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# Nursing Implementation of Nutritional Management in Diarrhoea Children with Nutritional Deficit Problems

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**ABSTRACT**
Based on medical record data from Siti Fatimah Hospital Palembang, children aged 6-12 years who suffered from diarrhoeal diseases in 2019 to 2021 were 28 patients. Diarrhoea in children must be treated immediately because diarrhoea that is too frequent in children can cause disruption of the gastrointestinal system such as malabsorption which can cause children to enter less nutrients into the body and can cause nutritional deficits in children with diarrhoea. Methods: This type of research design uses a descriptive design in the form of a case study. The approach used is a nursing care approach which includes assessment, nursing diagnosis, planning, implementation, evaluation and documentation. The case study subjects were 2 pediatric patients suffering from diarrhoea, patient 1 aged 6 years and patient 2 aged 7 years who had nutritional deficit nursing problems. This research was conducted at Siti Fatimah Hospital Palembang in 2022. Results: Implementation of nutrition management nursing is effective to overcome the problem of nutritional deficits that occur in children with diarrhoea by showing the results of weight gain in children every day during the nursing process. Discussion: It is hoped that the patient's parents can recognise the signs of diarrhoea in children so that nutritional deficiencies do not occur and it is hoped that parents can apply the nutritional management that the author has taught.



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## 1. INTRODUCTION

The impact of frequent diarrhoea in children can cause growth disorders due to disruption of the gastrointestinal system, such as malabsorption (impaired absorption) which can cause reduced nutritional input into the body. Whereas children aged 5-10 years should have adequate nutrition for growth, when children experience diarrhoea, the nutritional adequacy that children need will be reduced and disrupted. Therefore, if a child has diarrhoea, it must be treated as soon as possible [1].

Based on data from the World Health Organization (WHO) in 2019, diarrhoea is one of the diseases with the highest incidence and mortality rates in the world. There are reportedly around 1.7 trillion cases each year. Diarrhoeal diseases are the second leading cause of death in children under five years old, and annually kill around 525,000 children. Continuous diarrhoea with large amounts of loose stools will cause children to have difficulty eating and make their weight decrease, which can disrupt the nutritional status of children and can lead to death [5].

According to Riskesdas 2018, the prevalence of diarrhoea based on the diagnosis of health workers was 6.8% and based on the diagnosis of health workers or symptoms that have been experienced was 8%. The age group with the highest prevalence of diarrhoea (based on the diagnosis of health workers) was in the age group of children aged 5-14 years at 7% in 2018 [2] [4]. Based on the health profile of Palembang City in 2018, diarrhoeal diseases are included in the top ten largest diseases with 39,256 cases with a percentage of children around 54.1%. In 2018 the number of diarrhoea patients was 43,842 cases with a percentage in children of 54.99%. Whereas in 2019 diarrhoeal disease patients increased to 47,365 with a percentage of children 55.5%

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(South Sumatra Provincial Health Office, 2018). Based on data from the medical records of Siti Fatimah Hospital Palembang, children aged 6-12 years who suffered from diarrhoeal diseases, in 2019 there were 9 patients, in 2020 there were 4 patients and in 2021 there were 15 patients.

Based on the results of research conducted by Alim (2021), it was shown that the nutritional status of children consisted of poor nutritional status, namely 6 children (3.6%), poor nutritional status as many as 22 children (13.0%), good nutritional status as many as 137 children (81.1%), and more nutritional status as many as 4 toddlers (2.4%) [1]. The results of statistical analysis show that diarrhoea greatly affects the nutritional status of children. Based on the results of research conducted by Elvyrah and Faisal (2020), it shows that of the 78 toddler respondents he studied that consisted of poor nutritional status as many as 9 children (11.5%), malnutrition status as many as 19 children (24.4%), good nutritional status as many as 44 children (56.4%), and more nutritional status as many as 6 children (7.7%). From the data above, it can be concluded that children with diarrhoea have a 13.71 times risk of experiencing nutritional problems.

role of nurses for nutritional deficits in diarrhoea patients is to provide appropriate nursing care to meet client needs by using the nursing process starting from assessment, formulating diagonosa, developing an action plan, implementing actions and evaluating actions that have been taken. The main actions that nurses can take in nutritional deficits are: identify nutritional status, identify preferred foods, monitor food intake, monitor body weight [9].

