

EXCELLENT GERONTIC NURSING CARE FOR NY.L WITH OSTEOPOROSIS AT UPTD SOCIAL SERVICES OR ELDERLY AGE BINJAI YEAR 2023

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ABSTRACT

Osteoporosis is a condition in which bones become brittle and susceptible to fracture due to significant loss of bone mass and changes in bone structure. The term "osteoporosis" itself comes from Greek, where "osteo" means bone and "porous" means holes or porous. The prevalence of osteoporosis has increased significantly worldwide, with projected incidence rates increasing in the future. WHO predictions show that the number of osteoporosis sufferers is expected to reach 6.3 million people by 2035, highlighting the urgency of treating and preventing this condition. The prevalence figure reaching 19.7% of the entire population or around 3.6 million people shows the large impact of osteoporosis in Indonesia. Data shows that the prevalence of osteoporosis is higher in women compared to men in Indonesia, especially in the elderly group. This is consistent with the general pattern of osteoporosis where women are more susceptible to this condition, especially after menopause due to decreased levels of the hormone estrogen. (Suarni, 2019). From the data we collected at UPTD. Binjai Elderly Social Services, we obtained data on 189 elderly people, and data on 10 people suffering from osteoporosis at the Anyelir homestead.

Keywords: *elderly, osteoporosis*

INTRODUCTION

Elderly is a condition where a person experiences failure in maintaining body balance against physiological disorders. Failure here means reducing human abilities in life and increasing human sensitivity. Elderly people often experience a decreased ability to maintain body balance, which can increase the risk of falls (Abdul, 2016).

Health Organization (WHO), an elderly person is someone who has reached the age of 60 years or above. This is the general definition used by WHO and many health agencies and governments around the world. The elderly are an age group of

people who have entered the final stages of life. At this stage, individuals experience various physical, mental and social changes that are part of the aging process. The aging process is a series of changes experienced by individuals as they get older. This process includes various aspects, including physical changes such as decreased muscle strength and decreased organ function, as well as psychological changes such as decreased memory and changes in mood.

METHOD

Case design is a research method that analyzes problems through a single unit, the type of individual or group involved in a phenomenon.

This research explores in-depth information about the problem being studied, including actions and reactions to certain treatments. Although the focus is on a single case, the analysis is broad and comprehensive to understand the related aspects.

The assessment was carried out at the Binjai Elderly UPTD, precisely at the Anyelir guest house, on 16-17 October 2023.

Where the population of the Anyelir guesthouse is 10 people. and the number of samples at Wisma Anyelir is 1 person, namely Mrs. L, 80 years old with Osteoporosis problems.

In this case study, interview and observation methods were used. Interview is a method used to collect data, where the author obtains information or information verbally from someone who is the target of writing or has a conversation face to face with that person. Observation is a planned procedure which includes, among other things, seeing, hearing, and recording a number of certain levels of activity or certain situations that are related to the problem being studied.

RESULT AND DISCUSSION

1. Patient Identity

- Name : Ny.L
- Age : 80 years old
- Gender : Woman
- Marital Status : Marry
- Religion : Islam
- Ethnic Group : Java
- Last Education : High School (SLTA)
- Resources : Client
- Family Who Can Be Contacted : There isn't any
- Medical Diagnosis: Osteoporosis

2. Main Complaint

The client said he had pain in both legs and couldn't walk since 2 months ago, the client said he had pain in his legs since he fell in the bathroom, the client also said the pain decreased when resting in bed. The client also said he had difficulty doing activities, had pain when moving and needed the help of a caregiver to move. The client looks grimacing, restless and appears to be lying in bed. Muscle strength 2. Pain scale: 6

