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Lampiran 01

Laporan Bayi Prematur & MK

Bulan Januari 2018

Bayi Prematur

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lama | Baru | Jumlah | P | APS | + | AR |
| Bayi Dalam | 6 | 27 | 33 | 14 | - | 4 | 9 |
| Bayi Luar | 4 | 16 | 20 | 8 | - | 5 | - |
| Jumlah | 10 | 43 | 53 | 22 | - | 9 | 9 |

Bayi MK

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lama | Baru | Jumlah | P | APS | + | AR |
| Bayi Dalam | 5 | 17 | 22 | 11 | - | 4 | 1 |
| Bayi Luar | 2 | 12 | 14 | 5 | - | 2 | - |
| Jumlah | 7 | 29 | 36 | 16 | - | 6 | 1 |

Bayi Dengan Metode Kanguru : 17

Bayi Menggunakan Metode Kangguru : 17

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Laporan Bayi Prematur & MK

Bulan Februari 2018

Bayi Prematur

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lama | Baru | Jumlah | P | APS | + | AR |
| Bayi Dalam | 6 | 24 | 30 | 13 | - | 13 | 1 |
| Bayi Luar | 10 | 20 | 30 | 6 | 3 | 10 | - |
| Jumlah | 16 | 44 | 60 | 19 | 3 | 23 | 1 |

Bayi MK

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lama | Baru | Jumlah | P | APS | + | AR |
| Bayi Dalam | 6 | 21 | 27 | 12 | - | 11 | 1 |
| Bayi Luar | 8 | 16 | 24 | 5 | 2 | 7 | - |
| Jumlah | 14 | 37 | 51 | 17 | 2 | 18 | 1 |

Bayi Dengan Metode Kanguru : 13

Bayi Menggunakan Metode Kangguru : 13

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Laporan Bayi Prematur & MK

Bulan Maret 2018

Bayi Prematur

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lama | Baru | Jumlah | P | APS | + | AR |
| Bayi Dalam | 5 | 34 | 39 | 11 | 5 | 10 | - |
| Bayi Luar | 11 | 20 | 31 | 9 | 5 | 10 | - |
| Jumlah | 16 | 54 | 70 | 20 | 10 | 20 | - |

Bayi MK

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lama | Baru | Jumlah | P | APS | + | AR |
| Bayi Dalam | 5 | 28 | 33 | 9 | 5 | 9 | - |
| Bayi Luar | 9 | 14 | 23 | 6 | 5 | 7 | - |
| Jumlah | 14 | 42 | 56 | 15 | 10 | 16 | - |

Bayi Dengan Metode Kanguru : 24

Bayi Menggunakan Metode Kangguru : 24

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Laporan Kelahiran Bayi BBLR dengan RDS/HMD

Bulan Oktober s/d Desember 2017

|  |  |  |  |
| --- | --- | --- | --- |
| No | Keterangan | Periode Bulan | Jumlah |
| Oktober | November | Desember |
|  | Jumlah Kelahiran | 22 | 15 | 24 | 61 |
|  | BBLR dengan RDS/HMD | 11 | 10 | 12 | 33 |
|  | PAPS | - | - | - | - |
|  | KRS | 2 | 3 | 7 | 12 |
|  | Meninggal | 9 | 7 | 5 | 21 |

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Lampiran 02

**FORMAT DOKUMENTASI**

**ASUHAN KEPERAWATAN PADA BAYI DAN ANAK**

1. **PENGKAJIAN**

 **A1. PENGUMPULAN DATA**

**I. BIODATA**

|  |
| --- |
| IDENTITAS BAYINama :No. Reg :Umur :Jenis Kelamin :Alamat :Suku Bangsa :Tanggal Lahir/Umur :Tanggal MRS :Tanggal Pengkajian :Diagnosa Medis :Urutan Anak : |
| IDENTITAS BAPAKNama :Umur :Jenis Kelamin :Alamat :Pendidikan :Pekerjaan :Suku Bangsa :No. Tlp/HP : | IDENTITAS IBUNama :Umur :Jenis Kelamin :Alamat :Pendidikan :Pekerjaan :Suku Bangsa :No. Tlp/HP : |

**II. KELUHAN UTAMA / ALASAN KUNJUNGAN**

..............................................................................................................................................................................................................................................................................................................................................................................

**III. RIWAYAT KESEHATAN**

**A. RIWAYAT KEHAMILAN**

1. Jumlah kunjungan ke bidan / dokter : ...............................................
2. Pendidikan kesehatan yang didapatkan : ...........................................
3. Kenaikan BB selama hamil : .............................................................
4. Penyakit yang diderita ibu saat hamil : .............................................
5. Pemeriksaan lab/radiologi saat hamil : ..............................................
6. Keluhan saat hamil : ..........................................................................

