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Askep leukositosis pdf

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Leukocytosis can be treated with several treatments, depending on the cause. Examples include the use of antibiotics to overcome infections, chemotherapy and radiation therapy for blood cancer, or antihistamines for allergies. The number of normal leukocyte leukocytosis occurs when the number of white blood cells found in the body is higher than the normal number. The number of normal white blood cells varies, depending on age. Вот нормальное количество белых кровяных телец на микролитер крови (клетки крови/ л/л) в зависимости от возрастной группы: Новорожденные: 9400 - 34000 малышей (3-5 *лет*): 4000 - 12000 подростков (3-5 *лет*): 4000 - 12000 подростков (3-5 *лет*): 4000 - 12000 подростков (3-5 *лет*): 4000 - 12000 подростков (3-5 *лет*): 4000 - 12000 подростков (3-5 *лет*): 4000 - 12000 подростков (3-5 *лет*): 4000 - 12000 подростков (3-5 *лет*): 4000 - 12-15 *лет*): 3500 - 9000 Взрослые (15 *лет* и выше): 3500 - 10500 Количество нормальных лейкоцитов является общее количество различных типов лейкоцитов, а именно нейтрофилов, эозинофилы, базофилы, лимфоцитов и моноцитов. Symptoms of leukocytosis Symptoms of leukocytosis that appear in the patient vary, depending on the cause. But in general, high white blood cells are characterized by the following symptoms: Body fever feels tired and tired sweating at night Easier to experience bruising and bleeding Weight loss sharply hives and rash appear shortness of breath When to the doctor If the symptoms are felt above, immediately to the doctor for further examination. Leukocytosis is known during the doctor's laboratory examinations of the patient. In addition to the blood test, other auxiliary examinations will also be conducted by doctors to determine the cause of the symptoms. Under certain conditions, Like leukemia, severe infections, organ rejection, sepsis or tumors, white blood cells can rise too high to more than 100,000 cells per microliter. This condition can lead to impaired blood flow, or so-called leukotase (syndrome) Hyperviscosis syndrome is rare, but is an emergency disease, so it should be immediately treated by a doctor. Go immediately to IGD if you suffer from the above conditions and the following symptoms of leukemia arise: Visual impairment. Bleeding in the mouth, stomach and intestines. Symptoms of a stroke. Dyspnea. Causes of leukocytosis In general leukocytosis arises due to the following factors: the reaction of a drug that increases the production of white blood cells. Increase the production of white blood cells to fight infection. Immune system abnormalities that increase the production of white blood cells. The production of white blood cells is abnormal due to disorders in the bone marrow. Some examples of conditions or diseases that make white blood cells high are: Diagnosis of leukocytosis For the diagnosis of leukocytosis, the doctor will ask a few things about the symptoms faced by the patient, the patient's medical history, the type of drugs used, and whether the patient has allergies or not. The doctor then conducts a medical examination to check the abnormalities in the patient's body. The doctor will also take a patient's blood sample for a full blood count test, so that the number and type of white blood cells may be known. Blood samples will also be examined using peripheral blood strokes to determine the dominant type of white blood cells. The doctor may also perform other ancillary examinations if the cause of leukocytosis in patients is still considered to be unclear. Auxiliary examinations that can be performed by patients include: a phlegm examination or a photo X-ray of the chest to see if there is an infection that causes a large number of white blood cells. Bone marrow is striving to know if there are abnormalities in the bone marrow, such as in leukemia patients. Genetic examination to determine whether leukocytosis is caused by genetic changes. Treatment of leukocytosis Treatment to reduce the number of white blood cells depends on the cause. Some examples of treatment of leukocytosis are: Antibiotics if leukocytosis is caused by a bacterial infection. Antihistamines if leukocytosis is caused by an allergic reaction. Stopping or replacing the drug if leukocytosis is caused by side effects of the drug. Anti-inflammatory drugs if leukocytosis is caused by inflammation. Chemotherapy, radiotherapy and bone marrow transplantation if leukocytosis is caused by leukemia. Complications of leukocytosis Complications Complications Of leukocytosis are leukocytosis or blood hyperviscibility syndrome. Leukotasis occurs when the number of white blood cells exceeds 100,000 cells/ML of blood. The condition can lead to a blood flow, even a stroke. In patients with blood hypervisost syndrome, the doctor will perform leukores to reduce the number of white blood cells. This performed with special tools that can be white blood cells with other blood cells, which are then removed from the body. Prevention of leukocytosis Prevention of leukocytosis depends on the cause. Such preventive measures include: Avoiding allergic triggers. Throw. Apply a clean and healthy lifestyle to prevent infection. Do not take any drugs, especially drugs for inflammation. Take the drug in accordance with the doctor's instructions. Update: 23 August 2019 You read the free preview pages from 7 to 17 are not displayed in this preview. 1. DOCUMENTATION OF NURSING CARE CARE INFECTION Class B semester 2 Compiled by Group F: 1. Said (130012072) 2. Silvianita Fitri Anggreini (130012073) 3. Siti Amina Hidayat (130012074) 4. Habiba City (130012075) 5. Siti Nurjana Sisk L. (130012076) S1 School of Medical Sciences Foundation Surabaya Islamic Hospital Surabaya 2013 2. KATAPENGANTAR Alhamdulillahhirobbilallamin, praise the presence of Allah SWT for his grace and guidance so we group F, can complete the care documentation called Infection Care documentation well and smoothly. Voters realized that the document was not separated from the help of different parties, so voters expressed their gratitude to the honorable: 1. Ms. Janis Kartini, SKM, M. Kep, as the leadership of ILMU KEAWATA DASAR III Year 2012-2013 2. Ms. Vesiana Heris Santi, S.Kep.Ns.M. Kep as an academic advisor to S1 Nursing Class B Year 2012-2013 3. Mr. Thomas Sumarsono S.C., MSi. As the Academic Guide to S1 Nursing Class BGod 2012-2013 Finally with a composite breast field has received all the criticisms and suggestions that are building to improve this work. We hope that this document can benefit all of us, especially in education. Surabaya, April 15, 2013 Author 3.