DATA ANALYSIS

Data Analysis	Etiologi	Problem
<p>Ds :</p> <ul style="list-style-type: none"> - The client said he had pain in both legs and couldn't walk for 2 months - The client said his leg hurt since he fell in the bathroom - The client also said the pain was reduced when resting in bed - Apart from that, the client also said that he had difficulty carrying The client complains of pain when moving activities <p>Do :</p> <ul style="list-style-type: none"> - The client looks grimacing and restless - Pain scale: 6 	Physiological Injurious Agents	Acute Pain
<p>Ds :</p> <ul style="list-style-type: none"> - The client said he had difficulty doing activities - The client said he needed the caregiver's help to move around <p>Do :</p> <ul style="list-style-type: none"> - The client appears to be lying in bed 	Damage to the Integrity of Bone Structure	Impaired Physical Mobility
<p>Ds :</p> <ul style="list-style-type: none"> - The client said he had pain in both legs and had not been able to walk since 2 months - Apart from that, the client also said that he had difficulty carrying out activities - clients complain of discomfort when moving <p>Do :</p> <ul style="list-style-type: none"> - The client appears to be lying in bed - Muscle strength: 2 	Decreased muscle strength	Fall Risk

NURSING DIAGNOSES

1. Acute pain related to physiological injuring agents is characterized by the client saying pain in both legs and not being able to walk since 2 months ago, the client saying leg pain since falling in the bathroom, the client also saying the pain decreases when resting in bed. The client has difficulty carrying out activities and complains of pain when moving, the client appears to grimace and is restless. Pain scale: 6
2. Impaired physical mobility is related to damage to the integrity of the bone structure, characterized by the client saying he has difficulty doing activities. The client says he needs help from a nurse to move. The client appears to be lying in bed.

3. The risk of falling due to decreased muscle strength is indicated by the client saying that he has pain in both legs and has not been able to walk since 2 months ago. Apart from that, the client also said that he had difficulty doing activities, the client complained of pain when moving, the client appeared to be lying in bed, Muscle strength: 2

NURSING INTERVENTION

No	Nursing Diagnoses	Objectives/Result Criteria	Intervention	Rational
1.	Acute pain related to physiological injuring agents is characterized by the client saying pain in both legs and not being able to walk since 2 months ago, the client saying leg pain since falling in the bathroom, the client also saying the pain decreases when resting in bed. The client has difficulty carrying out activities and complains of pain when moving, the client appears to grimace and is restless. Pain scale: 6	After nursing care for 3 x 24 hours the pain resolved. With result criteria: - Pain complaints decreased - Decreased anxiety - The grimace decreases	- Identify location, characteristics, duration, frequency, quality, intensity of pain - Identify the pain scale - Identify factors that aggravate and relieve pain - Provide non-pharmacological techniques to reduce pain	Health Education Observation - To determine the characteristics, duration, frequency and quality of pain - To determine whether the pain is severe or mild - To find out factors that aggravate and relieve pain. - To reduce pain
2.	Impaired physical mobility is related to damage to the integrity of the bone structure, characterized by the client saying he has difficulty doing activities. The client says he needs help from a nurse to move. The client appears to be lying in bed.	After providing nursing care for 3 x 24 hours, physical mobility disorders are resolved, the expected criteria are: - Extremity movement increases - Muscle strength increases - Range of motion or ROM increases	- Identify physical tolerance for movement -Facilitate mobilization activities with assistive devices (Walker) -Facilitate movement Advise early mobilization - Teach passive ROM exercises	- To help identify any movement weaknesses - To assist client activities - To train the client's muscle movements

3.	The risk of falling due to decreased muscle strength is indicated by the client saying that he has pain in both legs and has not been able to walk since 2 months ago. Apart from that, the client also said that he had difficulty doing activities, the client complained of pain when moving, the client appeared to be lying in bed, Muscle strength: 2	After 3x24 hours of nursing care, the expected criteria are: - Fall while standing downhill - Falling down while in the bathroom - Falling out of bed decreases - Falling while walking downhill	- Identify fall risk factors - Identify environmental factors that increase the risk of falls - Use a walking aid	- To find out the cause of the fall - To help client mobilization
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NURSING IMPLEMENTATION

