

PENGAJIAN KEPERAWATAN (1) *Nursing Assesment*



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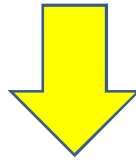


- Perawat melaksanakan tugas-tugas keperawatan hanya sebagai **RUTINITAS** kerja harian **tanpa berpedoman** dasar-dasar ilmiah dari tindakan itu sendiri.

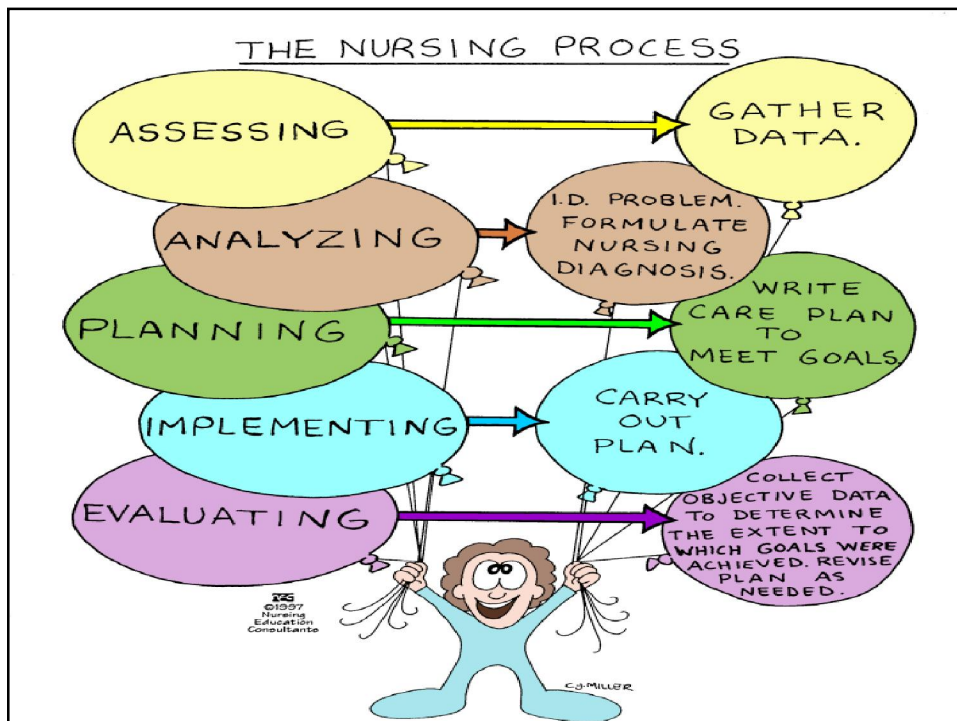
Vs

- Pengakuan **keperawatan sebagai suatu profesi.** Sebagai profesi mandiri, perawat dalam bertugas selalu menggunakan pendekatan proses keperawatan.

PROFESIONAL



Proses keperawatan merupakan pendekatan ilmiah dalam menyelesaikan masalah.



- **Pengkajian** adalah tahap pertama dalam proses keperawatan yang merupakan suatu proses yg sistematis dalam pengumpulan data dari berbagai sumber data untuk mengevaluasi dan mengidentifikasi status kesehatan klien (Iyer et al., 1996)

Purpose of Nursing Assessment



To gather data that:

- Allows nurse to make judgment about patient's health state
- Will be used for rest of nursing process
- Determines patient's:
 - Baseline
 - Normal function
 - Presence of (or risk for) dysfunction
 - Strengths

Being Accountable !!

- Using critical thinking before taking actions
 - Being responsible for your actions
 - Entering the professional role
 - Working at the level of your peers
 - Using the nursing process



Assessment

- Emergency:
 - ✓ Life threatening situation
 - ✓ Focus on rapid identification of problems
 - ✓ Assessment follows ABCs
- Time-Lapsed:
 - ✓ Occurs after initial assessment and depends time period



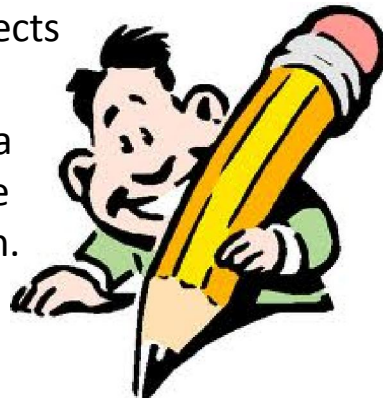
Several types form of assess :

Maternity, child, neonatus,
mental health, family,
community, gerontology



Assessment

- Data base assessment – comprehensive information you gather on initial contact with the person to assess all aspects of health status.
- Focus assessment – the data you gather to determine the status of a specific condition.