TATE.....
i TABLE OF CONTENTS ..... ii CHAPTER I 1 1.1
Background.....
1 1.2 Formulation of
problems.....
1 1.3
Goals.....
2 CHAPTER II THEORY
REVIEW..... 3
2.1 Infection definition..... 3.2 Chain Chains 2.2.1 Infectious
agents.....
3 2.2.2 Understanding of the elements of the chain of infection..... 5 2.3 Process of
infection.....
10 2.4 Types of infections..... 11 2.5 Protect the body from infection
.....
11 2.5.1 Normal
flora.....
12 2.5.2 Body protection system..... 12 2.5.3
Inflammation.....
13 2.5.4 Immune Response 15 2.7 Nosocomial
infection.....
17 CHAPTER III APPLICATION THEORY (CASE)..... 19 CHAPTER IV
DISCUSSION.....
20 3.1 Assessment..... 20 3.1.1 Main
complaints..... 20 3.1.2 Medical
history.....
21 3.1.3 Physical
inspection.....
21 3.1.4 Common circumstances..... 23 3.1.5 Psycho,
Socio,..... 24 3.1.6 Cheque
Support.....
24 3.2 Diagnosis 24 3.3 Planning
.....
..... 27 4. 3.4
Implementation.....
30 3.5
Assessment.....
34 CHAPTER V
COVER.....

BIBLIOGRAPHY..

37 PHOTOS 38 5. HOME I INTRODUCTION 1.1 Background Infection is an ever-changing model, so this is one of the reasons why the study of infectious diseases is very interesting. Although some diseases can be controlled with better sanitation, personal hygiene, vax and medicine. But some diseases are just beginning to appear and other diseases are known to have only a base of infection. In under-resourced developing countries, infectious diseases continue to cause high incidence and mortality. Over the past decade (now 2003) five global factors have evolved as a force that can lead to further change: 1. Climate change and global warming, which can specifically expand the geographical reach of infections such as malaria. 2. Population growth, accompanied by environmental degradation, can lead to a lack of safe food and beverages. 3. Increased population movements in cities in developing and developed countries for security or economic and social reasons can lead to an increase in diseases such as tuberculosis. 4. Xenotransplantation and genetic modification can theoretically produce new pathogens in humans, although safety guidelines have been developed to prevent them. 5. Bioterrorism and the deliberate release of biological agents may be possible for extortion of money. Based on the above issues, therefore this paper will discuss the issue of infection with the name Infectious Care Documentation. 1.2 The wording of problem 1. What is the definition of infection? 2. What is the chain of infection? How does the infection process occur? 6. 4. What's the infection? 5. How does the body protect itself from infection? 6. How does nosocomial infection occur? 1.3 Goals 1. Students can know and understand the definition of infection. 2. Students can know and understand the chain of infection. Students can know and understand the process of infection. Students can know and understand the type of infection. 5. Students can know and understand the body's defenses against infection. 6. Students may know and understand nosocomial infections. Chapter II REVIEW THEORY 2.1 The definition of an infectious infection is an intrusion into the body of pathogens or microorganisms that can cause pain. If the microorganism cannot cause serious damage to cells or tissues, the infection is called amptomatic. The disease occurs if pathogens multiply and cause changes in normal tissues. If an infectious disease can be transmitted directly from one person to another, it is an infectious or infectious disease. 2.2 Chain of Infection Lack of pathogens does not mean that the infection will occur. The development of infection occurs in cycles that depend on the following Infectious ages or pathogenic growth. 2. Place or source of growth of pathogens. 3. Portal from a growing place. 4. How To 5. Portal goes to service. 6. Vulnerable worship. Infection will occur if the chain remains in contact (Figure 34-1). Nurses use vigilance and infection control to solve the chain going. 2.2.1 Infectious agents of microorganisms, including bacteria, viruses, fungi and protozoa (table 34-1). Microorganisms in the skin can be residents or transient flora. Transitional organisms usually exist, and their number is stable. Orgtanism survives and reproduces in the skin. Most of them are in the surface layer of the skin, but from 10% to 20% disinfect the internal epidermal layer (garner and favero, 1986). Resident organisms cannot be easily lost through hand washing with regular soap and detergent if friction is done thoroughly. Microorganisms on the inner layer of the skin 8. usually only killed by washing with products containing antimicrobial ingredients. Transitional organisms attach themselves to the skin when a person comes into contact with another person or object in normal activity or life. Mislanya, when the nurse touches the bed or bandage is contaminated, the transient bacteria are attached to the nurse's skin. The body is not attached tightly to dirty or oily skin or under nails. This organism is ready to transfer if not eliminated by hand washing (Larson 1995) The ability for microorganisms or parasites to cause disease depends on the following factors: 1. Organisms in sufficient quantities. 2. Virulence, or the ability to cause pain. 3. Opportunity to enter and survive in service. 4. Vulnerable worship. Infectious Agent Reservoar Pejamu portal exit portal in Infectious Ways Figure 34-1. The chain of infection. Many resident skin microorganisms are not virulent and cause only minor skin infections. However, such microorganisms can lead to serious infections when differences or other invasive procedures allow them to get into deep tissue or 9. if the client is in a very reduced state of immunity (damage to the immune system). 2.2.2 Understanding elements of the infection chain 1. Reservoar Reservoar is a place where pathogens can survive but may or may not reproduce; pseudomonas survives and reproduces in the reserve nebulizer used in the treatment of clients with respiratory failure. The most common reserve is the human body. Different microorganisms live on the skin and in the body cavity, fluids and exits. The absence of microorganisms does not necessarily lead to the fact that a person becomes ill. Carier (contagion) is a human or animal that does not show any symptoms of the disease, but there are pathogens in their body that can be transmitted to others. For example, a person may be a career hepatitis B virus with no signs and no symptoms of infection. Beasts, food, water, insects and inanimate objects it also becomes a reserve for infectious microorganisms. Because it can be contaminated with vibriocolo, the bacteria that cause cholera. Clostidia botulinum toxin survives in food that is in the process in a good way (e.g. Canned green beans) that causes botulism. Legionella pneumophila bacteria, which cause Legionnaire's disease, live in contaminated water and irrigation systems. To develop rapidly, organisms need an appropriate