

Nursing Care for Diabetic Ulcer Clients Treated at Kabanjahe Regional Hospital

Juli Evianna Br. Purba^{1*}, Miftahul Jannah²

^{1,2} Sekolah Tinggi Ilmu Kesehatan Arta Kabanjahe, Indonesia

Author's correspondence : julieviannapurba@gmail.com

Abstract : Diabetic ulcers are defined as erosion of the skin that extends from the dermis to deeper tissues, due to various factors and is characterized by the inability of the injured tissue to repair itself in a timely manner, resulting in damage to the integrity of the patient's skin. What can be done is to close the wound, closing the wound is an important way to prevent infection and moisture. Removing the wound and minimizing the possibility of bacterial infection can also help speed up the healing process. This study aims to obtain an overview of nursing care for clients with diabetic ulcers at Kabanjahe Regional Hospital, North Sumatra. This study uses a literature review method with a Nursing Care approach by taking one case as a unit of analysis. The unit of analysis is a client with diabetic ulcers. The data collection method is by interview, physical examination and supporting examination. The data collection instrument uses the Nursing Care format according to the provisions in force in the Arta Kabanjahe nursing study program. Based on data analysis, it was concluded that the assessment requires effective communication skills, nursing diagnoses are adjusted to the client's condition, planning and implementation are supported by supporting facilities and means, evaluations are carried out directly, both formative and summative. In client 1, 5 diagnoses were obtained, 3 diagnoses were not resolved and 2 diagnoses were resolved. In client 2, 4 diagnoses were obtained, 2 diagnoses were resolved.

Keywords: Diabetic, Ulcer, Nursing, Care

1. INTRODUCTION

Healthy living is a life free from all spiritual problems (mental) or problem physical (physique). Life Healthy Can interpreted assomebody Which life Healthy in a way physique And psychic without There is problemhealth at all. Healthy living is an encouragement for we are living a healthy lifestyle (Ministry of Health of the Republic of Indonesia, 2018). Healthy is condition normal somebody Which is right his life. Health is related to the natural laws that govern the body, soul, and environment in the form of fresh air, sunlight, balanced diet, Work, Rest, Sleep, Relax, cleanliness as well as thought, habit And stylelife the good one (WHO, 2014).

A healthy lifestyle describes a pattern of daily behavior that leads to efforts to maintain physical, mental and social conditions in a positive state. A healthy lifestyle includes habits of sleeping, eating, control heavy body, No smoke or Drinking ber alcohol, exercising in a way regular And skilled in arrange changepattern life (Lily Lisnawati, 2011). By Because That, Ministry HealthRepublic of Indonesia in a way special remind public For guard health through the Healthy Living Community Movement (GERMAS) in order to realize Healthy Indonesia. (GERMAS) is a action systematic And planned Whichcarried out jointly by all components of the nation with awareness, will And ability behave Healthy For increasequality of life. One of the activities of GERMAS is to eat fruit And vegetable Which aiming For increase quality life.

With understand the importance of behavior Eat fruit And vegetable, expected public can with more active For increase campaign Eatfruit And vegetable to improve health society in all over Indonesia. By understanding how important it is to eat fruits and vegetables so that can reduce disease No infectious Which now Already Lotsexperienced by many people such as coronary heart disease, cancer and diabetes mellitus (Ministry of Health of the Republic of Indonesia, 2017).

Diabetes Mellitus (DM) is a disease caused by marked metabolic disorders that occur in the pancreas organ with improvement sugar blood or often called with condition hyperglycemia caused by a decrease in the amount of insulin from pancreas (THERE IS, 2012). Pancreas is a tool located in retroperitoneal in the upper abdomen, in front of the first and second lumbar vertebrae. Pancreas produce gland endocrine part from group cell cell Which forming the islets of Langerhans, because the pancreas does not produce Enough insulin (hormone Which arrange sugar blood or glucose), or when the body cannot effectively use the insulin it produces (Syaifuddin, 2011). Diabetes is problem important public health issue, being one of the four non-communicable diseases priority transmission that is the target of follow-up by leaders world. Amount case And prevalence diabetes Keep going increase during a number of decade final (WHO, 2016).

According to *International Diabetes Federation* On year 2019, estimated 463 million person suffer from diabetes And amount This projected reached 578 million on year 2030, And 700 million on year 2045. Two-thirds of people with diabetes live in urban areas. world and will continue to increase with a 153 percent increase (IDF, 2019). Diabetes caused 1.5 million deaths in 2012. Sugar blood pressure higher than the maximum limit results in an additional 2.2 million deaths, with increased risk of cardiovascular disease and others. Forty-three percent (43%) of these 3.7 million deaths occurred before the age of 70. Percentage of deaths caused by diabetes Which happen before age 70 year more tall in country country earn low And intermediate than in countries earn tall (WHO, 2016).

