

Acute Management Of Appendicitis Patients: Case Study

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ABSTRACT

Appendicitis is infection bacteria, and the cause is a blockage in the lumen of the appendix such as lymphatic tissue hyperplasia, fekalit, and askaris worms and the presence of erosion of the appendix mucosa due to parasites such as *E histolytica*. At the same time, the signs and symptoms are dull pain in the epigastric area around the umbilicus and shifting to the lower right quadrant at Mc Burney's point, nausea, vomiting, decreased appetite, constipation, and fever. This scientific paper examines the acute management of Appendicitis through nursing care. The research design used was a case study that explored the problem of nursing care for patients with Appendicitis with acute pain at Dr. Adjidarmo, Rangkasbitung, for three days with Mr. I. Data collection can be done through interviews, observation, physical examination, and documentation. The study results were that the patient complained of difficulty having bowel movements and lower right abdominal pain, like being stabbed with a pain scale of 7 (0-10) intermittent, and lack of appetite and could only finish $\frac{1}{4}$ portion of food. Body temperature 37.8°C , weight 40 kg, height 155 cm, BMI = 17 with low body weight interpretation, laboratory results of leukocytes $11.463 / \text{UL}$. Problems that arise are acute pain, hyperthermia, nutritional deficits, and constipation. The implementation reduces pain, lowers the temperature, improves nutritional status, and increases high-fiber foods, in addition to collaborating with the medical team in administering antibiotics, anti-pain, antipyretic, and anti-nausea therapy, as well as collaborating with the Nutrition team in administering a high-fiber diet. Nursing problems can be resolved on the third day with the criteria for decreased pain results with a pain scale of 2 (0-10), no fever with a temperature range of $36^{\circ}\text{C} - 37^{\circ}\text{C}$ and the results of the Leukocyte laboratory examination become $9.670 / \text{UL}$, increased appetite so that spend one portion of food and no constipation occurs.

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1. INTRODUCTION

Diseases), consumption of alcohol, stress, smoking, type of gender, consumption of coffee and caffeine [1]. Appendicitis is an inflammatory process due to infection of the appendix or appendix. This infection can occur if you do not get surgery immediately for treatment. Appendicitis is the main cause of acute inflammation in the right lower quadrant of the abdomen. Although all age groups can experience it, Appendicitis most often occurs between 10 and 30 [2][3]). Appendicitis is a bacterial infection, and the cause is a blockage in the lumen of the appendix, such as lymphatic tissue hyperplasia, fekalit, and askaris worms as well as erosion of the appendix mucosa due to parasites such as *E histolytica*. Mc Burney, nausea, vomiting, decreased appetite, constipation, and fever [4].

According to the World Health Organization (2018, in [5]), in the United States, Appendicitis is the most frequently performed abdominal surgical emergency, with the number of sufferers in 2017 as many as 734,138 people and an increase in 2018, namely 739,177 people. In Southeast Asia, Indonesia ranks first with the highest incidence of acute Appendicitis, with a prevalence of 0.05%, followed by the Philippines at 0.022% and Vietnam at 0.02%.

The results of the survey in 2018 showed that the incidence of Appendicitis in most parts of Indonesia the number of patients suffering from Appendicitis is around 7% (179,000 people) of the total population in Indonesia [6]. Meanwhile, in Banten Province and Lebak Regency, patients with Appendicitis were not included in the top 10.

At Dr. Adjidarmo Rangkasbitung Hospital in 2021, 208 patients experienced Appendicitis and ranked first in the Jeruk room. The biggest distribution of disease is in the Orange Room Dr. Hospital. Adjidarmo can be seen in the table under this:

Table 1. distribution of the biggest disease

NO	Type Disease	Amount	Percentage
1	<i>Appendicitis</i>	208	20.55
2	Head Injury	152	15.01
3	<i>Hernaia Inguinal</i>	146	14.42
4	<i>Benign Prostate hyperplasia</i>	119	11.75
5	Snake Bite	100	9.88
6	fracture	75	7.41
7	Ulcer / Gangrene	74	7.31
8	<i>Soft Tissue Tumors</i>	66	6.52
9	Tonsils	37	3.65
10	Abscess	35	3.45
Amount		1012	100%

The table 1 above explains that the most common disease is appendicitis with a total of 208 (20.55%). then followed by head injuries of 152 (15.01%), and hernias of 146 (14.42%). prostate 119 (11.75%), snake bite 100 (9.88%) fracture 75 (7.41%), ulcer/gangrene 74 (7.31%), tumor 66 (6.52%), tonsillitis 37 (3.65%), and abscess by 35 (3.45%). Research conducted by Nurarif and Kusuma [7] in the case of patients with Appendicitis can cause various nursing problems, both pre-operative and postoperative problems. Nursing problems that may arise during preoperative include acute pain, hyperthermia, disturbance of comfort and anxiety, and postoperative nursing problems that can arise. Among them are painful acute, infection risk, lack of fluid volume, and lack of knowledge about the condition, prognosis, and treatment needs. Appendicitis that is not treated immediately will cause complications. One of the most dangerous complications is perforation. Perforation occurs 24 hours after the onset of pain. The symptoms are fever and continuous abdominal pain ([8]; [9]). To overcome the problems that arise in patients with Appendicitis, perform an appendectomy surgery as a therapy for Appendicitis [10].

