**BAB 3**

**LAPORAN MANAJEMEN KASUS**

**KASUS I**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pengkajian Tgl | : 5-8-2019 |  |  | Jam | : 12.30 |
| Tanggal MRS | : 3-8-2019 |  |  | No. RM | : - |
| Ruang/Kelas | : Bougenvile |  |  | Dx. Masuk | : Fraktur Maeolus Medialis |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identitas** | Nama |  | : An. A | | | | | | | | | | | | | | |  | | | |  | | | | Jenis Kelamin | | | | | | | | | | | | | : L | | | | | | |
| Umur |  | : 9 tahun | | | | | | | | | | | | | | |  | | | |  | | | | Status Perkawinan | | | | | | | | | | | | | : - | | | | | | |
| Agama |  | : Islam | | | | | | | | | | | | | | |  | | | |  | | | | Penganggung Biaya | | | | | | | | | | | | | : Orang Tua | | | | | | |
| Pendidikan |  | : SD | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Pekerjaan |  | : - | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Suku/Bangsa | | : Jawa | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Alamat |  | : Kaweron 3/2 Talun | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| **Riwayat Sakit dan Keluhan** | Keluhan utama | | : Kaki kanan terluka | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Riwayat penyakit saat ini : Ibu pasien mengatakan anaknya terjatuh dari sepeda. Kemudian di tabrak oleh sepeda motor, kaki kanan terluka akibta tertimpa standar motor. Kemudian keluarga langsung membawa pasien ke IGD RSUD Ngudi Waluyo dan dilakukan tindakan anastesi lokal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Penyakit yang pernah diderita : - | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Penyakit yang pernah diderita keluarga : Tidak ada | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Riwaya alergi : tidak ada | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | | Jelaskan | | | | | : | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| **ROS** | Observasi dan Pemeriksaan Fisik (ROS: Review of System) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
| Keadaan umum : lemah | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | Kesadaran : composmentis | | | | | | | | | | | | | | | | |
| Tanda Vital | | TD : 110/70 | | | | | | | | | | Nadi : 102x | | | | | | | | Suhu Badan : 36,2 | | | | | | | | | | | | |  | | | RR : 20x | | | | |  | | | |
| **B1 (Breath)**  **Pernafasan** | Pola Nafas |  | Irama: | | | | | | | | | | | | | Teratur | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | |
| Jenis |  | O Dispnoe | | | | | | | | | | | | | O Kusmaul | | | | | | | | | O Ceyne Stokes | | | | | | | | | | | | | | | Lain-lain | | | : | | |
| Suara Nafas | | Vesikuler | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lain-lain | | | : | | |
| Sesak Nafas | | Tidak | | | | | | | | | | | | | | | | | | | | | | | | | Batuk : | | | | | tidak | | | |  | | | | |  | | | |
|  |  | Masalah : - | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| **B2 (Blood)**  **Kardiovaskuler** | Irama Jantung | | Reguler | | | | | | | | | | | | | | |  | | | | S1/S2 Tunggal | | | | | | | | | | | | | | | O Ya | | | | | O Tidak | | | |
| Nyeri Dada | | Tidak | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | | P | | | : | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | | Q | | | : | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | | R | | | : | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | | S | | | : | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | | T | | | : | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Bunyi Jantung | | Normal | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | | Lain-lain | | | | | : | | | |
| CRT |  | > 2 dtk | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Akral |  | Hangat | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | Masalah : | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| **B3 (Brain)**  **Persyarafan, Penginderaan** | GCS |  | Eye : 4 | | | | | | | | | | | | | | | Verbal : 5 | | | | Motorik : 6 | | | | | | |  | | | | | | | | Total | | | | | : 15 | | | |
| Reflek Fisiologis | |  | | | | | | | | | | | | | | | O Patella | | | | O Triceps | | | | | | | O Biceps | | | | | | | | Lain-lain | | | | | : | | | |
| Reflek Patologis | |  | | | | | | | | | | | | | | | O Babinsky | | | | O Brudzinsky | | | | | | | O Kernig | | | | | | | | Lain-lain | | | | | : | | | |
| Lain-lain |  | : | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Istirahat/Tidur | | : 9 | | | | | | | | | | | | jam/hari | | | | | Gangguan Tidur : tidak ada | | | | | | | | | | | | | | | | | |  | | | |  | | | |
|  |  | Masalah : | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Penglihatan (Mata) | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Pupil |  |  | | | | | | | | | | | | | | | Isokor | | | |  | | | | | | |  | | | | | | | | Lain-lain | | | | | : | | | |
| Sclera/Konjungtiva | | | | | | | | | | | | | | | | | Anemis | | | |  | | | | | | |  | | | | | | | | Lain-lain | | | | | : | | | |
| Lain-lain |  | : | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Pendengaran (Telinga) | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Gangguan Pandangan | | | | | | | | | | | | | | | | | Tidak | | | | | | | | | | |  | | | | | | | | Jelaskan | | | | | : | | | |
| Lain-lain |  | : | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Penciuman (Hidung) | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Bentuk |  |  | | | | | | | | | | | | | | | Normal | | | |  | | | | | | |  | | | | | | | | Jelaskan | | | | | : | | | |
| Gangguan Penciuman | | | | | | | | | | | | | | | | | Tidak | | | | | | | | | | |  | | | | | | | | Jelaskan | | | | | : | | | |
| Lain-lain |  | : | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | Masalah : | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| **B4 (Blader)**  **Perkemihan** | Kebersihan |  | Bersih | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Urin |  | Jumlah : 1200 cc/hari | | | | | | | | | | | | | | | | | | | Warna : | | | | | | | kuning | | | | | | | | Bau : Khas | | | | | | |  | |
| Alat Bantu (Kateter, dll.) : | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Kandung Kencing | | | | | | | | | | | | | Membesar | | | | | | | | | | | | |  | | Tidak | | | | | | | | | | | | |  | | | |
|  |  |  | | | | | | | | | | | Nyeri Tekan | | | | | | | | | | | | |  | | Tidak | | | | | | | | | | | | |  | | | |
| Gangguan |  | O Anuria | | | | | | | | | | | | | | | O Oliguri | | | | O Retensi | | | | | | | O Nokturia | | | | | | | | O Inkontinensia | | | | | | | |  | |
| Lain-lain |  | | : | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | |
|  |  | Masalah : | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| **B5 (Bowel)**  **Pencernaan** | Nafsu Makan | | Baik | | | | | | | | | | | | | | | | | | | | Frekuensi | | | | | | : 3 | | | | | | | | x/hari | | | | |  | | | |
| Porsi Makan | | Habis | | | | | | | | | | | | | | | | | | | | Keterangan | | | | | | : | | | | | | | |  | | | | |  | | | |
| Minum | : | 1500cc/hari | | | | | | | | | | | | | | |  | | | | | | Jenis | | | | | : air putih | | | | | | | |  | | | | |  | | | |
| Mulut dan Tenggorokan | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Mulut |  | Bersih | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |
| Mukosa |  | Lembab | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |
| Tenggorokan | | O Sakit menelan/nyeri tekan | | | | | | | | | | | | | | | | | | | | | O Kesulitan menelan | | | | | | | | | | | | | | | | |  |  | | | |
|  |  | O Pembesaran tonsil | | | | | | | | | | | | | | | | | | | | | | | Lain-lain : | | | | | | | | | |  |  | | | | |  | | | |
|
| Perut |  | O Tegang | | | | | | | | O Kembung | | | | | | | | | | | | O Ascites | | | | | | O Nyeri tekan, lokasi : | | | | | | | | | | | | |  | | | |
|  |  | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | P | | | : | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | Q | | | : | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | R | | | : | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | S | | | : | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | T | | | : | | | | | | | | | | |
| Peristaltik | : | 16x/menit | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Pembesaran hepar | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | | Tidak | | | | |  | | | |
| Pembesaran lien | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | | Tidak | | | | |  | | | |
| Buang air besar: | | 1x/hari | | | | | | | | | | | | | | |  | | | | Teratur | | | | | | | O Ya | | | | | | | | O Tidak | | | | |  | | | |
| Konsistensi | : | Biasa | | | | | | | | | | | | | | | Bau : khas | | | | Warna : kuning | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Lain-lain | : |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | Masalah : - | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| **B6 (Bone)**  **Muskuloskeletal** | Kemampuan pergerakan sendi | | | | | | | | | | | | | | | | | | | | | Terbatas | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Kekuatan otot | | 5 | | | | | 5 | | | | 2 : Tidak mampu melawan gaya gravitasi | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | 2 | | | | | 5 | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Kulit |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Warna kulit | | O Ikterus | | | | | | | | | | | | | | | O Sianotik | | | | O Kemerahan | | | | | | | O Pucat | | | | | | | | O Hiperpigmentasi | | | | | | | | |
| Turgor |  | Baik | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Odema |  | Tidak | | | | | | | | | | | | | | | | | | | | | Lokasi : | | | | |  | | | | | | | |  | | | | |  | | | |
| Luka |  | Tidak | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | Lokasi | | | | | | | | | | | | | | : | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | Stadium luka/RYB | | | | | | | | | | | | | | : | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | Luas luka | | | | | | | | | | | | | | : | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | Status vaskuler | | | | | | | | | | | | | | : | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | Status neurologi | | | | | | | | | | | | | | : | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | | | Infeksi | | | | | | | | | | | | | | : | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
| Lain-lain | : |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  | Masalah : Gg. Mobilitas Fisik | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Endokrin** | Tyroid membesar | | | | Tidak | | | | | |  | | |  |  |
| Hiperglikemia | | |  | Tidak | | | | | |  | | |  |  |
| Hipoglikemia | | |  | Tidak | | | | | |  | | |  |  |
| Luka gangrene | | |  | Tidak | | | | | |  | | |  |  |
|  |  | |  | | Lokasi | |  | | : | | | |  |  |
|  |  | |  | | Stadium luka/RYB | | | | : | | | |  |  |
|  |  | |  | | Luas luka | |  | | : | | | |  |  |
|  |  | |  | | Status vaskuler | | | | : | | | |  |  |
|  |  | |  | | Status Neurologi | | | | : | | | |  |  |
|  |  | |  | | Infeksi | |  | | : | | | |  |  |
| Lain-lain | : | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Personal Hygiene** | Mandi | | : | 2 | x/hari | | | | Sikat gigi | | | : | 1 | | x/hari |
| Keramas | | : |  | x/hari | | | | Memotong kuku | | | : |  | |  |
| Ganti pakaian | | : | 2 | x/hari | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Psiko-Sosio-Spiritual** | Orang yang paling dekat : | | | | Orang Tua | | | | | |  | | |  |  |
|  | | | |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Hubungan dengan teman dan lingkungan sekitar : px mempunyai hubungan yang baik dengan lingkungan sekitar | | | | | | | | | | | | | | |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Kegiatan ibadah | | | : saat sakit sakit px jarang beribadah | | | | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Konsep diri |  | | : ingin segera sembuh dan pulang ke rumah | | | | | | | | | | |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pemeriksaan Penunjang** | | | |
| No | Jenis | Hasil | Normal |
| 1.  2.  3.  4. | Ureum  Creatinin  SGOT  SGPT | 38 mg/dl  1.20  195 u/l  98 u/l | 20-45  0.5-1.5  L <37 / P <31  L <41 / P <31 |