environment, including food, oxygen, the right temperature, pH and light. Food. Microorganisms need food. Some, such as clotridium perfringens, microbes that cause gas gangrene, thrive on other organic substances such as E. coli consuming undigested diused foods. Other organisms receive food from carbon dioxide and inorganic materials such as soil. 10. b. Oxygen. Aerobic bacteria need oxygen to survive and multiply enough to cause pain. Aerobic organisms tend to lead to infection in humans. Examples of aerobic organisms are Staphylococcus aureus and derivatives of streptococcal organisms. Anaerobic bacteria multiply when there is little or no free oxygen. Deep infections in the pleural cavity, joints or sinus tracts are usually caused by anaerobics. The bacteria that cause tetanus, gangrene gas and botulism are anaerobics. c. Water. Most microorganisms need water or moisture to survive. For example, the preferred place of microorganisms is the wet drainage of surgical wounds. Spilocaeta, which causes syphilis, treponema pallidium, lives only in a humid environment. Some bacteria change the form, called spores, which are resistant to drought. These spores-like bacteria, such as bacteria that cause anthrax, botulism and tetanus, can live without water. d. Temperature. Microorganisms can only live within a certain temperature. However, some may live in extreme tempratures, which can be fatal to humans. Some viruses (such as AIDS VIRUS) are resistant to boiling water. Cold temperatures tend to inhibit the growth and reproduction of bacteria (bacteriostatic). Temperature, which includes bacterioside bacteria. e. pH. The acidity of the environment determines the vital ability of the microorganism. Most microorganisms prefer the environment within the pH of 5 to 8. Bacteria 11. especially rapidly develops in urine with alkaline pH. Many microorganisms cannot survive in the acidic environment of the stomach. f. Light. Microorganisms develop rapidly in dark environments, such as under the bandage and in the body cavity. Ultraviolet light can effectively kill some forms of bacteria. 2. Portal Exit After Microorganisms Find a Place to Grow and Develop they have to find a way out they hack other believers and cause disease. Microorganisms can come out through several places such as skin and mucous membranes, airways, urinary thieves, gastrointestinal tract, reproductive tract and blood. A. Skin and mucous membranes. Usually the skin is considered an input portal due to damage to the skin and mucous membranes can cause infection. However, often the body's reaction to pathogens by forming a pingal drainage. For example, S. aureus causes typical yellow derenase, while Pseudomonas aereuginosa leads to greenish drainage. This drainage is a potential external portal. b. Respiratory tract. Pathogens such as Mycobacterium tuberculosis that exist in respiratory tratures can be released from the body when a person is infected, coughing, contracting or even breathing. Microorganisms come out through the mouth and nose of normal customers. Customers who use artificial airways such as tracheotomy hoses or endo trachea, organisms can have 12. easy to get out of the airways through these tools. c. Urinary tract. As a rule, urine is sterile. However, cellic occurs urinary tract infections in the client, microorganisms exit during urination or through urinary system switches such as leakage of ileostomy and suprapubia. d. gastrointestinal tract. The mouth is one of the most contaminated parts of the body, although most of these organisms are normal flora, bacteria that live in the body and survive infection. However, organisms that are normal flora in one person can be pathogens for others. Organisms, for example, come out when a person releases saliva. Kissing can also give you a way to get out. Another solution is the elimination of the intestines, the drainage of bile through surgical wounds or drainage hoses and the use of stomach contents when vomiting. Reproductive tract. Organists such as Neisseria gonorheae and the human immunodeficiency virus (HIV) are found to go through male urethra meatus or female vaginal canal. In men, sperm can be a carrier of pathogens. Rabas and vaginal fluids from the female vaginal canal can carry pathogens. b. Blood. Usually sterile blood. But in the case of infections such as hepatitis B or C, blood becomes a reserve of the infectious organism. Wounds on the skin allow pathogens to leave the body. Health workers can be easily exposed if precautions are not taken. 3. How to pass 13. There are many ways to infect microorganisms from rerservoar to host. Tables 34-2 summarize common modes of transmission. Some infectious diseases are usually transmitted on more than one route. For example, shingles can be airborne in the core drops In direct contact. Although the main way to transmit microorganisms is to from health care providers, almost all objects in the environment (e.g. Stethoscopes, or thermometers) can be a means of transmitting pathogens. All hospital staff who provide emergency care (e.g. Laboraths, respiratory therapists and nutritionists should follow practice to minimize the spread of infection. facilitate the diagnosis of problems, but also increase the risk of infection. 4. The body's entrance portal can enter the body on the same route as the one used for exit. For example, when a contaminated needle enters the client's skin, the body enters the body. Any obstruction of the flow of urine from the urine catheter allows the body to move to the urethra. Misuse of sterile entanglement on open wounds allows pathogens to penetrate unprotected tissues. Factors that reduce endurance increase the likelihood of pathogens entering the body. 5. Hospes is prone to infection dependent on susceptibility to infectious agents. Vulnerability depends on the degree of individual resistance to pathogens. Although one is constantly 14. Contact with microorganisms in large quantities, infection will not occur until the person is susceptible to the strength and number of such microorganisms. The more virulent the body is, the more likely a person is to be vulnerable. More dangerous organisms appear in emergency rooms. This is thought to be due to the frequent use of third-generation cephalosporins, against which organisms become resistant. Protecting other factors that influence resistance. Human resistance to infectious age is enhanced by vaccines or even pain. 2.3 Infectious process, understanding the chain of infection, nurses can intervene to prevent the development of infection. When a client receives an infection, the nurse can observe the signs and symptoms of the infection and take appropriate measures to prevent the cause. The infection occurs gradually. The severity of the client's disease depends on the rate of infection, the pathogenesis of microorganisms and the vulnerability of the accuser. If a local infection (such as an early infection) is properly treated and minimizes the disease. Customers may feel local symptoms such as pain and pain press on the wound area. An infection that affects the entire body rather than one or part of the organ is systemic and can be fatal. The development of infection determines provided care for the sick. Nurses are responsible for the introduction of antibiotics and reaction to the reaction of the treatment. Supporting treatments include strong nutrition and rest to strengthen protection against infectious processes. The complexity of further treatment depends on the system of the body affected by the infection. Regardless of whether the infection is localized or systemic, nurses play a crucial role in minimizing its spread. Organisms causing minor wound infections can spread to the site of intravenous needle infections if nurses use inappropriate methods when replacing 15. Nurses whose skin is injured can also get infections from clients if their transmission monitoring methods are not strong. 