Based on the data described above, the authors are interested in conducting research on "the implementation of nutritional management nursing in diarrhoeal children with nutritional deficit problems.

## 2. RESEARCH METHOD

The method used in this case study is descriptive in the form of a case study to explore the problem of implementing nutritional management nursing in diarrhoea patients with nutritional deficit problems at Siti Fatimah Hospital, South Sumatra Province. The approach taken is a nursing care approach which includes nursing assessment, nursing diagnosis, nursing intervention, nursing implementation and nursing evaluation. This case study has been carried out in the 5th Floor Inpatient Room of Siti Fatimah Hospital, South Sumatra Province which was carried out in patient 1 on 17 March-19 March and in patient 2 on 23 March-25 March 2022. The case study subjects were two patients who were observed in depth with the inclusion criteria, namely pediatric patients with a diagnosis of diarrhoea.

## 3. RESULTS AND DISCUSSION

### 3.1. Result

In the results and discussion describes the results of the nursing process activities carried out on the client. The nursing process is carried out with stages of assessment, diagnosis, planning, implementation and evaluation of nursing.

#### 3.1.1. Nursing Assessment Results

In the first patient, the assessment was carried out on 17 March 2022 at 11.00 WIB, the patient's biodata was obtained, namely An. T is 6 years old, female, has a kindergarten education, lives on Jln.Sekip lama Rt.015 No.2018 Kel.Bumi Emas Kec.Bengkayang, An.T entered the hospital on 15 March 2022 in the 5th Floor Inpatient room. The identity of the person in charge of the patient is Mrs. E as the mother of An.T who is 33 years old, Muslim and lives in the same house with An.T. Whereas in the second patient the assessment was carried out on 23 March 2022 at 13.00 WIB, the patient's biodata was An.S aged 7 years, female. Kindergarten education. An.S lives on Jln. Sukabangun II Rt.027 No.018 Kec.Sukarami. An.S was admitted to the hospital on 21 March 2022 in the 5th floor inpatient room. The identity of the person in charge of the patient is Mrs.K as the mother of An.S who is 34 years old, Muslim and lives in the same house with An.S.

In patient 1, the main complaint at the time of admission, the patient's mother said An.T had liquid stools more than 4x a day and the child complained of abdominal pain. The main complaint during the assessment of patient 1's mother said that since 3 days before entering the hospital, her child had abdominal pain, nausea (+) vomiting 2x and liquid stools more than 4x a day with the patient's condition looking weak. The patient's mother said that when the patient was 1 year old, the patient had experienced this kind of illness but it was not severe and did not end up in the hospital like now. Whereas in patient 2, the main complaint at the time of admission to the hospital, the patient's mother said that her child had a fever since 2 days before admission to the hospital, her child felt abdominal pain and felt nauseous, and defecated with a liquid consistency more than 5x a day and had no appetite. The main complaint at the time of assessment of

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the patient's mother 2 said that since 2 days before admission to the hospital, the patient complained of heat, abdominal pain and felt nauseous (+) vomiting (-), after being given febrifuge at home the heat dropped but rose again at night. Past medical history The patient's mother said the patient had experienced such an illness when he was 3 years old but after being taken to the nearest midwife his child improved and did not get hospitalised like this time.

In the assessment of health patterns obtained in patient 1 nutritional patterns before illness, the diet was good, namely 3x a day with a menu of rice, side dishes, vegetables, no allergies, frequency of drinking water ± 1000 ml / day. During illness, appetite decreases. The patient ate 3x / day but the food eaten was not finished, because the patient did not like the food prepared and felt nauseous, drank water ± 500 ml / day. In patient 1, rest and sleep patterns before illness, the patient slept at night at 21.30 with ± 8-9 hours without waking up in the middle of the night, while during illness the patient had difficulty sleeping because sometimes he felt like going to the bathroom to defecate, the patient slept at 21.00WIB, the patient said sleep was uncomfortable. In patient 1, the activity pattern before the illness was carried out independently. During the illness all activities in the hospital with the help of his family.

