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PHENOMENOLOGY STUDY: FAMILY EXPERIENCE IN MANAGING
MENTAL DISORDERS IN PANTI DISTRICT

ANXIETY OF ACUTE CORONARY SYNDROME PATIENTS IN REGIONAL
PUBLIC HOSPITAL OF DR.T.C.HILLERSMAUMERE

MANAGER'S STRATEGY IN IMPROVING THE QUALITY OF NURSING
DOCUMENTATION

EARLY DETECTION OF PRESSURE SORES AND HEALTH EDUCATION IN
PREVENTING THE OCCURRENCE OF PRESSURE SORES

FAMILY SOSIAL SUPPORT AND ANXIETY LEVEL OF HOSPITALIZATION
TO PRESCHOOL CHILDREN

THE CONDITION OF THE BABY IN EXCLUSIVE BREASTFEEDING FOR
WORKING MOTHERS AT STIKES RS. BAPTIS KEDIRI

MOTIVATION RELATED TO COMPLIANCE MANAGEMENT OF NON
PHARMACOLOGICAL THERAPYTYPE II DIABETES MELITUS

DECREASED BLOOD URIC ACID LEVELS TRHOUGH HEALTH
EDUCATION BY SCREENING METHODS IN THE ELDERLY

THE SOURCES OF PSYCHOLOGICAL DISTRESS AMONG NURSING
STUDENTS : A SYSTEMATIC REVIEW

SELF-CONCEPT AND ACADEMIC ACHIEVEMENT INDEX ON BACHELOR
NURSING STUDENT

EFFECTIVENESS OF HOME VISIT ON CHANGE BEHAVIOR OF
HYPERTENSION PATIENTS IN HELVETIA COMMUNITY HEALTH CENTER,
MEDAN

INCIDENCE OF INSOMNIA IN THE ELDERLY AT WREDHA NURSING
HOME

PROCEEDING OF

STIKES RS. Baptis Kediri
Kediri City- East Java, 23th Nov 2019

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Published by:

STIKES RS. Baptis Kediri

ISSN : 2548-9198

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FOREWORD

Thanks to God Almighty for his abundance of grace so that the Proceedings Of Update Comprehensive Nursing Care For Diabetes Mellitus Patients With A Multidisciplinary Approach can be solved well. This Proceeding is a collection of research results that are expected to contribute in improving health status in the community. Research results can be a point of reference for developing other research for the welfare of Indonesian society. This Proceeding contains research papers and is created with the aim of providing knowledge to the general public regarding the latest research and scientific developments so that it is expected to increase knowledge, communication and further motivation for the filing of Intellectual Property Rights.

We would like to thank **Mrs. Selvia David Richard, S.Kep., Ns., M.Kep as Chief of STIKES RS. Baptis Kediri, Libest Asia Consultans, Social Welfare Corporation Prefectual Welfare Society, Asia Kyoei Jigyou Kyodokumiai, Kumiai/AO Japan, Seiyukai Foundation, Rakurakuen Foundation and Southeast Asia Ministers of Education Organization Regional Open Learning Center (SEAMEO SEAMOLEC)** in publishing the proceedings that we have held. We realize that this Proceeding certainly does not escape the deficiencies, for that all suggestions and criticism we expect for the improvement of proceedings in the next issue. Finally we would like to thank all those who have assisted in this activity, and we hope that this proceeding can be useful for researchers, academics and the development of science.

