

NURSING CARE WITH THE MAIN PROBLEM OF FEVER TYPHOID

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Abstract

Fever *typhoid* is a disease caused by infection with the bacteria *Salmonella typhi*. This disease is still a health problem, especially in developing countries. This disease is closely related to personal hygiene and the surrounding environment, such as the use of clean water, waste management and disposal. Transmission of fever *typhoid* It can be fecal and oral which enters the human body through contaminated food and drink. The general aim of this journal is to describe the management of nursing care with the main problem of fever *typhoid*. This case study uses a descriptive method, namely describing the nursing care process by focusing on one of the important problems in the selected case, namely nursing care with the main problem being fever *typhoid*.

Keywords: Fever *Typhoid*, Causes, Personal Hygiene and Snacking Habits.

Abstract

Typhoid fever is a disease caused by infection with Salmonella typhi bacteria. This disease is still a health problem, especially in developing countries. This disease is closely related to personal hygiene and the surrounding environment such as the use of clean water, management and garbage disposal. Transmission of typhoid fever can be through fecal and oral which enter the human body through contaminated food and drinks. The general purpose of this journal is to describe the management of nursing care with the main problem of typhoid fever. This case study uses descriptive method which describes the process of nursing care by focusing on one of the important problems in the chosen case, namely nursing care with the main problem of typhoid fever.

Keywords: *Typhoid Fever, Causes, Personal Hygiene and Snacks*

INTRODUCTION

Humans are closely related to the surrounding environment, a healthy environment will have a positive and reciprocal impact on humans and conversely, if the environment and lifestyle are unhealthy, then humans will experience the impact of the unhealthy environment and lifestyle, such as infectious diseases and environmental-based diseases, for example. is a disease *typhoid*. This disease is

a serious problem or problem for public health in developing countries and areas with tropical climates, such as Indonesia, disease *abdominal typhus* can be found throughout the year (endemic) (Binongko, 2012).

As explained by Widoyono (2011) *Fever typhoid* is an acute infectious disease of the small intestine caused by the bacteria *Salmonella typhi* or *Salmonella paratyphi* A, B and C. Typhoid fever is transmitted via fecal and oral route which enters the human body through contaminated food and drink.

Based on the data obtained, throughout the world there are around 17 million cases with 600,000 deaths per year due to *typhoid abdominalis*. It can be estimated that 70% of deaths result *typhoid abdominalis* occurs in Asia. If not treated immediately, 10 – 20% of sufferers can be fatal. About 2% of sufferers become *carrier/carrier* (Widoyono, 2011). Based on data from the 2010 Indonesian Health Profile, abdominal typhus ranks 3rd out of the top 10 inpatient diseases in Indonesian hospitals with a CFR of 0.67% (KEMENKES, 2012).

For people who are less well off, if they are sick, they do not go to medical health facilities, this is due to cost issues, so that if they become food handlers, they will become a source of disease transmission to the people who buy these snacks. The risk of transmission through food sellers on the streets whose hygiene is poor increases the number of fever cases *typhoid* (Anonymous, 2013).

This disease is closely related to *hygiene* personal and environmental sanitation, such as *hygiene* individual, *hygiene* food, dirty environment, poor cleanliness in public places and community behavior that does not support healthy living. (RI Ministry of Health, 2006)

Direct transmission of abdominal typhus is only around 10%. Food and drinks that are a source of infection are foods and drinks that are not cooked properly (undercooked). Food that has been well cooked can also transmit abdominal typhus if it comes into contact with dirty hands or water containing it *Salmonella typhi bacteria* (Djauli, 2009).

Sufferers' feces are the main source of transmission of *fever typhoid* (Widoyono, 2011). In general, to minimize the possibility of being contaminated with *salmonella typhi*, each individual is expected to pay attention to the quality of the food or drink they consume. *Salmonella typhi bacteria* will die in water heated to a high temperature of 57° C within a few minutes or by the iodination or chlorination process. Fever prevention *typhoid* through a national movement is very necessary because it will have a large impact on reducing the incidence of *fever typhoid* (Soegijanto, 2002).

Data from the World Health Organization (WHO) in 2009 estimates that there were 17 million cases of fevertyp^hoid throughout the world with an incidence of 600,000 deaths each year. Case Fatality Rate (CFR) = 3.5%. Based on the 2008 Report of the Directorate General of Medical Services, Ministry of Health of the Republic of Indonesia, fevertyp^hoid ranks 2nd out of the 10 diseases most inpatients in hospitals in Indonesia with a total of 81,116 cases with a proportion of 3.15% (Ministry of Health RI, 2009).

