



Implementation Of Nursing Pain Management in Gastritis Patients With Acute Pain in The Emergency

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Abstract. *Background:* Gastritis is an inflammation of the stomach wall caused by irritation of the gastric mucosa. Gastritis caused by bacterial infections such as *Helicobacter pylori* and irritant foods and drinks. The problem posed is acute pain. Nursing interventions to address this problem are pain management. *Objective:* This case study aims to describe the implementation of nursing pain management in gastritis patients with acute pain. *Method:* This case study design is a descriptive design in the form of a case study with a nursing care process approach. The case study subjects were 4 patients in the emergency room with the criteria of experiencing gastritis with problems acute pain. This case study was conducted at Muhammadiyah Palembang Hospital on March 16- 23, 2023. The nursing implementation provided was in the form of warm compress and deep breath relaxation to reduce pain in gastritis patients, in patient 1 before the implementation of the pain scale was 5 and fell to 3, the second patient initially had a pain scale of 4 decreasing to 2, in patient 3 the initial scale of 5 was reduced to a scale of 2, and finally patient 4 before the technique was carried out. out the pain scale in patients is 5 after being carried out down to a scale of 3. Using data collection techniques by means of observation, and interviews. *Results:* The research results describe the need for implementation of pain management (warm compress and deep breath relaxation) to reduce pain in gastritis patients from a moderate pain scale to a mild pain scale. *Conclusion:* There is an influence in implementing pain management on acute pain in gastritis patients.

Keywords : Gastritis, Acute Pain, Warm Compresses, Deep Breathing Relaxation, Pain Management

1. INTRODUCTION

Gastritis is an inflammation of the stomach wall caused by irritation of the gastric mucosa. Gastritis often appears suddenly and can become chronic, causing complex health problems that affect various body systems. Gastritis is caused by bacterial infections such as *Helicobacter pylori* and irritating foods and drinks (Khomariyah et al., 2021).

According to the World Health Organization (WHO), in 2020, in several countries in the world and obtaining the percentage results of the incidence of gastritis in the world, the number of gastritis sufferers in England is 22%, China 31%, Japan 14.5%, Canada 35%, and France 29.5%. According to the World Health Organization, the incidence of gastritis in Indonesia is 40.8%. The incidence of gastritis in several regions of Indonesia is quite high, with a prevalence of 274,396 cases out of 238,452,952 people. Based on data from the Palembang City Health Office, the number of patients with gastritis in 2019 was 63,408, while it was 52,936 in 2020 and in 2021 it was 49,115 (Palembang City Health Office (2021) in Mustakim et al., 2021).

Patients with gastritis usually experience abdominal and epigastric pain. The patient's discomfort is expressed in their behavior, such as voice (crying, grimacing, groaning), body

movements (restlessness, muscle tension), and social interactions (time disorientation and avoiding conversation) (Supetran I Wayan, 2018). Complementary therapies that nurses can use to help patients include distraction techniques, deep breathing relaxation, efflux massage, guided imagery, warm water compression, deep progressive muscle relaxation techniques, and finger grip relaxation (Utami & Kartika, 2018). According to (Labagow et al., 2022) non-pharmacological therapy or simple complementary therapy that is cost free and easy to perform is a warm compress. Warm compression is an effective way to relieve all types of pain, including heartburn, felt by patients with gastritis.

In addition to warm compresses, which can reduce pain, deep breathing relaxation techniques are also used. According to (Elyta et al., 2021) Deep breathing relaxation techniques are among the methods used in therapeutic communication to study a patient's pain experience. Deep breathing relaxation techniques reduce pain by breathing slowly using the diaphragm, allowing the abdomen to lift slowly and the chest to expand fully. In addition to reducing pain intensity, deep breathing relaxation techniques can increase lung ventilation and blood oxygenation.