2.4 A type of colonization infection is the process by which strains of microorganisms become normal flora. In this condition, microorganisms can grow and develop, but do not cause diseases. Infcection occurs when newly formed microorganisms or normal flora successfully invade parts of the body, when the host's protective mechanism is not inventive and the pathogen causes tissue damage. Infection can be a disease where the signs and symptoms of infection are very unique and may be different from other conditions. Infections can be local or systemic. Local infections are limited to certain parts of the body where microorganisms are located. If the microorganism spreads and damages other parts of the body, it is called a systemic infection. The condition of human blood vessels shows the absence of microorganisms called bacteremia. The condition, in which bacteremia causes a systemic infection, is called septicaemia. In addition, there are acute or chronic infections. In the uum, an acute infection occurs very quickly or lasts a very short time. Chronic infections can occur more slowly, last for a considerable period of time, and can last for months or years. 2.5 Protecting the body from infection has normal protection against infection. The normal flora of the body that lives inside and outside the body protects the person from several pathogens. Each organ system has a protective mechanism that protects against the effects of infectious microorganisms. The inflammatory process is a cellular and vascular propelective reaction that neutralizes pathogens and restores the body's cells. Normal flora, body protection systems and inflammation are non-specific protections that protect against microorganisms by ignoring previous exposure. Some defense and immune system responses are not specific, while others are specific 16. specific pathogens. If any of the body's defense systems fail, the infection can quickly develop into serious health problems. 2.5.1 Normal flora, the body contains microorganisms that exist on the surface layer and inside the skin, mucosa of the oral cavity and gastrointestinal tract. People usually highlight trillion days of microbes through the gut. The skin also has a large population of flora. Normal flora usually does not cause pain, but instead plays a role in maintaining health. Normal flora in the colon lives in large quantities without causing pain. This bacterial flora competes with pathogens for food production. Normal flora also secretes antibacterial substances in the intestinal walls. Normal skin flora uses a protective effect, inhibiting the reproduction of organisms that stick to the skin. The mouth and farink are also protected by flora, which prevents the growth of invading microbes. Normal flora in very large quantities maintains a sensitive balance with other microorganisms to prevent infection. Any factors that interfere with this balance lead to people increasingly at risk of infectious diseases. For example, the use of broad-spectrum antibiotics to treat infections can lead to suprainfection. Normal bacterial flora die, allowing microorganisms to cause an upperation of tomltyping. 2.5.2 The body protection system A number of organ systems have unique protection against microorganisms. The skin, airways and gastrointestinal tract are very easily penetrated by microorganisms. Pathogenic organs are easily attached to the surface of the skin, grafted into the lungs or digested by food. Each organ system has a protective mechanism, physiologically adapted to its structure and function. For example, the lungs may not be completely 17. Microorganisms. However, the entrance is lined with protrusions in the shape of hair, or lashes, which are rhythmically patterned to move the layer of mucus and the body attached to the throat for exhalation. Conditions that affect the special protection of organs increase the propensity for infection. 2.5.3 The body's inflammatory cellular response to injury or infection is inflammatory. Inflammation is a vascular protective response by delivering fluids, blood products and nutrients to the interstitial tissue in the trauma area. The process neutralizes and eliminates pathogens or dead tissues (necrotics) and initiates ways to restore cells and tissues of the body. Inflammatory signs include swelling, redness, heat, pain, or pain in the press, loss of DNA function in the inflammatory part of the body. When inflammation becomes systemic, there are other signs and symptoms including fever, leukocyclitis, malaise, anorexia, nausea, vomiting and enlarged lymph nodes. Inflammatory reactions can be caused by physical, chemical or microorganic agents. Mechanical trauma, extreme temperature and microorganisms. Mechanical injuries, extreme temperatures and radiation are examples of physical agents. Chemical agents include external and internal stimuli, such as toxins or stomach acid. Microorganisms can cause as discussed earlier. After tissue damage, there is a coordinated sequence of events. Inflammatory reactions include: a. Acute inflammatory vascular and cellular response is an immediate response to cell trauma. Arterials that supply infected areas or injuries cross-legged, allowing more blood to enter the local circulation. Increased local blood flow leads to redness in inflammation. Local warm symptoms 18. resulting in an increase in blood volume in the inflammatory area. Local vasodilation sends blood and white blood cells (SDP) into damaged tissue. Trauma causes tissue necrosis and as a result the body secretes histamine, bradykins, prostaglandins and serotonin. This chemical mediator improves the permeability of small blood vessels. Fluids, proteins and cells enter the interstitial chamber. The accumulated liquid appears to be local swelling. Another sign of inflammation is pain. The rupture of the inflammatory tissue leads to increased pain. The pressure of the substance on chemical endings such as