

CASE STUDY OF TRAUMATIC CARE IN CHILDREN WITH DIARRHEA IN THE FLAMBOYANT INPATIENT ROOM AT TK III HOSPITAL. DR. R SOEHARSONO BANJARMASIN

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Abstract

Background : Children when they are hospitalized are very afraid when they are given medical treatment by nurses and doctors. when the children saw the health workers approaching them even though they were only doing the examination the children were still scared, from the expressions on their faces they looked scared and also cried. in frequent cases, most children have diarrhea. Children with diarrhea often look cranky and restless. **Purpose:** To obtain information or an overview of atraumatic care case studies in children with diarrhea **Research Methods:** using a case study design with a nursing care approach. The subject of this case study was a pediatric patient who had diarrhea with mild/moderate dehydration, and was hospitalized in the children's room for 3 days. **Results:** the data obtained in the study showed that children with diarrhea looked weak and cranky on the first day of hospitalization, slow skin turgor, fussy, restless, cried when they saw health workers, on the second day the children seemed calm after being given a gadget by the patient's parents and ignoring the health workers giving injections and examinations.

Conclusion: Atraumatic care for children with diarrhea can be overcome by providing a gadget to relieve fear

Keywords: Nursing Care, Atraumatic Care, Diarrhea,

Introduction

Atraumatic care is the provision of therapeutic care in the environment, by personnel, and through the use of interventions that eliminate or minimize the psychological and physical distress suffered by children and their families in the health care system (Wong, et al., 2009).

Atraumatic care is a form of therapeutic care provided by health workers in the setting of children's health services, through the use of actions that can reduce physical and psychological distress experienced by children and parents (Supartini, 2014).

Therapeutic care includes the prevention, diagnosis, or treatment of acute or chronic conditions. Interventions range from a psychological approach in the form of preparing children for examination procedures, to physical interventions such as providing a room for parents to live with their child in one room (rooming in). Psychological distress includes anxiety, fear, anger, disappointment, sadness, shame, or guilt. While physical distress can range from difficulty sleeping and immobilization to the

experience of disturbing sensory stimuli such as pain (pain), temperature extremes, loud noises, blinding light or darkness (Wong, et al., 2009).

Atraumatic care is the implementation of therapeutic care for children and families by nurses or health workers with interventions to minimize or prevent the onset of physical and psychological distress in the health care system. Hospitalization is a process, due to a planned or emergency reason that requires the child to stay in the hospital, undergo therapy and treatment until his return home (Supartini, Y, 2014).

Based on the results of the 2014 National Economic Survey (SUSENAS), the child morbidity rate (morbidity rate) in urban areas according to the age group 0-4 years is 25.8%, ages 5-12 years is 14.91%, ages 13-15 years is around 9.1%, ages 16-21 year by 8.13%. The morbidity rate of children aged 0-21 years when calculated from the total population is 14.44%. Children who undergo treatment in the hospital will experience anxiety and stress. The causes of stress in children are influenced by: Various kinds of factors, both factors from officers (nurses, doctors, and other health workers), the new environment and those who accompany during treatment. If this happens, the child will react like angry, aggressive, withdraw from interpersonal relationships Indonesia's 2019 health profile shows that the frequency of diarrheal disease outbreaks fluctuates (up and down), but the mortality rate continues to increase. Outbreak cases in 2015 reached 1,213 people, which occurred in 13 provinces with a mortality rate of 2.47%. Furthermore, in 2016 there were outbreaks in 3 provinces with a total of 198 cases and a CFR mortality rate of 3.03%. In 2018 there were 10 cases of diarrheal outbreaks spread across 8 provinces in 8 districts/cities with 756 sufferers and a mortality rate of 4.76% (Kemenkes RI, 2019).

In Indonesia, the morbidity rate of diarrheal disease is still quite high, in 2019 the diarrhea morbidity rate for all ages was 270/1000 population while for toddlers it was 843/1000 population (Health Ministry of Health, 2020). The prevalence of diarrhea in South Kalimantan is still quite high, namely as many as 16,043 cases of diarrhea in the province of South Kalimantan Banjarmasin (Risksdas 2018).

Diarrhea disease in Banjarmasin City was found as many as 4,011 cases of diarrhea and placed it as the district/city with the highest diarrhea sufferers. The high number of diarrhea cases in Banjarmasin City is caused by several factors, including the lack of clean water supplies, the habit of consuming polluted river water and the low level of public knowledge. (Risksdas 2018).

Diarrhea fluctuates from year to year and in 2018 there were 98 people with a percentage of 17.63% with a total number of 556 patients. There was an increase of 125 in 2019 with a percentage of 21.1% with a total number of 593 patients, In 2020 there was another increase to 263 with a percentage of 45.7% with a total number of 577 patients, we can see patients who suffering from diarrheal disease is increasing every year.

Based on the description of the background above, the formulation of the problem can be made as follows: "How is the Nursing Care for Diarrhea with Atraumatic Care for children in the Children's Room of the Flamboyan Hospital. Kindergarten III DR R Soeharsono Banjarmasin

Methods

Using a case study design with a nursing care approach. The subject of this case study was a pediatric patient who had diarrhea with mild/moderate dehydration, and was hospitalized in the children's room for 3 days.