In Southeast Asia it is estimated that in 2019 there will be 88 million people who suffer from diabetes and it is estimated that by 2030 around 115 million people and will continue to increase by around 74 percent (IDF, 2019). Indonesia Also face situation threat diabetes similar with *International world Diabetes Federation* (IDF) Atlas 2017 report that epidemic diabetes in Indonesia Still show increasing trend. Indonesia is the sixth ranked country in the

world after China, India, American Union, Brazil And Mexico with amount sufferer diabetes age 20-79 year around 10.3 million person (Ministry Health Republic of Indonesia,).

According to the prevalence data of diabetes mellitus based on diagnosis doctors in the population of all ages according to the Province that Kalimantan East own data 2.3 % with amount patient 13,977 people (Riskesdas, 2018). Complications consequence diabetes can prevented or postponed with guard level sugar blood is at in category normal so that metabolism can controlled with Good. Level sugar blood can guarded with do style life Which Healthy (Juwita & Febrina, 2018). Complications caused by diabetes mellitus other than microvascular and macrovascular is the occurrence of neuropathy. Approximately 60%-70% of diabetes experience complications neuropathy level light until heavy, Which resulting in sensory loss and lower extremity damage. The numbers mortality due to leg ulcers ranges from 17-23%, while the figure amputation range 15-30%. Temporary number death 1 year post amputations were around 14.8%. That number increased in the third year to 37% (Husniawati, 2015). Wrong One complications from diabetes mellitus is ulcer. Ulcer Which No treated with Good will easy experience wounds, and will quickly develop into diabetic ulcers (Monalisa and Gultom, 2010).

An ulcer is an open wound on the surface of the skin or mucous membrane. and ulcers are extensive tissue death accompanied by invasive germs saprophyte. The existence of germs saprophyte the cause ulcer smelly, ulcer diabetic Also is Wrong One symptom clinic And journey disease diabetes mellitus with peripheral neuropathy (Andyagreeni, 2010). Ulcer diabetic often started with injury on network soft feet, formation of fissures between the toes or in areas of skin that dry, or formation A callus. Injury No felt by patient whose feet have lost their sensitivity and could be a thermal injury (for example, walk with foot naked in road Which hot, or inspect water hot For bathe with use foot), injury chemistry (for example, make foot burnt on moment use preparation caustic to remove calluses, verrucas or bunions), or traumatic injuries (for example, injuring the skin when cutting toenails, stepping on objects foreign in shoe, or wearing T-shirt foot Which No just right) (Hidayat & Nurhayati, 2014). Diabetic ulcers are defined as erosions on the skin. Which expand start from layer dermis until to network Which more in, the result of various factors and is characterized by the inability injured tissue to repair itself in a timely manner, so that arise damage skin integrity on patient (WANDHANI, 2019).

More than 150 million people worldwide in 2016 suffered from diabetes and almost a quarter are at risk of developing diabetic ulcers. 25% case ulcer diabetic impact on amputation organ. 40% Diabetic ulcer cases can be prevented with good wound care. 60% of cases Diabetic

ulcers are closely related to peripheral neuropathy. It is estimated that the risk of experiencing diabetic ulcer complications is 15% (Wahjoepramono, 2010).

Prevalence of ulcer clients diabetics in the world are around 15% with risk amputation 30 %, number mortality 32% (IDF, 2015). Sufferer diabetes in Indonesia Which experience complications like, neuropathy (63.5%), retinopathy (42%), nephropathy (7.3%), macrovascular (16%), microvascular (6%), And wound foot diabetic (15%). Whereas number death consequence ulcerdiabetic And gangrene reach 17-23%, as well as number amputation reaching 15-30% (Purwanti, 2013). Amputation is the loss of a part of the body. body, such as fingers, arms, or legs due to injury or occurring spontaneously. planned through surgical procedures , for example for prevent the spread infection (Tjin Willy, 2018). Study show If 85 percent patientdiabetes be amputated started from wound simple Which No treated withGood. Wound the Then become widen And critical so that cause complications. If this happens, amputation can indeed be last alternative. So if a diabetic patient is able to do it from the start If the wound is treated by a nurse, then there is no need for amputation (Firdaus, 2017).