Kediri, 29th November 2019
Committe

TABLE OF CONTENTS

| | |
|---|-----|
| FOREWORD..... | iii |
| TABLE OF CONTENTS..... | iv |
| PHENOMENOLOGY STUDY: FAMILY EXPERIENCE IN MANAGING MENTAL DISORDERS IN PANTI DISTRICT | 5 |
| Fitrio Deviantony..... | 5 |
| ANXIETY OF ACUTE CORONARY SYNDROME PATIENTS IN REGIONAL PUBLIC HOSPITAL OF DR.T.C.HILLERSMAUMERE..... | 12 |
| Ode Irman, YosefinaNelista, Yosephina Maria HawaKeytimu | 12 |
| MANAGER'S STRATEGY IN IMPROVING THE QUALITY OF NURSING DOCUMENTATION | 19 |
| Nikodimus Margo Rinenggantyas ¹ M. Rofii ² Luky Dwiantoro ² | 19 |
| EARLY DETECTION OF PRESSURE SORES AND HEALTH EDUCATION IN PREVENTING THE OCCURRENCE OF PRESSURE SORES. | 24 |
| P Santoso, M Alimansur | 24 |
| FAMILY SOSIAL SUPPORT AND ANXIETY LEVEL OF HOSPITALIZATION TO PRESCHOOL CHILDREN | 32 |
| Chintya Agatha P., Maria Anita Yusiana, Dewi Ika Sari Hari Poernomo..... | 32 |
| THE CONDITION OF THE BABY IN EXCLUSIVE BREASTFEEDING FOR WORKING MOTHERS AT STIKES RS. BAPTIS KEDIRI | 43 |
| Rimawati | 43 |
| MOTIVATION RELATED TO COMPLIANCE MANAGEMENT OF NON PHARMACOLOGICAL THERAPYTYPE II DIABETES MELITUS | 50 |
| Tri Sulistyarini, Selvia David Richard..... | 50 |
| DECREASED BLOOD URIC ACID LEVELS THROUGH HEALTH EDUCATION BY SCREENING METHODS IN THE ELDERLY | 61 |
| Sandy Kurniajati, Akde Triyoga, Yoyok Febrijanto | 61 |
| THE SOURCES OF PSYCHOLOGICAL DISTRESS AMONG NURSING STUDENTS : A SYSTEMATIC REVIEW..... | 68 |
| Dyah Ayu Kartika Wulan Sari | 68 |

EARLY DETECTION OF PRESSURE SORES AND HEALTH EDUCATION IN PREVENTING THE OCCURRENCE OF PRESSURE SORES.

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ABSTRACT

Prevention of pressure sores is a priority in the care of patients at risk of pressure sores. The quality of nursing care is considered a key factor in the prevention of pressure sores. Early detection of risk and health education will determine the next treatment plan. The purpose of this study was to look at the effect of early detection of pressure sores and health education on the incidence of pressure sores. The research design used was descriptive analytic with the respondents of the study were stroke patients who were hospitalized at Gambiran City Hospital in Kediri as many as 40 respondents. Sampling using Purposive Sampling. Data collection uses instruments of risk assessment for stroke patients, pressure prevention questionnaire and pressure sores test sheet. Data analysis uses Ordinal Regression analysis with the help of SPSS version 20 computer devices. The test results show that Health Education and Detection of Risk of Sores obtained p-value <0.05, which means that there is an influence of the variable of Health Education and detection of the risk of Sores on the incidence of pressure sores. Health education and early detection of the risk of pressure sores that will increase the occurrence of pressure sores. Early detection of risk and health education about pressure sores must be done early in the treatment process so that it can suppress the occurrence of pressure sores in stroke patients.

Keywords: Early Detection, Health Education, Stroke, Decubitus

1. Introduction

Decubitus is a pressure wound or an open wound as a wound on the skin or tissue that is local caused by a bone bulge, long and continuous pressure or friction. (NPUAP / EPUAP 2009). Decubitus has to do with poor health and a constant state of stress where the patient experiences limited activity (Crenshaw and Vistness 1989 (1-3). The incidence was reported, Based on the results of the study showed that the incidence of pressure sores varied, but in general it was reported that 5-11% occurred in the acute care setting, 15-25% in the long-term care

order and 7-12% in the home care order(4,5). Based on the results of research into causes of death 60%, due to a decrease in health in patients who experience pressure sores and occur after discharge from the hospital and more developed after a decline in the health status of older people (Lyder, 2002).(6-9) The high incidence of pressure sores on fishermen's health is a nursing problem that must be considered. A recent study reported by Woodbury & Houghton (2004) reviewed data that surveyed more than 14,000 patients from 45 health care institutions in Canada, and estimated