|  |
| --- |
| **Terapi** |
| IVFD Ns 0.5% 1500cc/hr  Santagesik 2x500mg IV  Antrain 2x2ml IV  Ceftriaxone 2x1gr IV |

**ANALISA DATA KEPERAWATAN**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Data | Etiologi | Diagnosa |
| 1. | DS : Ibu px mengatakan anaknya terkadang meringis kesakitan akibat luka bekas OP di kaki sebelah kanan  DO :   * K/U lemah * Px tampak meringis * P : nyeri saat kaki kanan bergerak * Q : nyeri seperti di tusuk-tusuk * R : nyeri pd kaki kanan * S : skala nyeri 4 * T : nyeri hilang timbul | Trauma langsung kecelakaan  Kompresi tulang  Patah tulang sempurna  Patah tulang terbuka  Kerusakan struktur tulang  Bengkak  Post Operasi  Nyeri Akut | Nyeri Akut |
| 2. | DS : px mengatakan kesulitan berjalan  DO :   * Terdapat luka di kaki sebelah kanan * Px bed rest sementara * MMT :   5 5  2 5 | Fraktur  Post OP  Mobiitas Terganggu  Gangguan Mobilitas Fisik | Gangguan Mobilitas Fisik |

**IMPLEMENTASI KEPERAWATAN**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 1. | Nyeri Akut  5 Agustus 2019 | Observasi   1. Skala nyeri 4   Terapeutik   1. Mengajari Tehnik relaksasi nafas dalam   Edukasi   1. Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   1. Memberikan Injeksi Antrain 2 ml IV | S : px mengatkan nyeri kaki setelah di OP  O : - px masih mengeluh nyeri   * Px tampak gelisah * Px memiliki takut mengalami cidera berulang * K/U lemah   A : masalah belum teratasi  P : intervensi dilanjutkan |
| 2 | Gg. Mobilitas Fisik | 1. Menganjurkan orang tua/ keluarga membantu pasien menggunakan alat bantu kruk/ kursi roda 2. Menjelaskan tujuan dan prosedur dilakukan ambulasi 3. Mengajarkan ambulasi sederhana dengan berpindah dari tempat tidur ke kursi roda | S : -  O:-pergerakan ekstremitas kurang   * Kekuatan otot menurun * Px tampak nyeri * Gerakan masih terbatas   A : masalah belum teratasi  P : intervensi dilanjutkan |

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 1. | Nyeri akut  6 Agutus 2019 | Observasi   * Skala nyeri 4   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   * Memberikan Injeksi Antrain 2 ml IV | S : px mengatakan nyeri kaki sudah sedikit berkurang  O :   * Kemampuan menuntaskan aktivitas meningkat * Keluhan nyeri menurun * Px tampak gelisah * Px masih ada perasaan takut mengalami cidera berulang   A : masalah teratasi sebagian  P : intervensi dilanjutkan |
| 2. | Gangguan Mobilitas Fisik | * Menganjurkan orang tua/ keluarga membantu pasien menggunakan alat bantu kruk/ kursi roda * Menjelaskan tujuan dan prosedur dilakukan ambulasi * Mengajarkan ambulasi sederhana dengan berpindah dari tempat tidur ke kursi roda | S : -  O :   * Pergerakan ekstremitas meningkat * Kekuatan otot meningkat * Gerakan terbatas kurang   A : masalah teratasi sebagian  P : intervensi dilanjutkan |