histamine nerve stimulates nerve endings. As a result of physiological changes in inflammation, the affected part of the body usually experiences temporary loss of function. For example, a local hand infection causes the finger to become swollen, sore and pale. The joints become stiff as a result of swelling, but the function of the finger will return at a time when inflammation decreases. Inflammatory cellular reactions include an increase in SDP passing through blood vessels and into tissues. In the process of phagocytosis, some SDP are called neutrophils and monocytes that filter and destroy microorganisms or other small particles. If inflammation occurs systemically there are signs and other symptoms. Leukocytosis or an increase in the number of circulating SDP is the body's response to SDP coming out of the blood vessels. The amount of serum SDP is usually 5000 to 10,000/mm3, but can increase to 15,000 to 20,000/mm3 during inflammation. The fever is caused by the release of phagocytics pieton from bacterial cells, which causes an increase in the hypothalamic point set. Other systemic signs and symptoms include malaise, nausea, and enlarged lymph nodes. B. Formation of inflammatory exudate 19. Accumulation of fluid and tissue of dead cells as well as SDP forms of exudate in inflammatory areas. Exudate can be serosis (clearly as plasma), sanguine (containing red blood cells) or ply (containing SDP and bacteria). Finally the exudate is noticeable through lymphatic drainage. Platelets and plasma proteins, such as fibrinogen, form a mesh matrix in inflammatory places to prevent their spread. c. Repair of the network. In the event of damage to tissue cells, healing involves survival, reconstruction and The new cells are gradually maturing until they reach the same structural and form characteristics as the previous cell. In chronic inflammation, tissue damage can be filled with granular tissue, which is damaged by midaham. The granulution tissue is not as strong as the kaligenic tissue, and takes the form of scarring. 2.5.4 Immune response When an invading microorganism enters the body, the microorganism is first attacked by monocytes. The remaining microorganisms then trigger an immune response. The remaining different material (antigens) causes a flurry of reactions that change the biological composition of the body so that the reaction to subsequent exposure is different from the first reaction. This changing response is known as the immune response. With a normal immune response, antigens are neutralized, destroyed or destroyed. Antigens are usually made up of proteins that are not normally found in the human body. Often there is no antigen as part of the structure of bacteria or viruses. As soon as the antigen enters the body, the antigen enters the bloodstream or lymph and begins cellular or humoral immunity. a. Cell immunity There are two classes of lymphocytes: T lymphocytes (CD4T) and lymphocytes B (cell B). T lymphocytes play an important role in cellular immunity. There are antigenic receptors on the surface membrane of CD4T lymphocytes. When 20. Antigens occur with cells whose surface receptors correspond to antigens, gluing. This activates CD4T lymphocytes to divide itself to quickly form sensitive cells. Sensitive lymphocytes pass into inflammatory or injured areas, are associated with antigens and chemical compounds called lymphocytes are released. Lymphocytes attract and stimulate macrofats to attack antigens. Eventually the antigen was turned off. The cellular response is changing the HIV that causes AIDS. b. Humoral stimulation of B immune cells triggers a humoral immune response, causing the synthesis of immunostimulation or antibodies that kill antigens. After cell B is associated with one antigen. It will cause the formation of plasma B-cells and memory. Plasma cells synthesize and secrete a large number of antibodies, which are proteins commonly found in the tibukh that provide complete immunity. Memory B cells will prepare the body against the invasion of the antigen later. Therefore, when antigens re-enter the body, antibodies are formed faster than at the first exposure, and immunoglobulins remain high to attack antigens. c. Antibodies are large protein molecules. There are five classes of immunoglobulic antibodies identified by the letters M, G, A, E and D. Immunoglobulin M (IgM) are early antibodies formed after initial contact with antigens. This initial contact is the main immune response, and the arrival of IgM indicates the infection is happening. The most rounded antibodies are IgG, which is formed after subsequent contact with antigens or during the time of secondary immune system, and its presence indicates the latest infection. The formation of antibodies is the basis of immunotherapy against diseases and is a natural or artificial phenomenon. Natural immunity is developed after exposure to certain diseases, such as measles, and usually survives for life. Artificial immunity 21. usually received after receiving a vaccine such as polio vaccine. The duration is variable and may or may not require a pusher. Passive immunity is usually short in duration and the type that can be obtained transplasenta. d. Supplement is a protein compound found in serum. Supplements are activated when antigens and antibodies are linked to each other. After activating the supplement, a rapid flurry of catalytic activity changes the shape of bacterial antigenic cells. Take doughnuts, for example. Indeed the supplement makes holes through the membranes of antigenic cells. Ions and water enter the cell, causing the cell to expand. This process is called cytolysis. e. Interferon At any given moment is an invassied virus, the cell synthesizes interferon proteins. Interferon inhibits the ability of multi-proliferating viruses and protects the body's cells from other viral stimulating infections. Classified as a bio-reaction modifier, interferon also inhibits the growth and division of tumor cells (Grimes and Grimes, 1994). 2.6 Nosocomial infections of clients who are in a medical environment may be at high risk of infection. Nosocomial infections are caused by the provision of medical services in health facilities. Hospitals are one of the places most likely to get infections because they contain high populations of microorganisms with virulent types that may be resistant to antibiotics. The Intensive Care Unit (UPI) is one of the areas in the hospital that is at high risk of nosocomial infection. Unfortunately, most nosocomial infections are transmitted by health care providers. Iatrogenic infection is a type of nosocomial infection caused by diagnostic or therapeutic procedures. Urinary tract infections that occur after the introduction of a catheter are examples of yatrogenic nosocomial infections. 