the prevalence of pressure ulcers as follows: Acute Hospital: 25.1%. Non-Acute Facilities (Long-Term Care, Nursing Homes, etc.) 29.9% Mixed Health Care Facilities (acute and non-acute) 22.1% Community Care 15.1%. Overall, the estimated prevalence of ulcers in all health care institutions in Canada is 26.2%. This data shows that pressure ulcers are a significant problem in all health care settings in Canada (Woodbury & Houghton, 2004). this data shows decubitus is a serious problem in health care.(10–12) Early detection is an important action to reduce the occurrence of pressure sores, especially in patients who have a high risk of pressure sores.

The main components of the initial intervention are (National Pressure Ulcer Advisory Panel, 1992): Identification of at-risk individuals who require preventive intervention and specific factors that place them at risk, Protection and promotion of skin integrity, Protection against pressure, friction and shear strength; and Reducing the onset of pressure ulcers through educational programs for health professionals and clients.(10). The high incidence of diabetes in some health services is a challenge for health workers to minimize the incidence of pressure sores and prevention of pressure sores is a priority in the treatment of patients with risk of pressure sores..(12).

The quality of nursing care is considered a key factor in the prevention of pressure sores (6,7). in taking precautions decubitus educational innovation is one of the right choices so as to reduce the occurrence of pressure sores. (Muirhead, 2007). E-learning is one of the innovations that provide

knowledge and skills using electronic technology such as internet or computer based instruction on a local or wide area network (Beeckman, et al., 2008) .(13–15). Decubitus prevention steps are to correctly identify patients, conduct early detection carefully, and provide education that is integrated with innovative technology so that early prevention is obtained and reduce the cost of hospitalization .(7–9,15)

2. Research methods

Based on the research objectives, the research design used is descriptive analysis to obtain detailed data for further analysis. The population studied by the researchers were all stroke patients treated at Gambiran Hospital, Kediri. The sample in this study were several stroke patients who were treated at Gambiran Hospital, Kediri . The sampling technique uses purposive sampling, which is a technique to determine samples from populations that have certain characteristics up to the specified time limit. The inclusion criteria in this study are patients who are willing to be respondents, patients who have slept for 3 days in the hospital, patients who have full awareness and can sign the research consent sheet, patients who will sign the research consent sheet themselves, but in patients who have decreased awareness and experience weakness in general, the research consent sheet is signed by attending family members.

The sample size obtained was 40 respondents. The independent variables in this study were early detection and health education, while the dependent variable was the

incidence of pressure sores. The instrument used to measure the prevention of pressure sores is the checklist for the prevention of pressure sores and examination sheets. Data analysis, in the first stage descriptive analysis was carried

out first, then bivariate analysis using the Spearman Rho test then to determine the effect of the early detection variable; health education, for the incidence of pressure ulcers tested by Ordinal Regression. The software used to test is SPSS 20.

3. Research results

Table 1 descriptive analysis of prevention of pressure sores in stroke patients

| No | Independent Variable | category | There is no wound | Persen | Decubitus sores | | | | Total | Persen |
|----|--------------------------|----------|-------------------|--------|-----------------|--------|---------|--------|-------|--------|
| | | | | | Grade 1 | Persen | Grade 2 | Persen | | |
| 1 | Health Education | Less | 8 | 38,1 | 9 | 42,9 | 4 | 19 | 21 | 100 |
| | | Enough | 1 | 33,3 | 1 | 33,3 | 1 | 33,3 | 3 | 100 |
| | | Well | 16 | 100 | 0 | 0 | 0 | 0 | 16 | 100 |
| 2 | Decubitus Risk Detection | Less | 13 | 52 | 7 | 28 | 5 | 20 | 25 | 100 |
| | | Enough | 8 | 72,7 | 3 | 27,3 | 0 | 0 | 11 | 100 |
| | | Well | 4 | 100 | 0 | 0 | 0 | 0 | 4 | 100 |

Based on table 1, it can be seen that the actions of health education are mostly in the poor category while for early detection of the risk of pressure sores, most are also in the poor category.