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1. Imunisasi selama hamil : ..................................................................
2. Obat-obatan/vitamin yg di konsumsi : ..............................................
3. Riwayat minum jamu : ......................................................................
4. Riwayat dipijat : ................................................................................
5. **RIWAYAT KELAHIRAN**
6. Lama persalinan : ..............................................................................
7. Komplikasi persalinan : .....................................................................
8. Cara persalinan : ................................................................................
9. Tempat melahirkan : .........................................................................
10. Penolong persalinan : ........................................................................
11. Usia gestasi : .....................................................................................
12. Kondisi air ketuban : .........................................................................
13. **RIWAYAT POS NATAL**
14. Pernafasan/usaha bernafas (dengan/tanpa bantuan) : ........................
15. Tonus otot : .......................................................................................
16. Skor APGAR : ...................................................................................
17. Kebutuhan resusitasi (jenis dan lamanya) : .......................................
18. Obat yang di berikan : .......................................................................
19. Trauma lahir : ....................................................................................

**IV. PEMERIKSAAN FISIK (HEAD TO TOE)**

1. **Keadaan Umum**

Postur : ..........................................................................................................

Tangisan : ......................................................................................................

APVU : ..........................................................................................................

1. **Kepala dan Rambut**

Kebersihan : ..................................................................................................

Bentuk kepala : ..............................................................................................

Keadaan rambut : ..........................................................................................

Keadaan kulit kepala : ...................................................................................

Fontanela anterior : .......................................................................................

Sutura sagitalis : ............................................................................................

Distribusi rambut : .........................................................................................

1. **Mata**

Kebersihan : ..................................................................................................

Sclera : ..........................................................................................................

Conjungtiva : ................................................................................................

Pupil : ............................................................................................................

Gerakan bola mata : ......................................................................................

Sekret : ..........................................................................................................

Jarak inner canthus : ......................................................................................

1. **Hidung**

Pernafasan cuping hidung : ...........................................................................

Struktur : ........................................................................................................

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Kelainan lain : ...............................................................................................

Sekresi : .........................................................................................................

1. **Telinga**

Kebersihan : ..................................................................................................

Sekresi : ........................................................................................................

Struktur : ........................................................................................................

Fistula aurikel : ..............................................................................................

1. **Mulut dan Tenggorokan**

Jamur (stomatitis, moniliasis) : .....................................................................

Kelainan bibir dan rongga mulut : ................................................................

Problem menelan : .........................................................................................

Warna bibir : .................................................................................................

1. **Leher**

Venajugularis : .............................................................................................

Arteri karotis : ..............................................................................................

Pembesaran tiroid/limfe : ..............................................................................

Torticoliis : ....................................................................................................

1. **Dada/Thorax (jantung dan paru)**

Bentuk dada : ................................................................................................

Pergerakan dinding dada : .............................................................................

Tarikan dinding dada ke atas/bawah : ...........................................................

Suara pernafasan : .........................................................................................

Frekwensi pernafasan : ..................................................................................

Abnormalitas suara nafas : ............................................................................

Suara jantung : ...............................................................................................

1. **Ekstremitas Atas**

Tonus otot : ...................................................................................................

Trauma, deformitas : .....................................................................................

Kelainan Struktur : ........................................................................................

CRT : .............................................................................................................

1. **Perut**

Bentuk Perut : ................................................................................................

Bising Usus : .................................................................................................

Ascites : .........................................................................................................

Massa : ..........................................................................................................

Turgor Kulit : ................................................................................................

Vena : ............................................................................................................

Hepar : ...........................................................................................................

Lien : .............................................................................................................

Tali Pusat : .....................................................................................................

Distensi : ........................................................................................................

1. **Punggung**

Spina Bifida : .................................................................................................

Deformitas : ...................................................................................................

Kelainan Struktur : ........................................................................................

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1. **Genetalia dan Anus**

Keadaan kelamin luar : ..................................................................................

Anus : ............................................................................................................

Kelainan : ......................................................................................................

1. **Ekstremitas Bawah**

Tonus Otot : ...................................................................................................

Trauma, Deformitas : ....................................................................................

Kelainan Struktur : .......................................................................................

1. **Integumen**

Warna Kulit : .................................................................................................

Kelembaban : ................................................................................................

Lesi : ..............................................................................................................

Warna Kuku, Rambut : .................................................................................

Kelainan : ......................................................................................................

**V. PENGUKURAN ANTROPOMETRI**

Berat Badan : ...................................................................................................

Panjang Badan : ...............................................................................................

Lingkar Kepala : ..............................................................................................

Lingkar Dada : .................................................................................................

Lingkar Lengan Atas : .....................................................................................

**VI. REFLEKS PRIMITIF**

 Berkedip : ........................................................................................................

 Rooting : .........................................................................................................

 Menghisap : ....................................................................................................

 Menggengam : ................................................................................................

 Neck Righting : ...............................................................................................

 Moro : .............................................................................................................

**VII. RIWAYAT IMUNISASI**

Sebutkan imunisasi yang sudah diberikan beserta umur saat imunisasi

........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**VIII. PEMENUHAN KEBUTUHAN DASAR**

1. **Oksigen**

Kebutuhan oksigen : ..........................................................................

Dosis oksigen : ..................................................................................

Cara pemberian

1. **Cairan**

Kebutuhan cairan dalam 24 jam : ......................................................

