

**Effective Mobilization Prevents Risk Of Decubitus Occurrence In Bed Rest Patients In Icu
Room RSUD dr. Doris Sylvanus Palangka Raya**

Suryagustina¹, Yusak Kaharap¹, Rimba Aprianti¹

Eka Harap School of Health Science Palangka Raya

Email: suryagustina@stikes-ekaharap.ac.id

Phone: 085389198957

ABSTRACT

Background: Pressed wounds (decubitus) are serious problems that often occur in patients with impaired mobility, such as stroke patients, spinal fractures or degenerative diseases. As a result of the above, the occurrence of decubitus can also increase the duration of hospital stay or LOS (length of stay) so that this will increase the burden, especially the cost of hospitalization will increase with length of stay in the hospital.

Objective: The purpose of this study aims to determine the effect of mobilization of the incidence of decubitus in bed rest patients in the ICU hospital room dr. Doris Sylvanus Palangka Raya.

Methods: The research design used was pre experimental with pre-post test design in a group (One-group pre-post test design), with sampling technique used Consecutive Sampling. Patients treated in ICU hospital room dr. Doris Sylvanus Palangka Raya is 18 people. Data collection was done by observation.

Results: Study obtained p value is $0,000 < \alpha 0.05$ which means there is influence on the incidence of decubitus in bed rest patients in the ICU hospitals dr. Doris Sylvanus Palangka Raya.

Conclusion: Effective mobilization reduces the risk of Decubitus in bed rest patient. Expected nurses and other health personnel in providing nursing care, especially in the preparation of intervention and implement the implementation to prevent the occurrence of decubitus.

Keywords: ICU, Bed Rest, Decubitus, Mobilization.

PRELIMINARY

Decubitus is a very serious problem especially for patients who have to be hospitalized for long periods of time with limited activity. Multiple and life threatening medical complications can result from the occurrence of decubitus during hospitalization (Potter and Perry, 2010: 115). Pressed wounds (decubitus) are serious problems that often occur in patients with impaired mobility, such as stroke patients, spinal fractures or degenerative diseases. As a result of the above, the occurrence of decubitus can also increase the duration of hospital stay or LOS (length of stay) so that this will increase the burden, especially the cost of hospitalization will increase with length of stay in the hospital. Patients in the ICU are perceived to be at the greatest risk of decubitus, as all physical activity and mobility are so limited that it leads to an active deterioration in ability to alter the position so that it is subjected to long pressure. Mobilization in ICU is rare, constraints to mobilization in patients in the ICU vary greatly. The constraints include the safety of hoses and pipelines, human resources and equipment, sedation, patient size, timing, and priorities of action.

Global decubitus events worldwide in the intensive care unit (ICU) range from 1% -56%. Furthermore, reported decubitus prevalence occurring in ICUs from other countries and continents is 49% in Western Europe, 22% in North America, 50% in Australia, and 29% in

Jordan (Tayyib, Lewis and Coyer, 2013: 112).

The results showed that the incidence of decubitus in Indonesia reached 33.3% compared with the prevalence of decubitus ulcers in ASEAN which only ranged from 2.1 to 31.3% (Seongsook et al., 2004 in Joseph, 2010: 155). According to the health profile of Central Kalimantan in 2010 in most diseases with the incidence of skin diseases and subcutaneous tissue the number of cases in the can is as much as 38,063.

Morbidity / morbidity of the population is derived from data derived from the community obtained through study morbidity and derived from health care facilities through a system of recording and reporting. Based on the results of the survey data can be from the medical room dr. Doris Sylvanus Palangkaraya on March 14, 2017 there are 27 cases of decubitus in 2014 and in 2015 there was an increase of 36 cases of decubitus. Based on the results of preliminary survey conducted in ICU hospital room dr. Doris Sylvanus Palangka Raya on March 20, 2017 with observation on 10 respondents (100%) got 6 respondents (60%) at risk of exposure to dekubitus because no mobilization, while 4 respondents (40%) are not at risk or not exposed to dekubitus because there done mobilization