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 1. | Nyeri Akut  7 Agustus 2019 | Observasi   * Skala nyeri 3   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   * Memberikan Injeksi Antrain 2 ml IV | S : px mengatakan nyeri kaki sudah berkurang  O :   * Keluhan nyeri menurun * Kemampuan menuntaskan aktivitas meningkat * Perasaan takut mengalami cidera berulang menurun   A : masalah sudah teratasi  P : intervensi dihentikan, px pulang |
| 2. | Gangguan Mobilitas Fisik | * Menganjurkan orang tua/ keluarga membantu pasien menggunakan alat bantu kruk/ kursi roda * Menjelaskan tujuan dan prosedur dilakukan ambulasi * Mengajarkan ambulasi sederhana dengan berpindah dari tempat tidur ke kursi roda. | S : -  O :   * Pergerakan ekstremitas meningkat * Kekuatan otot meningkat * Nyeri menurun   A : masalah sudah teratasi  P : interpvensi dihentikan, px pulang |

**KASUS II**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pengkajian Tgl | : 8-8-2019 |  |  | Jam | :10.00 |
| Tanggal MRS | : 6-8-2019 |  |  | No. RM | : 246917 |
| Ruang/Kelas | :Bougenvile |  |  | Dx. Masuk | : CF Femur |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identitas** | Nama |  | : Sdr. D | | | | | | |  | | | | | | | | | |  | | | | | | Jenis Kelamin | | | | | | | | | | | | | | | | : L | | | | | | | |
| Umur |  | :18 tahun | | | | | | |  | | | | | | | | | |  | | | | | | Status Perkawinan | | | | | | | | | | | | | | | | : - | | | | | | | |
| Agama |  | : Islam | | | | | | |  | | | | | | | | | |  | | | | | | Penganggung Biaya | | | | | | | | | | | | | | | | : Orang Tua | | | | | | | |
| Pendidikan |  | : SMA | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Pekerjaan |  | : - | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Suku/Bangsa | | : Jawa | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Alamat |  | : Gaprang | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **Riwayat Sakit dan Keluhan** | Keluhan utama | | : Nyeri pada paha sebelah kiri | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Riwayat penyakit saat ini : Px mengatakan mengalami kecelakaan 3 minggu yang lalu, menabrak pick up, paha kiri mengalami patah tulang. Pasien sempat dirawat di RSUD Mardi Waluyo namun pasien pulang paksa, dan kemudian keluarga membawa pasien ke RSUD Ngudi Waluyo Wlingi untuk mendapatkan tindakan intensif dari dokter Ortopedi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Penyakit yang pernah diderita : - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Penyakit yang pernah diderita keluarga : Tidak ada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Riwaya alergi : Tidak ada  Jelaskan : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **ROS** | Observasi dan Pemeriksaan Fisik (ROS: Review of System) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| Keadaan umum: Baik  Kesadaran : Composmentis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tanda Vital | | TD : 110/80 | | | | | | | | | | Nadi : 84x | | | | | | | | | Suhu Badan : 36 | | | | | | | | | | | | | |  | | | | RR : 22x | | | | | |  | | | |
| **B1 (Breath)**  **Pernafasan** | Pola Nafas |  | Irama: Teratur | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |
| Jenis |  | O Dispnoe | | | | | | | | | | | | | O Kusmaul | | | | | | | | | O Ceyne Stokes | | | | | | | | | | | | | | | | | | | Lain-lain | | | : | | |
| Suara Nafas | | Vesikuler | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | Lain-lain | | | : | | |
| Sesak Nafas | | Tidak | | | | | | | | | | | | |  | | | | | | | | | | | | Batuk : | | | | | | Tidak | | | | | |  | | | | | |  | | | |
|  |  | Masalah : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **B2 (Blood)**  **Kardiovaskuler** | Irama Jantung | | Reguler | | | | | | |  | | | | | | | | | | S1/S2 Tunggal | | | | | | | | | | | | | | | | | | | | O Ya | | | | | | O Tidak | | | |
| Nyeri Dada | | Tidak | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | | | | : | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
|  |  | | | | : | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
|  |  | | | | : | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
|  |  | | | | : | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
|  |  | | | | : | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
| Bunyi Jantung | | Normal | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Lain-lain | | | | | | : | | | |
| CRT |  | >2 detik | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Akral |  | Hangat | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | Masalah : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **B3 (Brain)**  **Persyarafan, Penginderaan** | GCS |  | Eye : 4 | | | | | | | Verbal : 5 | | | | | | | | | | Motorik : 6 | | | | | | | | | |  | | | | | | | | | | Total | | | | | | : | | | |
| Reflek Fisiologis | |  | | | | | | | O Patella | | | | | | | | | | O Triceps | | | | | | | | | | O Biceps | | | | | | | | | | Lain-lain | | | | | | : | | | |
| Reflek Patologis | |  | | | | | | | O Babinsky | | | | | | | | | | O Brudzinsky | | | | | | | | | | O Kernig | | | | | | | | | | Lain-lain | | | | | | : | | | |
| Lain-lain |  | : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Istirahat/Tidur | | : 7 jam | | | | | | | | | | | | jam/hari | | | | | | Gangguan Tidur : tidak ada | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
|  |  | Masalah : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Penglihatan (Mata) | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Pupil |  |  | | | | | | | Isokor | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Lain-lain | | | | | | : | | | |
| Sclera/Konjungtiva | | | | | | | | | Anemis | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Lain-lain | | | | | | : | | | |
| Lain-lain |  | : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Pendengaran (Telinga) | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Gangguan Pandangan | | | | | | | | | Tidak | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Jelaskan | | | | | | : | | | |
| Lain-lain |  | : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Penciuman (Hidung) | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Bentuk |  |  | | | | | | | Normal | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Jelaskan | | | | | | : | | | |
| Gangguan Penciuman | | | | | | | | | Tidak | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Jelaskan | | | | | | : | | | |
| Lain-lain |  | : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | Masalah : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **B4 (Blader)**  **Perkemihan** | Kebersihan |  | Bersih | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Urin |  | Jumlah : 1000 cc/hari | | | | | | | | | | | | | | | | | Warna : kuning | | | | | | | | | |  | | | | | | | | | | Bau : khas | | | | | | | |  | |
| Alat Bantu (Kateter, dll.) : | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Kandung Kencing | | | | | | | | | | | | | Membesar | | | | | | | | | | | | |  | | | Tidak | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | | | | | Nyeri Tekan | | | | | | | | | | | | |  | | | Tidak | | | | | | | | | |  | | | | | |  | | | |
| Gangguan |  | O Anuria | | | | | | | O Oliguri | | | | | | | | | | O Retensi | | | | | | | | | | O Nokturia | | | | | | | | | | O Inkontinensia | | | | | | | | |  |
| Lain-lain |  | | : | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  |
|  |  | Masalah : | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **B5 (Bowel)**  **Pencernaan** | Nafsu Makan | | Baik | | | | | | | |  | | | | | | | | | | | | Frekuensi | | | | | | | : 3 | | | | | | | | | | x/hari | | | | | |  | | | |
| Porsi Makan | | Habis | | | | | | | |  | | | | | | | | | | | | Keterangan | | | | | | | : | | | | | | | | | |  | | | | | |  | | | |
| Minum | : 2000 | cc/hari | | | | | | |  | | | | | | | | | | | | | | Jenis | | | | | | : air putih | | | | | | | | | |  | | | | | |  | | | |
| Mulut dan Tenggorokan | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Mulut |  | Bersih | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |  | | | |
| Mukosa |  | Lembab | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |  | | | |
| Tenggorokan | | O Sakit menelan/nyeri tekan | | | | | | | | | | | | | | | | | | | | | O Kesulitan menelan | | | | | | | | | | | | | | | | | | | | |  |  | | | |
|  |  | O Pembesaran tonsil | | | | | | | | | | | | | | | | | | | | | | | Lain-lain : | | | | | | | | | | | | |  |  | | | | | |  | | | |
| Abdomen |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Perut |  | O Tegang | | | | | | | | O Kembung | | | | | | | | | | | | O Ascites | | | | | | | O Nyeri tekan, lokasi : | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | P | | | | : | | | | | |  | | | | | | |
|  |  | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | Q | | | | : | | | | | |  | | | | | | |
|  |  | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | R | | | | : | | | | | |  | | | | | | |
|  |  | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | S | | | | : | | | | | |  | | | | | | |
|  |  | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | T | | | | : | | | | | |  | | | | | | |
| Peristaltik | : 18 | x/menit | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Pembesaran hepar | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Tidak | | | | | |  | | | |
| Pembesaran lien | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | Tidak | | | | | |  | | | |
| Buang air besar : 1x/hari | | | | | | | | |  | | | | | | | | | | Teratur : ya | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Konsistensi: lunak | |  | | | | | | | Bau : khas | | | | | | | | | | Warna : kuning kecoklatan | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| Lain-lain | : |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | Masalah : | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **B6 (Bone)**  **Muskuloskeletal** | Kemampuan pergerakan sendi | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Terbatas | | | | | | | | | |  | | | | | |  | | | |
| Kekuatan otot | | 5 | | | | | 2 | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | 5 | | | | | 2 | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Kulit |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Warna kulit | | O Ikterus | | | | | | | O Sianotik | | | | | | | | | | O Kemerahan | | | | | | | | | | O Pucat | | | | | | | | | | O Hiperpigmentasi | | | | | | | | | |
| Turgor |  | Sedang | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Odema |  | Tidak | | | | | | | | | | | | | | | | | | | | | Lokasi : | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Luka |  | Tidak | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Lokasi | | | | | | | | | | | | | | : |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Stadium luka/RYB | | | | | | | | | | | | | | : |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Luas luka | | | | | | | | | | | | | | : |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Status vaskuler | | | | | | | | | | | | | | : |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Status neurologi | | | | | | | | | | | | | | : |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Infeksi | | | | | | | | | | | | | | : |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Lain-lain | : |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  | Masalah : gangguan mobilitas fisik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Endokrin** | Tyroid membesar | | | | Tidak | | | | | |  | | |  |  |
| Hiperglikemia | | |  | Tidak | | | | | |  | | |  |  |
| Hipoglikemia | | |  | Tidak | | | | | |  | | |  |  |
| Luka gangrene | | |  | Tidak | | | | | |  | | |  |  |
|  |  | |  | | Lokasi | |  | | : | | | |  |  |
|  |  | |  | | Stadium luka/RYB | | | | : | | | |  |  |
|  |  | |  | | Luas luka | |  | | : | | | |  |  |
|  |  | |  | | Status vaskuler | | | | : | | | |  |  |
|  |  | |  | | Status Neurologi | | | | : | | | |  |  |
|  |  | |  | | Infeksi | |  | | : | | | |  |  |
| Lain-lain | : | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Personal Hygiene** | Mandi | | : | 1 | x/hari | | | | Sikat gigi | | | : | 1 | | x/hari |
| Keramas | | : | - | x/hari | | | | Memotong kuku | | | : | - | |  |
| Ganti pakaian | | : | 2 | x/hari | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Psiko-Sosio-Spiritual** | Orang yang paling dekat : | | | | Orang Tua | | | | | | | | | | |
|  | | | |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Hubungan dengan teman dan lingkungan sekitar : px memliki hubungan yang baik | | | | | | | | | | | | | | |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Kegiatan ibadah | | | : saat sakit px tidak melakukan ibadah | | | | | | | | | | |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Konsep diri |  | | : px ingin segera sembuh | | | | | | | | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |

|  |  |  |
| --- | --- | --- |
| **Pemeriksaan Penunjang** | | |
| Jenis pemeriksaan | Hasil | Normal |
| Ureum  Creatinin  SGOT  SGPT  Leukosit  Trombosit | 36 mg/dl  1.55 mg/dl  39 u/l  50 u/l  7.8 ribu/ul  715 ribu/ul |  |

|  |
| --- |
| **Terapi** |
| Infus Ns 500mg / 8 jam  Injeksi Ketorolac 3x30mg IV  Injeksi Ranitidine 2x5mg IV |

**ANALISA DATA KEPERAWATAN**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Data | Etiologi | Diagnosa |
| 1. | DS: Px mengatakan nyeri paha sebelah kiri  DO : - px tampak meringis kesakitan   * P : nyeri saat kaki bergerak * Q : nyeri seperti di tusuk-tusuk * R : nyeri paha sebelah kiri * S : Skala nyeri 4 * T : nyeri hilang timbul | Trauma langsung kecelakaan  Kompresi tulang  Patah tulang sempurna  Patah tulang terbuka  Kerusakan struktur tulang  Bengkak  Post Operasi  Nyeri Akut | Nyeri Akut |
| 2. | DS : px mengatakan kesulitan untuk berjalan  DO : - terdapat luka post OP dip aha sebelah kiri   * Px bed rest sementara * MMT :  |  |  | | --- | --- | | 5 | 2 | | 5 | 2 | | Fraktur  Post OP  Mobiitas Terganggu  Gangguan Mobilitas Fisik | Gangguan mobilitas fisik |

**IMPLEMENTASI KEPERAWATAN**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 1. | Nyeri Akut  8 Agustus 2019 | Observasi   * Skala nyeri 4   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   1. Memberikan Injeksi Antrain 2 ml IV | S: Px mengatakan nyeri pada paha kiri  O : - kemampuan menuntaskan aktivitas berkurang   * Keluhan nyeri meningkat * Perasaan takut mengalami cidera berulang meningkat * Gelisah meningkat   A : masalah belum teratasi  P : intervensi dilanjutkan |
| 2 | GangguanMobilitas Fisik | * Menganjurkan orang tua/ keluarga membantu pasien menggunakan alat bantu kruk/ kursi roda * Menjelaskan tujuan dan prosedur dilakukan ambulasi * Mengajarkan ambulasi sederhana dengan berpindah dari tempat tidur ke kursi roda | S : Px mengatakan kesulitas berjalan  O :  Pergerakan ekstremitas menurun  Kekuatan otot menurun  Nyeri meningkat  Gerakan terbatas menurun  A : masalah belum teratasi  P : intervensi dilanjutkan |

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 1. | Nyeri Akut | Observasi   * Skala nyeri 3   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   * 1. Memberikan Injeksi Antrain 2 ml IV | S : Px mengatakan nyeri sudah berkurang  O : - kemampuan menuntaskan aktivitas meningkat   * Keluhan nyeri menurun * Gelisah menurun * Perasaan takuut mengalami cidera berulang menurun   A : masalah sudah teratasi  P : intervensi dihentikan, px pulang |
| 2. | Gg. Mobilitas Fisik | * Menganjurkan orang tua/ keluarga membantu pasien menggunakan alat bantu kruk/ kursi roda * Menjelaskan tujuan dan prosedur dilakukan ambulasi * Mengajarkan ambulasi sederhana dengan berpindah dari tempat tidur ke kursi roda | S : Px mengatakan sudah bisa berlatih berjalan  O : - pergerakan ekstremitas meningkat   * Kekuatan otot meningkat * Nyeri menurun * Gerakan terbatas menurun   A : masalah sudah teratasi  P : intervensi dihentikan, px pulang |