No	Nursing Diagnoses	Day/Date/Time	Nursing Actions
1.	Acute pain related to physiological injuring agents is characterized by the client saying pain in both legs and not being able to walk since 2 months ago, the client saying leg pain since falling in the bathroom, the client also saying the pain decreases when resting in bed. The client has difficulty carrying out activities and complains of pain when moving, the client appears to grimace and is restless. Pain scale: 6	Tuesday 17 October 2023 09:00 WIB	- Identify the location, characteristics, duration, frequency, quality, intensity of pain - Identify the pain scale - Identify factors that aggravate and relieve pain - Provide non-pharmacological techniques to reduce pain
2.	Impaired physical mobility is related to damage to the integrity of the bone structure, characterized by the client saying he has difficulty doing activities. The client says he needs help from a nurse to move. The client appears to be lying in bed.	Tuesday 17 October 2023 10:00 WIB	- Identify physical tolerance for movement - Facilitate mobilization activities with assistive devices (Walker) - Facilitates movement - Recommend early mobilization - Teaching passive ROM exercises
3.	The risk of falling due to decreased muscle strength is indicated by the client saying that he has pain in both legs and has not been able to walk since 2 months ago. Apart from that, the client also said that he had difficulty doing activities, the client complained of pain when moving, the client appeared to be lying in bed, Muscle strength: 2	Tuesday 17 October 2023 11:00 WIB	- Identify fall risk factors - Identify environmental factors that increase the risk of falls - Using walking aids

NURSING EVALUATION

Day/Date/Time	Nursing Evaluation	Initials
<p>DX 1: Wednesday, 18 October 2023 Time:09:00 Wib</p> <p>Thursday, 19 October 2023 Time: 09:00 WIB</p> <p>Friday, 20 October 2023 Time: 09:00 Wib</p>	<p>S: The patient said the leg still hurts O : The patient looks grimacing A: The pain problem has not been resolved P: Intervention continues (administers ibandronet sodium 70mg)</p> <p>S: The patient said the pain began to decrease O: The patient seems more relaxed A: The pain problem has not been resolved P: Intervention continues (teaching patient deep breathing relaxation techniques)</p> <p>S: The patient said the pain was still felt O: The patient seems more comfortable A: The pain problem has not been resolved P: The intervention was continued by the employee's brother</p>	
<p>DX 2: Wednesday 18 October 2023 Time : 10:00 Wib</p> <p>Thursday, 19 October 2023 Time: 10:00 WIB</p> <p>Friday, 20 October 2023 Time: 10:00 WIB</p>	<p>S: The patient said it was still difficult to move O: The patient seems to have difficulty carrying out activities A: The problem of impaired physical mobility has not been resolved P: Intervention continues (do ROM exercises)</p> <p>S: The patient said he was starting to be able to make small movements O: The patient appears to be doing light activities A: The problem of physical mobility impairment has been slightly resolved P: Intervention continues (doing ROM exercises again)</p> <p>S: The patient said he was able to move and was sometimes helped by his caregiver O: The patient appears to be doing activities such as light walking A: The problem of physical mobility impairment has been slightly resolved P: The intervention was continued by the employee's brother</p>	
<p>DX 3 Wednesday 18 October 2023 Time: 11.00 Wib</p>	<p>S: The patient said he was using a walker. O: The patient appears to be doing light activity using a walker A: fall risk problem resolved Q: Intervention stopped</p>	

CONCLUSION

From the results of the description that describes nursing care for osteoporosis patients, the author can draw the following conclusions:

1. From the results of the assessment obtained, the client has a history of osteoporosis that occurred during the last 2 months, the client said he was still dependent on medication.

2. Nursing problems created for clients who suffer from osteoporosis depend on the complaints the client is currently experiencing and the problems being established, namely: Acute pain related to physiological injuring agents d/d the client says pain in both legs and has not been able to walk since 2 months Last time, the client said his leg hurt since he fell in the bathroom. The client also said the pain decreased when resting in bed. Apart from that, the client also said that he had difficulty carrying out activities, the client complained of pain when moving, the client appeared to grimace and was restless Pain scale: 6
3. The intervention given to the client is a continuation of the problem that has been determined where the intervention that has been prepared is: Identify location, characteristics, duration, frequency, quality, intensity of pain, identify pain scale, identify factors that aggravate and relieve pain, provide non-pharmacological techniques to reduce pain.
4. At the implementation stage, what is given to clients is: identifying location, characteristics, duration, frequency, quality, intensity of pain, identifying pain scale, identifying factors that aggravate and relieve pain, providing non-pharmacological techniques to reduce pain.
5. The evaluation results obtained after nursing care were carried out were that the patient said the pain was still felt, the patient looked more comfortable. The pain problem has not been resolved. The intervention was continued by the employee's brother.

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