
APPLICATION OF FAMILY CENTERED CARE IN PATIENTS WITH GOUT ARTHRITIS IN BEKASI CITY

Diena Salsyabila¹, Indah Puspitasari^{2*}

¹ Department of Nursing, University Bani saleh, West Java, Indonesia

² Department of Community Nursing, University Bani saleh, West Java, Indonesia

Corresponding author: Email: indah@ubs.ac.id

ABSTRACT

Background: Gout arthritis is a non-communicable disease that continues to increase. Gouty arthritis is a joint disease characterized by increased levels of uric acid in the blood. This increase in uric acid levels can trigger the buildup of monosodium urate crystals in the joints which causes joint pain. Treatment of gout arthritis is carried out by providing education and complementary therapy through the Family Centered Care approach with the aim of increasing family knowledge and attitudes in carrying out home care so that it can become a support system that will provide healthy family functions. Providing complementary therapy using herbal medicinal plants, namely bay leaves (*Syngium Polysanthum*) which contain flavonoids that can lower uric acid levels, and acupuncture therapy and gout arthritis diet education can help control uric acid levels in the blood. **Research purpose:** to identify and implement interventions in patients with FCC-based gouty arthritis. **Methods:** Case study with descriptive design of nursing care process approach consisting of assessment, diagnosis, planning, implementation and evaluation. The study was conducted for 6 days. Measurements of pain levels were taken after implementation, and measurements of uric acid levels were taken before and after implementation. **Results:** case studies there is a decrease in pain scale from before and after intervention with a scale value of 6 to scale 2, a decrease in uric acid levels from before and after intervention with a value of 10.7 mg/dL to 8.0mg/dL.

Keyword : Gout Arthritis, Patients, Family Centered Care

1. Introduction

Gout Arthritis is an inflammatory joint disease caused by elevated levels of uric acid in the blood characterized by buildup of monosodium urate crystals in or around the joint area, buildup in the joint space can cause disruption of the joint structure. If uric acid crystals continue to settle in the joint, it will cause an inflammatory response called a gouty arthritis attack (Febrianti 2021). According to the Ministry of Health (2022) The value of normal uric acid levels in adult men is 3.4 - 7.0 mg/dL and adult women 2.4 - 6.0 mg/dL.

According to World Health Organization data (2018) the

prevalence in the world increased by 1,370 cases (33.3%), globally the UK has a prevalence in the adult category of 3.2% and in the American region of 3.9%. American region by 3.9%. Basic Health Research data in 2018 (2018) states that in the territory of Indonesia, gout is classified as the highest disease with a prevalence value of 11.9%. Prevalence data in West Java joint disease is in 6th place as much as 8.86% of age characteristics ≥ 75 years (54.8%) and in the female category as much as (8.46%) compared to men (6.13%). men (6.13%). Prevalence in Bekasi City area of joint disease was

7.07% of 3,238 people (Riskesdas, 2018).

The cause of Gout Arthritis can be caused by two factors, namely primary and secondary factors. Primary factors are characterized by metabolic disorders caused by hormonal factors and heredity, so that the body produces excess uric acid or decreased excretion. Secondary factors are related to the intake of food and drink that contains a lot of purines. In addition, risk factors that cause gouty arthritis are age, genetics, excess purine intake, obesity, lack of physical activity, and impaired kidney function (Santi Novitasasi, 2021). Symptoms felt by people with gouty arthritis are attacks on the joints, in the area of the big toe joint, ankle joint, wrist and shoulder and hip joints. The joints will appear reddish, feel hot and until swelling occurs (Okayanti, 2021).

Management that can be given to people with gouty arthritis, namely providing health education, pharmacological therapy and nonpharmacological therapy which can be done by adjusting the gouty arthritis diet, regular exercise, complementary therapy and herbal therapy from medicinal plants. (Naviri et al., 2019). Providing complementary therapy to reduce pain and uric acid levels in patients with gouty arthritis, one of which is acupressure therapy, acupressure therapy is a therapy performed by applying physical pressure to special points on the surface of the body that can help reduce pain and reduce nausea so as to produce relaxation and reduce uric acid levels in the blood (Aman Rahman et al., 2022). In addition to acupressure therapy, herbal therapy is a form of healing and pain reduction using medicinal plants, one of which is efficacious in reducing uric acid levels, namely by consuming bay leaf boiled water which has many properties such

as flavonoids, tannins, essential oils and citral oil and eugenol which function to reduce uric acid levels in the body of people with gouty arthritis (Nadia Sari et al., 2022).

The role of family support in caring for gouty arthritis patients is very necessary because the family is the first service unit in family health problems that influence each other on fellow family members (Lucia Firsty et al., 2021). That the family will provide support for recovery by adhering to management which will support the patient's quality of life to improve (Gusti Ahmad et al., 2022). Therefore, care that can be done at home will certainly involve the family as caregivers of sick family members, in this case family involvement for home care can be done through the Family Centered Care approach (Fitriyanti, 2023). Family Centered Care is family-centered care, which is an approach that provides a broad view of family health care to increase family knowledge and attitudes in carrying out home care (Bukhari et al., 2019). So it is necessary to introduce gout arthritis treatment based on family centered care because family support and involvement are very influential in home care (Hanum et al., 2019).