Results And Discussion

Results

Based on the assessment data, it was found that Client 1 and Client 2 were treated with a medical diagnosis of diarrhea. Client 1 enters the hospital. DR. R . Soeharsono Banjarmasin complaints of liquid bowel movements more than 4 times and there is little blood On client 2, an assessment was carried out on the first day of client care. Obtained data on the main complaint on Client 2 entering the hospital. TK III DR. R . Soeharsono Banjarmasin with complaints of bowel movements > 5 times a day with a liquid consistency without pulp and vomiting.

In the history of the present illness, client 1 with complaints of liquid bowel movements more than 4x and there is little blood. while on client 2 the client was brought to the hospital. DR. R . Soeharsono Banjarmasin with complaints of liquid defecation that has been experienced since 2 days ago, vomiting 4 times. In the previous medical history, client 1 had never been hospitalized. Meanwhile, the client's 2 children had diarrhea since 4 months ago. not hospitalized. Have had a fever since 7 months ago but not treated

In the family medical history, neither client 1 nor client 2 had a history of hereditary or infectious diseases.

Ngastiah (2014) said that children who experience diarrhea are restless at first, their body temperature increases, their appetite decreases. Watery stools, may be accompanied by mucus and blood. According to the authors, the complaints found in client 1 are in accordance with the theory where the signs and symptoms of clients who have diarrhea are coming to the hospital with watery stools and more than 3 times a day, in addition to diarrhea, there is anxiety in the client because the child is hospitalized, to reduce psychological impact of nursing actions given, such as paying attention to the psychological impact of nursing actions given action procedures or other aspects that may have an impact on trauma due to being hospitalized. (Rahmah & Agustina, 2015) according to the theory the consequences of Hospitalization can cause children to experience trauma and cause symptoms in the form of:

agitated response, anxiety, apathy, fear of separation from parents, apathy, and sleep disturbances

Results Analysis of data on client 1, parents said that children sometimes fuss because they are afraid to see nurses who come to the room, and the client is just entering the hospital for the first time, so the hospital environment is foreign to the client. In client 2, the client can accept the presence of the nurse although sometimes a little afraid.

According to the researcher, the complaints found in client 1 and client 2 where patients with diarrhea came to the hospital because of watery bowel movements, frequency more than 3 times a day, vomiting, and slimy bowel movements, decreased appetite, children became fussy and afraid of nurses and the environment. The hospital shows signs of Atraumatic care in children. From the results of the assessment carried out, it was found on both clients with supporting data such as signs and symptoms such as children being afraid to meet nurses and nervous.

According to Supartini (2004), Atraumatic care is a form of therapeutic care provided by health workers in the setting of children's health services through the use of actions that can reduce physical and psychological distress experienced by children and their parents. who came, this indicates that the child is traumatized by hospitalization and this is in accordance with the assessment carried out on the client.

Norton-Westwood, (2012) Environmental Factors Hospitals can be a scary place from a child's perspective. Unfamiliar hospital atmosphere, unfamiliar faces, various sounds from the machines used, and distinctive smells can cause anxiety and fear for children, children feel foreign to the hospital environment, so environmental modifications are needed. Through nuanced environmental modifications so that children can increase joy and comfort in the hospital, Diagnose symptoms of diarrhea from nursing problems according to the 2018 IDHS. The case of delays in bringing the client to the hospital is associated with an assessment of the mother, the client's mother said when she defecated 3 times the mother thought it was just a normal thing, but after being left by the child, the defecation was liquid and the child was fussy and restless if it was too late to bring him to the hospital, new problems would arise and would be more severe.

Research conducted by Lory Huff et al., (2009) stated that the implementation of Atraumatic care in hospitalized children can reduce trauma to children and parents due to invasive procedures. (Supartini, 2004) A good relationship and mutual trust between nurses and families can create a sense of comfort and can minimize the emergence of anxiety. Providing information or health education to parents about children's health conditions can increase the role of parents in controlling child care during hospitalization.

Discussion

Atraumatic care services are a form of therapeutic care services in the children's health care setting through the use of actions that reduce physical and psychological distress experienced by children and parents (Supartini, 2004). According to Hidayat (2005), there are several principles of atraumatic care that must be owned by child nurses, namely reducing or preventing the impact of separation from the

family, increasing the ability of parents to control child care, preventing or reducing injury (injury) and pain (psychological impact), not committing violence on children, and modifying the physical environment.

Modifying the Hospital Environment, Atraumatic care is a treatment that does not cause trauma to children and families. Atraumatic care as a form of therapeutic care can be given to children and families by reducing the psychological impact of nursing actions given, such as paying attention to the psychological impact of nursing actions given by looking at action procedures or other aspects that may have an impact on trauma. Actions taken in dealing with children's problems of whatever form must be based on the principles of atraumatic care or therapeutic care (Breving, et al, 2015).

Conclusion

Atraumatic care for children with diarrhea can be overcome by providing a gadget to relieve fear. The gadget is also a mobile phone that contains games that can distract children, so that children do not feel afraid when they are given health services

Suggestion: health workers can prevent fear and anxiety in children when they are given health services, by providing very effective games such as gadgets.

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