

Analisis praktik residensi keperawatan medikal bedah pada gangguan sistem neurologi : meningitis tuberkulosis menggunakan pendekatan model adaptasi roy di Rumah Sakit Cipto Mangunkusumo = Analysis of medical surgical nursing residency practice on neurological system disorders with meningitis tuberkulosis case used roy adaptation model approach at Cipto Mangunkusumo Hospital

Suyanto, author

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Abstrak

ABSTRAK
Praktek klinik lanjut pada sistem neurologi dimaksudkan untuk mampu memberikan asuhan keperawatan, menerapkan Evidence Based Nursing EBN serta sebagai inovator. Peran pemberi asuhan keperawatan dilakukan pada pasien dengan meningitis TB dan 30 pasien dengan gangguan sistem persarafan menggunakan Model adaptasi Roy RAM . Perilaku mode adaptasi fisiologi paling sering mengalami perilaku maladaptif. Diagnosis keperawatan yang muncul yaitu gangguan mobilitas fisik dengan intervensi salah satunya berupa exercise therapy. Penerapan EBN Kegels exercise yang dilakukan dalam 1 pekan belum mampu mengatasi inkontinesia urin pada pasien stroke. Program inovasi penambahan format pengkajian neurologi berupa NIHSS, BBS, ISI, 3IQ, FAST, dan ANVPS mampu meningkatkan pengetahuan perawat mengenai format pengkajian selain dari format pengkajian yang telah ada di ruangan. Pengkajian perilaku dan stimulus pada RAM perlu diterapkan pada pengkajian pasien. Diharapkan kegelrsquo;s exercise tetap diajarkan pasien stroke yang mengalami inkontinensia urin dikarenakan perlu waktu yang cukup lama untuk mengatasi inkontinensia urin. Adanya format pengkajian neurologi tambahan dapat meningkatkan mutu pelayanan keperawatan. **ABSTRACT**
Advanced clinical practice in the neurological system is intended to be able to provide nursing care, apply Evidence Based Nursing EBN as well as the role of an innovator. Nursing care roles were performed in patients with TB meningitis and 30 patients with impaired neural system using the Roy adaptation model RAM . The behavioral mode of physiological adaptation most often experiences maladaptive behavior. The emerging nursing diagnosis is impaired physical mobility with exercise thera y intervention could be applied. Application of EBN Kegel 39 s exercise performed on a week and showed that kegel 39 s exercise has not been able to cope with urinary incontinence. The innovation program for the addition of the neurological assessment format NIHSS, BBS, ISI, 3IQ, FAST, and ANVPS was able to increase the nurse 39 s knowledge of the assessment format apart from the existing assessment formats in the room. Assessment of behaviors and stimuli in RAM need to be applied to patient assessment. It is expected that kegel 39 s exer icse still taught stroke patients who experience urinary incontinence due to long enough time to overcome urinary incontinence. The presence of additional neurological assessment formats can improve the quality of nursing services.