22. The incidence of nosocomial infection is reduced if the nurse uses critical thinking while practicing aseptic methods. Nurses should always consider the risk of client infection and anticipate how the treatment approach can increase or reduce the likelihood of transmission. Nosocomial infections can be exogenous or endogenous. Exogenous infections are produced by external microorganisms against people that are not normal flora, such as salmonella and closthydia tetani organisms. Endogenous infections can be excessive growth. Examples include infections caused by enterococcal, yeast and streptococcal. When microorganisms are microorganisms Enough that are usually found in one cavity or layer of the body is transferred to another part of the body, an endogenous infection occurs. For example, transmission of enterouk, commonly found in faeces, from hand to skin often leads to an early infection. The number of microorganisms needed to cause nosocomial infection depends on the body's virulence, the vulnerability of the host and the contaminated area. The number of health care providers who are in direct contact with the patient, the type and number of zinvactive procedures received by the therapy, and the duration of treatment affect the risk of infection. The main places for nosocomial infection are the urinary tract, surgical injuries to the wounds, airways and blood vessels. Nosocomial infections significantly increase health care costs, duration of treatment, medical facilities, increase disability, increase the cost of antibodies and increase the cost of clients for an extended healing period, as well as on health care facilities and finances (for example. Medicare). Often the cost of nosocomial infection is not reimbursed, so prevention has a beneficial financial impact and is an important part in the management of treatment. 23. Chapter III EXAMPLE CASE NURSING INFECTION Mr. Nurse, came to ER RSI A. Jani drove her 5th daughter because her son cried constantly from yesterday because of febris and disuria. Mr A also said An.K is in the house being cared for by his maid, so for his personal hygiene usually helps his maid. In addition, An.K also said that it is difficult and sick stomach, such as kneading and pain if desired to urinate, so An.K becomes scared if you want BAC when urinating more often than usual, so An.K says are afraid to drink a lot. Mr A said his son had experienced pain in the suprapurous part and a lack of hematuria, in addition to the onset of exudate fluid, which was dingan and itchy. Because of the pain in the lower abdomen, An.K felt not strong enough to walk alone, so when getting out of the car in the ER, An.K was held by his father. When you're physically examined, ttv results are obtained: RR : 28x / min S : 40 oC N : 108x / min When UGD An.K is installing RL infusion, 20 tts/min with abocat size 24 and drug therapy introduced: Ceftriaxone 2x500m and Ketorolax 2x 0.5mg/kg/BB 24. CHAPTER IV DISCUSSION 3.1 Assessment a. Nurse's Name : Adit Assessment Date : April 10, 2013 Watch Review : 15.00 WIB b. Patient Name: An. K Religion : Islam Age : 5 years Paul : Women Almat : Jln. Karangrejo Hospitalization date : 18 April 2013 Medical diagnosis : Urinary tract Disorders No medical record : 20954777 Admission hours : 15.00 WIB tribe : Jawa Bangsa : Indonesia c. Responsible for parents / guardians : Mr. Age : 36 Religion : Islamic education : S1 Work : Nurse Marital Status : Marital Relationship with a Client : Father of Birth Address: Jln. Karangrejo Suku : Jawa Bangsa : Indonesia 3.1.1 Main complaint Mr. A said that his son experienced pain on the suprapobic part. 25. 3.1.2 Health History. The current client's medical history says that because of the pain in the lower abdomen, An.K felt not strong enough to walk alone, so when getting out of the car in the ER, An.K was held by his father. While in ER, An.K performed the installation of rl infusion 20 drops per minute with the size of abocat 24 for 2 days. B. History of the disease First 1. Illnesses: Clients often experience abdominal pain. Accident : not considered b. After hospitalization: Bpk.A said, at age 4 An.K was treated in hospital for malaria. c. Operation: Bpk.A says that AN.K. never did surgery 2. Allergy : Bpk.A says that An.K is allergic to fish characterized by itchy skin and nausea. 3. Vaccine: Bpk.A said that An.K was recently in a hepatitis B vaccine 3 months ago. 4. Habit: AN. K says he likes to snack anywhere like mie remes. C. Family history before A.K. had a urinary tract disorder, grandma from An.K. Ms T had been experiencing a urine withdrawal disorder for about a week. 3.1.3 Performing basic needs of A. Activities and exercises before hospitalization when admitted to the hospital. K before getting sick even after experiencing AN ISK. K does activities as a child his age, how to be calm because of playing with abdominal pain. 26. with your friends. During Ahn's illness. K is at home doing activities and taking care of his maid, so for a personal hygen usually helps his maid. B. Sleep and rest before entering the hospital when entering the hospital in front of the hospital Mr. said when the patient Mr. A said A. A. En. K has no problems in K having difficulty sleeping and the problem is A.n K usually wakes up during sleep 9 hours at night and 2 due to the lower abdomen an hour during the day feeling pain and very sick, An. K can only sleep 6 hours at night and cannot sleep during the day. C. Comfort and Pain 1. Palliative/profokatif Mr. A said that his son has hematuria, in addition to the top exudate fluid, which is a plyed and feels itchy 2. The quality customer says it is very painful as kneading and hurting when moving to sprout and feel a little less pain after the spring. 3. Bp. A region said that his son had experienced pain on the suprapomic part. 4. Scale from scale 1-10 customers say that the pain scale is about 5. 5. Time 27. Customers feel the pain coming when they want BAK. 6. Eating before hospitalization Before a customer's disturbance when entering the hospital experienced during the experience Elimination, removal of the client's urine, appetite appetite so that the customer always eats 3 servings a day. decreases, so he eats only 1 serving a day. 7. Electrolyte fluid and alkaline acid when admitted to the hospital after hospitalization the client drinks 8 While the client experiences a standard glass of 250cc per day. The client's urine disorder only drank 4 standard 250 cc glasses and helped with suport IV Line RL fluid 20tts/min. 8. Oxygenation before and after experiencing urine removal, the client has no shortness of breath and phlegm. 9. Elimination of Alvi When entering the hospital before hospitalization of the client while experiencing a violation says THE BAB smoothly phase of urine elimination the client feels yellow 2x per day. The stomach feels kneaded and the color of the brown phase. 