2. THEORETICAL STUDY

Care Nursing

Assessment is the initial and basic step for a nurse. in taking a systematic approach to collecting data And analyze, so that can known need client the. Collection data Which accurate And systematic will help determine status health And pattern defense client as well as facilitates determining the client's health status and defense patterns as well as facilitate in formulation diagnosis nursing (Marilynn E. Fairy Tale, 2014). Data Which obtained Can grouped become two typethat is data subjective, is data Which obtained throughinterview by nurse to patient, family or person – personWhich near with patient And data objective, is data thatfound in a way real. Data This got through observation orinspection direct by nurse (Department Health Republic of Indonesia, 2012).In the step of assessing nursing data for clients with Diabetes mellitus And gangrene, matter Which done is with do the collection data :

- a. Identity client Which covering : Name, age, type sex,education, religion, work, tribes, status marriage, address, date of entry, room, registration no., diagnosis medical.
- b. History disease
 - 1) Complaint Main, Usually clients come to the hospital with the main complaint of polyphagia, polydipsia, polyuria and weight loss. Complaints of weakness, tingling

itching, blurred vision, and often happen gangrene.

- 2) History disease Now, Covers data from when the complaint was felt until the complaint was resolved Which felt at this time.
- 3) History disease First, it is necessary to ask the client about any history of illnesses. And try / action client For reduce And anticipate the disease.
- 4) History disease family, need asked whether There is member family Which Once suffering from a disease like this, accompanying diseases, who And whether healed or not die

c. Base Data Assessment Client

- 1) Activity Rest, Symptoms: Weak, tired, difficulty moving/walking, muscle cramps, muscle tone muscle down. Disturbance sleep / rest. Sign : Tachycardia And tachypnea on condition Rest orwith activity. Lethargy / disorientation, coma. Decreasestrength muscle.
- 2) Circulation, Symptoms : The existence of history hypertension, Infarction Myocard I, Claudication, numbness, and tingling in the extremities. Ulcers on the foot, healing that long. Sign : Tachycardia. Change pressure blood postural; hypertension. Decreased/absent pulse. Dysrhythmias. Hot, dry and clammy skin. reddish, ball eye sunken.
- 3) Integrity Ego, Symptoms: Stress; depending on others. Financial problems Which related to the condition. Signs : Anxiety, sensitive excitatory
- 4) Elimination, Symptoms : Change pattern urinate (polyuria), nocturia. Flavor painful burnt. Difficulty urinate (infection). UTI new / repetitive. Painfulpress abdomen. Signs: Dilute, pale, yellow urine; polyuria (may develop becomes oliguria / anuria if severe hypovolemia occurs). Urine cloudy, foul smelling (infection). Abdomen hard, presence of ascites. Noisy weak intestines and decreased; hyperactive (diarrhea).
- 5) Food / fluid, Symptoms: Loss of appetite. Nausea / vomiting. Not following diet; improvement input glucose / carbohydrate. Decrease weight gain over a period of several days/weeks. Thirsty. Use diuretic (thiazide). Signs : Dry/scaly skin, poor turgor. Rigidity/distension. abdomen, vomit. Enlargement thyroid (increase metabolic needs with improvement sugar blood). Smell halitosis / sweet,smell fruit (acetone breath).
- 6) Neurosensory, Symptoms : Dizzy / dizziness. Sick head. Tingling, numb weakness on muscle, paresthesia. Visual disturbances. Signs: Disorientation, drowsiness, lethargy, stupor, coma (stage carry on). Disturbance memory (new, time Then);

chaotic mentally. Reflex Tendon In (RTD) decrease (coma). Activity seizure(stage continued from DKA).

- 7) Painful / Comfort, Symptoms : Abdomen Which tense / painful (currently / weight). Sign : Face grimace with palpitations; looks very be careful– heart.
- 8) Breathing, Symptoms : Feel lack oxygen, cough with / without sputum purulent (depending on the presence of infection / no). Sign : Hungry air. Cough with / without sputum purulen(infection). Respiratory rate.
- 9) Security, Symptoms : Dry skin, itchy; ulcer skin. Signs : Fever, diaphoresis. The decline strength general / range motion. Paresthesia / paralysis muscle including muscles breathing.
- 10) Sexuality, Symptoms : Rabas vagina (tend infection), problem impotent on man; difficulty achieving orgasm woman.
- 11) Counseling / Learning. Symptoms : Factor risk family; diabetes mellitus, disease heart, stroke, hypertension, phenobarbital, healing Which slow. Use drug like steroids, diuretic (thiazide); Dilantin and can increase levels glucose blood. Considerations: shows the average length of treatment; 5 – 9 days. Plan Return : Possible need help indiet management , medication, self-care, monitoring to glucose blood.