Types of Data To Collect :

- Objective data-observable and measurable facts (**Signs**)
- Subjective data-information that only the client feels and can describe (**Symptoms**)



Sources of Data

- Primary source: Client
- Secondary source: Client's family, reports, test results, information in current and past medical records, and discussions with other health care workers



Resources



- Client
- Other individuals
- Previous records
- Consultations
- Diagnostics studies
- Relevant literature

Characteristic of Data :

1. Lengkap

ex : klien tidak mau makan selama 2 hari

2. Akurat

ex : "Klien sll diam dan sering menutup mukanya dg bantal. Prwt busaha mengajak komunikasi klien ttp klien diam dan tdk menjawab". Perawat menyimpulkan DEPRESI BERAT tanpa pengetahuan.

3. Nyata

ex : perawat melakukan pengukuran suhu pada klien X, didapatkan suhu termometer 37°C

4. Relevan

ex : catat sesuai masalah klien. Fokus pada keluhan dan observasi.tdk sekedar berkomunikasi



Methodes to ASSESS

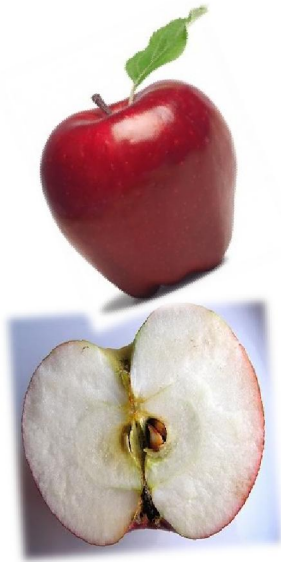
- Observation
- Interview
 - Types of questions
 - Environment (physical and emotional) and Spiritual considerations
- Examination



Something to think about:



- Nurses are responsible for a unique dimension of healthcare – “ the diagnosis and treatment of **human responses** to actual or potential health problems”



MARTHA ROGERS,
NURSE THEORIST

*“When an apple is cut,
others see seeds in the
apple.*

*We, as nurses, see
apples in the seeds.”*

What Are Your Responsibilities?



- Recognize health problems.
- Anticipate complications.
- Initiate actions to ensure appropriate and timely treatment.

Begin to think CRITICALLY !!!!!!

Critical Thinking



- **MENTAL OPERATIONS** –decision making & reasoning
- **KNOWLEDGE**-having the facts & understanding the reason behind the knowledge
- **ATTITUDES**- curious/open-minded/non-judgmental....

TYPES OF INTERVIEWS

- **DIRECTED**
- **NON-DIRECTED**

THINGS THAT IMPAIR COMMUNICATION:

- **PRESENTING QUICK SOLUTIONS**
- **UNWARRANTED CHEERFULNESS**
- **FALSE REASSURANCE**
- **GIVING ADVICE**
- **CHANGING THE SUBJECT**



Interviewing Phases



Preparatory

- Review medical record first
- Keep open mind & awareness of own issues
- Obtain/organize needed materials
- Provide privacy

Introductory

- Develop rapport, explain purpose, content, duration & confidentiality

Maintenance : Conducting interview

Concluding : Summarize & answer questions

CULTURAL DIVERSITY



- **MUST PROVIDE CARE CONGRUENT WITH A CLIENT'S EXPECTATIONS**
- **"This is not about you" ?**
- **Respect INDIVIDUAL'S DIFFERENCES, What is the significance of the problem or illness to the client?**
- **What does it mean in the family/community?**

Interview dan MENDENGARKAN aktif :



- Perkenalkan diri dan jaga kerahasiaan
- Jelaskan tujuan
- Posisi dan kontak mata
- Fokus dalam bertanya. (Close Vs open, istilah asing, hindari pertanyaan pribadi)
- Jadilah pendengar aktif
- Jangan memotong pembicaraan klien
- Bersabar bila klien "blocking"
- Berikan perhatian penuh dan jangan tergesa-gesa. Bila perlu dg sentuhan terapeutik.
- Klarifikasi dan simpulkan dg mengulang apa yg dikatakan klien

