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**Pengelolaan Gangguan Integritas Kulit Pada Ulkus Diabetes Melitus Tipe II
Di Rumah Sakit Carlie Hospital Kendal**

ABSTRAK

Latar Belakang : Terjadinya gangguan integritas kulit pada DM diawali dengan adanya hiperglikemia pada penyandang DM yang menyebabkan kelainan neuropati dan kelainan pada pembuluh darah. Neuropati sensorik, motoric dan autonomik akan mengakibatkan berbagai perubahan kulit dan otot yang menyebabkan terjadinya perubahan tekanan akan mempermudah terjadinya ulkus diabetik. Luka diabetes yang tidak sembuh menjadi faktor resiko infeksi dan penyebab utama dilakukannya amputasi maupun kematian.

Tujuan : Mampu mendiskripsikan pengelolaan gangguan integritas kulit/jaringan pada pasien dengan DM Tipe II di Rumah Sakit.

Metode : penelitian menggunakan metode studi kasus dengan cara pendekatan deskriptif dalam bentuk asuhan keperawatan yang meliputi pengkajian, analisa data, merumuskan diagnosa, rencana keperawatan / intervensi, implementasi dan evaluasi dalam penanganan DM Tipe II dengan gangguan integritas kulit.

Hasil : Pengelolaan gangguan integritas kulit dilakukan selama 5 hari dengan melakukan pengkajian, intervensi, dan evaluasi. Intervensi yang telah disusun meliputi monitor karakteristik luka, perawatan luka, anjurkan mengkonsumsi makanan tinggi kalori dan protein, monitor kadar glukosa darah, anjurkan diet sesuai dengan penyandang DM. Respon hasil pasien mengatakan nyeri post amputasi berkurang. pasien tampak lebih segar, luka post amputasi berwarna pink, terbentuk granulasi.

Simpulan : Setelah dilakukan tindakan keperawatan, luka post amputasi pada pasien membaik, luka berwarna pink dan tumbuh jaringan granulasi.

Saran : Diharapkan dapat mengatasi masalah gangguan integritas kulit dengan perawatan luka serta mampu mengontrol gula darahnya secara mandiri untuk mencegah terjadinya luka gangrene yang baru.

Kata Kunci : Integritas Kulit, Diabetes Melitus, Gangren

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**Management of Impaired Skin Integrity in Type II Diabetes Mellitus Ulcers
at Carlie Hospital Kendal**

ABSTRACT

Background : The occurrence of skin integrity disorders in DM begins with hyperglycemia in people with DM which causes neuropathy and abnormalities in blood vessels. Sensory, motor and autonomic neuropathy will result in various skin and muscle changes that cause changes in pressure which will facilitate the occurrence of diabetic ulcers. Diabetic wounds that do not heal are a risk factor for infection and the main cause of amputation and death.

Objective: To be able to describe the management of impaired skin/tissue integrity in patients with type-2 diabetes mellitus in a hospital.

Methods: the research uses a case study method with a descriptive approach in the form of nursing care which includes assessment, data analysis, formulating diagnoses, nursing/intervention plans, implementation and evaluation in the treatment of type II DM with impaired skin integrity.

Results: The management of skin integrity disorders is carried out for 5 days by conducting assessments, interventions, and evaluations. The interventions that have been prepared include monitoring wound characteristics, wound care, recommending consuming high-calorie and protein foods, monitoring blood glucose levels, recommending a diet according to people with DM. The patient's response to the results said that post-amputation pain was reduced. the patient looks fresher, the post amputation wound is pink, granulation is formed.

Conclusion: After nursing actions, the post amputation wound in the patient improved, the wound was pink and granulation tissue grew.

Suggestion: It is hoped that it can overcome the problem of impaired skin integrity with wound care and be able to control blood sugar independently to prevent the occurrence of new gangrene wounds.

Keywords: Skin Integrity, Diabetes Mellitus, Gangrene