

Aplikasi Self-Care Deficit Nursing Theory (SCDNT) dalam pemenuhan kebutuhan cairan klien anak di Ruang Rawat Infeksi Gedung A RSUPN Dr. Cipto Mangunkusumo Jakarta = Application Self-Care Deficit Nursing Theory (SCDNT) in meeting the needs of child clients in infection Ward Building A at RSUPN Dr. Cipto Mangunkusumo Jakarta

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Abstrak

[Karya Ilmiah Akhir ini merupakan gambaran pelaksanaan praktik ners spesialis keperawatan anak selama 2 semester. Karya Ilmiah Akhir ini memfokuskan pada aplikasi Self-Care Deficit Nursing Theory (SCDNT) yang dikembangkan oleh Orem pada klien anak dengan gangguan pemenuhan kebutuhan cairan. SCDNT terdiri dari 3 teori yang saling berhubungan yaitu teori self-care, self-care deficit, dan nursing system. Asuhan keperawatan dimulai dengan pengumpulan data. Diagnosa keperawatan yang ditetapkan berdasarkan pada therapeutic self-care demands dan keadeguan dari self-care agency. Prescriptive operations dibuat dengan melibatkan klien anak dan keluarga sehingga dapat ditetapkan nursing of methods yang tepat berdasarkan nursing system yang dibutuhkan klien anak. Residen melaksanakan regulatory operations dan menerapkan Family Centered Care (FCC). Selanjutnya residen melakukan control operations, dimana dari kelima kasus yang dikelola oleh residen 3 klien telah teratasi dan 2 klien belum teratasi (masih dirawat di rumah sakit). Berdasarkan hal tersebut residen merekomendasikan bahwa SCDNT dapat diaplikasikan pada klien anak dengan gangguan pemenuhan kebutuhan cairan., This Final Scientific Work describes of specialist nursing practice in pediatric nursing for 2 semesters. This Final Scientific Work focuses on the application Self-Care Deficit Nursing Theory (SCDNT) developed by Orem on the child client with fluid imbalances. SCDNT consists of three interrelated theories, namely the theory of self-care, self-care deficit, and nursing system. Nursing care begins with data collection. Nursing diagnosis is determined based on therapeutic self care demands and the adequacy of self-care agency. Prescriptive operations made with the involvement of children and families so that clients can set the proper nursing of methods based on the nursing system required the child client. Resident had done regulatory operations and implement Family Centered Care (FCC). The next resident to control operations, which of the five cases are managed by the resident 3 clients have been resolved and 2 clients have not been resolved (still being treated in hospital). Based on the resident recommended that SCDNT can be applied to a client meeting the needs of children with fluid imbalances.]