

Analisis asuhan keperawatan dengan pendekatan keperawatan kesehatan masyarakat perkotaan pada pasien gagal ginjal kronik akibat nefropati diabetik di ruang rawat inap lantai 6 selatan Gedung Teratai RSUP Fatmawati = Analysis of implementation of urban health nursing clinical practice on chronic kidney disease et causa diabetic nephropathy in south section of 6th floor RSUP Fatmawati

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Abstrak

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Gagal ginjal kronik merupakan salah satu masalah kesehatan masyarakat perkotaan dengan prevalensi kasus yang terus meningkat. Salah satu penyebab utama gagal ginjal kronik adalah nefropati diabetik. Mekanisme nefropati diabetik menyebabkan ginjal mengalami penurunan fungsi ginjal yang ditandai dengan penurunan laju filtrasi glomerulus. Hal tersebut menyebabkan berbagai masalah seperti kelebihan volume cairan yang memiliki berbagai komplikasi seperti edema paru akut dan neuropati perifer. Fokus penanganan masalah yaitu pada pengaturan balans cairan, pengontrolan glukosa darah dan pencegahan neuropati diabetik perifer. Hasil intervensi yang dilakukan selama 6 hari menunjukkan terjadi balans cairan negatif hingga mendekati keseimbangan cairan, ditandai dengan edema hilang dari derajat 3 menjadi 0 dan pertukaran gas di paru adekuat. Pencegahan neuropati diabetik dilakukan dengan latihan senam kaki. Hasilnya terjadi peningkatan pengetahuan mengenai cara pencegahan neuropati diabetik perifer. Oleh karena itu, intervensi pengaturan balans cairan, pengontrolan glukosa darah dan pencegahan neuropati diabetik perifer sangat penting dilakukan pada pasien gagal ginjal kronik akibat nefropati diabetik.

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Chronic kidney disease is one of the urban health problems which prevalence is growing progressively. Diabetic nephropathy is the common cause of chronic kidney disease. The mechanism of diabetic nephropathy leads to decreased kidney functions and abilities that shown in decreased Gromerolus Filtration Rate GFR . Fluid overload and other complications such as acute lung oedema and peripheral diabetic neuropathy may occur afterall. The main interventions to overcome this problem are regulating fluid balance, controlling blood glucose and preventing peripheral diabetic neuropathy. After conducting nursing care within 6 days, patient showed good fluid balance with absence of edema decreased of edema scale from grade 3 to grade 0 and adequate gasses exchange in the lung. Foot exercise was also done as prevention of peripheral diabetic neuropathy. There was an increased patient rsquo s and family rsquo s knowledge about how to prevent peripheral diabetic neuropathy. Therefore all the nursing interventions mentioned above are highly recommended to be applied in nursing care to patient with chronic kidney disease due to diabetic nephropathy.