

Implementation of Discharge Planning for Hospitalized Children with Tonsillitis: A Case Study

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Abstract:

Tonsillitis, especially among hospitalized children, can cause worse impacts or complications. Dynamic, planned, and patient-centered nursing care is needed, which can be done by implementing discharge planning. This study aimed to analyze and evaluate the implementation of discharge planning among hospitalized children with tonsillitis. A case study method involving one patient and his family in the pediatric inpatient room; was carried out from April 3 to 6, 2022. The results of this study show that the implementation of discharge planning has been carried out following the theory. Discharge planning is carried out when the patient enters until the patient returns with stages assessment to evaluation; besides that, from the implementation of discharge planning, there is an increase in parents' knowledge about disease and skills about the importance of a healthy lifestyle and nutrition/dietary pattern in children. This study concludes that discharge planning is important in providing nursing care because it can increase independence, knowledge, and skills in healing and maintain the patient's health status. It was needed for a more detailed discharge planning assessment format because this study only includes studies that focus on tonsillitis patients and are linked to theory. If it is implemented on patients with different diagnoses, it is necessary to update the assessment format.

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INTRODUCTION

Tonsillitis is an inflammation in the palatine tonsils, part of Waldeyer's ring (Alatas, 2019). Inflammation of the tonsils occurs due to exposure to bacteria or viruses. Commonly, the causes of tonsillitis are Group A beta-hemolytic Streptococcus (GABHS) bacteria. Around 30% occurs in children and 10% in adults and is the cause of strep throat. The spread of infection occurs through the air (airborne droplets), direct contact through hands or kissing, and can attack/or infect people of all ages, especially children (Ringgo, 2019).

According to the World Health Organization (WHO) (2013), there were an estimated 287,000 cases of tonsillitis in children under 15 years of age. In the United States estimated that 1.59% had chronic tonsillitis. In Turkey, it was recorded that 12.5% of children had tonsillitis (Dewi et al., 2020). According to the Ministry of Health of Indonesia, in 2012, the cases of chronic tonsillitis were 3.8%. It occurs after acute nasopharyngitis (4.6%). The study by Shalihah (2013) in Zuhdi et al. (2020), from medical records at Dr. M. Djamil Hospital of Padang, found 149 patients suffering from chronic tonsillitis. In the Melati Inpatient Room of Level III Baladhika Husada Hospital of Jember, tonsils are children's ten most common diseases.

Tonsillitis in children can be caused by poorly managed acute respiratory infection or acute tonsillitis. Children who suffer from tonsillitis, especially those that do not go away, are a loss of appetite, weight loss, fever, constant crying, painful swallowing, and various complications (Kementerian Kesehatan RI, 2018). Tonsillitis will recur if the child does not maintain personal hygiene and the parents do not monitor the healthy food consumed by the child. If unchecked, it will cause permanent damage to the tonsils and result in chronic tonsillitis (Dewi et al., 2020). So that these problems do not cause worse impacts or complications, nursing care is needed that is dynamic, flexible, planned, and patient-centered (Damanik et al., 2019). Comprehensive nursing care needs to provide discharge planning to accelerate patient healing and prepare patients and families to determine needs, coordinating nursing plans carried out after the patient returns so that he can maintain and improve his health status (Nursalam, 2015).

Discharge planning is part of the nursing process integrated, starting from the patient entering until the patient returns (Agustin, 2017). Discharge planning aims to identify the patient's special needs in maintaining and achieving maximum health function after discharge. In addition, it prepares patients and families physically, psychologically, and mentally to increase patient independence, shorten the period of hospitalization, and continuing care, and increase knowledge and skills in maintaining or improving the patient's health status (Nursalam, 2015).

Nurses play an important role in providing discharge planning and determining the success or failure of discharge planning, following the duties and roles of responsible nurse care (*Perawat Penanggung Jawab Asuhan/PPJA*). Providing discharge planning and counseling to improve or maintain the patient's health status (Rosya et al., 2020). Nurses who do not carry out discharge planning properly will impact the quality of service and patient health. In addition, it will slow down the healing process, increase the length of stay, and increase the number of patients returning to the hospital due to the same disease (Friska, 2020). Rezkiki & Velya (2019) said that the inpatient room of Dr. Achmad Mochtar Bukittinggi could be more optimal in the implementation of discharge planning, which is equal to 50.8%. Meanwhile, Okatiranti (2015) research in Friska et al. (2020) said that in Indonesia, it was reported that 54-61% of treatments needed to carry out complete discharge planning needed to be more optimal. According to the problem, this study aimed to analyze the implementation of integrated discharge planning in the Melati Inpatient Room of Level III Baladhika Husada Hospital of Jember.

