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Wayan Sudiasih

ASUHAN KEPERAWATAN PERIOPERATIF DEBRIDEMEN PADA PASIEN ULKUS DIABETIKUM DI RSUD MENGGALA TAHUN 2021

xiii + 79 halaman, 15 tabel, 3 gambar, 4 lampiran

ABSTRAK

Asuhan keperawatan perioperatif laporan kasus ini dilakukan pada pasien dengan diagnosa medis ulkus manus sinistra e.c DM tipe II dengan tindakan debridemen. Tindakan perawatan ulkus diabetikum, salah satunya debridenemen dilakukan di kamar operasi, sama hal nya dengan tindakan operasi pada umumnya dtemukan masalah keperawatan perioperatife, mulai dari kondisi pre operasi yaitu persiapan operasi, intra operasi dan post operasi. Dari hasil rekam medis RSUD menggala tahun 2020, ditemukan 38 kasus debridemen atas indikasi ulkus diabetikum dari 70 kasus debridemen. Tujuan laporan ini, penulis menggambarkan pelaksanaan asuhan keperawatan perioperatif pada pasien ulkus diabetikum dengan tindakan debridemen.

Metode asuhan keperawatan perioperative menggunakan pendekatan proses keperawatan, sampel pada pasien Tn. S dengan diagnosa medis ulkus manus sinistra e.c DM tipe II dengan tindakan debridemen. Penyajian data textular disajikan dalam bentuk uraian kalimat yaitu ringkasan hasil anamnesa, pengkajian, intervensi, implementasi dan evaluasi. Penyajian data dalam bentuk tabel digunakan untuk data yang sudah ditabulasi dan diklasifikasikan.

Berdasarkan hasil pengkajian dirumuskan beberapa diagnosa keperawatan sebagai berikut: pre operasi; ansietas, intra operasi; resiko perdarahan dan post operasi; kerusakan intergritas kulit/jaringan. Rencana keperawatan yang ditetapkan berdasarkan diagnosa keperawatan yang dirumuskan. Implementasi tindakan dikerjakan sesuai intervensi keperawatan yang ditetapkan pada Tn.S secara mandiri maupun kolaborasi, sehingga tujuan rencana tindakan tercapai. Evaluasi dari setiap diagnosa keperawatan didapatkan sebagai berikut, tahap pre operasi masalah ansietas teratasi sebagian. Tahap intra operasi masalahrisiko perdarahan tidak terjadi. Tahap post operasi masalah integritas kulit teratasi sebagian. Saran, Diharapkan dapat melakukan prosedur asuhan keperawatan sesuai dengan standar yang berlaku sesuai dengan tahapan pengkajian, perumusan diagnosa keperawatan, pembuatan intervensi keperawatan, pelaksanaan implementasi dan evaluasi baik saat pre operasi, intra operasi, maupun post operasi.

Kata Kunci : Debridemen, Asuhan Keperawatan Perioperatif
Referensi : 23 (2006-2020)

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Wayan Sudiasih

PERIOPERATIVE NURSING CARE DEBRIDEMENT IN DIABETIC ULCUS PATIENTS AT THE MENGGALA HOSPITAL IN 2021.

xiii + 79 pages, 15 tables, 3 pictures, 4 attachments

ABSTRACT

Perioperative nursing care in this case report was carried out on patients with a medical diagnosis of left manus ulcer e.c DM type II with debridement action. Treatment of diabetic ulcers, one of which is debridement carried out in the operating room, is the same as surgery in general, perioperative nursing problems are found, starting from preoperative conditions, namely preparation for surgery, intraoperative and postoperative. From the results of the medical records of the Menggala Hospital in 2020, 38 debridement cases were found for indications of diabetic ulcers from 70 debridement cases. The purpose of this report, the authors describe the implementation of perioperative nursing care in diabetic ulcer patients with debridement measures.

The perioperative nursing care method uses the approach of the nursing process, sampled in mr. S patients with a medical diagnosis of manus sinistra e.c DM type II ulcers with the act of debridement. The presentation of textular data is presented in the form of a sentence description, namely a summary of anamnesa results, assessment, intervention, implementation and evaluation. Presentation of data in table form is used for tabulated and classified data.

Based on the results of the study, several nursing diagnoses were formulated as follows: pre operation; anxiety, intraoperatively; bleeding and postoperative risk; damage to skin/tissue integrity. The nursing plan is determined based on the formulated nursing diagnosis. The implementation of the action was carried out according to the nursing intervention assigned to Mr. S independently or collaboratively, so that the objectives of the action plan are achieved. The evaluation of each nursing diagnosis was obtained as follows, the preoperative stage of the anxiety problem was partially resolved. In the intraoperative stage the problem of bleeding risk does not occur. The postoperative stage of the skin integrity problem is partially resolved. Suggestion, It is expected to be able to carry out nursing care procedures in accordance with applicable standards in accordance with the stages of assessment, formulation of nursing diagnoses, making nursing interventions, implementation and evaluation both during preoperative, intraoperative, and postoperative.

Keywords : Debridement, perioperative nursing care
Reference : 23 (2006-2020)