In the assessment of health patterns obtained in patient 2 nutritional patterns before illness eating patterns are good, namely 3x a day with menunasi, side dishes, vegetables, no food allergies, frequency of drinking water ± 1500 ml / day. During illness, appetite decreases. Patients eat 3x / day but the food eaten is not finished due to nausea and the feeling of wanting to defecate, drink water ± 800ml / day. In patient 2, rest and sleep patterns before illness, the patient said he slept at night at 22.00 WIB with ± 7 - 8 hours without waking up in the middle of the night. During the illness the patient said he had difficulty sleeping because he often woke up to defecate. The patient sleeps at 21.30WIB. In patient 2 activity patterns before illness, activities were carried out independently. During the illness all activities in the hospital with the help of his family.

Physical examination in patient 1 showed that the patient's general condition was weak, compos mentis consciousness. Breathing 24 x/min, pulse pressure 104 x/min, temperature 37.80C. Whereas in patient 2, the patient's general condition was found to be weak, compos mentis consciousness. Breathing 22 x/min, pulse pressure 100 x/min, temperature 38.30C. Head to toe examination in patients obtained all normal results except in the right upper extremity in patient 1 and patient 2 installed IVFD KA- EN 3A with 12x/min drip.

Laboratory examination in patient 1 and patient 2 showed that haemoglobin (Hb) in P1 and P2 was normal (11.5-14.5 g/DL). In P1 the Hb result was 12.1g/dL and in P2 it was 11.9 g/dL. The normal leukocyte count is 4.0-10.5 million/mm3, in P1 the leukocyte count was 13.4/uL and in P2 it was 14.5/uL. In pharmacological therapy, the drugs of both patients are the same, namely IVFDKA-EN3A gtt 12x/min, paracetamol syr 3x1 cth, domperidone syr 2x1 cth, except that in patient 1 there is cefotaxime 1x500 mg drug therapy and in patient 2 there is zinc syr 2x1 cth drug therapy.

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### 3.1.2. Nursing Diagnoses

From the above data, data analysis was obtained in patient 1 with subjective data, namely the patient's mother said that her child's weight before illness was 21 kg, An.T was weak and complained of abdominal pain, her child's appetite decreased, the food spent was only ¼ portion. Objective data on patient 1 weight when sick 18.5kg, height 115 cm, pulse: 104x/min, breathing: 24x/min, and temperature: 37.8ºC. Based on the etiology of the entry of contaminated food causing food that cannot be absorbed causes diarrhoea so that intake is reduced and output is excessive so that nursing problems are obtained nutritional deficits, while data analysis was obtained in patient 2 with subjective data, namely the patient's mother said that her child's weight before illness was 23 kg, had a fever since 2 days before entering the hospital, felt abdominal pain, her child did not want to eat. Food spent only ¼ portion. Objective data on patient 2 is body weight at the time of illness 20.5kg, height 122 cm, pulse: 100x/min, breathing: 22x/min and temperature: 38.3ºC. Based on the etiology of the entry of contaminated food causing food that cannot be absorbed causes diarrhoea so that intake is reduced and output is excessive so that nursing problems are obtained nutritional deficits. So that the conclusion of nursing diagnoses in patient 1 and patient 2 is a nutritional deficit associated with increased metabolic needs as evidenced by a decrease in body weight of at least 10% below the ideal range.

### 3.1.3. Nursing Intervention

The interventions made for the above diagnoses are the expected objectives of the 3x24 hour nursing actions carried out, namely with the outcome criteria that the portion of food spent increases, body weight

improves, and body mass index (BMI) improves. pain is reduced, controlled or lost. Nursing interventions carried out based on the Indonesian Nursing Intervention Standards (SIKI, 2018) are nutritional management which includes observation by identifying nutritional status, monitoring food intake, and monitoring body weight. Teraupetik by performing oral hygiene. Education by teaching patients to understand the diet that will be given.