Hambatan Selama Komunikasi

Internal

- Pandangan atau pendapat klien berbeda dg persepsi klien
- Cara bicara klien atau penampilan yg berbeda
- Klien dlm keadaan cemas atau nyeri
- Klien merasa tdk senang dgn perawat
- Perawat berpikir suatu hal yg lain
- Perawat sdg merencanakan pertanyaan berikutnya
- Perawat merasa terburu-buru
- Perawat sgt gelisah atau menggebu-gebu dlm bertanya



Eksternal

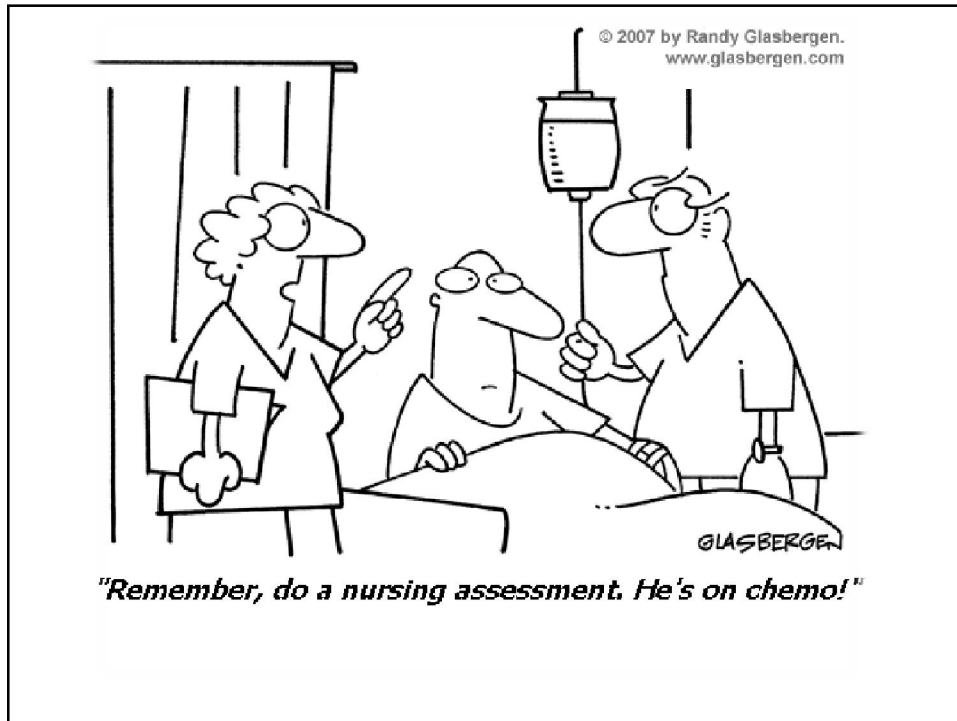
- Suara yg gaduh dr peralatan, pembicaraan, TV, radio, dll
- Kurang kerahasiaan
- Ruangan atau tempat yang tidak memadai untuk berbicara
- Adanya interupsi atau pertanyaan dari staf perawat lainnya



Observation

- ✓ Sight
- ✓ Smell
- ✓ Hearing
- ✓ Feeling
- ✓ Taste





Physical Examination

- ✓ Inspection
- ✓ Palpation
- ✓ Perkusion
- ✓ Auskultation

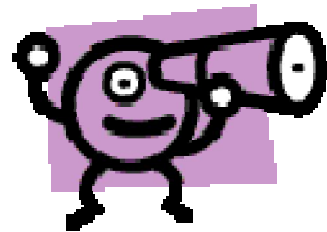


Conducting physical examination

1. Head to Toe

2. ROS


3. Health Function Pattern



Hambatan dalam pengkajian :

1. Ketidakmampuan perawat mengorganisir data dasar
2. Kehilangan data yang telah dikumpulkan
3. Data yang tidak relevant
4. Adanya duplikasi data
5. Mispersepsi data
6. Tidak lengkap
7. Adanya interpretasi data dalam mengobservasi perilaku
8. Kegagalan dalam mengambil data dasar terbaru





Organized Data

- Cluster data to reveal patterns & identify client problems & strengths
- Frameworks provide systems for both assessing & clustering data
 - Body Systems Model (medical model)
Focuses on anatomical systems
 - Head to Toe Model
Systematic approach starting with head & progressing downward

