MANUSCRIPT

NURSING CARE OF THE DEFICIT OF SELF-CARE IN MRS. U POST SECTIO CAESAREA WITH INDICATION PREMATURE RUPTURE OF MEMBRANES IN THE DAHLIA ROOM OF PANDAN ARANG BOYOLALI REGIONAL HOSPITAL

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APPROVAL

The manuscript entitled “Nursing Care of the Deficit of Self-care in Mrs. U Post Sectio Caesarea with Indication Premature Rupture of Membranes in the Dahlia Room of Pandan Arang Boyolali Regional Hospital” has been approved, checked and ready to be maintained in the presence of the manuscript examiner of Diploma III of Nursing, Ngudi Waluyo University, on:

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APPROVAL

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Cesarean section is the manner or a way of giving birth to the fetus by making an incision in the uterine wall through the front wall of the abdomen. Risk or side effects to the mother is the increase of incidence of infection, severe bleeding, pain due to the incision caused by the tearing of tissue in the abdominal wall and the uterine wall that makes difficulty in mobilization, and taking care of herself as well as the baby. The deficit of self-care is a condition that a person experiencing weakness in the ability to perform or through self-care activities independently. There are several things that can cause self-care cannot be fulfilled such as, physical weakness due to pain post operation, decreasing of motivation, anxiety or weakness that experienced by patients, causing patients less able to pass self-care. The objective of this scientific paper is to determine nursing care of the deficit of self-care in Mrs. U post sectio caesarea with indication of premature rupture of membrane at the Dahlia Room of Pandan Arang Boyolali Regional Hospital.

The method of data collection was interviews, observation, physical examination, and investigation. The result of nursing care of deficit self-care for three days found out the problems overcomed partly, continue intervention practice activities such as, eating, self-care, bathroom, get dressed and the use of the toileting.

It is suggested for the nurses to improve patient’s independence, it can be done by a practical program to improve self-care and improve muscle strength by minimizing the assistance of the families to make patients independent for self-care.

Keywords : Deficit Self-care, Cesarean section

A. INTRODUCTION

Maternal Mortality Rate (MMR) reflects the risks that faced by mothers during pregnancy until postpartum or childbirth that is affected by nutritional status of mothers, socioeconomic circumstances, adverse health conditions before pregnancy, the incidence of various complications in pregnancy and birth, the availability and use of healthcare facilities. Maternal Mortality usually occurs because they do not have access to quality health services, especially emergency obstetric services that are backed by late recognizing danger signs and making decisions, too late to reach health facilities, as well as late getting health service (Profil Kesehatan Indonesia, 2015).
The number of maternal mortality in Central Java province in 2015 as many as 619 cases, it was decreased significantly compared to the number of cases of maternal mortality in 2014 which reached 711 cases. The cause of maternal death in Central Java province was due to bleeding, hypertension, bleeding blood disorder, infections and others (Depkes, 2015).

Premature rupture of membranes (PROM) is an important issue in obstetrics related to the complication of premature birth and the occurrence of chorioamnionitis infections to sepsis, which increases perinatal morbidity and mortality and causes maternal infection. The cause of PROM is not yet known for certain, but the possibility of a predisposing factor is an infection that occurs directly on the amniotic membrane or ascent of the vagina or cervix (Prawirohardjo, 2010).

Babies with Cesarean section are intended for maternal indications and for infants indications. Cesarean delivery or Cesarean section should be understood as an alternative to labor when labor is normal no longer possible. This cesarean section surgery is the last choice of labor after considering the ways in which vaginal delivery is not feasible (Mulyawati, 2011). Indications of cesarean section consist of two, namely medical indication and non-indication. Medical indications cesarean section are two factors they are the fetal factors and maternal factors. Fetal factors consist of giant baby, abnormalities, fetal distress, abnormal fetus, placental factors, cord abnormalities and gemelly. While the mother factor consisted of age, number of children born (parity), narrow pelvis, inhibition of the birth canal, abnormal uterine contractions, premature rupture of membranes (PROM), and pre-eclampsia (Hutabalian, 2011).

In cesarean delivery, the mother will go through the puerperium with two challenges at once, namely recovering from the process of birth and surgery in the stomach. Postpartum patients should have immediately done activities after 24 hours to meet their own self-care needs quickly (Putinah, 2011).

Personal care (personal hygiene) is a self-care that is done to maintain healthy, both physically and psychologically. Self-care deficit is a condition in a person experiencing weakness in the ability to perform / pass self-care activities independently. There are several things that can cause self-care cannot be fulfilled the physical weakness post-surgery pain, decreased
motivation, anxiety/weakness experienced by patients, causing patients less able to pass self-care (According MOH, 2010). In this case the role of the nurse as an educator is needed, that is, the nurse gives knowledge to the client in order to improve health, about the action of nursing and the accepted medical action, so that the client or family can be responsible for the things he/she knows (Putinah, 2011).