### 3.1.4. Nursing Implementation

The author carried out nursing implementation for patient 1 on 17-19 March 2022. On 17 March 2022 at 11.00 WIB the author took action to identify nutritional status by measuring the nutritional status of children using the BBI Child formula: Age + 8 with the result of 20 kg. At 11.20 WIB, monitor food intake by asking the patient's parents how much the patient spent on food today, with the results of the food the patient spent ¼ portion. At 11.30 am, monitor body weight by weighing the patient using a digital scale, with the result of 18.5kg. At 11:35 a.m., educate the patient about the diet to be given by educating the patient's parents about good nutrition for children using leaflets. Explaining to the family the meaning, purpose, types of nutrition and the consequences of nutritional deficiencies, and how to feed during sick and healthy children, with the results of the patient's mother paying attention to the author when explaining and occasionally asking questions.

On 18 March 2022 at 13.00 WIB the author took action to monitor food intake by asking the patient's parents how much the patient spent on food today with the results of the patient eating ¾ portions. At 13.15 WIB monitor body weight by weighing the patient using a digital scale with the results of 18.9 kg. At 13.20 WIB perform oral hygiene by inviting the patient and teaching the patient to brush their teeth properly and explain the importance of brushing their teeth properly. The procedure used to perform this action is in accordance with the existing SOP with the results of the patient paying attention to what the researcher teaches about brushing teeth properly. At 11.50 WIB, conduct education about the diet that will be given by re-evaluating the education that was given yesterday and reminding the mother of the explanation that was not understood, with the results that the patient's mother can explain what was explained by the researcher yesterday but occasionally asks again but sometimes there is still something that has not been remembered.

On 19 March 2022 at 09.30 WIB the author took action to monitor food intake by asking the patient's parents how much the patient spent on food today with the result that the patient spent 1 portion. At 11.40 WIB monitor body weight by weighing the patient using a digital scale with the results of 19.4 kg. At 11.45 WIB perform oral hygiene by reviewing what has been taught and explained yesterday about brushing teeth properly and the importance of brushing to patients, with the results that patients can practice how to brush their teeth properly by themselves. At 11.55 WIB, conduct education about the diet to be given by re-evaluating the education that was given yesterday and reminding the mother of the explanation that was not understood, with the results of the patient's mother explaining again about the explanation explained by the researcher regarding good nutrition for children.

In patient 2 the author carried out nursing implementation on 23-25 March 2022. On 23 March 2022 at 13.00 WIB the author took action to identify nutritional status by measuring the nutritional status of children using the BBI Child formula: Age +8 with the result of 22 kg. At 13.10 WIB, monitor food intake by asking the patient's parents how much the patient spent on food today with the results of the patient's food spent 1/2 portion. At 13.15 WIB monitor body weight by weighing the patient using a digital scale with the result of 20.5kg. At 13.20 WIB provide education about the diet that will be given by educating the patient's parents about good nutrition for children using leaflets. Explaining to the family the meaning, purpose, types of nutrition and the consequences of nutritional deficiencies, and how to feed during sick and healthy children, with the results of the patient's mother paying attention to the author when explaining the education provided.

On March 24 2022 at 11.00 WIB the author took action to monitor food intake by asking the patient's parents how much food the patient had eaten today with the result that the patient ate ¾ of the portion. At 11.35 WIB, the patient's weight was monitored by weighing the patient using a digital scale with a result of 20.8 kg. At 11.40 WIB, carry out oral hygiene by inviting the patient and teaching the patient to brush their teeth properly and explaining the importance of brushing their teeth correctly. The procedure used to carry out this action is in accordance with existing SOPs with the result that patients pay attention to what the researchers teach about proper tooth brushing. At 11.50 WIB we conducted education about the diet that would be given by re-disseminating the education that had been given yesterday and reminding the mother of explanations that the mother did not understand, with the result that the patient's mother was able to explain again what the researcher had explained yesterday but occasionally asked again what she did not he remembered.