Impaired skin integrity is not a common problem for most healthy people, but it is a threat to elderly and patients with limited mobility, chronic illness, trauma and patients undergoing invasive procedures (Berman, et al,

2009: 796). Skin integrity disorders result from prolonged pressure, skin irritation, or immobilization, resulting in decubitus or pressure sores (Potter and Perry, 2010: 125). When assessing the risk of decubitus in patients with long-term immobilization or bed rest, the Braden scale may be used. Dera et al (2012) in the journal Unimus recommends the use of Braden scale in preventing decubitus and further skin damage in patients. In Purwaningsih and Aini's research (2007), the stroke patients who had hemiparesis who were treated by limbs did not experience decubitus, which was 15 (100.0%) while in the control group who were not done by lying down, the incidence of decubitus of degree I was 8 people (53, 3%) and did not experience decubitus of 7 people (46,7%) with P value equal to 0,011 <math>< \alpha</math> (0,05), which means over baring effective to prevent occurrence of dekubitus in stroke patient with hemiparesis at RSUD Semarang city. Decubitus or pressure sores are local tissue necrosis which, when soft tissue is suppressed between bony and external surfaces over long periods of time (Saryono and Widiandi, 2010: 96). Decubitus is a serious problem because it can lead to some negative things that harm the patient or the hospital. Dekubitus can increase the cost of care which in this case will burden the financial burden that must be borne by the patient, extend the length of treatment and slow the rehabilitation program for the patient (Potter and Perry, 2012: 116). For the hospital, dekubitus will provide a

bad perception of institutional services both in the eyes of patients, families of patients and the general public.

The role of nurses is necessary in the care of patients, to reduce the incidence of decubitus by providing positioning is a therapy that can prevent the development of this condition. Evidenced based that has been previously described, proves that dekubitus can be prevented. One of the recommendations on offer is positioning. Therefore standard position changes with intervals of 1 ½ to 2 hours may not be able to prevent the occurrence of decubitus in some clients. It has been recommended the use of a written schedule to change and determine the client's body position at least every 2 hours. When making a change of position, a tool for positioning should be used to protect the bony bulge. To prevent injury from friction, when changing positions, it is better removed than dragged. On clients who are able to sit on a chair is not recommended to sit more than 2 hours. Based on the above description, the researchers are interested to know "the effect of mobilization on the incidence of decubitus in bed rest patients in the ICU hospitals dr. Doris Sylvanus Palangka Raya "

RESEARCH METHODS

The research design used in this research is Pre-Experimental with pre-post test approach with sampling technique used is Consecutive Sampling sampling. The population in this

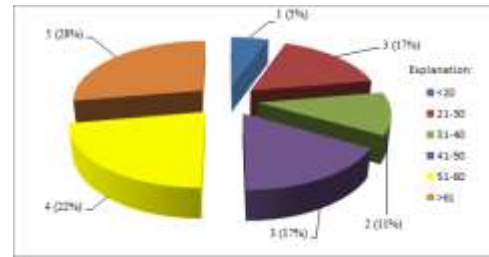
study were All patients who were treated in ICU hospital room dr. Doris Sylvanus Palangka Raya is 18 people. Data collection was done by observation.

The time of this research was conducted on June 6 until June 22, 2017. This research was conducted in ICU hospital room dr. Doris Sylvanus Palangka Raya.

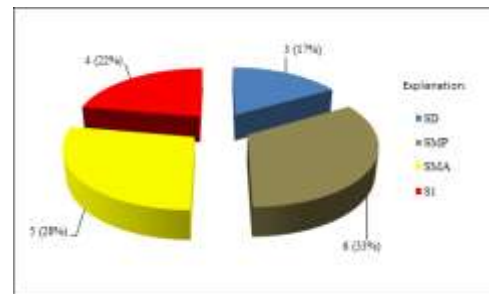
The research instrument using observation sheet of incidence of decubitus amounted to 6 parameters. How to measure using Braden scale, with score <10-23. With criteria that is 20-23 = mild risk, 16-19 = medium risk, 11-15 = severe risk, <10 = very severe risk. Total score is highest 23 and lowest <10.