d. Inspection Diagnostic

1. Blood glucose: increases by 100 – 200 mg/dl or more.
2. Acetone plasma (ketone) : Positive in a way striking
3. Free fatty acids: Lipid and cholesterol levels increase.
4. Osmolarity serum : Increase but usually not enough from 330mOsm/L.
5. Sodium : Possible normal, increased or decrease.
6. Potassium : Normal or improvement pseudo (transfer mobile), furthermore will decrease.
7. Phosphorus : More often decreases.
8. Glycosylated hemoglobin: Levels increase 2-4 times from normal Which reflect 4 month final (long life HR) Andtherefore it is very useful in distinguishing adequate versus DKA Which relate with incident (eg. new UTI).
9. Gas blood artery : Usually show pH low And declineon HCO_3^- (respiratory acidosis alkalosis).
10. Blood platelets: Ht may be increased (dehydration); leukocytosis, hemoconcentration, is an infection.

11. Urea / Creatinine: May be increased or normal (dehydration / decline kidney function).
12. Amylase blood : Possible increase Which indicates existence pancreatitis acute as reason.
13. Blood insulin: May decrease / even be absent (intype I) or normal to high (type II) which indicates insufficiency insulin / disturbance in its use (endogenous/exogenous). Insulin resistance can develop secondary to formation of antibodies (autoantibodies).
14. Thyroid function test: Increased thyroid hormone activity can increase glucose blood and the need for insulin.
15. Urine : Sugar And acetone positive ; heavy type And osmolarity Possible increase.
16. Culture & sensitivity : Possibility existence UTI, infection breathing and infection in wound.

Implementation nursing

Implementation nursing is a series activity Whichdone by nurse For help patient from problem statushealth Which faced status health Which Good Which describe criteria results Which expected. Process implementation implementation must be centered on client needs, other factors Which influence need nursing, strategy implementation nursing, and communication activities (Mulyanti, 2017).

Implementation or implementation is initiative from plan actions to achieve specific goals. The implementation stage in start after the action plan is drawn up and directed to the plan strategies to help achieve the desired goals. Thereforethat, specific action plans are implemented to modify factors Which influence problem health. Objective from Implementation is to help achieve the goals that have been set. set, which includes health promotion, disease prevention, health recovery and facilitating coping (Efendi & Makhfudli, 2010).

Evaluation nursing

The evaluation stage is a systematic comparison and planned regarding the client's health with predetermined goals, done continuous with involving client And power health others. Nursing evaluation measuring success fromplanning and implementation of nursing actions carried out in meet client needs. Evaluation in nursing is activities in assessing predetermined nursing actions, For know fulfillment need client in a way optimal And measure the results of the nursing process (Rahma, 2011).

Evaluation nursing is stage end from series process nursing Which useful whether objective from action nursing Which has done achieved or need approach others. Evaluation nursing measure success from plan And implementation action nursing Which done in fulfil

need client. Evaluation is stage Which determine whether objective achieved. Evaluation is always related to the objectives, namely the components cognitive, affective, psychomotor, changes in function and signs and symptoms specific. There are two types of evaluation, namely summative and formative evaluation. with using some method (Justice Olfah, 2016).

3. RESEARCH METHODS

Type study This is descriptive analytic in form *literature review* to explore nursing care issues in diabetic ulcer clients. The approach used is a nursing care which includes assessment results, nursing diagnosis, planning, implementation and evaluation.

Subject Which used in study is individual with case which will be studied in detail and in depth. The research subjects that will be studied, namely two clients with a diagnosis of Diabetic Ulcers who were treated at Kabanjahe Regional Hospital and treated at Amanda Regional Hospital.

1. Criteria inclusion:

- a. Client with Ulcer Diabetic.
- b. Client various sex man or Woman with range age 25-70 years.
- c. Clients treated in the Sidikalang Hospital treatment room
- d. Client aware full with level awareness compost mentis.
- e. Client willing become Respondent during study studies case ongoing.

2. Criteria exclusion:

- a. Client who are uncooperative.
- b. Client with decline awareness.
- c. Client Which No can speak Indonesia.

The independent variable in this study is nursing care (X1), in process maintenance, care nursing implemented in a number of stage Which covering covering assessment, to uphold diagnosis nursing, compile intervention, carry out intervention And evaluate nursing care on diabetic ulcers. And the dependent variable is diabetic ulcers (Y), this condition arises due to increased blood sugar levels. tall. If ulcer diabetic in progress long, No done management and does not heal, the wound will become infected. Ulcers Diabetic causes gangrene and limb amputation part lower (Tarwoto, 2012).