Personal hygiene is one way of transmitting digestive tract diseases through hands that are contaminated by microorganisms which cause disease. Washing hands after defecating, washing hands before eating will protect a person from disease infection and the condition of a person's fingernails also influences the occurrence of fever. typ^hoid Washing your hands properly using soap and running water can eliminate microbes that are the source of disease or contamination can transfer pathogenic bacteria and viruses from the body, feces or other sources into food or drink. The combination of soap's activity as a cleaner, scrubbing and water flow will wash away dirt particles which contain many microbes (Rakhman, 2009). Based on the descriptions above, it is necessary to conduct research on care

nursing with the main problem of fevertyp^hoid. With the problem formulation, what is nursing care for the main problem of fever? typ^hoid. For achieve the goal of describing the management of nursing care with the main problem of fevertyp^hoid.

RESEARCH METHODOLOGY

This research is research with a descriptive method, namely describing the nursing care process by focusing on the problem of fevertyp^hoid on January 15, 16, 18 2018. The number of patients was 1 person. Data collection by interviews, direct observation, medical records. Data analysis and presentation are presented narratively.

RESULTS AND DISCUSSION

This research was conducted on 15, 16, 18 January 2018 with 1 patient with fevertyp^hoid. The patient is 16 years old, female and has a high school education. From the data obtained, there was a main complaint, namely the client said he had pain in the stomach, from the observation data the family and the patient experienced anxiety and ignorance about the illness their child was suffering from. Other data found was that patients liked to eat carelessly, not paying attention to food hygiene and the origin of the food. While the patient is at home he rarely eats, he only eats a little a day with weight data of 50 kg, height 167 cm, arm circumference 28.5 cm, head circumference 56 cm, with a BMI (Body Mass Index) of 17.9, which is a condition called underweight. level of weight loss

light or light KEK. From the physical examination data, there were abnormal vital signs, namely a temperature of 36.9°C.

From other data found in supporting examinations, there were abnormal examinations, namely the number of leukocytes $4.9 \times 10^3/\text{ul}$ (normal: 3.6-11.0), the number of erythrocytes $5.69 \times 10^6/\text{ul}$ (normal: 3.80-5.20), and the number of H lymphocytes 47.4% (normal: 25.0-40.0). The neurological results of S.Thyphi O are (+)1/320, and S.Thyphi H (+)1/80. The action given to patients is to provide comprehensive nursing care using implementation strategies. After carrying out nursing care with implementation strategies, there was a decrease in pain from a scale of 6 to 3, and an increase in family and patient knowledge about the importance of preventing infectious diseases.

During the assessment on January 15 2018, patient complaint data was found, namely that the client had stomach pain on a scale of 6, the patient felt uncomfortable, like being squeezed continuously. The patient's family said that their child had been complaining of stomach ache for a long time, about 1 month ago. The client's family thought that the stomach ache their child was feeling was an ordinary stomach ache. There is no treatment for her child. There is data that patients say they sometimes faint. On January 15 2018 the client said he had stomach ache, nausea and vomiting twice accompanied by dizziness. The patient's family immediately took the patient to a hospital in the Temanggung area. Data was found related to metabolic nutritional patterns, namely the patient's family said that the patient rarely ate and always snacked carelessly, not paying attention to cleanliness and the origin of the food, objective data showed that the patient's lip mucosa was dry.

These data are in accordance with previous research that has been carried out showing that the incidence of fever *typhoid* related to environmental sanitation factors and *hygiene* individual. In Naelannajah Alladany's (2010) research, the results showed that environmental sanitation and health behavior were risk factors for the incidence of fever *typhoid* are the quality of water sources, the quality of family latrines, household waste management, personal hygiene practices, household food and drink management.

There is physical examination data, namely general condition is sufficient and composmentis consciousness, vital signs: blood pressure 120/80 mmHg, pulse 80x/minute, respiration 18x/minute, and temperature 36.9°C. From vital signs data, the patient experienced hyperthermia. There were no abnormalities in the physical examination of the head, chest, genitalia. The patient's extremity examination data showed no edema, and he could move freely. The left hand has an IV drip installed at 20 drops/minute. Based on medical record data, the drug therapy given to the patient was a frequent infusion of 20 drops/minute, to prevent dehydration. Ranitidine injection 2X1 ampoule is to reduce stomach acid production, ondancetron injection 3X1 ampoule is to prevent nausea

as well as improving metabometabolism, ketorolac injection 3X1 ampoule, namely to reduce pain, ceftriaxone injection 2X1gram, namely to treat bacteria (antibiotic), and paracetamol drip 3X500 grams, namely to reduce heat/fever.