Multivariate analysis will only result in relationship between two variables (independent variable and dependent variable) to know the relation of more than one independent variable with one dependent variable, must be continued by doing multivariate analysis. In the multivariate analysis done various steps of model making. The last model occurs when all independent variables with dependent have no $p > 0,05$. The independent variable in this research is mobilization while the dependent variable in this research is the occurrence of dekubitus.

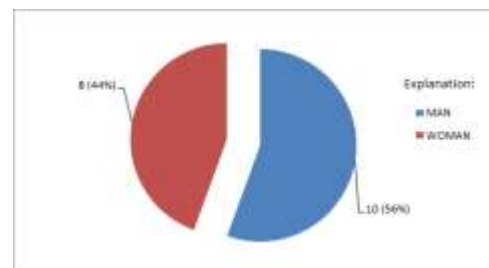
RESEARCH RESULT



Based on the above data, 18 respondents (100%) were aged > 61 years, 5 respondents (28%), age 51-60 years were 4 respondents (22%), 41-50 years old were 3 respondents (17%), 21-30 years were 3 respondents (17%), ages 31-40 years were 2 respondents (11%), age <20 years was 1 respondent (5%).

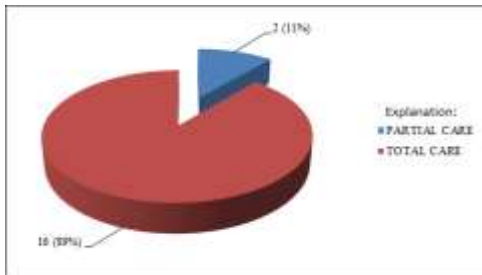


Based on data above the level of education of respondents in the ICU hospital room dr. Doris Sylvanus Palangka Raya from 18 respondents (100%), 6 respondents (33%) have junior high education, there are 5 respondents (28%) have high school education, 4 respondents (22%) have S1 degree, there are 3 respondents (17%) educated SD.

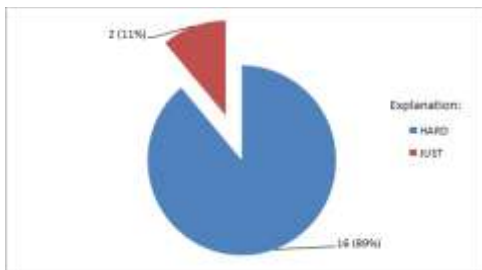


Based on data above gender of respondents in ICU hospital room dr. Doris

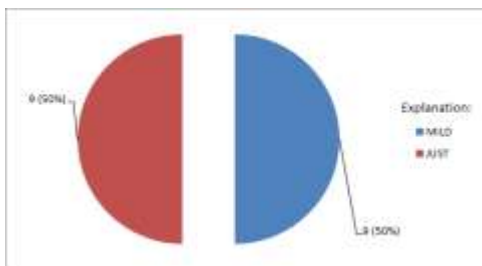
Sylvanus Palangka Raya from 18 respondents (100%), there were 10 respondents (56%) male gender, there were 8 respondents (44%) female gender.



Based on the above data can be seen from 18 respondents (100%) with the classification of respondents total care and partial care, obtained there are 16 respondents (89%) with total care, 2 respondents (11%) with partial care.



Based on the above data it can be seen that from 18 respondents (100%), who are at risk of severe there are 16 respondents (89%), and those at risk are 2 respondents (11%).



Based on the above data it can be seen that from 18 respondents (100%), which is a mild risk there are 9 respondents (50%), and at risk there are 9 respondents (50%)

Based on the results of statistical tests wilcoxon to see the effect of mobilization of the incidence of decubitus in bed rest patients in ICU hospital room dr. Doris Sylvanus Palangka Raya.

Test Statistics^a

POST – PRE	
Z	-3,852 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

The result of the research using wilcoxon statistic test shows the value of p value $<\alpha$ is $0,000 < 0,05$ which means H_a accepted indicate there is influence of mobilization to the occurrence of dekubitus in sleep patient in place of ICU RSUD dr. Doris Sylvanus Palangka Raya.