Study This done in room maintenance Amanda Hospital for Client I and in the treatment room Kabanjahe on Client II in room Flamboyan Amanda Hospital And on Client. The research is in the form of a case study with a case review method that begins by identifying previous nursing care reports or through internet media. The cases that have been obtained are consulted

with the supervisor. After approved later make a case review from both subject. As for method collection data on compilation studies case This by using interviews, observation And inspection physical study document, mentasi, Instrument Collection Data.

Analysis data done since researcher in field, when collection data until with all data collected. Analysis data done with method to put forward fact, furthermore compare with theory Which There is And then poured in discussion opinion. The analysis technique used is by narrating the answers. answer from study Which obtained from results interpretation interview deep Which done For answer formulation problem study. Answer the is data Which later will shared become two namely subjective data that comes directly from client statements and data objective which originates from observation and inspection on client.

Technique analysis used with method observation by researcher And studies documentation Which use data For furthermore interpreted by researchers compared to existing theories as material to provide recommendation in the intervention.

4. RESULTS AND DISCUSSION

The following will describe the implementation of nursing care. in clients with Diabetic Ulcers at Amanda and Kabanjahe Hospitals according to each phase in process nursing Which includes: assessment, to uphold diagnosis nursing, making planning, implementation and evaluation.

1. Assessment

Assessment is the initial and basic step for a nurse. in taking a systematic approach to collecting data And analyze, so that can known need client the. Collection data Which accurate And systematic will help determine status health And pattern defense client as well as facilitates determining the client's health status and defense patterns as well as make it easier in formulation of diagnosis nursing (Marilynn E. Fairy Tale, 2014).

Based on theory Which There is according to (Russell, 2011) Ulcer is wound open on surface skin or membrane mucus And ulcer is death network Which wide And accompanied by invasive germs saprophyte. The presence of saprophytic germs causes ulcers to smell. Ulcers diabetes is also one of the clinical symptoms and course disease DM with peripheral neuropathy.

In the current medical history, patient data 1 was found. that is One month Which Then eye foot patient bitten insect Then blister Then the more long swell And formation wound consequences scratched Then in bring health center Then referred to to Hospital. D get maintenance during 6 day Then in refer to Hospital. AWS arrive in Emergency Room

o'clock 20.00 Friday 29 March 2019 Then in transfer space flamboyant at 00.00 at night. The patient complained of pain in the legs right with a scale of 6, which is felt with a quality of pain such as stabbed- stab And painful felt is lost arise, level GDS 230 mg/dl 03/29/2019.

Whereas data on patient 2 obtained In the beginning patient experience accident fall from motor around 1 the month that Then, then there was a small wound on his right leg, and over time wound the more grow bigger Because the wound infected, Finally patient Want totaken to RSKD arrived at the ER at 14.00 Sunday, April 14, 2020 in move to room Flamboyan B. Patient complain about painful onfoot right with scale 4, Which felt with quality painful likein the stabbing and pain felt gone arise.

2. Diagnosis Nursing

The following are problems that arise for diabetic ulcer clients. according to with (*Nanda NIC NOC* , 2013) use Standard Indonesian Nursing Diagnosis (PPNI, 2017) Acute Pain (D.0077) related to physiological injury agents, Peripheral Perfusion No Effective (D.0009) related to hyperglycemia, Nutritional Deficit (D.0019) related to increased metabolic needs, Risk of Hypovolemia (D.0034) related to fluid loss in a way active, Intolerance Activity (D.0056) relate with weakness, Impaired Skin Integrity (D.0129) related to neuropathy peripheral, Risk Infection (D.0142) relate with disease chronic (eg. Diabetes Mellitus), Instability Level Glucose Blood (D.0027) relate with resistance insulin, Deficit Knowledge (D.0111) relate with not enough exposed information.

According to writer on researcher should fulfil completeness data Good sign major and also minor on moment assessment use For fulfil condition enforcement diagnosis on SDKI (Standard Diagnosis Nursing Indonesia) For to uphold diagnosis. And the actual method of writing the diagnosis is not in accordance

Masalah berhubungan dengan Penyebab dibuktikan
dengan **Tanda atau Gejala**

with method of writing actual diagnoses in SDKI, with the formulation as following:

1. Disturbance Integrity Network relate with Neuropathy peripheral

The diagnosis was made in both patients and was the same theory, namely the diagnosis of tissue integrity disorders. The results of the assessment indicates a disturbance in the integrity of the network which is characterized by objective data in patient I (Mr. S) there was a wound on the left leg caused by blisters from insect bites, wound area 31x5 cm, while in patient 2 (Mr. R) it was marked by

objective data there is a wound on the sole of his right foot, there is an injury of \pm 1 month and has an area wound \leq 3 cm with depth \leq 5 cm.