Jenis cairan yang diberikan : .............................................................

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Cara/rute pemberian : ........................................................................

Balance cairan dalam 24 jam : ..........................................................

Intake : ...............................................................................................

Output : ..............................................................................................

IWL : .................................................................................................

Kesimpulan : ......................................................................................

1. **Nutrisi**

Kebutuhan kalori : .............................................................................

Bentuk/jenis nutrisi yang diberikan : .................................................

Cara pemberian : ...............................................................................

Frekwensi pemberian : ......................................................................

1. **Eliminasi Urine**

Volume urine : ...................................................................................

Warna : ..............................................................................................

Frekwensi : ........................................................................................

Cara Bak (Spontan/Kateter) : ............................................................

1. **Eliminasi Alvi**

Pengeluaran Mikoneum : ...................................................................

Volume feses : ...................................................................................

Warna feses : .....................................................................................

Konsistensi : ......................................................................................

Frekwensi : ........................................................................................

Darah, lendir dalam feses : ................................................................

1. **Tidur**

Jumlah jam tidur dalam 24 jam : .......................................................

Kualitas tidur (sering terbangun, rewel, tidak bisa tidur) : ................

1. **Psikososial**

Yang mengasuh : ...............................................................................

**IX. DATA PENUNJANG**

1. Radiologi

|  |  |  |
| --- | --- | --- |
| Tanggal | Jenis Pemeriksaan | Hasil Pemeriksaan |
|  |  |  |

1. Laboratorium

|  |  |  |
| --- | --- | --- |
| Tanggal | Jenis Pemeriksaan | Hasil Pemeriksaan |
|  |  |  |

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1. Pemeriksaan lainnya

|  |  |  |
| --- | --- | --- |
| Tanggal | Jenis Pemeriksaan | Hasil Pemeriksaan |
|  |  |  |

 **A2. ANALISA DATA**

Hari/Tanggal : ..............................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Data** | **Masalah** | **Kemungkinan Penyebab** |
|  |  |  |  |

 **B. DIAGNOSA KEPERAWATAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Tanggal** | **Diagnosa Keperawatan** | **Nama & Tanda Tangan Perawat** |
|  |  |  |  |

 **C. RENCANA TINDAKAN KEPERAWATAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Diagnosa Keperawatan** | **Tujuan & Kriteria Hasil** | **Intervensi** | **Rasional** | **Tanda Tangan** |
|  |  |  |  |  |  |

 **D. IMPLEMENTASI RFENCANA TINDAKAN KEPERAWATAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Tanggal** | **Jam** | **Tindakan Keperawatan** | **Tanda Tangan** |
|  |  |  |  |  |

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**E. EVALUASI**

|  |  |  |
| --- | --- | --- |
| **No** | **Diagnosa Keperawatan** | **Tanggal** |
| ......./......../......... | ......./......../......... | ......./......../......... |
|  |  | S : ...............................................................................O :..............................................................................A :..............................................................................P :................................................................................ | S : ...............................................................................O :..............................................................................A :..............................................................................P :................................................................................ | S : ......................................................................O :.....................................................................A :........................................................................P :........................................................................ |

Lampiran 03

**LEMBAR PERSETUJUAN MENJADI RESPONDEN**

Saya yang bertanda tangan dibawah ini :

Nama : ..............................................................................................

Umur : ..............................................................................................

Alamat : ..............................................................................................

Jenis kelamin : ..............................................................................................

Hubungan : ..............................................................................................

Setelah mendapat penjelasan oleh peneliti tentang penelitian :

**“Asuhan Keperawatan Pada Bayi BBLR Dengan HMD Yang Mengalami Masalah Keperawatan Gangguan Pertukaran Gas Dan Ketidakadekuatan Intake Nutrisi”** di Ruang 11 Perinatologi RSUD. Dr. Saiful Anwar Malang, maka dengan ini saya menyatakan bersedia untuk menjadi responden dalam penelitian ini, tanpa ada paksaan dari pihak manapun. Saya akan menjawab seluruh pertanyaan yang diberikan oleh peneliti dengan jujur dan apa adanya.

Demikian surat pernyataan persetujuan menjadi responden ini saya perbuat untuk digunakan sebaik baiknya.

Malang, Mei 2018

SAKSI RESPONDEN

( ) ( )

PENELITI

( )

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Lampiran 06

 Gambar 1. BOX INCUBATOR



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Gambar 2. Mesin/Alat Continues Positive Airway Presure (CPAP)



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Lampiran 07

**Curriculum Vitae**

**I. DATA DIRI**

**Nama : Ismiati**

**Tempat Tanggal Lahir :**

**Jenis Kelamin : Perempuan**

**Agama : Islam**

**Alamat :**

**No Tlp :**

**II. PENDIDIKAN FORMAL**

|  |  |  |
| --- | --- | --- |
| **SD**  |  |  |
| **SMP**  |  |  |
| **SPK** |  |  |
| **RPL DIII Keperawatan** |  |  |

**III. PENGALAMAN KERJA**

|  |  |  |
| --- | --- | --- |
|  |  |  |