On March 25 2022 at 03.30 WIB, the author took action to monitor food intake by asking the patient's parents how much food the patient had eaten today with the result that the patient finished eating 1 portion. At 13.35 WIB, the patient's weight was monitored by weighing the patient using a digital scale with a result of 21.3 kg. At 13.40 WIB, carry out oral hygiene by reviewing what was taught and explained yesterday about brushing teeth correctly and the importance of brushing teeth to patients, with the result that patients are able to transmit themselves how to brush teeth correctly. At 13.50 WIB, we conducted education about diet that would be given by re-disseminating the education that had been given yesterday and reminding the mother of explanations that the mother did not understand, with the result that the patient's mother explained again the explanation that had been explained by the researcher regarding good nutrition for children.

### 3.1.5. Nursing Evaluation

In patient 1, the evaluation on March 17 2022 was subjective data: the patient's mother said that her child was still experiencing loose stools more than 5 times a day, abdominal pain and vomiting and weakness, the child often refused to eat, only ¼ portion of food was consumed, and the patient's mother said willing to listen to the education that will be explained by the author. Objective: general condition is weak, body mass index: 20 kg, weight: 18.5 kg, the patient's mother pays attention to the author when explaining and occasionally asks about what the author explains. Assessment: problem partially resolved. Planning: intervention continues with numbers I.2, I.3, II.1, III.1. March 18 2022, namely subjective data: the patient's mother said that her child was still having loose stools with a slightly loose consistency 3x/day, her child was starting to improve and was not too weak, her child's appetite was starting to increase. The child's food consumed today was ¾ portion, An.T said he wanted to learn how to brush your teeth correctly and the patient's mother said she could explain again what the researcher had taught her yesterday. Objective data: general condition: weak, weight: 18.9 kg, An.T pays attention to what the researcher teaches about brushing teeth properly, and the patient's mother explains again what the researcher explained yesterday but sometimes there is still something she doesn't remember . Assessment: problem partially resolved. Planning: intervention continues with numbers I.2, I.3, II.1, III.1. On March 19 2022, the patient's mother said that An.T's bowel movement today was better than yesterday, the consistency was no longer runny, the food given to her from the hospital was finished by her child, An.T said he already understood how to brush his teeth properly and the patient's mother said he already understands more about the education provided. Objective data: general condition: improving, weight: 19.4 kg, An.T can now practice how to brush his teeth properly himself, and the patient's mother can explain again the explanation that has been explained by researchers regarding good nutrition for children. Assessment: problem partially resolved. Planning: the intervention is continued by the room nurse.

In patient 2, the evaluation on March 23 2022 was subjective data: The patient's mother said that her child had had a fever since 2 days before he was admitted to the hospital, the child felt stomach ache and felt nauseous, and defecated with a liquid consistency more than 5 times a day, the food he finished the child only had ½ portion, and the patient's mother said she was willing to listen to the education provided by the author. Objective data: general condition: weak, body mass index: 22 kg, weight: 20.5 kg, the patient's mother seemed to really pay attention to the researcher when explaining the education provided. Assessment: problem partially resolved. Planning: I.2, I.3, II.1, III.1. on March 24 2022 subjective data: The patient's mother said that her child was still having loose stools in the form of not too liquid and a little loose stools 3x/day, the child's food consumed today was ¾ portion, An.S said he wanted to learn and knew how to brush his teeth correctly, and the patient's mother said he remembered the explanation the researcher gave yesterday. Objective data: general condition: moderate, weight: 20.8kg, An.S enthusiastically paid attention to what the researcher taught about brushing teeth correctly, and the patient's mother explained again what the researcher had explained yesterday but occasionally asked again what was not he remembered. Assessment: problem partially resolved. Planning: I.2, I.3, II.1, III.1. On March 25 2022 subjective data: The patient's mother said that today's defecation has improved, the consistency is loose, the food given from the hospital today was finished by her child, An.S said that she understands how to brush her teeth properly and understands the importance of brushing her teeth and the patient's mother said he understood the explanation that researchers had given during yesterday's education. Objective data: general condition: improving, weight: 21.3 kg, An.S is now able to brush his teeth properly himself, the patient's mother explained again the explanation that had been explained by the researcher regarding good nutrition for children. Assessment: problem partially resolved. Planning: the intervention is continued by the room nurse.