According to the author, in patients 1 and 2 with a diagnosis nursing disturbance integrity network , sign major Which obtained Already fulfil validation enforcement diagnosis on SDKI Where percentage at least that is around 80 percent until 100 percent.

However according to writer method writing diagnosis current not in accordance with the actual diagnosis writing method in the SDKI, with formulation as following:

Masalah berhubungan dengan **Penyebab** dibuktikan dengan **Tanda atau Gejala**

2. Risk Deficit Nutrition

In patient 1, subjective data was obtained that he complained of... weight loss in the last 6 months from 60 kg to 55 kg and intake Eat reduce Because No appetite. Risk deficit nutrition is at risk experience intake nutrition not enough to meet metabolic needs. Limitations its characteristics covering inability swallow food, inability digest food, inability absorb nutrients, improvement need metabolism, factor economic (e.g. insufficient finances) and psychological factors (eg. stress, reluctance For Eat) (Team working group SDKI DPP, 2017).

According to writer Already fulfil validation enforcement diagnosis risk on SDKI. However writer on formulation nursing diagnosis in patient 1, writing risk diagnosis Not yet in accordance with method writing diagnosis risk on SDKI, with formulation as following:

Masalah dibuktikan dengan **Faktor Risiko**

3. Risk Fall

In patient 2, objective data was obtained, namely the total Morse scale. 35 (Medium), and the results of the blood sugar examination show changes blood glucose on April 20, 2019 GDP results 101 mg/dL, date 21 April 2019 results GDP 128 mg/dL And date 22 April 2019 GDP results 103 mg/dL.

The risk of falling is the risk of experiencing physical damage and disturbance health consequence fall. Limitation its characteristics is age \geq 65 years (in adults)

or ≤ 2 years (in children), history of fall, member motion lower prosthesis (artificial), use tool assistance, changes in blood glucose levels, and neuropathy (Working Group Team) SDKI DPP, 2017).

According to writer Already fulfil validation enforcement diagnosis risk on SDKI. However writer on formulation diagnosis nursing on patient 2, writing diagnosis risk Not yet in accordance with the method writing

Masalah dibuktikan dengan **Faktor Risiko**

Evaluation Nursing

The evaluation stage is a systematic comparison and planned about health client with objective Which has set, done continuous with involving client And power other health. Nursing evaluation measures the success of planning and implementation of nursing actions carried out in meet the client's needs. Evaluation in nursing is activities in assessing predetermined nursing actions, For know fulfillment need client in a way optimal And measure the results of the nursing process (Rahma, 2011).

Nursing evaluation is the final stage of the nursing care series. process nursing Which useful whether objective from nursing actions that have been carried out have been achieved or another approach is needed. Evaluation nursing measure success from plan And implementation of nursing actions carried out to fulfill need client. Evaluation is stage Which determine whether goals are achieved. Evaluation is always related to goals, namely on cognitive, affective, psychomotor components, changes in function and signs specific symptoms. There are two types of evaluation, namely summative evaluation and formative by using several methods (Yustiana Olfah, 2016).

From results studies case This obtained that problem painful resolved, Which marked on patient 1 (Mr. S) there is existence decline pain scale and increase in comfort occurs gradually starting from the second day with a pain scale of 4 to the fourth day with a pain scale of 4 painful reduced to scale 2.

After done action nursing on patient 1 during 4 day in the form of maintenance wound with use method conventional the results obtained were nursing problems of tissue integrity disorders not resolved, marked by the patient saying there is a wound on the leg right, wound caused by bite insect And wide wound 35x5 cm with grade IV. On diagnosis Risk deficit nutrition after done action on patient 1 during 4 day obtained results problem nursing care has

not been resolved, indicated by the patient saying that he has little for the sake of A little For Eat. On diagnosis deficit self care after done action nursing on patient 1 during 4 day the results obtained showed that the nursing problems had not been resolved, indicated by patient say his legs Still difficult moved And there is weakness muscle on extremities left lower with score 2. Onanxiety diagnosis after nursing actions are performed on patients 1 during 4 day obtained results problem nursing resolved, markedwith the patient saying he accepts his condition and needs support from the family.