Based on research (Labagow et al., 2022) the application of warm compresses to reduce pain in patients with gastritis in the Emergency Room of Melati Perbaungan General Hospital concluded that there was an effect of warm compression therapy on reducing pain in patients with gastritis, after which the patient's pain scale, which was initially in the moderate and severe pain category, changed to a mild and moderate pain scale. This is in line with research by (Bakhri, 2022) who conducted an innovative intervention of deep breathing relaxation with a combination of warm water compresses to reduce pain intensity in gastritis patients in the Emergency Room of Taman Husada Bontang Hospital in 2022, it was concluded that the provision of non-pharmacological techniques, namely deep breathing relaxation techniques and warm water compresses given for 1 day in gastritis patients, showed good changes showing significant results in reducing the pain intensity of gastritis patients.

Based on research (Erni et al., 2020) on the effect of relaxation techniques on reducing epigastric pain in patients with gastritis, it was concluded that: The effect of relaxation on reducing pain intensity in patients with gastritis showed a significant decrease in the pain scale. The pain intensity scale in patients with gastritis before relaxation was the highest (6). The pain intensity scale in patients with gastritis after relaxation had the highest pain intensity scale of 3. The application of deep breathing relaxation techniques to reduce pain intensity in gastritis nursing care concluded that deep breathing relaxation techniques can reduce pain intensity in patients with gastritis. Gastritis patients with moderate pain scales decreased to

mild pain scales after the deep breathing relaxation technique intervention (Elyta et al., 2021). From the results of the data obtained, the author is interested in conducting a case study on "Implementation of Pain Management Nursing in Gastritis Patients with Acute Pain in the Emergency Room."

2. METHOD

This type of research is descriptive analytical in the form of a case study of nursing care to explore the implementation of pain management nursing in reducing pain with gastritis nursing care in the Emergency Room of the Muhammadiyah Hospital, Palembang. The approach used was a nursing care approach that included assessment, nursing diagnosis, planning, and evaluation. The research subjects used were four people consisting of patient 1 (Mrs. W), patient 2 (Mrs. A), patient 3 (Mrs. V), and patient (Mr. R) who suffered from gastritis and were studied in detail and in depth through interviews and observation methods. The research process was carried out for seven days, from March 16-22 to, 2023, at the Emergency Room of the Muhammadiyah Hospital, Palembang. The data collection tool or instrument used was an emergency nursing assessment format.

3. RESULTS

Nursing care for Patient 1 (Mrs. W), Patient 2 (Mrs. A), Patient 3 (Mrs. V), and Patient (Mr. R) diagnosed with gastritis through assessment, determination of nursing diagnosis, intervention, implementation, and evaluation.

The assessment was conducted on patient 1, named Mrs. W, who was 31 years old, female, and the last education was high school. In nursing care for gastritis with acute pain problems and complaints, the patient reported that the pain in the pit of the stomach increased during activities and eating a lot (P), the pain felt was like being stabbed (Q), the pain was only in the left abdomen in the pit of the stomach and did not spread (R), pain scale 5 (S), and pain (T). The patient reported pain in the upper left abdomen and nausea and vomiting. The patient looked weak, her face looked grimaced, and had a blood pressure of 130/80 mmHg, temperature 36.3°C, pulse rate 102x/minute, respiratory rate 20x/minute pain scale 5. When the assessment was carried out, the patient answered questions while grimacing, restless, protective, and holding the left abdomen. The patient answered questions asked by the author for a long time and had difficulty concentrating.

In patient 2, Mrs. A was 20 years old, female, and the last education was high school. In nursing care for gastritis with acute pain problems and complaints, the patient reported that

pain in the pit of the stomach increased during activity (P), the pain felt like being stabbed (Q), the pain was only in the left abdomen in the pit of the stomach and did not spread (R), pain scale 4 (S), and pain came and went (T). The patient reported that the pain in the upper left abdomen was stabbed, and nausea, vomiting, dizziness, and the face looked grimaced. The patient also reported feeling restless. Examination of vital signs showed a blood pressure of 130/90 mmHg, temperature of 36.5 °C, heart rate of 101x/minute, respiratory rate 19x/minute, pain scale of 4. When the patient was assessed, they answered the questions while grimacing, restlessness, protection, and holding the left side of the stomach. The patient can answer questions quickly, but there are some answers that do not match what is asked, because the patient has difficulty concentrating.