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### 3.2. Discussion

The author has carried out nursing implementation for diarrhea patients with nutritional deficit problems in the 5th Floor Inpatient Room of Siti Fatimah Regional Hospital, South Sumatra Province which was carried out for 3 days, namely to An.T (patient 1) on 17 – 19 March 2022 and An.S ( patient 2) on March 23 - 25 2022.

#### 3.2.1. Identifying Nutritional Status

Identification of nutritional status was carried out by following the action by asking the patient's parents and it was found that patient 1 was 6 years old and patient 2 was 7 years old, so the author calculated using the formula for children aged 6-12 years. The nutritional status formula used was BBI for Children = 2 Age + 8. The procedure for identifying nutritional status was only carried out by the researcher one day for each patient. From the implementation results, data was obtained for patient 1 with an ideal nutritional status of 20 kg and patient 2 with an ideal nutritional status of 22 kg.

#### 3.2.2. Monitor Food Intake

The procedure for monitoring food intake is carried out by obtaining information from the patient or the patient's parents about how much food the patient has eaten or finished. After getting information about the amount of food consumed by the patient, note down whether the portion of food consumed by the patient has increased from the previous day or not. The procedure for monitoring food intake was carried out every day while the researchers were conducting the research, namely 3 days. In patient 1 An.T on 17-19 March 2022 and in patient 2 An.S on 23-25 March 2022. The results showed that there was an increase in appetite in both patients every day.

#### 3.2.3. Monitoring Body Weight

Research conducted by Rahman et al., (2017) monitored body weight with the aim of finding out whether there was an increase or decrease in the patient's weight during the nursing process. Monitoring body weight is very important to do because in children with diarrhea there will be weight loss so weight monitoring must be carried out to determine the development of the child's weight [6].

The first way to carry out the procedure for monitoring body weight is washing your hands first. Second, prepare tools (scales and notebook). Third, place the scale in a flat place and not easily sway. Fourth, after the scales are placed, encourage the patient to stand on the scales and then pay attention to the movement of the scale needle at what number it stops. Fifth, after the patient's weight is known, record the results obtained. Body weight calculations were carried out every day while the researchers were conducting the research, namely 3 days. In patient 1 An.T on 17-19 March 2022 and in patient 2 An.S on 23-25 March 2022. The results of the implementation showed that weight gain occurred in both patients every day, therefore weight monitoring was needed on patient so that the patient's weight is always monitored.

#### 3.2.4. Perform Oral Hygiene Before Eating

The oral hygiene procedure (brushing teeth) is carried out for 2 days. In patient 1 on March 18 2022 the author practiced the correct way to brush his teeth. On March 19 2022, we evaluated the patient on the correct way to brush teeth that had been taught. Patient 2 on March 24 2022 practiced the correct way to brush his teeth. On March 25 2022, we evaluated the patient on the correct way to brush teeth that had been taught. The results obtained from this implementation were that in patient 1 An.T there were several actions that had to be reminded again and in patient 2 An.S was able to carry out all the actions correctly according to the procedure and in patient 1 there were several actions that had to be reminded again. According to the author, this is due to the different knowledge of the parents of the two patients regarding how to teach children how to brush their teeth properly and correctly, when is the right time to brush their teeth.

Research conducted by Ulfah & Utami (2020). Factors that can influence children's habits, namely the mother's level of knowledge, influence dental health maintenance behavior. A person who has a high level of knowledge will influence his behavior to live a healthy life [10]. Research states that parents' knowledge about health behavior can increase their ability to supervise their children in maintaining oral hygiene. Parents play an important role in educating and nurturing children in maintaining healthy teeth [7]. By maintaining dental health, you can prevent various diseases that occur in children, one of which is diarrhea.