10. Eliminating urine at the entrance to the hospital during hospitalization before experiencing ganuan during a urine withdrawal disorder has a urination of 500cc/hr. The client's urine elimination is the only urinary frequency of 250cc/hr and the red color of urine is hematuria and the client says pain is 28. during the BAC. 11. Sensory, Perception and Cognitive After conducting an assessment the client does not experience gamgguan on sensory, perception and cognitive. 3.1.4 Physical examination A. The general condition of the patient is currently alarming with the results of a vital examination of the sign: TD : 100/70 mmHg N : 108xmin RR : 28x/min S : 400c B. Head: Inspection : During the inspection there are no lumps found in the head, the shape of the skull semetric to the frontal part facing the front part, facing the front part. Palpation: During palpation there are no lumps on the head, the shape of the skull is symmetrical, the frontal part is turned forward, and the partial part is turned backwards. C. Neck: After examination, palpation and methods of movement of the client's neck can perform coordinated movements of the neck without interruption. D. Breast: examination of the lungs and heart: During the examination the client does not see shortness of breath, i.e. 28x/min breathing frequency. Palpation : when palpation vibrations are performed on the right chest wall is more difficult than the left chest wall. Drums : When the percussion lungs of a normal customer's voice is heard to resonate. 29. Auskultasi : When a normal client's pulmonary voice asculation is heard resonance. E. Abdomen: Inspection: After a normal physical examination of the abdominal cavity, during the examination there is no swelling, and semetris. Palpation : on the abdominal palpation of the saan is palpably hard and hard. Shock: During the percussion abdominal cavity, manure is heard, which licks the bloated stomach. Auskultasi : When auskultasi is heard intestinal noise is usually heard every normal intestinal noise is heard 10 times per minute. 3.1.5 Psychosocicultural and A. The psychological client says Fear if you want BAK, because you feel pain when you want BAK. B. The social client communicates with Javanese and Inoneese language, polite client tone. C. Culture: Not considered D. Spiritual: Not considered 3.1.6 Supporting examination A. Medical therapy While in ER the client injects IV fluid i.e. infusion of RL 20tts/min, the client is also administered the drug through injection cefotriaxone 2x500 grams and oral drug Ketorolak 2x0.5 mg/kg/BB. 3.2. Diagnostic care DATA ANALYSIS Customer name : An.K No.Register : 01377 Age : 5 years Medical Diagnosis : ISK Treatment Number : Tulip Address : Jl. Karangrejo No. 1. Subjective Data Focus Data: Etiology Hypertermi Problem Infection Process 30. 1. The client's father said that his son's body temperature was palpably hot. Objective data: Increased heat due to TD: 100/70 mm Hg. 1. N : 108x/min pie. 2. S : 40aC 3. RR : 28x/min The immune system device will actively respond to the form of infection. From the results of laboratory studies. There are E. coli bacteria in the urethra. 2. Subjective data: Biological Injury Agent 1. Palliative /profokatif Mr. A said that his son had hematuria damage, in addition to the function of the organ as a result of his urination was a bacterial infection E. exudate fluid plycing stick (in the bladder and urinary tract itch) 2. The quality of clients speak highly sensitized pain systems such as compressed peripheral nerves as well as pain when moving to the central nervous system. and feel a little diminished by the pain after the injection. 3. District Mr. A said that his son had experienced pain in acute pain section 31. Suprapubic. 4. Scale From Scale says 1-10 large-scale customers are hurting about number 5. 5. Time the customer feels the pain coming while wanting BAK. Objective data: 1. The customer looks pale and sluggish. 2. The client is seen holding the lower abdomen. 3. Subjective Data: Disruption of Channel 1 Infection. An.K. says it's hard and urination. Eliminating abdominal pain such as urinating is kneaded and sore when the signs want to urinate, so among others often An.K is so afraid if you want BAC to urinate, disuria, when urinating hematuria, and puria more often than usual, hence An.K E.coli, which says the fear for nephrogenic drinking a lot. Objective data: generates 1. The client looks from pain and hemolysine. fear of urination. E.coli, which usually causes urinary tract infections are types 01, 2, 4, 6 and 7. 32. No E. coli bacteria in the urinary tract. 3.2.1 Nurse Diagnostic Priority 1. The elimination of the urinary tract is associated with urinary tract infection 2. Acute pain is associated with the biological agent of injury 3. Hyperthermia is associated with the 3.3 infection process. INTERVENTION PLAN NURSING Customer Name : AN. K No.Register : 01377 Age : 5 years Medical Diagnosis : ISK Treatment Number : Tulip Address : Jl. karangrejo No. Direction 1 Diagnostic Intervention Criteria Elimination Results After the removal of the urinary tract carried out the removal of the urinary tract associated action, for example, for having a urinary frequency nursing infection, knowing if the urinary tract within 2x24 hours of urine volume, urine is normal. then eliminating the consistency of urination. K urine with reduced exactly. 1. Monitor Rational 2. Teach the customer 1. Elimination Monitor 2. This action is an important result as follows: signs and for the customer to understand one. Elimination of infectious symptoms of the disease smoothly. urinary tract. 2. Colored urine 3. Instruct the client to bright yellow or do it, but a few families to know the pale way out. normal urine. 3. The volume of urine withdrawal. 3. This is Action 33. urine consumption 9002100 CC/day. 2 Acute pain After contact is done by a technique with a breathing relaxation action agent reduces pain. medical biological injuries. For 2x24 1. Teach customers 2. Compression 1. Deep Breathing Relaxation 2. It is the action of the hours then warm pain on the for the experienced part that circulation and relaxation by An.K pain. Muscles. reduced by 3. Collaboration improves 3. Painkiller ketorolax with criteria as a result as follows: decrease 6. Analgesic appetite for peristaltic activity. The client returns the pain and Ketorolax 2x is normal. 0.5 mg/kg/BB 7. The client was not concerned. The customer can participate as normal again. 9. Customer Pain Scale 2. 3 Hyperthermi after 1. The observations are made in general circumstances, knowing the circumstances with the client's process of action. Patients. 2. Vitaly Monitor 1. Action for 2. Action for 34. within 2x24 hours sign the customer knows TTV then Ahn. K (temperature and pulse). Client. not experienced 3. Compression 3. Warm compress for warm hyperthermia when reduced/normalization with the criteria of the client's forehead. customer's body temperature. Result as follows: 4. Recommended by 4. Rest 1. RR customer client for action for a normal 16-increase profit 24/minute. Break. the freshness of the body. 2. Body temperature 5. Collaboration 5. RL Infusion is a customer in the infusion in the 36.5- providing 37.50C of nutritional infusions of RL, 20 and client bodily fluids. 