5. CONCLUSION AND SUGGESTIONS

Conclusion

Based on results study implementation care nursingin patient 1 with diabetic ulcers at Flamboyan RSU Amanda and patient 2 with diabetic ulcers at HOSPITAL Kabanjahe, researcher can draw conclusions as follows:

1. Assessment

The study conducted by researchers on patients 1 andresearcher on patient 2 in accordance with theory covering identity patient,complaint main, history health patient, pattern activity daily, data psychosocial, data status mentally patient, inspection physique, inspection support And management therapy. Wrong Onefocus main assessment on patient ulcer diabetic is assessment painful with use method PQRST (*Provokes/Palliates, Quality, Region/Radians, Scale/Severity, Time*), assessment condition wound/dressing wound evaluate existence infectionAnd its vastness wounds and grade wound.

2. Diagnosis nursing

The diagnosis that appeared in patient 1 included: acute pain. relate with agent injury physiological, risk deficit nutrition is related to psychological factors (reluctance to eat) Eat), disturbance integrity network relate with neuropathy peripheral, deficit maintenance self relate with disturbance musculoskeletal, And anxiety relate with threat towards self-concept. Meanwhile, the diagnoses that appear in patient 2 include:painful I relate with agent injury physiological, disturbance integrity network relate with neuropathyperipheral, risk of activity intolerance related to impaired circulation, and the risk of falls is related to changes in blood pressure levels. glucose blood.

According to writer diagnosis Which Possible appearbased on the assessment is the risk of spiritual distress on second patient and on patient 2 namely the risk of nutritional deficit.

3. Intervention

Interventions used in the cases of both patients formulated based on problem priorities with existing theories, Interventions for each diagnosis can be tailored to the patient's needs. and pay attention to the patient's condition and the family's capabilities in cooperation. The interventions carried out by the researchers were intervention which is done through observation, therapeutic, educational and also collaboration.

4. Implementation

Implementation on case This must implemented in accordance with intervention Which Already in plan, Then in implementation based on actual diagnosis or problem priority Which There is on patient.

5. Evaluation nursing

The end of the nursing process is an evaluation of nursing care provided . There are two types of evaluation that is formative evaluation and summative evaluation.

Evaluation formative is evaluation Which done on moment give intervention with response quick. Whereas Summative evaluation is a recapitulation of the results of observations and analysis of patient status at a certain time based on the objectives planned on stage planning.

The evaluation conducted by the researcher on patient 1 for 3 months day and patient 2 for 2 days made by researchers in the form of SOAP.

Suggestion

In effort give care nursing on patient diabetic ulcers, it is hoped that further researchers will understand and control medical concept about ulcers diabetic. In addition That researcher must do assessment in a way comprehensive so that care nursing can achieved in accordance with problem Which found on patient as well as No There is problems that are overlooked in providing nursing care to patients. Researchers must also be thorough when analyzing the data, there are data subjective And objective Which used For enforcement diagnosis nursing must based on data Which obtained moment do assessment beginning, so that achievement conformity data.

LIST LIBRARY

- Alkhar, R. (2018). Report on the KMB service practice of Kabanjahe Regional Hospital.
- Ananta. (2018). Diabetes mellitus care pattern with foot incidents. Achmad Jamil, Nur Sefa Arief Hermawan, & Priscilia Dea, 6.
- Andyagreeni. (2010). Clinical signs of diabetes mellitus. Jakarta: Trans Information Media.
- Azzida Zaher. (2016). Role of nurses in the management of diabetic foot. Retrieved from <https://today.mims.com/peran-perawat-pada-manajemen-diabetic-foot>
- Brunner, L., & Suddarth, D. (2014). Brunner & Suddarth's textbook of medical-surgical nursing.
- Decroli, E. (2019). Diabetes mellitus type 2 book. Padang: Publishing Center Department of Internal Medicine.
- Doenges, M. E. (2014). Nursing care planning guidelines for planning and documentation of patient care. Jakarta: EGC.
- Efendi, F., & Makhfudli. (2010). Theory and practice in nursing. Jakarta: Salemba Medica.
- EGC Department Health RI. (2012). Plan care nursing.
- H. Syaifuddin, A. (2011). Anfis book (SK Monica Ester, Ed.). Publisher Book Medical.
- Hidayat, A. R., & Nurhayati, I. (2014). Foot care for diabetes patients at home. Permata Indonesia Journal, 5(2), 49–54. Retrieved from <http://www.permataindonesia.ac.id/wp-content/uploads/2015/07/201406.pdf>
- Husniawati, N. (2015). Factors associated with the occurrence of diabetic foot ulcers in the Diabetes Mellitus Clinic in 2015. Journal of Diabetes Science Health, 7(2), 138–143.
- IDF. (2019). IDF Diabetes Atlas 2015. In International Diabetes Federation. Retrieved from <http://www.idf.org/about-diabetes/facts-figures>
- Imron, M. (2018). Scientific paper on patient nursing care with type II diabetes mellitus (DM) in the Flamboyan room hospital, Abdul Wahab Sjahranie Samarinda. (DM), 1–22. Retrieved from <https://samoke2012.wordpress.com/2018/09/01/asuhan-kewarni-just-right...>
- Juwita, L., & Febrina, W. (2018). Sugar level control model for blood patients, 3(1), 102–111.
- Kartika, R. W. (2017). Management of diabetic foot gangrene. Continuing Medical Education, 44(1), 18–22.
- Lilis Lisnawati. (2011). Definition of a healthy lifestyle. Semarang: Trans Info Media.
- Ministry Health RI. (n.d.). Diabetes. Retrieved from <https://www.depkes.go.id/article/view/18121200001/prevent-prevent-and-prevent-the-voice-of-the-world-fight-diabetes.html>