METHOD

This study used a case study with samples used by one inpatient pediatric with a diagnosis of tonsillitis and their families, which was carried out from April 3 to 6, 2022. The setting is in the Melati room at Level III Baladhika Husada Hospital of Jember. The implementation time was two days, the first step was carried out before the patient's discharge, and the second was carried out at the patient's discharge. Permission in this study has been approved by clinical instructors and the patient's family.

RESULT

Case Overview

A 4-year-old male with a medical diagnosis of grade III Tonsillitis. From the results of interviews with the patient's mother, the family said the patient complained of fever and pain when swallowing before entering the hospital. According to the mother's information, the patient also suffers from a cold and snores quite loudly while sleeping. The patient's mother said that the

patient often consumed snacks and cold drinks with her older sibling before the patient had a fever and pain when swallowing. The patient's mother said the patient had a fever since yesterday (Saturday, April 02, 2022), but there was no history of seizures. The patient's mother said she had taken medicine from the doctor, but there was no progress. The patient's mother was worried that her child would experience the same thing as her brother, febrile seizure. The mother said her child had no history of allergies and had never experienced symptoms like this before. Then the family took the patient to the emergency room on Sunday, April 03, 2022, at 10 pm. Temperature 39.5 °C, heart rate 147 beats/minute, SpO₂ 96%, HB 12.4 g/dl, leukocytes 4.5 UI, erythrocytes 4.7 million/UI. Then, from the results of an assessment of parents' knowledge, it was found that parents said that they did not know about the disease their child was suffering from because it was the first time their child complained of pain when swallowing and a high fever. Parents said they did not know that the disease suffered by their child was partly due to the food consumed by their child, namely frequent consumption of snacks and cold drinks and a lack of control over their child's eating patterns.

Implementation of Discharge Planning

Discharge planning has been carried out on hospitalized pediatric with tonsillitis. The implementation of discharge planning starts from the assessment stage, which is carried out when the patient enters the hospital on Sunday, 03 April 2022, in the Melati Room of Level III Baladhika Husada Hospital of Jember. The implementation of discharge planning until the patient went home. Its implementation identifies the patient's needs during the nursing care period and their needs at discharge. These needs include the patient's or family's knowledge of the disease, self-care, activity, and rest, recommended nutrition, drug consumption plan, and scheduled control schedules.

The implementation of discharge planning is carried out by professional nursing students collaboratively under the supervision of a clinical instructor according to existing resources and facilities. The activity was structured and carried out correctly and documented on discharge planning sheets made by students.

The documentation of the discharge planning process following the format has been prepared. The format contains the patient's identity, entered and discharged date, condition at the time of discharge, control schedule, diet/nutrition rules, drugs and medications, activities and rest, and the important need to be brought while he discharges, after discharge planning implemented and documented, the patient's family signs it.

DISCUSSION

The implementation of discharge planning is in line with existing theory, starting from the patient's admission until the patient returns. Its application is still being assessed up to the evaluation stage by continuing to involve patients and families in the hope of helping them increase independence, strengthening knowledge and skills in the healing process, and maintaining or improving the patient's health status. According to a previous study, the implementation of discharge planning started with the assessment of the need for health services by using nursing history, nursing plans, physical abilities, knowledge, and environmental factors, then, from the results of the assessment, defined nursing diagnosis, planning, implementation and evaluation (Darmanik, 2018). Rezkiki & Velve (2019) stated that the implementation of discharge planning starts when the patient is admitted. Then an assessment is carried out that focuses on patient care during treatment and when the patient is at home, which is then diagnosed until evaluation

involving the patient and family. All of the nursing processes must be documented (Purwandari et al., 2022).

The application of discharge planning carried out by professional nursing students is based on existing theory. Discharge planning is carried out when the patient enters the hospital and students meet with the patient. The assessment is carried out to determine the patient's needs during treatment and when the patient goes home. The assessment includes the identity of the client, and the identity of the parents, history of current illness, history of past illness, family health history, growth and development history, psychosocial history, knowledge, environmental factors, physical activity, focused physical examination, diagnostic examinations and therapy provided to clients. The assessment was carried out to discover the problems experienced by patients who later raised nursing diagnoses in implementing discharge planning. In line with a previous study, assessing discharge planning involves biological, psychological, social, and spiritual data and assessing the educational needs of patients' health problems (Friska et al., 2020). Meanwhile, another study states that discharge planning assessment contains four things: physical assessment, psychosocial, functional status, needs, and health education (Rezkiki & Velva, 2019).