**KASUS III**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pengkajian Tgl | : 6-8-2019 |  |  | Jam | : 10.00 |
| Tanggal MRS | : 4-8-2019 |  |  | No. RM | : 245646 |
| Ruang/Kelas | : Bougenvile |  |  | Dx. Masuk | : CF Distal Radius Ulna |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identitas** | Nama |  | : Ny.M | | | | | | | | | | | | | |  | | |  | | | | | | Jenis Kelamin | | | | | | | | | | | | | : P | | | | | | |
| Umur |  | : 62 tahun | | | | | | | | | | | | | |  | | |  | | | | | | Status Perkawinan | | | | | | | | | | | | | : Kawin | | | | | | |
| Agama |  | : Islam | | | | | | | | | | | | | |  | | |  | | | | | | Penganggung Biaya | | | | | | | | | | | | | : Anak | | | | | | |
| Pendidikan |  | : SD | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Pekerjaan |  | : IRT | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Suku/Bangsa | | : Jawa | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Alamat |  | : Panggungrejo | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **Riwayat Sakit dan Keluhan** | Keluhan utama | | : Nyeri tangan kanan | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Riwayat penyakit saat ini : Px mengatakan 4 hari yang lalu terjatuh dari pohon asem. Kemudian tangan kanan reflek digunakan untuk menumpu sehingga tangan kanan mengalami patah tulang. Kemudian suami dan anaknya membawa langsung ke RSUD Ngudi waluyo, dari rumah sakit px di rawat di ruang bugenvil dan direncanakan operasi pada tgl 6/8/2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Penyakit yang pernah diderita : Tidak ada | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Penyakit yang pernah diderita keluarga : Asamurat dan kolesterol | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Riwaya alergi : | | Tidak ada | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | Jelaskan | | | | | | : | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **ROS** | Observasi dan Pemeriksaan Fisik (ROS: Review of System) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |
| Keadaan umum | | Sedang Kesadaran: compos mentis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tanda Vital | | TD : 110/60 | | | | | | | | | | Nadi : 67x | | | | | | | | | Suhu Badan : | | | | | | | | | | | | 36 | | | RR : | | | | | | 20x | | |
|  | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | |  | | | | | |  | | |
| **B1 (Breath)**  **Pernafasan** | Pola Nafas |  | Irama: | | | | | | | | | | | | | Teratur | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |
| Jenis |  | O Dispnoe | | | | | | | | | | | | | O Kusmaul | | | | | | | | | O Ceyne Stokes | | | | | | | | | | | | | | | | Lain-lain | | | : | | |
| Suara Nafas | | Vesikuler | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lain-lain | | | : | | |
| Sesak Nafas | | Tidak | | | | | | | | | | | | | | | | | | | | | | | | | Batuk : | | | | | Tidak | | | |  | | | | | |  | | |
|  |  | Masalah : | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **B2 (Blood)**  **Kardiovaskuler** | Irama Jantung | | Reguler | | | | | | | | | | | | | |  | | | S1/S2 Tunggal | | | | | | | | | | | | | | | | | O Ya | | | | | | O Tidak | | |
| Nyeri Dada | | Tidak | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | | P | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | | Q | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | | R | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | | S | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | | T | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Bunyi Jantung | | Normal | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | | Lain-lain | | | | | | : | | |
| CRT |  | < 2 dtk | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Akral |  | Hangat | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | Masalah : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **B3 (Brain)**  **Persyarafan, Penginderaan** | GCS |  | Eye : 4 | | | | | | | | | | | | | | Verbal : 5 | | | Motorik : 6 | | | | | | | | |  | | | | | | | | Total | | | | | | : 15 | | |
| Reflek Fisiologis | |  | | | | | | | | | | | | | | O Patella | | | O Triceps | | | | | | | | | O Biceps | | | | | | | | Lain-lain | | | | | | : | | |
| Reflek Patologis | |  | | | | | | | | | | | | | | O Babinsky | | | O Brudzinsky | | | | | | | | | O Kernig | | | | | | | | Lain-lain | | | | | | : | | |
| Lain-lain |  | : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Istirahat/Tidur | | :6-7 jam | | | | | | | | | | | | jam/hari | | | | | | Gangguan Tidur : | | | | | | | | | | | | | | | | |  | | | | |  | | |
|  |  | Masalah : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Penglihatan (Mata) | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Pupil |  |  | | | | | | | | | | | | | | Isokor | | |  | | | | | | | | |  | | | | | | | | Lain-lain | | | | | | : | | |
| Sclera/Konjungtiva | | | | | | | | | | | | | | | | Anemis | | |  | | | | | | | | |  | | | | | | | | Lain-lain | | | | | | : | | |
| Lain-lain |  | : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Pendengaran (Telinga) | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Gangguan Pandangan | | | | | | | | | | | | | | | | Tidak | | | | | | | | | | | |  | | | | | | | | Jelaskan | | | | | | : | | |
| Lain-lain |  | : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Penciuman (Hidung) | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Bentuk |  |  | | | | | | | | | | | | | | Normal | | |  | | | | | | | | |  | | | | | | | | Jelaskan | | | | | | : | | |
| Gangguan Penciuman | | | | | | | | | | | | | | | | Tidak | | | | | | | | | | | |  | | | | | | | | Jelaskan | | | | | | : | | |
| Lain-lain |  | : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | Masalah : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **B4 (Blader)**  **Perkemihan** | Kebersihan |  | Bersih | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Urin |  | Jumlah : | | | | | | | | | | | | | | 1200cc/hari | | | Warna : | | | | | | | | | kuning | | | | | | | | Bau : khass | | | | | | | |  | | |
| Alat Bantu (Kateter, dll.) : | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Kandung Kencing | | | | | | | | | | | | | Membesar | | | | | | | | | | | | |  | |  | | | | | | | | Tidak | | | | | |  | | |
|  |  |  | | | | | | | | | | | Nyeri Tekan | | | | | | | | | | | | |  | |  | | | | | | | | Tidak | | | | | |  | | |
| Gangguan |  | O Anuria | | | | | | | | | | | | | | O Oliguri | | | O Retensi | | | | | | | | | O Nokturia | | | | | | | | O Inkontinensia | | | | | | | | |  | | |
| Lain-lain |  | | : | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | |
|  |  | Masalah : | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **B5 (Bowel)**  **Pencernaan** | Nafsu Makan | |  | | | | | | | | Baik | | | | | | | | | | | | Frekuensi | | | | | | : 3 | | | | | | | | x/hari | | | | | |  | | |
| Porsi Makan | |  | | | | | | | | Habis | | | | | | | | | | | | Keterangan | | | | | | : | | | | | | | |  | | | | | |  | | |
| Minum | : | 1500cc/hari | | | | | | | | | | | | | |  | | | | | | | Jenis | | | | | : air putih | | | | | | | |  | | | | | |  | | |
| Mulut dan Tenggorokan | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Mulut |  | Bersih | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | |
| Mukosa |  | Lembab | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | |
| Tenggorokan | | O Sakit menelan/nyeri tekan | | | | | | | | | | | | | | | | | | | | | O Kesulitan menelan | | | | | | | | | | | | | | | | | |  |  | | |
|  |  | O Pembesaran tonsil | | | | | | | | | | | | | | | | | | | | | | | Lain-lain : | | | | | | | | | |  |  | | | | | |  | | |
|
| Perut |  | O Tegang | | | | | | | | O Kembung | | | | | | | | | | | | O Ascites | | | | | | O Nyeri tekan, lokasi : | | | | | | | | | | | | | |  | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | P | | | : | | | | |  | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | Q | | | : | | | | |  | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | R | | | : | | | | |  | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | S | | | : | | | | |  | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | T | | | : | | | | |  | | | | | |
| Peristaltik | : | 18x/menit | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Pembesaran hepar | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | | Tidak | | | | | |  | | |
| Pembesaran lien | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | | Tidak | | | | | |  | | |
| Buang air besar : | | 1x/hari | | | | | | | | | | | | | |  | | | Teratur | | | | | | | | | Ya | | | | | | | |  | | | | | |  | | |
| Konsistensi | : | Lembek | | | | | | | | | | | | | | Bau :khas | | | Warna : kuning kecoklatan | | | | | | | | | | | | | | | | |  | | | | | |  | | |
| Lain-lain | : |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | Masalah : | | | | | | | | | | | | | | Defisit Nutrisi | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **B6 (Bone)**  **Muskuloskeletal** | Kemampuan pergerakan sendi | | | | | | | | | | | | | | | | | | | Terbatas | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Kekuatan otot | | 5 | | | | | 2 | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | 5 | | | | | 5 | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Kulit |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Warna kulit | | O Ikterus | | | | | | | | | | | | | | O Sianotik | | | O Kemerahan | | | | | | | | | O Pucat | | | | | | | | O Hiperpigmentasi | | | | | | | | |
| Turgor |  | Baik | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Odema |  |  | | | | | | | | | | | | | | Ada | | | | | | | Lokasi : | | | | |  | | | | | | | |  | | | | | |  | | |
| Luka |  |  | | | | | | | | | | | | | | Tidak | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | Lokasi | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | Stadium luka/RYB | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | Luas luka | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | Status vaskuler | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | Status neurologi | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | | | Infeksi | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| Lain-lain | : |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  | Masalah : | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Endokrin** | Tyroid membesar | | | |  | | Tidak | | | |  | | |  |  |
| Hiperglikemia | | |  |  | | Tidak | | | |  | | |  |  |
| Hipoglikemia | | |  |  | | Tidak | | | |  | | |  |  |
| Luka gangrene | | |  |  | | Tidak | | | |  | | |  |  |
|  |  | |  | | Lokasi | |  | | : | | | |  |  |
|  |  | |  | | Stadium luka/RYB | | | | : | | | |  |  |
|  |  | |  | | Luas luka | |  | | : | | | |  |  |
|  |  | |  | | Status vaskuler | | | | : | | | |  |  |
|  |  | |  | | Status Neurologi | | | | : | | | |  |  |
|  |  | |  | | Infeksi | |  | | : | | | |  |  |
| Lain-lain | : | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Personal Hygiene** | Mandi | | : | 1 | x/hari | | | | Sikat gigi | | | : | 2 | | x/hari |
| Keramas | | : |  | x/hari | | | | Memotong kuku | | | : |  | |  |
| Ganti pakaian | | : | 3 | x/hari | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Psiko-Sosio-Spiritual** | Orang yang paling dekat : | | | | keluarga | |  | | | |  | | |  |  |
|  | | | |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Hubungan dengan teman dan lingkungan sekitar : px mempunyai hubungan yang baik dengan lingkungan sekitar | | | | | | | | | | | | | | |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Kegiatan ibadah | | | : jarang beribadaha saat sakit | | | | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Konsep diri |  | | : ingin segera sembuh | | | | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |

|  |  |  |
| --- | --- | --- |
| **Pemeriksaan Penunjang** | | |
| Jenis pemeriksaan | Hasil | Normal |
| Ureum  Creatinin  SGOT  SGPT | 25 mg/dl  1.20  20  24 | 20-45  0.5-1.5  L <37 / P <31  L <41 / P<31 |

|  |
| --- |
| **Terapi** |
| IVFD Nacl  Injeksi Vicilin 3x1,5g IV  Injeksi ketorolac 3x30mg IV  Injeksi Ranitidine 2x5mg IV |

**ANALISA DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Data | Etiologi | Diagnosa |
| 1. | DS : px mengatakan nyeri pada tangan kanan akibat bekas operasi patah tulang  DO : - K/U sedang   * Px terkadang meringis kesakitan * P : nyeri saat tangan bergerak * Q : nyeri seperti di tusuk-tusuk * R : nyeri pd tangan kanan * S : skala nyeri 4 * T : nyeri hilang timbul | Trauma langsung kecelakaan  Kompresi tulang  Patah tulang sempurna  Patah tulang terbuka  Kerusakan struktur tulang  Bengkak  Post Operasi  Nyeri Akut | Nyeri Akut |
| 2. | DS : -  DO : - K/U sedang   * S: 36 C   N : 20x/menit   * Terdapat luka lecet di area fraktur * Luka tampak kemerahan dan bengkak | Trauma langsung  Kompresi Tulang  Benturan benda tumpul  Luka terbuka  Perdarahan  Risiko Infeksi | Risiko Infeksi |

**IMPLEMENTASI KEPERAWATAN**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 1. | Nyeri Akut  6 Agustus 2019 | Observasi   * Skala nyeri 4   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   * Memberikan Injeksi Antrain 2 ml IV | S : px mengatakan nyeri tangan kanan  O : - keluhan nyeri meningkat   * Gelisah meningkat * Perasaan takut mengalami cidera berulang meningkat   A : masalah belum teratasi  P : intervensi dilanjutkan |
|  |  | Observasi   * Skala nyeri 3   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   * Memberikan Injeksi Antrain 2 ml IV | S : px mengatakan nyeri tangan kanan sudah berkurang  O : - keluhan nyeri menurun   * Gelisah menurun * Perasaaan takut mengalami cidera berulang berkurang   A : masalah teratasi sebagian  P : intervensi dilanjutkan |
|  |  | Observasi   * Skala nyeri 2   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi  Memberikan Injeksi Antrain 2 ml IV | S : Px mengatakan nyeri bekurang  O : -keluhan nyeri menurun   * Gelisah menurun * Perasan takut mengalami cidera berulang menurun   A : Masalah sudah teratasi  P : Intervensi dihentikan, px pulang |

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 2. | Risiko Infeksi | * Melakukan rawat luka pada tangan kanan * Mengajarkan cuci tangan yang benar * Menjelaskan tanda gejala infeksi * Memberikan injeksi Vicilin 1,5g IV | S: -  O : - kebersihan tangan kurang   * Kemerahan meningkat * Nyeri meningkat * Bengkak meningkat   A : masalah belum teratasi  P : intervensi dilanjutkan |
|  |  | * Melakukan rawat luka pada tangan kanan * Mengajarkan cuci tangan yang benar * Menjelaskan tanda gejala infeksi * Memberikan injeksi Vicilin 1,5g IV | S : -  O : - kebersihan tangan meningkat   * Nyeri berkurang * Bengkak berkurang   A : masalah teratasi sebagian  P : intervensi dilanjutkan |
|  |  | * Melakukan rawat luka pada tangan kanan * Mengajarkan cuci tangan yang benar * Menjelaskan tanda gejala infeksi * Memberikan injeksi Vicilin 1,5g IV | S : -  O : -kebersihan tangan meningkat   * Kemerahan menurun * Nyeri menurun * Bengkak berkurang   A: masalah sudah teratasi  P : Intervensi dihentikan, px pulang |

