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HOME CARE POST *FEMUR* FRACTURE SURGERY ON MR. A IN THE WATUBELAH AREA, CIREBON REGENCY IN 2024

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Abstract. Home Care is a health service carried out at home and aims to improve, maintain, and increase the independence of patients and families. The home care activities at Mr. A aim to be a form of community service with the hope that the family can be independent in caring for Mr. A. The implementation of community service in the form of home care services uses a family nursing care approach, starting from conducting assessments, determining diagnoses, and providing interventions, documentation, and evaluations. The implementation of home care services is carried out for three days by providing education and wound care. After the wound was treated, Mr. A's wound no longer had fluid coming out of the wound, and when given education, Mr. A and his family understood what was conveyed.

Keywords: home care, post-surgery, fracture

INTRODUCTION

A fracture is a loss of bone continuity, either total or partial, which is determined by its type and area. A fracture or fracture is a condition in which the continuity of bone tissue and/or cartilage is entirely or partially interrupted due to Rajapaksa or osteoporosis (Smeltzer & Bare, 2013). The strength of the force, the state of the bone itself, and the soft tissue around the bone will determine the condition of the fracture (Suriya & Zuriati, 2019).



Home care is one of the health services carried out in the family's residence to improve and maintain family health. Home care *activities* prioritize the fulfillment of patient satisfaction through implementing quality health services without violating the code of ethics and professional service quality standards (Fahrepi et al., 2019). Home health services are one of the health services carried out at the family's residence to improve and maintain family health. Home care nursing services include primary, secondary, and tertiary services that

focus on patient nursing care through collaboration with families and other health teams.

METHOD

This service starts in January 2024 and provides direct health services to patients through a home care program by conducting direct patient observation. To ensure that the location conditions follow the objectives of the activity implementation, this activity begins by conducting an initial survey and identifying the location conditions. The main criteria for this activity are locations that are easily accessible to reach the target audience. (2) Activity location planning: The results of the initial survey showed that the client's residence was the right location to carry out the service. This service activity includes the following preparations: a. Client readiness to accept the service team; b. Readiness of facilities that support activities; and c. Agreement on the time of service implementation to solve these problems has yet to be regulated in laws and regulations.

RESULTS AND DISCUSSION

Postoperative Pain Management: Pain management is at the core of hospital care after femur fracture surgery. Uncontrolled pain can make mobilization more difficult and recovery slower. Some pain control techniques include: a. Use of Analgesics: For severe pain, paracetamol, ibuprofen, or opioids are often given. Medical personnel should monitor the dosage of the medication to avoid side effects. b. Cold or Hot Compresses: Cold compresses can reduce inflammation and pain in the swollen area, while hot compresses can relax the muscles once the pain is gone. c. Relaxation Techniques: Patients can reduce anxiety and tension that worsen pain by doing deep breathing exercises or meditation (Neumann *et al.* 2015).

Equipment needed during *home care services*

No.	Name Equipment	Unit
1	Scissors	1
2	Small Basin	1
3	Stethoscope	1
4	Spignomanometer	1
5	Thermometer	1

Memory :Good

(✓) Recent Memory : Good

vii. Ancietas : Patients do not experience anxiety

b. Integument

i. Color : Patient skin color is tanned

ii. Warm / Dry : Dry patient skin

iii. Diaphoresis : No Diaphoresis

iv. Joundice : None Joundice

v. Itching : The patient does not experience itching

vi. Bruises : No bruises

vii. Wounds/incisions : There was a wound in the upper right extremity, the wound was leaking fluid

viii. Lesions on the oral mucosa : No lesions on the oral mucosa

ix. KRT : No KRT

x. General appearance :

(✓) Clean. (

) Dirty.

c. Musculoskeletal.

i. Weaknesses/Paralyses : The patient has leg muscle weakness

ii. Using the Aids : Patients using crutch aids

iii. Balance :

() Strong :

right extremity

ROM Drop

in ROM in the upper right extremity

(✓) Weak : In the upper

: The patient has a decrease

d. Neurology.

i. Dizzy : Patients often experience dizziness

ii. Headache : Patients complain of headaches

iii. Strength of muscle excludination () Right

(✓) Left

iv. Pupil Reaction :Usual

v. Reflex :Usual

(✓) Physiological (✓) Pathological

e. Cardiopulmonal.

i. Arritmia : No arritmia

ii. Chest Pain : The patient does not experience chest pain () Rest. () Activities.

iii. Jugular vein distension. : No sign of jugular vein distension

iv. Crepitation : No Crepitation

- v. Rales/ Ronchi : There is no sound of additional breath ronchi
- vi. Wheezing : There is no sound of additional wheezing breath
- vii. Cough : The patient does not complain of coughing
- viii. Sputum : No sputum
- ix. Oedema : No Oedema

f. Gastro Intestinal.