Table 2 Effects of Preventive Preventive Efforts on the incidence of pressure sores on stroke patients

| No | Variabel | Estimated value | P-value | Information |
|----|--------------------------|-----------------|---------|-------------|
| 1 | Health Education | -1,973 | 0,003 | Signifikan |
| 2 | Decubitus Risk Detection | -1,582 | 0,042 | Signifikan |

Based on table 2, it can be seen that the results of Ordinal Regression for the variable of Health Education and Detection of Risk of Pressure Sores obtained p-value <0.05, which means that there is an influence of the variables of Health Education and the detection of pressure of Decubitus on the incidence of pressure sores. Health education and early detection of the risk of pressure sores that will increase the occurrence of pressure sores.

1. Discussion

4.1 Early detection of the occurrence of pressure sores The most important risk factor that is independently associated with an increased risk of pressure sores is the length of hospitalization. To determine the level of client risk, the AHCPR guidelines (1992) recommend the use of standard risk assessment tools.

The Braden Scale and the Norton Scale have been tested sufficiently for reliability and validity to be a useful adjunct for nursing assessment and care planning. The Braden Scale has good sensitivity (83-100%) and specificity (64-77%), while the Norton Scale has a sensitivity of 73-92% and specificity 61-94%. Positive predictive values are

documented as: Braden - around 40%; Norton - about 20% (Lyder, 2002).(8,9,13-15). Efforts to prevent the occurrence of pressure sores should be done as early as possible since the patient is identified as being at risk of having a pressure wound. (5). Prevention of pressure sores is important because pressure sores can prolong patient care days and increase costs that should not need to be spent.(16). An assessment of the risk of pressure sores at the time of admission must be carried out, because assessing the risk of pressure sores can correctly predict the formation of pressure sores in high-risk groups of patients so that this can be the basis for nursing interventions to prevent the development of pressure sores (Bates-Jensen 2001).(13,14,16). An understanding of mechanical loads (pressure, friction and shear) and the risk of developing pressure ulcers is very important in client assessment, especially those limited to beds and / or chairs (Cuddigan & Frantz, 1998).(12) Fleck (2001) identifies extrinsic mechanical strengths and factors that contribute to pressure ulcers. They are pressure, shear, friction and humidity. All contribute to soft tissue damage that affects blood flow, tissue necrosis and the development of pressure ulcers, especially in immobile patients. Physical movements associated with improper turns and displacement techniques and prolonged and irreversible pressure can cause the development of pressure

ulcers (Consortium for Treatment of Spinal Cord, 2000).(14) Potter and Perry (2005), stated that preventive skin care interventions include regular skin assessments at least once a day, for high risk people who are better each shift, keeping skin clean and not wet. When cleaning the skin, you should use warm water with soap that does not contain alcohol. After cleaning the skin, use a moisturizer to protect the epidermis and as a lubricant, but it should not be too concentrated. If the patient experiences incontinence or gets food through a sonde to be aware of excessive humidity due to exposure to urine, feces or enteral fluid. The patient should always be cleaned and the area exposed to the liquid given a moisturizing layer as a protector.(17) The results showed that the precautionary measures taken could prevent the elderly immobilization from the incidence of pressure sores.(18) Early detection actions Effective intervention strategies require communication of the roles and responsibilities of interdisciplinary team members (CREST, 1998). Decubitus can be prevented through adequate precautions.(7,18). Continued improvement in care occurs when the team approach is used and the roles and responsibilities of each team member are identified (AHCPR, 1992; Consortium for Treatment of Spinal Cord, 2000; RCN, 2000). In addition, adopting a team approach requires each team

member to take responsibility for facilitating and improving communication, sharing care and responsibility for care. (6,8,14,15)