**KASUS IV**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pengkajian Tgl | : 8-8-2019 |  |  | Jam | : 08.45 |
| Tanggal MRS | : 5-8-2019 |  |  | No. RM | : 246875 |
| Ruang/Kelas | : bugenvil |  |  | Dx. Masuk | : CF Femur |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identitas** | Nama |  | : Tn.H | | | | | | | |  | | | | | | | | |  | | | | | | Jenis Kelamin | | | | | | | | | | | | | | : L | | | | | | | |
| Umur |  | : 36 tahun | | | | | | | |  | | | | | | | | |  | | | | | | Status Perkawinan | | | | | | | | | | | | | | : kawin | | | | | | | |
| Agama |  | : Islam | | | | | | | |  | | | | | | | | |  | | | | | | Penganggung Biaya | | | | | | | | | | | | | | : keluarga | | | | | | | |
| Pendidikan |  | : SMP | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Pekerjaan |  | :Pedagang | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Suku/Bangsa | | : Jawa | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Alamat |  | : Garum | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| **Riwayat Sakit dan Keluhan** | Keluhan utama | | : Nyeri paha sebelah kanan | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Riwayat penyakit saat ini :Px mengatakan 4 hari yang lalu jatuh sendiri akibat terpeleset oli di rumhanya. Kemudian oleh keluarga dibawa ke RSUD ngudi waluyo untuk mendapatkan perawatan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Penyakit yang pernah diderita : tidak ada | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Penyakit yang pernah diderita keluarga : tidak ada | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Riwaya alergi : | |  | | | | | | | |  | | | | | | | | | Tidak | | | | | | | | |  | | | | | | | | | Jelaskan | | | | | | : | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| **ROS** | Observasi dan Pemeriksaan Fisik (ROS: Review of System) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| Keadaan umum | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | Sedang | | | | | | | | | Kesadaran | | | | | | : CM | | | |
| Tanda Vital | | TD: 120/70 | | | | | | | | | | | Nadi: 78x | | | | | | | | Suhu Badan: 36 | | | | | | | | | | | | |  | | | RR: 20x | | | | | |  | | | |
|  | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | |  | | | | | |  | | | |
| **B1 (Breath)**  **Pernafasan** | Pola Nafas |  | Irama: | | | | | | | | | | | | | | Teratur | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | |
| Jenis |  | O Dispnoe | | | | | | | | | | | | | | O Kusmaul | | | | | | | | O Ceyne Stokes | | | | | | | | | | | | | | | | | Lain-lain | | | : | | |
| Suara Nafas | | Vesikuler | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | Ronchi | | | | | | | | Lain-lain | | | : | | |
| Sesak Nafas | |  | | | | | | | | | | | | | | Tidak | | | | | | | | | | | Batuk : | | | | | Tidak | | | | |  | | | | | |  | | | |
|  |  | Masalah: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| **B2 (Blood)**  **Kardiovaskuler** | Irama Jantung | | Reguler | | | | | | | |  | | | | | | | | | S1/S2 Tunggal | | | | | | | | | | | | | | | | | | O Ya | | | | | | O Tidak | | | |
| Nyeri Dada | |  | | | | | | | | Tidak | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | | P | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | | Q | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | | R | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | | S | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | | T | | | : | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Bunyi Jantung | | Normal | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | Lain-lain | | | | | | : | | | |
| CRT |  | < 2 dtk | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Akral |  | Hangat | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | Masalah: | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| **B3 (Brain)**  **Persyarafan, Penginderaan** | GCS |  | Eye : 4 | | | | | | | | Verbal : 5 | | | | | | | | | Motorik : 6 | | | | | | | | |  | | | | | | | | | Total | | | | | | : 15 | | | |
| Reflek Fisiologis | |  | | | | | | | | O Patella | | | | | | | | | O Triceps | | | | | | | | | O Biceps | | | | | | | | | Lain-lain | | | | | | : | | | |
| Reflek Patologis | |  | | | | | | | | O Babinsky | | | | | | | | | O Brudzinsky | | | | | | | | | O Kernig | | | | | | | | | Lain-lain | | | | | | : | | | |
| Lain-lain |  | : | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Istirahat/Tidur | | :8 | | | | | | | | | | | | | jam/hari | | | | | Gangguan Tidur : | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
|  |  | Masalah : | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Penglihatan (Mata) | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Pupil |  |  | | | | | | | | Isokor | | | | | | | | |  | | | | | | | | |  | | | | | | | | | Lain-lain | | | | | | : | | | |
| Sclera/Konjungtiva | | | | | | | | | | O Anemis | | | | | | | | | O Ikterus | | | | | | | | |  | | | | | | | | | Lain-lain | | | | | | : | | | |
| Lain-lain |  | : | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Pendengaran (Telinga) | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Gangguan Pandangan | | | | | | | | | |  | | | | | | | | | Tidak | | | | | | | | |  | | | | | | | | | Jelaskan | | | | | | : | | | |
| Lain-lain |  | : | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Penciuman (Hidung) | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Bentuk |  |  | | | | | | | | Normal | | | | | | | | |  | | | | | | | | |  | | | | | | | | | Jelaskan | | | | | | : | | | |
| Gangguan Penciuman | | | | | | | | | |  | | | | | | | | | Tidak | | | | | | | | |  | | | | | | | | | Jelaskan | | | | | | : | | | |
| Lain-lain |  | : | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | Masalah : | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| **B4 (Blader)**  **Perkemihan** | Kebersihan |  | Bersih | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Urin |  | Jumlah : | | | | | | | | 1100cc/hari | | | | | | | | | Warna : | | | | | | | | | kuning | | | | | | | | | Bau : khas | | | | | | | |  | |
| Alat Bantu (Kateter, dll.) : | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Kandung Kencing | | | | | | | | | | | | | | Membesar | | | | | | | | | | | |  | |  | | | | | | | | | Tidak | | | | | |  | | | |
|  |  |  | | | | | | | | | | | | Nyeri Tekan | | | | | | | | | | | |  | |  | | | | | | | | | Tidak | | | | | |  | | | |
| Gangguan |  | O Anuria | | | | | | | | O Oliguri | | | | | | | | | O Retensi | | | | | | | | | O Nokturia | | | | | | | | | O Inkontinensia | | | | | | | | |  | |
| Lain-lain |  | | : | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | |
|  |  | Masalah : | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| **B5 (Bowel)**  **Pencernaan** | Nafsu Makan | | Baik | | | | | | | | |  | | | | | | | | | | | Frekuensi | | | | | | : 3 | | | | | | | | | x/hari | | | | | |  | | | |
| Porsi Makan | | Habis | | | | | | | | |  | | | | | | | | | | | Keterangan | | | | | | :nasi | | | | | | | | |  | | | | | |  | | | |
| Minum | : | 1500cc/hari | | | | | | | |  | | | | | | | | | | | | | Jenis | | | | | : air putih | | | | | | | | |  | | | | | |  | | | |
| Mulut dan Tenggorokan | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Mulut |  | Bersih | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | |
| Mukosa |  | Lembab | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | |
| Tenggorokan | | O Sakit menelan/nyeri tekan | | | | | | | | | | | | | | | | | | | | | O Kesulitan menelan | | | | | | | | | | | | | | | | | | |  |  | | | |
|  |  | O Pembesaran tonsil | | | | | | | | | | | | | | | | | | | | | | | Lain-lain : | | | | | | | | | | |  |  | | | | | |  | | | |
| Abdomen |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Perut |  | O Tegang | | | | | | | | | O Kembung | | | | | | | | | | | O Ascites | | | | | | O Nyeri tekan, lokasi : | | | | | | | | | | | | | | |  | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | P | | | | : | | | | |  | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | Q | | | | : | | | | |  | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | R | | | | : | | | | |  | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | S | | | | : | | | | |  | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | T | | | | : | | | | |  | | | | | | |
| Peristaltik | : 18x/menit | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Pembesaran hepar | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | Tidak | | | | | |  | | | |
| Pembesaran lien | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | Tidak | | | | | |  | | | |
| Buang air besar : | | 1x/hari | | | | | | | |  | | | | | | | | | Teratur | | | | | | | | | Ya | | | | | | | | |  | | | | | |  | | | |
| Konsistensi | : | Biasa | | | | | | | | Bau : khas | | | | | | | | | Warna : | | | | | | | | | Kuning | | | | | | | | |  | | | | | |  | | | |
| Lain-lain | : |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | Masalah : | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| **B6 (Bone)**  **Muskuloskeletal** | Kemampuan pergerakan sendi | | | | | | | | | | | | | | | | | | | Terbatas | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Kekuatan otot | | 5 | | | | | 5 | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | 2 | | | | | 5 | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Kulit |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Warna kulit | | O Ikterus | | | | | | | | O Sianotik | | | | | | | | | O Kemerahan | | | | | | | | | O Pucat | | | | | | | | | O Hiperpigmentasi | | | | | | | | | |
| Turgor |  | O Baik | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Odema |  |  | | | | | | | | Tidak | | | | | | | | | | | | | Lokasi : | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Luka |  |  | | | | | | | | Tidak | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Lokasi | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Stadium luka/RYB | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Luas luka | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Status vaskuler | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Status neurologi | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | Infeksi | | | | | | | | | | | | | | : |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
| Lain-lain | : |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | Masalah : | | | | | | | | Gangguan Mobilitas fisik | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Endokrin** | Tyroid membesar | | | |  | | Tidak | | | |  | | |  |  |
| Hiperglikemia | | |  |  | | Tidak | | | |  | | |  |  |
| Hipoglikemia | | |  |  | | Tidak | | | |  | | |  |  |
| Luka gangrene | | |  |  | | Tidak | | | |  | | |  |  |
|  |  | |  | | Lokasi | |  | | : | | | |  |  |
|  |  | |  | | Stadium luka/RYB | | | | : | | | |  |  |
|  |  | |  | | Luas luka | |  | | : | | | |  |  |
|  |  | |  | | Status vaskuler | | | | : | | | |  |  |
|  |  | |  | | Status Neurologi | | | | : | | | |  |  |
|  |  | |  | | Infeksi | |  | | : | | | |  |  |
| Lain-lain | : | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Personal Hygiene** | Mandi | | : | 1 | x/hari | | | | Sikat gigi | | | : | 1 | | x/hari |
| Keramas | | : |  | x/hari | | | | Memotong kuku | | | : |  | |  |
| Ganti pakaian | | : | 2 | x/hari | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| **Psiko-Sosio-Spiritual** | Orang yang paling dekat : | | | | Keluarga | |  | | | |  | | |  |  |
|  | | | |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Hubungan dengan teman dan lingkungan sekitar : px mempunyai hubungan yang baik | | | | | | | | | | | | | | |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Kegiatan ibadah | | | : saat sakit px tetap melakukan ibadah | | | | | | | | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
| Konsep diri |  | | : ingin segera sembuh dan pulang ke rumah | | | | | | | | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | | Masalah : |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |
|  |  | |  |  | |  | | | |  | | |  |  |