- Ministry of Health of the Republic of Indonesia. (2017). GERMAS. Retrieved from <http://promkes.kemkes.go.id/germas>
- Ministry of Health of the Republic of Indonesia. (2018). Definition of healthy living. Retrieved from <http://promkes.kemkes.go.id/live-sehat>
- Monalisa & Gultom. (2010). Factors influencing the occurrence of diabetes mellitus in the Hope Raya health center in 2018. *Science Journal*, 8(1), 28–39. <https://doi.org/10.35141/scj.v8i1.406>
- Mulyanti, Y. (2017). *Nursing textbook nursing documentation*. Jakarta: Indo. Kemkes.BPPSDM.
- Nanda NIC NOC. (2013).
- Olfah, J. (2016). *Material teach nursing documentation nursing*.
- Paradise. (2017). Handling amputation. Retrieved from <https://hellosehat.com/pusat-kesehatan/diabetes-kencing-manis/luka-diabetes-amputee/>
- PPNI, TPSD. (2017). *Indonesian nursing diagnosis standard book (1st ed.)*. Jakarta: Central Executive Board of PPNI.
- Purwanti, O. S. (2013). Analysis of risk factors for foot ulcers in diabetes mellitus patients at Dr. Moewardi Regional Hospital (Thesis). Retrieved from <http://lib.ui.ac.id/file?file=digital/20334094-T32540-Okti-Sri-Purwanti.pdf>
- Rahma. (2011). Documentation evaluation nursing. *Smart Nurse*. Retrieved from <http://dwirahmaryna.blogspot.com/2011/12/documentasi-nursing-evaluation.html>
- Record Medical HOSPITAL Gingerbread man. (2019).
- Riskesdas. (2018). Report on the results of the Basic Health Research (Riskesdas) of Indonesia 2018. *Basic Health Research 2018*, pp. 182–183.
- Russel, D. (2011). *Book free from 6 deadly diseases*. Jakarta: PT. Exciting Books.
- SDKI DPP Working Group Team. (2017). *Indonesian nursing diagnosis standards: Definition and diagnostic indicators (Mold II)*. Jakarta.
- SIKI DPP PPNI Working Group Team. (2018). *Indonesian nursing intervention standards*.
- Tarwoto. (2012). *Nursing medical surgery: Endocrine system disorders*. Makassar: Trans Information Media.
- Team Working Group SLKI PPNI Central Executive Board. (2019). *Standard outer nursing Indonesia (I)*. Jakarta: DPP PPNI.
- THERE IS. (2012). Risk factors influencing the incidence of type 2 diabetes mellitus. *Journal of Midwifery and Nursing Aisyiyah*, 14(1), 59–68. <https://doi.org/10.31101/jkk.550>
- Tjin, W. (2018). Amputation. Retrieved from <https://www.alodokter.com/amputation>

- Wahjoepramono. (2010). Diabetic ulcer (pp. 7–37). Retrieved from <https://www.alomedika.com/penyakit/endokrinologi/ulkus-diabetic/pathophysiology>
- Wandhani, I. A. (2019). Nursing care for diabetic ulcer patients with impaired skin integrity in home care at Modern Husada Prima Mandiri Mojokerto. *Journal of Chemical Information and Modeling*, 53(9), 1689–1699. <https://doi.org/10.1017/CBO9781107415324.004>
- WHO. (2014). Healthy concept according to WHO.
- WHO. (2016). World diabetes day 2018. Data and Information Center Ministry of Health of the Republic of Indonesia, 1–8.