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### 3.2.5. Teaching a Programmed Diet

The education provided to the patient's family is education about good nutrition for children using leaflets which explain the meaning of nutrition, the purpose of providing nutrition, types of nutrition, the benefits of nutrition, the consequences if the child experiences nutritional deficiencies, and how to provide food when the child is sick. and healthy children. On March 17 2022, researchers provided educational implementation to patient 1's parents regarding good nutrition for children. On March 18-19 2022, researchers re-evaluated parents regarding the education provided yesterday. On March 23 2022, researchers provided educational implementation to the parents of patient 2 regarding good nutrition for children. On March 24-25 2022, researchers re-evaluated parents regarding the education provided yesterday.

In implementing education for the parents of patient 1 and patient 2, both parents responded well and were very cooperative. Patient 1's parents were able to explain again about the education that had been given but there were still things that needed to be reminded. The parents of patient 2 were able to explain again correctly and seemed to understand more than the parents of patient 1. This could occur as a result of a lack of parental knowledge and understanding of digital media which can be used to increase knowledge about good nutrition for children according to with age.

Research conducted by Fitriana (2018) explains that parents can learn about nutrition through internet media, but parents' understanding of digital literacy must also be appropriate because it affects family resilience. With parents' understanding of children's nutritional needs correctly, nutritional intake patterns will be given by parents will be in accordance with the child's needs, so that the child can develop optimally according to his potential. This research was conducted to increase parents' understanding of children's nutritional needs, previously many parents did not really understand the benefits of healthy nutritional food, for example the benefits of vegetables and fruit were only useful for immunity [3].

### 3.2.4.2. Using Distraction Techniques with Story Telling

The researcher implemented the distraction technique after knowing the level of anxiety in patient 1 and patient 2, this action was carried out for 15 minutes using a story book entitled "Kibo and the Honey Bear". After implementing the distraction technique: story telling in patient 1 and patient 2, a response was obtained. The patient is cooperative, the patient looks focused on the story being told. The patient can also understand the content of the story, when the researcher asks questions regarding the content of the story the patient can answer correctly, such as mentioning the characters who play in the story. On the following day, the researcher implemented the distraction technique: story telling again with the same story but after reading the story, the researcher invited the patient to play using the games provided in the story book and provided knowledge about Sun Bears. The responses obtained from patient 1 and patient 2 seemed cooperative and happy with the researcher's presence, the patient seemed enthusiastic about listening to the story being told, the patient seemed focused on listening to the story, and the patient was able to follow the game well and understand the explanation about the Sun Bear.

After implementing the distraction technique: storytelling in patient 1, it was found that the anxiety score on the first day decreased from 40 (moderate anxiety) to 28 (moderate anxiety) on the second day and 18 (mild anxiety) on the third day. Patient 2 on the first day was 58 (severe anxiety) to 40 (moderate anxiety) on the second day and 28 (mild anxiety) on the third day. The results of the research above are in line with research conducted by Yati et al (2017) where there was a significant influence of storytelling on the anxiety level of preschool-age children during hospitalization. The results of this research are also in line with research conducted by Padila [9] which shows that treatment using story telling more significantly reduces anxiety in pre-school children [6]. Providing distraction techniques: story telling to children who experience anxiety in accordance with the theory according to Nuraila, Utami and Cahyani (2018) in the Child Nursing Textbook states that distraction therapy can minimize stress, provide diversion and relaxation, help children feel more comfortable in unfamiliar environments, reduce stress due to separation and feelings of wanting to go home, as a place to channel creative ideas, encourage positive interactions with other people, a means to achieve therapeutic goals and as a place for children to play an active role and minimize loss of control [7].

### 3.2.4.3. Providing Education About Distraction Techniques Using Story Telling

Researchers provided education on the first day, the media used was leaflets. In the implementation of education about distraction techniques with story telling, the parents of patient 1 and

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patient 2 were given the same material, namely explaining the meaning of distraction techniques, the purpose of distraction techniques, the benefits of distraction techniques and conveying about efforts to reduce anxiety with story telling and explain the meaning of story telling, types, stages and supporting factors for story telling. The results obtained during the researchers provided education, the parents of patient 1 and patient 2 listened to the explanation given, the response given by the parents of patient 1 was able to mention again the material that had been presented, as well as the parents of patient 2 who were very good at mentioning the material that had been given.

