satu gejala infeksi di saluran pencernaan yang disebabkan oleh berbagai bakteri, virus, dan parasite. Infeksi dapat menyebar melalui makanan atau air minum yang terkontaminasi dari kebersihan lingkungan yang buruk.

Tujuan penulisan tugas akhir memberikan gambaran Asuhan Keperawatan Pasien Dengan Gangguan Kebutuhan Cairan Dan Elektrolit pada Kasus Gastroenteritis Terhadap Ny. S Di RSD HM Mayjen Ryacudu Kabupaten Lampung Utara Tanggal 08-10 November 2021 dengan tahapan : Pengkajian, rencana/intervensi keperawatan sesuai intervensi yang telah di susun, evaluasi tindakan, dan dokumentasi keperawatan.

Hasil pengkajian didapatkan data : defekasi 7x dalam 24 jam, feses cair dan berlendir, bising usus hiperaktif, turgor kulit menurun, membrane mukosa kering, klien mengatakan nyeri abdomen dengan skala nyeri 5 (0-10), klien tampak meringis, klien melindungi nyeri dibagian perut, klien mengeluhkan sulit tidur, klien mengeluh tidak puas tidur karena nyeri abdomen, klien mengatakan jam tidur hanya 3-4 jam, klien tampak mengantuk dan memiliki kantung mata.

Diagnosa keperawatan menurut SDKI meliputi: Hipovolemia, Diare, Nyeri Akut, Gangguan Pola Tidur. Rencana keperawatan dengan label SLKI Status Cairan (L.03028) Eleminasi Fekal (L.04033) Tingkat Nyeri (L.08066) Pola Tidur (L.05045). Intervensi keperawatan menurut SIKI Manajemen Hipovolemia (I.03116) Manajemen Diare (I.03101) Manajemen Nyeri (I.08238) Dukungan Tidur (I.05174). Implementasi yang dilakukan periksa tanda dan gejala hipovolemia, monitor intake dan output cairan, berikan asupan oral sedikit tapi sering, anjurkan memperbanyak asupan oral, anjurkan menghindari perubahan posisi mendadak, kolaborasi pemberian cairan IV (mis. NaCL, RI). Evaluasi selama tiga hari menunjukkan masalah keperawatan teratasi : turgor kulit elastis, intake cairan seimbang, membran mukosa lembab, perasaan lemah menurun.

Simpulan Laporan Tugas Akhir ini adalah teori keperawatan *Gastroenteritis* sesuai dengan keadaan klien. Saran dari laporan ini diharapkan RSD Mayjen HM Ryacudu Kotabumi Lampung Utara mengevaluasi kembali asuhan keperawatan yang telah dilaksanakan dan memberikan pendidikan kesehatan yang lebih ditekankan kepada pasien dan keluarga.

Kata kunci : Asuhan Keperawatan, Gastroenteritis, Cairan
Sumber Bacaan : 19 (2011-2021)

TANJUNG KARANG HEALTH POLYTECHNIC OF
KOTABUMI NURSING STUDY PROGRAM
Final Project Report, November 08, 2021

Rakhel Roma Tua S. Napitu

*Gastroenteritis Nursing Care for Ny. S with Impaired Fluid Needs in the Internal
Medicine Room at the General Hospital HM Ryacudu Kotabumi, North Lampung,
November 08-10, 2021*

xvi + 58 pages, 9 tables, 2 pictures

ABSTRACT

Gastroenteritis is usually one of the symptoms of infection in the digestive tract caused by various bacteria, viruses, and parasites. The infection can be spread through contaminated food or drinking water from poor environmental hygiene.

The purpose of writing this final project is to provide an overview of Nursing Care for Patients with Impaired Fluid and Electrolyte Needs in Gastroenteritis Cases against Ny. S At RSD HM Major General Ryacudu, North Lampung Regency, November 8-10, 2021 with the following stages: Assessment, nursing plans/interventions according to the interventions that have been arranged, evaluation of actions, and nursing documentation.

The results of the study obtained data: 7x defecation in 24 hours, liquid and slimy stools, hyperactive bowel sounds, decreased skin turgor, dry mucous membranes, the client said abdominal pain with a pain scale of 5 (0-10), the client grimaced, the client protected the pain in the lower part of the body. stomach, the client complains of difficulty sleeping, the client complains of not being satisfied with sleep because of abdominal pain, the client says he only sleeps 3-4 hours, the client looks sleepy and has eye bags.

Nursing diagnoses according to the IDHS include: Hypovolemia, Diarrhea, Acute Pain, Sleep Pattern Disorders. Nursing plan with label SLKI Fluid Status (L.03028) Fecal elimination (L.04033) Pain level (L.08066) Sleep pattern (L.05045). Nursing interventions according to SIKI Hypovolemia Management (I.03116) Diarrhea Management (I.03101) Pain Management (I.08238) Sleep Support (I.05174). Implementation is done to check signs and symptoms of hypovolemia, monitor fluid intake and output, give oral intake little but often, encourage increased oral intake, recommend avoiding sudden position changes, collaboration in IV fluid administration (eg NaCL, RI). Evaluation for three days showed that nursing problems were resolved: elastic skin turgor, balanced fluid intake, moist mucous membranes, decreased feeling of weakness.

The conclusion of this final report is the theory of gastroenteritis nursing according to the client's condition. Suggestions from this report are expected to RSD Major General HM Ryacudu Kotabumi, North Lampung, to re-evaluate the nursing care that has been implemented and provide health education that is more emphasized to patients and families.

*Keywords : Nursing Care, Gastroenteritis, Fluids
Reading List : 19 (2011-2021)*