This approach requires that health professionals and clients understand and respect each other's role in care delivery (RCN, 2000). The articulation of these roles can be overcome in educational programming aimed at various audiences. Early intervention is very important for those who are at risk of developing pressure ulcers. (11,12) The main components of the initial intervention are (National Pressure Ulcer Advisory Panel, 1992): Identification of at-risk individuals who need preventive interventions and specific factors that place them at risk, Protection and promotion of skin integrity, Protection against pressure, friction and shear strength; and Reducing the onset of pressure ulcers through educational programs for health professionals and clients(6,8,13–15)

4.2 Education on the occurrence of pressure sores

Special attention is given to prevented ICU patients for getting Decubitus and improving the quality of care through education and awareness. In addition, increased accountability for the initial implementation of the pressure ulcer prevention bundle and pressure ulcer prevention program is very important(6,8,13,15) . All health care providers must receive

education relevant to the assessment and prevention of pressure ulcer risk (NICE, 2001). The Royal College of Nursing (2000) identified several studies (Bergstrom Braden, Boynton & Bruch, 1995; Moody et al, 1988) reported in a systematic review by McGough (as cited in RCN, 2000) that supported the concept that educational programs might reduce incidence and prevalence of development of pressure ulcers. They stated that "a sustainable quality assurance approach will advocate that increasing public awareness about risk assessment and prevention of ulcer risk through a coordinated and structured education program, is more likely to produce benefits for patients than not providing programs" (p. 34). In addition, several clinical practice guidelines support educational interventions to increase prevention of pressure ulcers (AHCPR, 1992; Consortium for Spinal Cord Treatment, 2000; NICE, 2001; RCN, 2000; WOCN, 2003). In our current health care environment, individuals experience much shorter hospital stays. Often, the focus of care is on maximizing functional gains in daily life activities and mobility, and education is informal or minimal. It is important, however, that individuals are provided with the basic knowledge needed to return them to their homes and communities (Consortium for Spinal Cord Medicine, 2000), and have this knowledge

provided in ways that are meaningful and beneficial to clients and caregivers. Boyd (1987) in a systematic review shows that the majority of people in the United States have a level of reading comprehension at or below the eighth grade. This has implications for the development of patient education programs and patient teaching materials. There is extensive discussion in the literature supporting the need to ensure educational programs are directed at all levels of doctors, patients and other caregivers (AHCPR, 1992; Consortium for Treatment of Spinal Cord, 2000; RCN, 2000; Wiechula, 1997). (6,7,13–15) People at risk of suffering from peptic ulcers must be informed and educated about risk assessment and prevention strategies, and this education must include family and other caregivers, if necessary. NICE (2001) suggests that patient / caregiver education must provide information about personal risk factors for developing ulcer, the sites that have the greatest personal risk for developing ulcers, how to examine skin damage and recognize changes in the skin, how to treat for the skin (including methods for relieve pressure / reduction), and where individuals or families can get help and advice when needed, with emphasis on the need for immediate assessment by a health care professional should signs of damage are noted (6,9,14). Patients and families really need to be

educated so that there is collaboration between patients, families and service providers in patient care. Family education is programmed and comprehensive so that families are expected to actively participate in patient care. The recommended health education topics are as follows; etiology and risk factors for pressure sores, application of using risk assessment tools, skin assessment, selecting and or using surface support, individual skin care, demonstration of the right position to reduce the risk of pressure sores and documentation of related data (Handayani, 2010). (17)

