

Aplikasi Model Konseptual Sistem Betty Neuman pada Neonatus dengan Perawatan Tersier Paliatif = Application of the Betty Neuman System Conceptual Model in Neonates with Palliative Tertiary Care

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Abstrak

Neonatus yang memiliki penyakit yang mengancam jiwa dan bersifat progresif, memerlukan perawatan paliatif. Perawatan secara aktif dan total diberikan menurut tanda dan gejala. Tujuan penelitian ini adalah mengidentifikasi gambaran lima kasus asuhan keperawatan paliatif dan akhir kehidupan di NICU dengan Model Konseptual Sistem dan mengidentifikasi hasil implementasi Evidence-Based Nursing edukasi mengenai perawatan neonatus dengan kondisi paliatif dan akhir kehidupan. Teori Model Konseptual Sistem Betty Neuman dapat diterapkan pada neonatus dalam kondisi paliatif dan akhir kehidupan yang membutuhkan perawatan secara holistik. Hasil gambaran asuhan keperawatan yang dilakukan yaitu Pasien 1 neonatus kondisi diagnosis medis Gemelli conjoined twin diencephali dipus dibrachius. Pasien 2 neonatus dengan diagnosis medis extreme preterm NEC grad III. Pasien 3 neonatus dengan diagnosis medis very preterm extremely low birth weight dengan perburukan marker infeksi dan anemia normositik normokrom. Pasien 4 neonatus dengan diagnosis medis PDA besar post ligasi. Pasien 5 neonatus dengan diagnosis medis polycystic kidney. Diagnosis keperawatan yang terdapat pada kelima bayi tersebut adalah masalah respirasi. Intervensi sekunder dan tersier dilakukan dalam pencegahan dampak dari tanda dan gejala yang dialami bayi. Evaluasi yang didapatkan kelima bayi meninggal, hanya satu bayi meninggal dengan rekonstitusi kesejahteraan tinggi. Implementasi penerapan edukasi kepada perawat didapatkan hasil terdapat perbedaan pengetahuan dan keterampilan yang signifikan antara kelompok intervensi dan kelompok kontrol, setelah dan sebelum dilakukan edukasi (p value 0.000). Berdasarkan penelitian ini mengindikasikan pentingnya edukasi perawat mengenai panduan prosedur perawatan akhir kehidupan pada neonatus dan panduan skoring tingkat keparahan serta tingkat risiko kematian pada neonatus sebagai pencegahan terjadinya dampak dari tanda dan gejala kondisi paliatif pada neonatus berdasarkan evidence-based practice.

.....Neonates with life-threatening and progressive disease require palliative care. Active and total care is given according to signs and symptoms. The purpose of this study was to identify five cases of palliative and end of life nursing care in the NICU using the Systems Conceptual Model and to identify the results of the implementation of Evidence-Based Nursing education regarding neonatal care with palliative and end of life conditions. The theory of the Betty Neuman Systems Conceptual Model can be applied to neonates in palliative and end-of-life conditions who require holistic care. The results of the nursing care description carried out were Patient 1 neonate with a medical diagnosis of Gemelli conjoined twin diencephali dipus dibrachius. Patients with 2 neonates with a medical diagnosis of extreme preterm NEC grad III. Patient 3 neonates with medical diagnosis of very preterm extremely low birth weight with worsening infection markers and normochromic normocytic anemia. Patient 4 neonates with medical diagnosis of post ligation large PDA. Patients with 5 neonates with a medical diagnosis of polycystic kidney. The nursing diagnosis found in these five babies was respiratory problems. Secondary and tertiary interventions are carried out in preventing the impact of the signs and symptoms experienced by the baby. The evaluation obtained from the five babies died, only one baby died with high welfare reconstitution. The implementation of the

application of education to nurses showed that there were significant differences in knowledge and skills between the intervention group and the control group, after and before the education was carried out (p value 0.000). Based on this research, it indicates the importance of educating nurses regarding guidelines for end-of-life care procedures in neonates and guidelines for scoring severity and risk of death in neonates as prevention of the impact of signs and symptoms of palliative conditions in neonates based on evidence-based practice.