3. Normal Customer Pulse (60100x/min). tts/min. 6. Recommended 6. Drinking water for many drinking adds water to the body, so that not at least 8 are dehydrated. glass/day. 7. Collaboration 7. Ceftriaxone is in the drug to kill the administration of bacteria (antibiotics). Injection Ceftriaxone 2x500 mg 8. Collaboration 8. Paracetamol is found in analgesic drugs and antipyretic agents. analgesic paracetamol 10-10-15 mg/kg/times. 35. 3.4. IMPLEMENTATION OF PROGRESS NOTES Customer Name No.Register : 01377 Age: 5 Years Medical Diagnosis : ISK Number : An.K : Tulip Address : Jl. Karangrejo Day / Date / Implementation Hour Answer Dx 1 1 TTD Wednesday, 10/04/2013 09.15 WIB Subjective data: 1. Monitoring urine discharge, for example, Adit Mr. Client says An.K urine frequency, volume has been reduced urine, urine consistency 09.15 WIB pain when necessary. To pee. 2. Teach the client signs and symptoms of urinary tract infections. 9:30 a.m. Instruct the client or family to record the outlet of urine. Objective data: 1. Normal urine expenditure of 7001000 ml/day. 2. The client has little understanding of the signs and symptoms of urinary tract infections. 2 Wednesday, 10/04/2013 09.15 WIB Subjective data: 1. Customer training 1. Mr. Client's technique is deep breathing relaxation. 09.25 WIB says his son looks 2. Provides a calmer and warmer compress on the painful part. 09.35 WIB no longer feels pain 3. Provides Ketorolax analgesics after receiving a warm compress. Erna 36. 2x 0.5 mg/kg/BB 8. Objective data: 1. The client already looks calm, and has less pain. 2. An. K seems to get a warm compress on your stomach. 3. An. K seems to still hold his stomach because of the pain. Wednesday, 10/04/2013 10.15 WIB Subjective data: 1. Observation 1. The client's father is the client's general condition. 10.20 WIB says 2. Monitoring vital signs of the client's body temperature (temperature and pulse). 10.30WIB 3. Give his son a reduced compress. To the customer. Objective data: 4. Propaganda in 1. TTV customer results to show an increase in temperature of 37.50C break. 2. Nadia Ahn. By 5. Provides 90x/min infusion. RL, 20 tts/min. 3. Body. By six. The provision of 2x500 mg zeftriaxone injections is palpably normal, the heat decreases. 4. An. K looks to get Reza 37. warm compress on the forehead. 5. An. K does not appear to be dehydrated during the absence of fever. 1 Thursday,11/04/2013 09.15 WIB Subjective data: 1. Elimination Monitor 1. The client's father urine, for example, the frequency of urine, the volume of An.K already urine, the consistency of urine is missing pain properly. 09.20 WIB says when to urinate. 2. Teach the client signs and symptoms of urinary tract infections. 9:30 a.m. Instruction of the client or family objective data: 1. Normal amount of urine costs. 2. The customer understands to note about the urine output sign. and the symptoms of urinary tract infections. Nicky, 38. 2 Thursday,11/04/2013 10.00 WIB Subjective data: 1. Customer training 1. Mr. Client tekhnik relaxation breath speaks deeply. 10.10 WIB his son looks 2. Give a calmer and warmer compress on the part is no longer something that hurts. Feel pain 3. Give 10.30 WIB Tasya after being given ketorolax analgesics 2x 0.5mg/kg/BB 16. warm compress. Objective data: 1. The client already looks calm and loses pain. 2. An. K seems to get a warm compress on your stomach. 3 Thursday,11/03/2013 09.25 WIB Subjective data: 1. Observation 1. The client's father is the client's general condition. 09.35 WIB says 2. Monitoring vital customer's body temperature (temperature and pulse). 9:45 a.m. warm on on Objective data: 4. Propaganda in 1. TTV customer results to show an increase in temperature of 37.50C break. 2. Nadia Ahn. By 5. Provides 90x/min infusion. RL, 20 tts/min. 3. Body. To Joko 39. 6. Provides a normal, tangible injection. Ceftriaxone 2x500 mg 4. En. K does not appear to be dehydrated during the absence of fever. 3.5. Assessment of post-action results during the target time met (2x24 hours) Day/Date/Hour Thursday/10/April/2013 No Diagnostics Assessment Of Care Results 1 10.30 WIB S: Jo 1. The client's father said Ahn Kay lost pain while urinating. A: 1. Normal urine costs. 2. The client understands the signs and symptoms of urinary tract infections. A: the goal has been achieved, the problem has been solved. D: Stop the action. 2 Paraph S: 1. The client's father said his son seemed calmer and did not feel pain 40. after he was given a warm compress. A: 1. The client already looks calm and loses pain. 2. An. K seems to get a warm compress on the stomach: Problem solved, goal achieved. D: Stop Action 3 S: 1. The client's father says his son's body temperature is normal. A: 1. TTV results show a temperature of 37.50C 2. Nadia Ahn. K 90x/min. 3. Body. K is palpably normal. 4. An. K does not appear to be dehydrated during the absence of fever. A: the goal has been achieved, the problem has been solved. D: Stop the action. 41. Chapter V COVER 4.1 Conclusion of urinary tract infection occurs when urinary tract microorganisms invade. Assessment is carried out through interviews, observations, physical examinations. A diagnosis that exists in theory but does not exist in the case of changes in urine elimination patterns (dysuria, impulse, frequency, and or hokturia) associated with mechanical obstruction of the bladder or other urinary structures, while the diagnosis that exists in theory and in the case of infection, discomfort and lack of knowledge. When planning care, the author adapts to the client's condition during the review and makes priority problems in line with the basic human needs in accordance with Maslow and the basic needs of the client. In the course of care, the author performs medical actions on the basis of the established action plan. In the evaluation, the authors can conclude that all diagnoses can be solved and nursing goals achieved. 4.2 Proposals to colleagues and authors to prioritize problems in accordance with the basic human needs and the main problems of the client, although the documentation of the data cannot be met because the data obtained are based solely on case illustration, but the action plan can be implemented properly. For the nurses in the room to be able to document all customer data both verbally and objectively correctly in order to make a good assessment. To support documentation, the hospital must renpra sheet for the nurse's room. 42. 42. LIBRARY Mandal, B.K., et al. 2004. Lecture Notes: Infectious Diseases sixth edition. Jakarta: Erlangga. Potter and Perry. The fundamental question of nursing care 4. Jakarta: EGC. Kozier, et al. Basics of Care: Concepts, Processes and Practices ed. 7. Jakarta: EGC EGC askep leukositosis pada anak. askep leukositosis pdf

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