

Aplikasi Teori Adaptasi Callista Roy pada Neonatus dengan masalah Keperawatan Risiko Gangguan Pertumbuhan di Unit Perawatan Neonatus = Application of Callista Roy Adaptation Theory in Neonates with Nursing Problems Risk of Growth Disorders in the Neonatal Care Unit

Siti Muthoharoh, author

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Abstrak

Latar belakang Gagal tumbuh atau failure to thrive adalah kondisi keterlambatan pertumbuhan fisik pada anak, dimana terjadi kegagalan penambahan berat badan yang sesuai dengan grafik pertumbuhan normal, dibandingkan dengan tinggi badan. Beberapa kondisi menjadi faktor risiko terjadinya gangguan pertumbuhan terutama pada neonatus. Studi ini memberikan gambaran penerapan Model Adaptasi Roy dalam asuhan keperawatan pada lima kasus neonatus dengan risiko gangguan pertumbuhan. Presentasi kasus Kasus 1 neonatus laki-laki, dengan extremely preterm usia gestasi 27 minggu, berat badan lahir 870 gram, neonatus kurang bulan kecil masa kehamilan (NKB-KMK), RDS, TTN, septikemia, tersangka SNAD, neonatal jaundice, terpasang ventilator mode high frequency oscillation (HFO), terpasang orogastric (OGT), diet ASI 12x1 ml, TPN PG 2 dengan GIR 4,7, kebutuhan kalori kurang dari target, interpretasi kurva Fenton dibawah persentil 50, berat badan menurun, usia enam hari 860 gram. Kasus 2 perempuan, extremely preterm usia gestasi 26 minggu, berat badan lahir 744 gram, NKB-KMK, RDS, tersangka SNAD, PDA, neonatal jaundice. Terpasang ventilator, sementara puasa, grafik Fenton berada dibawah persentil 50, kebutuhan kalori kurang dari target. Kasus 3 dan 4 neonatus berjenis kelamin perempuan, lahir dengan extremely preterm dan very preterm, terpasang ventilator, kebutuhan kalori kurang dari target, sementara dipuaskan karena kondisi belum stabil. Kasus 5 perempuan, usia gestasi 37 minggu, BBL 2610 gram, berat badan saat dikaji 2340 gram. Diagnosis medis gastroschisis post tutup defek hari ke 27, terpasang non invasif ventilasi, sementara puasa produksi OGT kehijauan, BB/PB berada di -3SD s/d <-2 SD (gizi kurang). Evaluasi respons adaptif dari kelima pasien didapatkan kebutuhan kalori terpenuhi sesuai target.

Kesimpulan Hasil pengkajian perilaku dan stimulus mode fisiologis-fisik kelima kasus didapatkan empat kasus berisiko mengalami gangguan pertumbuhan dari kondisi neonatus lahir prematur, terpasang ventilator, penundaan pemberian makan karena kondisi klinis, risiko infeksi/sepsis serta kondisi medis lain yang mempengaruhi. Satu neonatus aterm gagal tumbuh karena gastroschisis post tutup defek, dengan produksi OGT kehijauan. Nutrisi optimal baik enteral maupun parenteral diperlukan pada kondisi neonatus tersebut untuk meningkatkan respons adaptif.

.....Background Failure to thrive or failure to thrive is a condition of delayed physical growth in children, in which there is a failure to gain weight according to the normal growth chart, compared to height. Several conditions are risk factors for growth disorders, especially in neonates. This study provides an overview of the application of the Roy Adaptation Model in nursing care to five cases of neonates with a risk of growth retardation. Case presentation Case 1 male neonate, with extremely preterm gestational age 27 weeks, birth weight 870 gram, small preterm neonate for gestational age (NKB-KMK), RDS, TTN, septicemia, TSK SNAD, neonatal jaundice, put on ventilator mode high frequency oscillation (HFO), installed orogastric (OGT), diet ASI 12x1 ml, TPN PG 2 with GIR 4.7, caloric requirement less than target, interpretation of

Fenton curve below 50th percentile, decreased body weight, age six days 860 gram. Cases of 2 women, extremely preterm, gestational age 26 weeks, birth weight 744 grams, NKB-KMK, RDS, suspected SNAD, PDA, neonatal jaundice. Installed on a ventilator, while fasting, the Fenton chart is below the 50th percentile, calorie needs are less than the target. Cases 3 and 4 female baby were born extremely preterm and very preterm, were attached to a ventilator, their caloric needs were less than the target, while they were fasted because their condition was not yet stable. Case 5 female, gestational age 37 weeks, BBL 2610 grams, body weight when studied 2340 grams. Medical diagnosis of gastroschisis post closed defect on day 27, installed non-invasive ventilation, while fasting green OGT production, BB/PB was in -3SD to <-2 SD (malnutrition). Evaluation of the adaptive response of the five patients found that the calorie needs were fulfilled according to the target.

Conclusion The results of the assessment of the behavior and stimulus of the physiological-physical mode of five cases found that four cases were at risk of experiencing growth retardation from the condition of the neonate born prematurely, being placed on a ventilator, delaying feeding due to clinical conditions, risk of infection/sepsis and other affecting medical conditions. One term neonate failed to thrive because of a closed post gastroschisis defect, with greenish OGT production. Optimal nutrition, both enteral and parenteral, is needed in these neonatal conditions to increase adaptive responses.