- i. Appetite : Patient's appetite is good, eat 3x a day
- ii. Liquid Intake: 5 cups/day
- iii. Nutritional Status : (✓) Okay. () Bad. BMI:
- iv. Nausea/vomiting : No nausea or vomiting
- v. Pain/Bleeding : No pain or bleeding
- vi. Flatus : No flatus
- vii. Abdominal Distension : No abdominal distension
- viii. Ostomy : () Stoma. () Skin Condition
- ix. Diarrhea : The patient does not have diarrhea
- x. Constipation : Not experiencing constipation
- xi. Intestinal Noise : No intestinal noise
- xii. Enterhal Nutrition : Not experiencing enterhal nutrition

() NGT.

() Oral.

Type of Food :None
 Sum :None
 Frequency :None

g. Genito Urinaria.

- i. Dysuria / Hematuria : Not having dyssuria
- ii. Frequency : 6x a day
- iii. Urine Retention : No urine retention
- iv. Urinary Incontinence : Not having urinary incontinence
- v. Urine Characteristics : Pale orange clear urine
- vi. Using a catheter: The patient does not use a catheter
- vii. Vaginal / penis discharge : No production on the penis

h. ENT.

- i. Dyspagia : Not having dyspagia
- ii. Hearing Loss : No hearing loss
- iii. Drainage :Not there is drainage
- iv. Redness : No redness
- v. Others
 - i. Pain.

OPQRSTUV Pain Assessment :

- O : The patient said stiffness and pain in the upper right leg
- P : Pain arises when the patient is tired
- Q : Pain like aches and pains
- R : Pain focused on the wound area
- S : Pain scale 6

- T : Pain felt continuously (all day) if you do not take anti-pain medication
- U : Patients say they have experienced the same pain
- V : The patient hopes that the pain can be reduced

V. Health status at home.

- Only in bed : Patients can move but are limited
- Wheelchair assistance : Not using a wheelchair
- Cardiovascular instability: No cardiovascular disorders
- Decreased vision : There is a history of minus eye
- Mental status : Good mental state
- Decreased muscle strength : There is a decrease in the strength of the leg muscles
- Wound drainage : There is wound drainage on the right leg
- Dyspnea : Not experiencing shortness of breath
- Severe Pain the legs : The patient experiences severe pain in the legs
- Mobility impairment : Patients with mobility disorders
- Others

VI. Collaborative Management and Nursing Care for Each Visit:

- Laboratory Examination : No laboratory examination was carried out
- Wound Care : The patient undergoes wound care
- Medical Therapy : No medical therapy is provided
- Pain management : Control pain using warm compresses
- Instructions for Giving Diit : No diit is given
- Providing a Sense of Security & Comfort : Giving warm compresses
- Terminal Disease Monitoring : Patients are not given terminal disease monitoring

Mobilization and physiotherapy exercises after surgery are necessary to restore strength and function to the involved muscles and joints. Early mobilization, although limited, is essential to prevent DVT and muscle atrophy. Range of Motion Exercises: It is important to maintain joint flexibility, especially in the joints surrounding the femur fracture. Strengthening Exercises: Very important to support the recovery of the muscles that support the femur. A suitable exercise program can be created by the physiotherapist. Mobility Support: During the healing process, patients can maintain their mobility with assistive devices such as walkers or canes. This will also help reduce the load on the bone (Nijdam, 2023).

Home Care Service Results

Activities kVisitation 1



2nd visit activity



3rd visit activity



CONCLUSIONS

This is the report on the results of the home visit activities of the Nursing Study Program, Faculty of Health Sciences, University of Muhammadiyah Cirebon, that we have prepared correctly. Sorry if there is a mistake in the words. Hopefully, this activity can establish a good relationship and bring pleasure and wisdom to all of us. *Aamiin Yarabbal 'Alamiin.*

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