2. Conclusion

Client risk for the development of pressure ulcers is determined by a combination of clinical assessment and the use of reliable risk assessment tools. The use of tools that have been tested for validity and reliability, such as the Braden Scale for Predicting Risk of Pressure Pain, are recommended. Interventions must be based on intrinsic and extrinsic risk factors identified and identified by risk assessment tools, such as the sensory perception category, mobility, activity, humidity, nutrition, friction and Braden's shear. Risk assessment tools are useful as an aid for compiling assessments. (6–9,13–15) Educational programs for the prevention of pressure sores must be based on principles of learning accompanied by technological innovations, the level of information provided and the manner of delivery must be integrated with comprehensive health services. The

program must be evaluated for its effectiveness in preventing pressure sores through standard quality mechanisms. Information about the following areas must be included: Etiology and risk factors are predisposing factors for the occurrence of pressure sores (8,9,13–15) The risk assessment category must also be used to identify specific risks and ensure effective treatment planning. Skin assessment. Staging of ulcer press. The selection and / or use of supporting surfaces. Development and implementation of individual skin care programs. Demonstration of positioning / transfer techniques to reduce the risk of network damage. Instructions on accurate documentation of related data. Roles and responsibilities of team members in relation to the assessment and prevention of pressure ulcer risk (6–9,13–15)

References

1. Eport ACASER, Pt BMR. E FFECTION THERAPY IN THE M ANAGEMENT OF P RESSURE U LCERS -. 2003;16–9.
2. Diaz S, Li X, Rodríguez L, Salgado CJ. Anaplastology Update in the Surgical Management of Decubitus Ulcers. 2013;2(3).
3. Coleman S, Keen J, Wilson L, McGinnis E, Coleman S, Nixon J, et al. A new pressure ulcer conceptual framework. 2014;(April).
4. Mareta Fitri Andani, Sri Puguh Kristiyawati, S ECP. Efektifitas alih baring dengan masase punggung terhadap resiko dekubitus pada pasien tirah baring di rsud ambarawa.
5. Syapitri H, Siregar LM, Ginting D. METODE PENCEGAHAN LUKA DECUBITUS PADA PASIEN BEDREST TOTAL MELALUI PERAWATAN KULIT Method of Preventing Decubitus Injury in Bedrest Patients Through Total Skin Care Program Studi Ners , Universitas Sari Mutiara Indonesia Program Studi Magister Ilmu Kesehatan Masyarakat , Universitas Sari Mutiara 6. Apostolopoulou E, Tselebis A. Pressure ulcer incidence and risk factors in ventilated intensive care patients. 2014;8:333–42.
7. Brem H, D M, Lyder C, D N. Protocol for the successful treatment of pressure ulcers. 2004;188(July).
8. Education N, El SA, Arabia S. Effects of implementing educational program about pressure ulcer control on nurses ' knowledge and safety of immobilized patients. 2016;(December 2014).
9. Riordan J, Voegeli D. of pressure ulcers. 2009;18(20).
10. Best N, Guideline P. of Pressure Ulcers. 2005;(March).
11. Commission TJ, Services M, Pressure N, Advisory U, Injury DT, Device M, et al. Preventing pressure injuries. 2016;(25).
12. Ebi WE, Hirko GF, Mijena DA. Nurses ' knowledge to pressure ulcer prevention in public hospitals in Wollega : a cross-sectional study design. BMC Nursing; 2019;1–12.
13. Tubaishat A. The Effectiveness of an e-Learning Program to Improve Pressure Ulcer Classification by Nurses. 2014;4(10):293–9.
14. Shiferaw WS, Yirga T, Mulugeta H, Aynalem YA. The global burden of pressure ulcers among patients with spinal cord injury : a systematic review and meta-analysis . The global burden of pressure ulcers among patients with spinal cord injury : a systematic

- review and meta-analysis . 2019;1–22.
15. Safety P. Preventing Pressure Ulcers in Hospitals : A Systematic Review of Nurse-Focused Quality Improvement Interventions. 2011;37(6).
 16. Universitas L, Halaman J. LPPM Universitas Jambi Halaman | 93. 2013;2009:93–8.
 17. Yogyakarta UM. Pengaruh tindakan keperawatan reduksi luka tekan terhadap penurunan risiko luka tekan. 2017;13(2).
 18. Imobilisasi L. PENGARUH TINDAKAN PENCEGAHAN TERHADAP KEJADIAN DEKUBITUS PADA LANSIA IMOBILISASI Sulidah 1, Susilowati 1 1. 2017;15(3):161–72.