Based on research results that support the influence of education on increasing knowledge, namely research conducted by Riyantini (2010) which states that health education has a great influence on knowledge and practice. Therefore, education is very important to give to parents. Other research conducted by Salafiah (2014) also explains that there is an influence of health education on knowledge [8]. Based on research by Elbilgahy and Abd El Aziz (2017), they evaluated the effect of providing education on mothers' knowledge and attitudes in handling children [3]. Health education has a positive effect on maternal knowledge, attitudes and child management.

### 3.2.6. Evaluation

Evaluation is the process of assessing goal achievement and reviewing nursing plans. Evaluation assesses the patient's response which includes subject, object, assessment and planning [2]. The evaluation results obtained after carrying out nursing implementation actions for 3 x 24 hours are expected to reduce the level of anxiety with the criteria of decreased verbalization of confusion, decreased verbalization of worry due to the conditions faced, decreased restless behavior, decreased tense behavior, improved concentration and improved sleep patterns.

Based on the results of a three-day evaluation for both patients 1 and 2, subjective data was obtained including decreased verbalization of confusion, decreased verbalization of worry due to the condition they were facing, improved concentration, the mother said her child's sleep pattern had improved. Objective data showed that restless behavior decreased, tense behavior decreased and sleep patterns improved. On the third day, there was a decrease in the level of anxiety, the score obtained by patient 1 was 18 with an indication of mild anxiety and the observation result was a score of 2 mild anxiety. In patient 2, a score of 28 was obtained indicating mild anxiety and the observation result was a score of 4 mild anxiety.

## 4. CONCLUSION

Identifying nutritional status is necessary to find out the value of the patient's nutritional status, by calculating using the child's BBI formula = 2n+8. The results of the first day of observation for patient 1 An.T showed that the ideal nutritional status should be at the age of 6 years, namely 20 kg. In patient 2 An.S, the ideal nutritional status results were obtained at the age of 7 years, namely 22 kg. Actions to monitor food intake need to be carried out so that the author knows how much food the patient consumes. Data obtained by the author on patient 1 An.T and patient 2 An.S showed that there was a change in appetite and the portion of food spent increased by patient 1 and patient 2. Patient 1 and patient 2 on the first implementation day spent ¼ portion of food, day secondly ¾ portion, and on the third day the food given is finished. The author carried out the action of monitoring body weight in patient 1 An.T and patient 2 An.S for 3 days. The results showed that on patient 1 An.T, the first day's weight was 18.5 kg, on the second day it was 18.9 kg, and on the third day it was 19.4 kg. In patient 2 An.S, the first day his weight was 20.5 kg, the second day 20.8 kg, and the third day 21.3 kg. So it can be concluded that there was an increase in weight in each patient during the 3 days when the author carried out weight monitoring observations. The author carried out the act of carrying out oral hygiene to brush teeth correctly on patient 1 An.T and patient 2 An.S for 2 days. The results showed that patient 1 An.T and patient 2 An.S were able to carry out the act of brushing their teeth correctly on their own. the second day after being practiced by researchers on the previous day. Patient 1 and patient 2 said their mouths felt fresher after brushing their teeth and the food they put into their mouths felt better than the previous day. The author carried out the educational action to teach diet which was programmed to provide education to the parents of patient 1 and patient 2 regarding good nutrition for children for 3 days with a time of ±20 minutes. Providing this education increases the knowledge of the patient's parents about the meaning of nutrition, types of nutrition, the benefits of nutrition and the consequences of nutritional deficiencies, how to provide food when the child is sick and healthy. So the patient's parents can provide the right food for their children.

Providing implementation of nutritional management for children who experience diarrhea in patient 1 (An.T) and patient 2 (An.S) is effective in dealing with diarrhea in children who experience nutritional deficit problems because during the nursing process that the author carried out, patient 1 and the patient experienced

gain weight every day.

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