On the first day of assessment, January 15 2018, data analysis of nursing problems or nursing diagnoses was obtained, namely acute pain, hyperthermia, nutritional imbalance less than body requirements, and knowledge definitions. The first data is the problem of acute pain nursing, namely the patient said abdominal pain on a scale of 6, felt like squeezing and for a continuous period of time, from the objective data it was seen that the patient seemed to be in pain, the client continued to hold the stomach, the results of supporting examinations showed neurological results. S. Thyphi O is (+) 1/320 , and S. Thyphi H (+) 1/80.

The second data is with the nursing problem of hyperthermia, the patient said that he was dizzy and felt feverish with objective data, the skin felt warm, the patient looked restless, and the temperature examination was abnormal, namely 36.9°C. The third data is a nursing problem of nutritional imbalance less than required, the patient said that he only consumed ½ of the hospital portion and only drank approximately 6 glasses a day, a little nausea, objective data showed that the patient's weight was 50kg, height 167 cm, and the patient's lip mucosa was dry . The fourth data with the nursing problem is the definition of knowledge, the patient's family said that they did not understand their child's illness. Objective data showed that the patient's family often asked about their child's illness.

Data from the nursing plan obtained objectives and criteria for outcomes and interventions. There are four nursing problems, namely acute pain, hyperthermia, nutritional imbalance less than the body's needs, and the definition of knowledge which is carried out by implementation strategies for 3x24 hours. The first nursing problem is acute pain with the outcome criteria: No facial expression of pain, no reported pain, and the pain scale becomes 3 with intervention and implementation, determine the location, characteristics and severity of pain (abdominal pain with a scale of 6), observe the presence of non-verbal instructions regarding discomfort, verbal instructions regarding discomfort (the patient says it hurts, and the patient appears to be holding his stomach), provide information about the cause of the pain, teach relaxation techniques (deep breathing). The second nursing problem is hyperthermia with normal temperature result criteria (36°C), the skin is not hot with TTV monitoring intervention (temperature 36.9°C), monitor fluid intake, give and teach warm compresses, instruct the patient to wear light clothes, collaborate in administering medication (paracetamol drip 3x500 grams). The third nursing problem is nutritional imbalance less than the body's needs with the criteria of good/normal nutritional intake, nutritional intake, no nausea with the intervention of monitoring TTV, monitoring food and fluid intake calories appropriately (the patient only eats ½ portion), recommending small meals. but often, Teach the concept of good nutrition. The fourth nursing problem is the definition of knowledge using knowledge outcome criteria

a lot about disease, a lot of knowledge about signs, treatment, prevention with interventions, study the level of knowledge about disease, explain the disease process, educate patients and families about signs, treatment and prevention.

On January 15 2018, the nursing problem was acute pain, hyperthermia, nutritional imbalance less than the body's needs, the definition of knowledge was obtained by progress notes, namely the patient said stomach pain, nausea, dizziness, and the family said they did not know what illness their child was experiencing. Based on objective data, the pain is located in the stomach, on a scale of 6, feels like squeezing, comes and goes. Vital signs were checked with a temperature of 36.9°C and the stomach is warm, the patient still eats ½ portion of hospital food. The next nursing action is to monitor TTV (vital signs), monitor pain, provide 3x500 gram paracetamol drip, monitor calories and food intake, and provide health education related to the disease the patient is experiencing.

Development notes dated January 16 2018 showed that the patient said that stomach pain on a scale of 4 was intermittent, slight nausea, based on examination the patient's temperature had dropped to 36.2°C. Objective data shows dry lip mucosa, fasting diet because the patient will undergo an ultrasound of the stomach. The next intervention is temperature monitoring, pain monitoring (giving 1 gram (10 ml) ceftriaxone injection, 1 ampoule of ketorolac, and monitoring food intake.

The progress note dated January 18 2018 showed that the patient said he still had a little pain on a scale of 4, it came and went, he no longer had dizziness, no nausea. From objective data, the temperature was 36.2°C, moist lip mucosa, soft food and drink 7 glasses a day. The next intervention is monitoring pain, monitoring food intake.

CONCLUSION

Based on the research, it can be concluded that the nursing care given to 1 patient was not optimal. In patients there was a decrease in pain from a scale of 6 down a scale of 4 with the criteria for moderate pain. The patient said he could use relaxation techniques so that whenever pain appeared the patient immediately practiced them. When checking vital signs, the temperature was 36.9°C After being given a 3x500 gram paracetamol drip, it dropped to 36.2°C. In this research, the results of the objectives to be achieved in the management of nursing care with the main problem of fevert~~ty~~*phoid* with pain monitoring and management and monitoring food intake.

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