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**ASUHAN KEPERAWATAN PERIOPERATIF PADA PASIEN ULKUS
DIABETIKUM DENGAN TINDAKAN DEBRIDEMEN DI RS
BHAYANGKARA POLDA LAMPUNG TAHUN 2022.**

(xv + 78 halaman, 1 gambar, 19 tabel dan 5 lampiran)

ABSTRAK

Data ulkus diabetikum di Provisi Lampung tahun 2018 sebesar 80%. Di RS Bhayangkara Polda Lampung rata-rata kunjungan pasien ulkus diabetikum adalah 25,3% dengan tindakan debridemen sebanyak 29,1%. Tujuan adalah menggambarkan pelaksanaan asuhan keperawatan perioperatif pada pasien ulkus diabetikum dengan tindakan debridemen. Metode menggunakan penerapan asuhan keperawatan pada pasien ulkus diabetikum dengan tindakan debridemen. Hasil yang didapatkan pada Pre operasi: pengkajian yaitu keluhan luka pada kaki bagian plantar surface dextra dan kadar gula darah tinggi. Diagnosa keperawatan adalah gangguan integritas kulit dan ketidakstabilan kadar gula darah. Rencana keperawatan: perawatan luka dan manajemen hiperglikemi. Implementasi yang dilakukan: mengkaji kondisi luka, mengganti balutan luka, dan monitor kadar gula darah. Evaluasi yang didapatkan kondisi luka terkaji dan kadar gula darah normal. Intra operasi: pengkajian saat diruang operasi yaitu pasien dilakukan tindakan dengan anastesi spinal, hasil leukosit 11.600/ul, Albumin 2,7 mg/dl. Diagnosa adalah resiko cedera. Rencana keperawatan: pencegahan cedera. Implementasi yang dilakukan adalah mengidentifikasi identitas pasien, lokasi pembedahan, melakukan tindakan sesuai SOP. Evaluasi resiko cedera tidak terjadi. Post operasi: pengkajian yang didapatkan pasien mengeluh nyeri dan keluarga kurang mengetahui cara perawatan untuk lukanya. Diagnosa yaitu gangguan integritas kulit dan nyeri akut. Rencana keperawatan adalah perawatan luka, edukasi perilaku kesehatan dan manajemen nyeri. Implementasi yang dilakukan adalah persiapan untuk pasien pulang seperti edukasi pengendalian penyakit DM, perawatan luka. Evaluasi dari tindakan diatas pasien dan keluarga paham merawat dan mengendaliakan penyakit DM. Saran: agar kedepannya perawat atau tenaga kesehatan dapat lebih memperhatikan dan mengedukasi kepada pasien dan keluarga untuk mengontrol kondisi gula darah secara berkala agar terhindar dari komplikasi diabetes mellitus. Dan untuk pasien sudah mengalami luka ulkus agar perawat dapat mempersiapkan discharge planning pasien untuk paham mengenai perawatan kaki diabetes dan 5 pengendalian diabetes mellitus sehingga kejaian luka tidak beulang atau bertambah parah.

Kata Kunci: Asuhan Keperawatan, Ulkus Diabetikum, Debridemen.

Referensi : 29 (2013-2020)

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**PERIOPERATIVE NURSING CARE FOR DIABETIC ULCER PATIENTS WITH
DEBRIDEMENT MEASURES AT BHAYANGKARA HOSPITAL POLDA LAMPUNG
IN 2022.**

(xv+ 78 pages, 1 figure, 19 tables and 5 attachment)

ABSTRACT

Data for diabetic ulcers in Lampung Province in 2018 was 80%. In Bhayangkara Hospital Polda Lampung the average visit of diabetic ulcer patients is 25.3% with debridement measures as much as 29.1%. The aim is to describe the implementation of perioperative nursing care in diabetic ulcer patients with debridement. The method uses the application of nursing care in diabetic ulcer patients with debridement measures. The results obtained in the Preoperative: assessment were complaints of injuries to the plantar surface dextra of the feet and high blood sugar levels. Nursing diagnoses are impaired skin integrity and unstable blood sugar levels. Nursing plan: wound care and hyperglycemia management. Implementation carried out: assessing the condition of the wound, changing wound dressings, and monitoring blood sugar levels. The evaluation found that the condition of the wound was assessed and blood sugar levels were normal. Intraoperative: assessment in the operating room that the patient was treated with spinal anesthesia, the results of leukocytes 11,600/ul, albumin 2,7 mg/dl. Diagnosis is the risk of injury. Nursing plan: injury prevention. The implementation is to identify the patient's identity, the location of the surgery, take action according to the SOP. An evaluation of the risk of injury did not occur. Post surgery: the assessment obtained by the patient complains of pain and the family does not know how to treat the wound. Diagnosis is impaired skin integrity and acute pain. The nursing plan is wound care, health behavior education and pain management. Implementation carried out is preparation for patients to go home such as education on DM disease control, wound care. Evaluation of the above actions, patients and families understand how to treat and control DM. Suggestion: so that in the future nurses or health workers can pay more attention and educate patients and families to control blood sugar conditions regularly to avoid complications of diabetes mellitus. And for patients who have experienced ulcers so that nurses can prepare discharge planning for patients to understand about diabetic foot care and diabetes mellitus control so that the wound does not recur or get worse.

Keywords: *Nursing Care, Diabetic Ulcer, Debridement.*

Reference : *29 (2013-2020)*