Nurse efforts in helping to reduce the incidence and prevention of appendicitis patients both before and after surgery can be made through promotive, preventive, curative, and rehabilitative efforts. Promotive can be done by providing health education to families and communities about Appendicitis, including understanding signs and symptoms, causes, complications, and treatment. Prevention can be done by providing health education about the prevention of Appendicitis, namely by maintaining food hygiene and eating foods high in fiber. Curative can be done by treating wounds in patients who have had surgery to prevent infection and providing care by reducing pain. Rehabilitative can be done by maintaining a high-fiber diet, TKTP diet, and treating wounds to keep them clean and dry. This scientific paper examines the acute management of Appendicitis through nursing care. the nursing actions that are carried out are collaboration in the administration of anti-pain/analgesics. after administration of analgesics 1x24 hours with a dose of tramadol 500mg IV injection after evaluation it was found that the patient's pain had decreased on a scale of 3 (0-5).

2. METHODS

Study This form of case study aims to describe whether there is a relationship between pain and patients with Appendicitis. This method uses case studies, namely by taking primary data from patient medical records. samples that were observed for three days with Mr. I. Data collection can be done through interviews, observation, physical examination, and documentation. This method is used to determine the relationship between appendicitis and acute pain. This case study uses a nursing care approach that prioritizes holistic care through biological, psychological, social, and spiritual aspects. The nursing interventions carried out are focused on an interpersonal approach so that a commitment is formed in the implementation provided by nurses to help fulfill basic human needs while undergoing treatment at home.

3. RESULTS AND DISCUSSION

Case Illustrations

Mr. I, a 50-year-old man admitted to the inpatient room with a medical diagnosis of Appendicitis. The study results showed the patient complained of difficulty defecating, lower right abdominal pain like being stabbed with a pain scale of 7 (0-10) intermittent, and lack of appetite and could only finish ¼ portion of food. Body temperature 37.8 ° C, weight 40 kg, height 155 cm, laboratory results of leukocytes 11.463 / U/L. The patient received Ciprofloxacin 2 x 500 mg, Omeprazole 1 x 40 mg (IV), Paracetamol 3 x 1000 g (IV), Ondansetron 3 x 4 mg (IV), Ringer Lactate infusion 500 cc/8 hours.

Patient Condition

The results of the patient's anamnesis: Difficult bowel movements and lower right abdominal pain for four days have been taken to the Health Center but did not help and then taken to the hospital; it is recommended to be treated, the patient's main complaint is lower right abdominal pain like being stabbed with a pain scale of 7 (0) -10) intermittent and lack of appetite can only spend ¼ portion of food. Blood pressure 110/80 mmHg, pulse 80 x/minute, respiration 20 x/minute, body temperature 37.8 °C, weight 40 kg, height 155 cm, BMI = 17 with underweight interpretation. P: Appendicitis, Q: Hard Burn, R: Abdoment, S: 4 (0-5) T: 5-15 minutes. The results of further studies on Mr. I found compos mentis awareness data with GCS value of motor response 6, speech response 5, and eye-opening response 4. The patient's activities are partially assisted by nurses: bathing and administering medicine. During treatment at the hospital, the patient is diligent in carrying out worship, which supports the success of the treatment process. what is a nursing problem is how to deal with the pain of patients with appendicitis, the plan that is carried out in accordance with SIKI is to collaborate with doctors regarding medical interventions for anti-pain / analgesic drug therapy such as tramadol, ibuprofen. Nurses carry out nursing actions for three days in the form of observation, therapeutic, education, and collaboration. The nursing interventions aim to overcome problems, namely Acute Pain, Hyperthermia, Nutritional Deficits, and Constipation [11].

In the preparatory stage, nurses provide health education about the function of nursing interventions and the goals to be achieved. The nurse then establishes the patient's commitment to participate in regular nursing interventions actively. At the implementation stage, the nurse provides therapeutic measures teaching deep breathing techniques to reduce pain, provides warm water compresses to lower body temperature, encourages eating warm and encourages eating little but often, and encourages eating high in fiber besides collaborating with the medical team in administering antibiotic, anti-pain, antipyretic and anti-nausea therapy as well as collaborating with the Nutrition team in providing a high-fiber diet.

After three days of treatment, the problem of nursing at Mr. I can be resolved with the criteria for decreased pain with a pain scale of 2 (0-10), no fever with a temperature range of 36 °C - 37 °C and the results of the Leukocyte laboratory examination is 9.670 /U/L, increased appetite so that one can spend one portion of food and No happen constipation.

4. CONCLUSION

Mr. I is a patient with a medical diagnosis of Appendicitis, compos mentis awareness who complains of difficult bowel movements, right abdominal pain like stabbing with a pain scale of 7 (0-10) intermittent, and lack of appetite can only finish ¼ portion of food, body temperature 37, 8 °C, blood pressure 110/80 mm Hg, pulse 80 x/minute, respiration 20 x/minute, body weight 40 kg, height 155 cm, BMI = 17 with underweight interpretation, laboratory results leukocytes 11.463 /U/L. The diagnosis raised in the patient, Mr. I, is acute pain, hyperthermia, and nutritional deficit. The implementation includes reducing pain, lowering the temperature, improving nutritional status, and increasing high-fiber foods, in addition to collaborating with the medical team to administer antibiotic, anti-pain, antipyretic and anti-nausea therapy and collaborating with the Nutrition team to administer a high-fiber diet. The nursing problem Mr. I was resolved on the third day with the criteria for decreased pain results with a pain scale of 2 (0-10), no fever with a temperature range of 36 °C - 37 °C and the results of the Leukocyte laboratory examination became 9.670 /U/L, increased appetite so that you can finish food one portion, and no constipation occurs. The keys to success in providing professional

nursing care are carried out through: Assessing, making a diagnosis, determining interventions professionally, and carrying out interventions in implementation and evaluating through outcome criteria so that optimal health status is achieved. So between acute pain with Appendicitis, there is a relationship.

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