

LAPORAN KASUS ASUHAN KEPERAWATAN JIWA PADA NY S DENGAN MASALAH KEPERAWATAN WAHAM DI RUANG SEMBODRO RSJ GRHASIA DAERAH ISTIMEWA YOGYAKARTA

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ABSTRAK

Latar belakang: Waham adalah suatu keyakinan yang salah dan tidak sesuai dengan realita serta tidak dapat diubah meskipun ada bukti yang membantahnya. *World Health Organization* (WHO) tahun 2019 menyatakan terdapat 20 juta orang diseluruh dunia mengalami skizofrenia. Hasil Riskesdas tahun 2018 kasus gangguan jiwa di Indonesia mengalami peningkatan yang diperkirakan jumlahnya sekitar 450 ribu orang dengan gangguan jiwa berat. Ruang Sembodro selama satu bulan terakhir didapatkan data sebanyak enam orang dengan masalah keperawatan waham, pemikiran dan keyakinan yang tidak realistis akan memicu agresifitas. **Tujuan :** menerapkan dan menganalisis asuhan keperawatan jiwa pada pasien dengan waham di ruang Sembodro RSJ Grhasia. **Metodologi :** Metode yang digunakan yaitu studi kasus dengan teknik wawancara, observasi, studi dokumen, dan pemeriksaan fisik. **Hasil :** Setelah dilakukan asuhan keperawatan selama satu kali pertemuan dalam satu kali shift selama lima hari, intervensi manajemen waham dan orientasi realita yaitu dengan mendiskusikan isi waham, menghindari perdebatan mengenai keyakinan klien serta menghindari memperkuat keyakinan, dan klien tidak mengalami disorientasi, masalah keperawatan waham teratasi sebagian. Intervensi promosi harga diri dengan memonitor verbalisasi yang merendahkan diri sendiri, mengidentifikasi kekuatan yang dimiliki, mendiskusikan pengalaman yang meningkatkan harga diri masalah keperawatan harga diri rendah kronis teratasi sebagian. Intervensi pencegahan perilaku kekerasan dengan melatih cara pengungkapan perasaan secara asertif dapat diterapkan, masalah keperawatan resiko perilaku kekerasan teratasi. Intervensi dukungan kepatuhan program pengobatan dengan menginformasikan program pengobatan yang harus dijalani, menginformasikan manfaat yang akan diperoleh jika teratur menjalani program pengobatan, masalah ketidakpatuhan teratasi. **Kesimpulan :** setelah dilakukan asuhan keperawatan jiwa selama lima hari, masalah utama teratasi sebagian ditandai dengan verbalisasi waham dan ekspresi wajah tidak tegang membaik sesuai dengan kriteria hasil yang telah dicapai.

Kata kunci : gangguan jiwa, skizofrenia, waham

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CASE REPORT OF PHYSICAL NURSING IN NY S WITH NURSING PROBLEMS DELUSION IN SEMBODRO ROOM GRHASIA PSYCHIATRIC HOSPITAL, SPECIAL REGION YOGYAKARTA

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ABSTRACT

Background: Delusion is a false belief that is not in accordance with reality and cannot be changed even though there is evidence that refutes it. The World Health Organization (WHO) in 2019 stated that there were 20 million people worldwide experiencing schizophrenia. The results of Riskesdas in 2018 cases of mental disorders in Indonesia have increased, which is estimated to be around 450 thousand people with severe mental disorders. **Objective:** to apply and analyze psychiatric nursing care for patients with delusions in the Sembodro room of the Grhasia Hospital. The Sembodro room one one gets data for six people with problems of awareness, unrealistic thoughts and beliefs as long as they will trigger the last aggressiveness. **Methodology** The method used is a case study with interview, observation, document study, and physical examination techniques. **Results:** After nursing care was carried out for one meeting in one shift for five days, the intervention for management of delusions and reality orientation was by discussing the contents of the delusions, avoiding debates about the client's beliefs and avoiding strengthening beliefs, and the client did not experience disorientation, the problem of delusional nursing was partially resolved. Self-esteem promotion intervention by monitoring self-degrading verbalization, identifying strengths, discussing experiences that increase self-esteem, nursing problems of chronic low self-esteem partially resolved. Interventions to prevent violent behavior by practicing how to express feelings in an assertive manner can be applied, nursing problems at risk of violent behavior are resolved. The intervention supports adherence to the treatment program by informing the treatment program that must be undertaken, informing the benefits that will be obtained if you regularly undergo a treatment program, the problem of non-adherence is resolved. **Conclusion:** After five days of psychiatric nursing care, the main problem was partially resolved, marked by verbalization of delusions and facial expressions that did not improve according to the criteria for the results that had been achieved.

Keywords: mental disorder, schizophrenia, delusions

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