B. METHODS

The method used is to provide management in the form of nursing care of self care deficit in Mrs.U post sectio caesarean with indication of premature rupture of membranes. Management of clients with self-care deficit was done for 3 days. The data collection technique is done by using interview technique, physical examination, observation and investigation.

C. IMPLEMENTATION/ACTIONS

Interventions are composed on Thursday, May 11, 2017 at 13:00 pm with a diagnosis Self-care deficit related to activity barriers.

The first intervention is to monitor general circumstances and vital signs. The second intervention is to support the independence of clients in self-care or activity daily living. The third intervention is the client’s guidance for early mobilization of sitting. The fourth intervention is to monitor clients’ ability in self-care, independently. The fifth intervention is to give the action of vulva hygiene.

D. RESULTS

To overcome this problem, the implementation is to monitor general circumstances and vital signs, support the independence of clients in self-care or activity daily living, guide the client for early mobilization that is sitting, monitor the client’s ability in self-care independently, giving the action of vulva hygiene.

E. DISCUSSION

The first step of the nursing process is assessment, starting from treatment by applying knowledge and experience to collecting data about clients (Wong, 2009; Rohmah, 2013).

The writer conducted an assessment on Mrs. U on Thursday, May 11, 2017 at 13:00 pm in Dahlia Room Pandan Arang Boyolali Regional Hospital with allowanamnesa and autonomous they are : Mrs. U 29 years, live in Kragilan, the religion is Islam medical diagnosis is post SC with day 1 of PROM. From result of study Mrs. U experienced self-care deficit. The results obtained there are 2 data, namely : Subjective
data is the patient says during the illness activity cannot be independent and activity daily living is assisted by the family. Genetically objective data are attached to installed catheter, dirty in genital area, there is a fishy odor, almost full pads, many lochea rubra, clothes have not been replaced.

Self-care deficit experienced by Mrs. U is caused by a condition in a person who is experiencing a weakness in the ability to perform or complete self-care activities such as bathing (hygiene), dressing, eating, bowing or toileting. Postpartum patients should have done activities immediately after 24 hours in order to meet their own self-care needs quickly. It aims to maintain self-care, either individually or with help, can train healthy or clean living by improving the image or perception of health and hygiene, and creating an appearance that suits the health needs. Making sense of comfort and relaxation can be done to eliminate fatigue and prevent infection, prevent blood circulation disorders and maintain integrity on the network (Putinah, 2011).

F. CONCLUSION

Assessment has been done by the writer on Mrs. U with post sectio cesarea with indications of PROM (premature rupture of membranes). Data obtained are subjective data, the patient said during the ill activity cannot be independent and activity daily living is assisted by the family. Objective data it is attached installed catheter, dirty in genital area, there is a fishy odor, almost full pads, it is found lochea rubra, and clothes have not been replaced.

The main priority of nursing problems that has on Mrs. U is a self-care deficit related to activity barriers.

Intervention on Mrs. U are: monitor general condition and vital signs, support client to do self-care or activity daily living independently, guide client for early mobilization that is sitting, monitor client’s ability in self-care, independence, give vulva hygiene. Implementation on Mrs. U in accordance with planned intervention, that is, monitor general condition and vital signs, support client to do self-care or activity daily living independently, guide client for early mobilization that is sitting, monitor client’s ability in self-care, independence, give vulva hygiene.

Evaluation of the self-care deficit management for 3 days on Mrs. U with the self-care problem is the problem partially resolved.
G. SUGGESTION

1. For the writer

   It should conduct a specific and thorough assessment so as to provide good nursing care in patients with Post SC with premature rupture of membrane indications.

2. For educational institutions

   It is expected to add a reference source with the latest literature and then to facilitate access to journals and should continue to optimize the provision of knowledge and skills to students before entering the practice so that students are always ready to provide nursing care or management to patients, especially in Post Sectio Cesarea patients with indications Premature rupture of membranes.

3. For hospital institutions

   It is expected to continuously improve the quality of nursing care in patients, especially Post sectio caesarean patients with an indication of premature rupture of membranes by increasing the role and function as nurses, and in managing self-care deficits for not worsen the patient’s condition.

BIBLIOGRAPHY


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**Nursing Care of the Deficit of Self-Care in Mrs. U Post Sectio Caesarea with Indication Premature Rupture of Membranes in the Dahlia Room of Pandan Arang Boyolali Hospital**

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