|  |  |  |
| --- | --- | --- |
| **Pemeriksaan Penunjang** | | |
| Jenis pemeriksaan | Hasil | Normal |
| SGOT  SGPT | 21 u/l  37 u/l |  |

|  |
| --- |
| **Terapi** |
| Infus Ns 500mg 20 tpm  Injeksi :  Ceftien 2x25mg IV  Antrain 2x2mg IV |

**ANALISA DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Data | Etiologi | Diagnosa |
| 1. | DS : px mengatakan nyeri paha sebelah kanan  DO : - K/U cukup   * Px tampak meringis * P : nyeri saat kaki digerakkan * Q : nyeri seperti di tusuk-tusuk * R : nyeri paha sebelah kanan * S : skala nyeri 4 * T : nyeri hilang timbul | Trauma langsung kecelakaan  Kompresi tulang  Patah tulang sempurna  Patah tulang terbuka  Kerusakan struktur tulang  Bengkak  Post Operasi  Nyeri Akut | Nyeri Akut |
| 2. | DS : px mengatakan tidak bisa berjalan normal  DO : - terdapat luka post op  Kaki sebelah kanan   * Px bed rest sementara * MMT :  |  |  | | --- | --- | | 5 | 2 | | 5 | 2 | | Fraktur  Post OP  Mobilitas terbatas  Gg. Mobilitas Fisik | Gangguan Mobilitas Fisik |

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 1. | Nyeri Akut  9 Agustus 2019 | Observasi   * Skala nyeri 4   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   * Memberikan Injeksi Antrain 2 ml IV | S : px mengatakan nyeri paha kanan  O : - kemampuan menuntaskan aktivitas menurun   * Keluhan nyeri meningkat * Gelisah meningkat * Perasaan takut mengalami cidera berulang meningkat   A : masalah belum teratasi  P : intervensi dilanjutkan |
|  |  | Observasi   * Skala nyeri 3   Terapeutik   * Mengajari Tehnik relaksasi nafas dalam   Edukasi   * Mengajarkan jika nyeri berulang segera lapor   Kolaborasi   * Memberikan Injeksi Antrain 2 ml IV | S : Px mengatakan nyeri berkurang  O : - kemampuan menuntaskan aktivitas meningkat   * Keluhan nyeri menurun * Gelisah berkurang * Perasaan takut cidera berulang berkurang   A : masalah teratasi sebagian  P : intervensi dilanjutkan |

|  |  |  |  |
| --- | --- | --- | --- |
| No | Diagnosa | Implementasi | Evaluasi |
| 2. | Gangguan Mobilitas Fisik | * Mengedukasi cara penggunaan kruk * Menjelaskan tujuan ambulasi * Mengajarkan ambulasi sederhana dengan berpindah dari tempat tidur ke kursi roda/kruk | S : px mengatakan kesulitan berjalan  O : - pergerakan ekstremitas menurun   * Kekuatan otot menurun * Nyeri meningkat * Gerakan terbatas meningkat   A : masalah belum teratasi  P : lanjut Intervensi |
|  |  | * Mengedukasi cara penggunaan kruk * Menjelaskan tujuan ambulasi * Mengajarkan ambulasi sederhana dengan berpindah dari tempat tidur ke kursi roda/kruk | S : ps mengatakan sudah sedikit bisa latihan berjalan  O : - pergerakan ekstremitas meningkat   * Kekuatan otot meningkat * Nyeri menurun * Gerakan terbatas menurun   A : masalah teratasi sebagian  P : intervensi dilanjutkan |