DISCUSSION

The result of the research using statistical test of wilcoxon shows that p value $<\alpha$ is $0,000 < 0,05$ which means H_a accepted indicates there is influence of mobilization to the occurrence of dekubitus in bed rest patient in ICU room dr. Doris Sylvanus Palangka Raya.

Mobilization refers to one's ability to move freely (Potter and Perry, 2006: 1192). Immobilization or bed rest is a condition in which a person can not move actively or freely because of conditions that interfere with movement (activity). For example experiencing

spinal trauma, severe brain injury with fractures on the extremities, and so forth. Physical immobilization, a limitation to move physically with the aim of preventing the occurrence of disruption of movement complications (Potter and Perry, 2006: 1192). Immobilization is a relative condition. That is, the individual not only loses his total motion capability, but also decreases activity from his normal habit (Mubarak, 2008: 221). The skin may experience atrophy due to prolonged immobility. In addition, inter-compartment fluid movements in the hanging areas of the body may disrupt the integrity and health of the dermis and subcutaneous tissues. Ultimately this condition will cause a decrease in skin elasticity. Immobility conditions interfere with the circulation and supply of nutrients to certain areas. This results in ischemia and superficial tissue necrosis that can cause decubitus ulcers (Saputra 2013: 253).

Age and Status of Development There is a difference in mobility ability at different age levels. This is because the ability or maturity of the function of the motion tools in line with the development of age (Saputra, 2013: 252). Older patients have a higher risk of getting sickness because the skin and tissue will change with aging. Aging leads to muscle loss, decreased serum albumin levels, decreased inflammatory response, decreased skin elasticity, and decreased cohesion between the epidermis and dermis. This change in combination with other aging factors will make

the skin less tolerant of pressure, friction, and tearing power (Potter and Perry, 2006: 1257).

To prevent these injuries, immobilized patients should be altered (right-left) about every two hours (Mubarak, 2008: 222). When using the lateral position, avoid direct pressure on the trochanter area. To avoid cut wounds in the heel area, use a pillow that is placed under the feet. Pillows can also be used in the following areas to reduce the incidence of pressure injuries that are between the right knee and left knee, between the ankles, behind the back, and under the head. Clean and dry the skin as soon as possible after incontinence. Moist skin results in easy tearing and tearing of tissues. Keep the head of the bed in position 30 or below 30 degrees to prevent the patient from degenerating which may result in tissue tearing (Kozier, 2010: 410). Sri Haryati (2014) recommends the use of the Braden scale to assess the risk of decubitus in stroke patients at Cengkareng District Hospital.

Based on the theory and fact there is the effect of mobilization on the occurrence of decubitus in bed rest patients. To prevent decubitus is to detect the risk of decubitus on a Braden scale, assess the status of mobility and mobilize (left lateral tilt left) for 2 hours, and perform personal hygiene, maintain hygiene such as replacing the bed sheet of the patient, and provide a moisturizing skin (lotion) Or coconut oil. In general, wherein in pure coconut oil contains elements of antioxidants and vitamin E, coconut oil helps keep skin

young, healthy and free of disease. The antiseptic fatty acids in coconut oil help prevent fungal and bacterial infections if added in the diet or are applied directly to the skin. Based on this it is very important to use a scale to assess the risk of decubitus and support the diagnosis of skin integrity damage.

This is supported by research conducted by Purnomo (2015) under the title of the effect of 2-hour bed rest on the risk of decubitus with weight variant in bed rest patients in SMC RS Telogorejo showed 24 (36.4%) respondents with age > 71 years, 11 (61.1%) of respondents were at high risk of exposure to decubitus with a <18 (skinny) BMI.

LIMITATIONS OF RESEARCH

Limitations of this research are:

The obstacles of the researcher is when doing the right sloping left tilt because the body size of the patient is fat.

SUGGESTION

This research can add information and enter for research place especially for nurse and other health worker to give quality of nursing care especially in arranging intervention and implementing to prevent decubitus

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