The study found that the patient was a 4-year-old male with a medical diagnosis of grade III Tonsillitis. From the results of interviews with the patient's mother, the family said the patient complained of fever and pain when swallowing before entering the hospital. According to the mother's information, the patient also suffers from a cold and snores quite loudly while sleeping. The patient's mother said that patient often consumed snacks and cold drinks with her older sibling before the patient had a fever and pain when swallowing. The patient's mother said the patient had a fever since yesterday (Saturday, April 02, 2022), but there was no history of seizures. The patient's mother said she had taken medicine from the doctor, but there was no progress. The patient's mother was worried that her child would experience the same thing as her brother, febrile seizure. The mother said her child had no history of allergies and had never experienced symptoms like this before. Then the family took the patient to the emergency room on Sunday, April 03, 2022, at 10 pm. Temperature 39.5 C, heart rate 147 x/minute, SpO2 96%, HB 12.4 g/dl, leukocytes 4.5 UI, erythrocytes 4.7 million/UI. Then, from the results of an assessment of parents' knowledge, it was found that parents said that they did not know about the disease their child was suffering from because it was the first time their child complained of pain when swallowing and a high fever. Parents said they did not know that the disease suffered by their child was partly due to the food consumed by their child, namely frequent consumption of snacks and cold drinks and a lack of control over their child's eating patterns.

From the assessment, a nursing diagnosis was a knowledge deficit, and a nursing plan and implementation would be carried out to overcome the established diagnosis. The implementation was carried out for two days, which was carried out before the patient's discharge and at the patient's discharge. The first implementation provides health education on the disease concept, including tonsillitis definition, signs and symptoms, causative factors, and treatment carried out at home. The second implementation provides education on child nutrition/child diet. Also, it explains drugs prescribed by a doctor, including the procedure for taking, dosage, indications, and side effects. It explains or conveys the child's control schedule to the family.

According to Rezkiki & Velva (2019), providing health education in discharge planning regarding the meaning, signs, symptoms, and classification of disease is very important to increase knowledge regarding the disease experienced. Implementation of optimal health education can help patients improve their health status. At the same time, education on patient diet/nutrition is a significant factor in disease management. Good knowledge about the diet itself is needed to apply a good diet. Health education about diet is needed to increase knowledge

(Pringgoutomo, 2019). As educators, nurses help patients improve their health by providing knowledge related to nursing and medical actions received so that patients or families can accept responsibility for things they know (Potter & Perry, 2010). In this case, one of the nurses' (*Perawat Penanggung Jawab Asuhan/PPJA*) duties and roles is to apply caring behavior while providing health education to patients and families (Nela et al., 2021). PPJA's task is essential in implementing discharge planning as a provider of education for patients with tonsillitis. Tonsillitis is a disease that can repeatedly recur if children do not maintain personal hygiene and parents do not monitor unhealthy food. If left unchecked, it will cause permanent damage to the tonsils and result in chronic tonsillitis (Dewi et al., 2020). For this reason, PPJA's role is vital in providing health education in discharge planning before patients go home in order to prevent complications and chronic tonsillitis in patients and to be able to maintain and improve their health status.

After implementation, an evaluation is carried out on the actions taken. The evaluation contains the patient's response after a specific action is taken and is written on a nursing documentation sheet (Setyaningtyas & Wahab, 2021). From the results of the actions taken by the family, the family already understands the concept of tonsillitis. The family said they would teach their children a healthy lifestyle, control their child's diet, and avoid unhealthy foods to avoid recurring illnesses. The family understands the medication administration correctly (Utama et al., 2021) and their child's control schedule. The family is given a care resume sheet that the patient and family will bring for control on a predetermined schedule. The evaluation showed increased parents' knowledge of the disease, a healthy lifestyle, and good nutrition for their children. The results of the evaluation are documented (Kurniawan et al., 2019) in the discharge planning format that has been prepared.

Implementation of discharge planning in the Melati Room is carried out from the assessment stage to the evaluation. Implementation of discharge planning is carried out through the process of review, planning, implementation, and evaluation (Agustin, 2017). The application of discharge planning in the Melati room is optimal and follows the theory. In addition, a more detailed discharge planning format is needed. In this study, researchers only include studies that are more focused on patients with tonsillitis and are linked to existing theories, so if it is performed on patients with different diagnoses, it is necessary to update the format that has been made. An updated format to enhance the quality of care (Purwandari et al., 2019).

CONCLUSION

The implementation of discharge planning in the Melati room of the Level III Baladhika Husada Hospital of Jember follows the theory that supports the stages of assessment to evaluation, starting when the patient enters until the patient returns from the hospital. Meanwhile, the assessment format is limited because it focuses only on patients with tonsillitis and is linked to existing theories. If it is performed on patients with different diagnoses, it is necessary to update the assessment format that has been made.

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