In patient 3, Mrs. V, 20 years old, female, the last education is high school. In nursing care for gastritis with acute pain problems with complaints, the patient reported that the pain in the pit of the stomach increases when doing many activities (P), the pain felt like being stabbed (Q), the pain was only in the left side of the stomach in the pit of the stomach and does not spread (R), pain scale 5 (S), pain comes and goes (T). The patient said that the pain in the upper left side of the stomach felt like being stabbed and nausea and vomiting three times/day, and the face looked grimaced. The patient also appeared restless. Examination of vital signs showed a blood pressure of 140/80 mmHg, temperature of 36.4 °C, pulse rate of 105x / minute, respiratory rate of 20x / minute, and pain scale of 5. When the assessment was performed, the patient answered questions while grimacing and holding the left side of the stomach. Most of the questions regarding patient data were answered by the patient's family because the patient had difficulty concentrating due to the pain he felt.

In patient 4, Mr. R was 73 years old, male, and had elementary school education. In nursing care for gastritis with acute pain problems with complaints, the patient reported that the pain in the pit of the stomach increases during activity (P), the pain felt like being stabbed (Q), the pain was only in the left abdomen in the pit of the stomach and did not spread (R), pain scale 5 (S), and pain comes and goes (T). The patient reported that the pain in the upper left abdomen was stabbed, no appetite felt nauseous when eating, and the face appeared grimaced. Examination of vital signs showed a blood pressure of 140/90 mmHg, temperature of 36.5 °C, pulse rate of 106x / minute, respiratory rate of 20x / minute, and pain scale of 5. When the assessment was performed, the patient answered questions while grimacing, restlessness, being protective, and holding the left side of the stomach. The patient answered the questions while grimacing and holding the left side of the stomach. Most of the questions

asked by the author were answered by his family because of hearing limitations experienced by the patient.

Nursing planning for these four patients was based on the theory of the SDKI, SLKI, and SIKI books (SDKI Working Group Team DPP PPNI, 2017); (SLKI Working Group Team DPP PPNI, 2017).

2019), (SIKI DPP PPNI Working Group Team, 2018) Nursing interventions in this case study that focus on the diagnosis of Acute pain due to physiological injury agents (gastric mucosal inflammation) have the following objectives: After nursing actions are carried out for 1x24 hours, the level of pain is expected to decrease with the following outcome criteria: Ability to carry out activities increases, Pain complaints decrease. Grimacing and restlessness decreased. The main interventions carried out were pain management: identification of the location, characteristics, duration, frequency, quality, and intensity of pain; identification of the scale of pain; and non-verbal pain responses. Therapeutic non-pharmacological techniques to reduce pain (Warm Compresses and Deep Breathing Relaxation). Education explains the causes, periods, and triggers of pain as well as the benefits of warm compresses and deep breathing relaxation. Collaboration in providing analgesics, if necessary.

The implementation of case study nursing applied by the researcher was to carry out nursing care on four patients with gastritis, focusing only on one nursing problem, namely, acute pain. Identifying Pain by identifying the location, characteristics, duration, frequency, and quality of pain intensity, identifying the pain scale using a scale of 0-10, and identifying factors that aggravate and alleviate pain (performed using the PQRST mnemonic method). When the assessment was carried out, differences in the assessment results were found between patients 1,2,3 and 4 where patients 1,3,4 felt pain with a pain scale of 5 while patient 2 felt pain with a pain scale of 4. Based on observations which has been done by the researcher, the results obtained that the observation of the four patients was carried out well, but there were some gaps in patients such as patients 1,3,4 experienced a pain scale of 5 while patient 2 experienced a pain scale of 4, in addition when conducting observations, patients 1 and 2 were able to answer the questions asked while patients 3 and 4 most of the questions were answered by the family. This is because Patient 3 had high pain sensitivity, while Patient 4 was due to age factors.

4. DISCUSSION

Management includes conducting observation actions (identifying the location, characteristics, duration, frequency, quality, and intensity of pain, identifying the pain scale, and identifying nonverbal responses), conducting therapeutic actions (providing non-pharmacological therapy to reduce pain, namely warm compresses and deep breathing relaxation for gastritis patients), conducting educational actions (explaining the causes, periods, and triggers of pain, as well as the purpose of the benefits of warm compresses and deep breathing relaxation in gastritis patients with acute pain problems), and conducting collaborative actions (collaborating in providing analgesics).

Based on research (Sipayung, 2020), patient assessment is necessary because by implementing the nursing assessment process, nurses receive several benefits, including nurses feeling satisfied that they have been able to carry out their duties, increased knowledge and experience of nurses, knowledge of problems that occur in patients so that patient diagnoses can be determined, and the nursing care that has been carried out can be evaluated.

With warm compression and deep breathing relaxation, researchers conducted a therapeutic stage on patients, namely, providing warm compresses and deep breathing relaxation to the four patients. When giving warm compresses, there was a difference, namely in patient 1, after a 15-minute compress, there was a decrease in the pain scale to 3; in patient 2 after a 15-minute compression, there was a decrease in the pain scale to 2; in patient 3 after a 2x15-minute warm compress, there was a decrease in pain to 3. In Patient 4, there was a decrease after being given a 2x15-minute warm compress, and there was a decrease in the pain scale to 3. After being implemented in the four patients, there was a gap in giving warm compresses, namely in patients 1 and 2, warm compresses were given 1×15 minutes, while in patients 3 and 4, it was done for 2×15 minutes. This is because Patient 3 had high pain sensitivity, whereas Patient 4 had high pain sensitivity due to age factors. This is in line with research (Wijaya, 2017) regarding the analysis of factors that influence the intensity of patient pain and found that in the relationship between age and pain intensity, the results showed that the older the age, the higher the intensity of the patient's pain. Meanwhile, research (Hidayati et al., 2022) found that pain sensitivity in women was higher than that in men. Sex factors show that pain is influenced by both hormonal and psychological factors. Based on research (Siti Padilah et al., 2022) regarding warm compression interventions that are effective in reducing pain intensity, it was found that warm compresses can reduce moderate to mild pain intensity. In addition, the application of breathing relaxation techniques is effective in reducing pain intensity in gastritis nursing care, and it was concluded that deep breathing

relaxation techniques can reduce pain intensity in patients with gastritis. Patients with gastritis with a moderate pain scale decreased to a mild pain scale after the deep breathing relaxation technique intervention (Elyta et al., 2021).

Pain Education, Warm Compresses and Deep Breathing Relaxation, During nursing actions, there is a gap in pain education between patients. Patients 1, 2, and 3 quickly understood and were very cooperative in listening to the author's explanation about pain education, while patient 4 had difficulty understanding when explained due to age factors. Based on the education that has been carried out by the author, the results showed that in providing health education to elderly patients, it is less effective if education is provided through leaflets; therefore, for education to the elderly, educators must use more qualified media such as audiovisual-based education. This is in line with research (Ramadania, 2020) regarding the development of audiovisual media as practical guidelines for healthy lifestyles for the elderly, and it was found that the strength of this audiovisual-based educational media is the most relevant alternative for disseminating health information to the elderly. Meanwhile, research (Destiyanih et al., 2022) regarding the effect of health education on gastritis patients found that health education has an effect on gastritis, which can increase the prevention of gastritis.

During the collaborative action of Drug Administration, During gaps between patients, including patients 1 and 2, who were administered drugs through IV (1 ampoule of ranitidine 25 mg and 1 ampoule of ondansetron 4 mg) without infusion, while patients 3 and 4 were administered drugs through IV (1 ampoule of ranitidine 25 mg and 1 ampoule of ondansetron 4 mg) and infused because patients 3 and 4 had a risk of hypovolemia. Based on the collaboration in drug administration that had been carried out, the results obtained were that patients 1, 2, 3, and 4 were cooperative and that drug administration could reduce stomach acid levels and reduce the pain felt by the patient. Evaluation revealed a decrease in pain from moderate to mild.

5. CONCLUSION AND SUGGESTIONS

This has an influence on the provision of pain management for acute pain in patients with gastritis. It is expected that the hospital can maintain and improve the quality of service and provision of nursing care that focuses on patients by improving and supporting non-pharmacological therapy or complementary therapy, especially warm compresses and deep breathing relaxation techniques, to reduce pain in patients with gastritis.

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