2. Method

The method in this scientific work uses a case study. According to Notoatmodjo (2018) a case study is a study that examines a single case in depth that reveals one event carried out using a descriptive design through an approach using a nursing care design consisting of collecting data starting from assessment, determining diagnosis, planning, carrying out actions and evaluating and analyzing the care of gouty arthritis patients based on family centered care. The sample of this case study is a patient with gouty arthritis totaling one person with inclusion criteria, namely willing to

be a respondent, has high uric acid levels, and has never checked uric acid levels. The instruments used are the format of Nursing Care for Families, Counseling Event Units, Flip Sheets, Observation Sheets, Posters and Leaflets related to gouty arthritis, measuring pain scales using Numeric Rating Acale (NRS) and checking uric acid levels GCU set.

3. Result and Discussion

Based on the results of assessment and data analysis, two nursing diagnoses were obtained according to the Indonesian Nursing Diagnosis Standards (SDKI), namely:

3.1 Acute Pain (D.0077)

The results of the assessment on Mrs. OH when measuring pain levels using Numeric Rating Acale (NRS) and measuring uric acid levels with GCU sets obtained the results of a pain scale of 6 and a uric acid level value of 10.7 mg/dL. The results of the interview Mrs. OH said the pain felt was less than 6 months, complaints of pain increased during activity, the pain felt like stabbing, the pain was felt in the ankle of the right leg, pain scale: 6, the pain felt disappeared, usually in the morning and at night. Mrs. OH said it was difficult to sleep every night. Pain is very influential in the occurrence of gouty arthritis which is characterized by stiffness in one or more joints which can occur in the thumb joints, ankle joints, wrists, shoulders and pelvis (Nadia Sari et al., 2022).

Berdasarkan analisis data Diagnosis Keperawatan utama yang dapat diambil yaitu Nyeri Akut (D.0077) (Tim Pokja SDKI DPP PPNI 2018). Data mayor yang menunjukkan Nyeri Akut yang sesuai dengan kondisi Ny.OH yaitu nyeri skala 6 dan kadar asam urat: 10.7 mg/dl dan sulit tidur sehingga Nyeri Akut dirumuskan menjadi Diagnosis Keperawatan Utama. Normalnya kadar asam urat pada wanita 2,6 – 5 mg/dL dan pada

pria 3 – 7 mg/dL. Kadar asam urat yang tinggi dalam darah dapat menyebabkan terjadinya nyeri pada area sendi, pembengkakan hingga terjadi sebuah penonjolan. Masalah terjadinya *gout arthritis* ini jika timbul kristal-kristal monosodium urat (MSU) pada sendi dan jaringan. Kristal-kristal akan berbentuk seperti jarum yang mengakibatkan reaksi peradangan yang jika berlanjut akan menimbulkan nyeri hebat yang sering menyertai serangan *gout arthritis* (Lucia Firsty et al., 2021).

The main diagnostic nursing intervention is Pain Management (I.8238) (SIKI DPP PPNI Working Group Team, 2018). Implementation of planned pain management interventions, namely observation (identification of location, characteristics, duration, frequency, quality and intensity of pain, and identification of pain scales, identification of pain factors), therapeutic (facilitation of rest and sleep, nonpharmacological therapy with acupressure therapy and traditional medicine therapy from bay leaf water decoction) and collaborative action (administration of drugs), but drug administration collaboration cannot be carried out because Mrs. OH has never checked into health services, so the specifications of pain management interventions in the management of gouty arthritis are not yet available. OH has never checked into health services, so the specifications of pain management interventions in the management of Mrs. OH's gouty arthritis can be given acupressure therapy and bay leaf water decoction to reduce pain levels and levels of gouty arthritis.

Complementary therapy that can be given to reduce pain scales and uric acid levels in patients with gouty arthritis can be done with acupressure therapy. According to Iskandar (2023)

Acupressure therapy can be used to increase body stamina, improve blood circulation, improve sleep quality and calm the mind. Acupressure is a term used at certain points on the body using fingers to stimulate energy points that aim to balance the flow of energy so as to reduce or eliminate pain (Haryani & Misniarti., 2020). Taixi 3 or Ki3 meridian massage can balance the blood circulation and nervous system, by giving massage to the taixi 3 meridian it can affect kidney performance so that uric acid levels can decrease. Therefore, pressure to special points on the body can reduce the increase in gouty arthitis, which is produced by the effect of relaxation (Triyoso et al., 2021). Acupressure therapy has the effect of improving or optimizing kidney uric acid secretion properly so that there is a decrease in uric acid levels in the body (Rokhmah et al, 2023).

Providing herbal therapy using traditional medicine in patients with gouty arthritis, one of which is with bay leaves. Bay leaves contain properties such as flavonoids, tannins, essential oils and citral oil and eugenol which can reduce uric acid levels or gouty arthritis in the body (Nadia Sari et al. 2022). Essential oils with citric oil content and eugenol are antibacterial, and flavonoids can inhibit the work of the enzyme xanthine oxidase which functions to inhibit the formation of uric acid levels and is able to relieve pain (Suryagustina., 2022).

In every implementation of implementation actions, the author always involves the family, although not all families are present, but there are one or two people who can represent to accompany the implementation. According to Lucia Firsty et al., (2021) Supporting the role of the family in caring for gouty arthritis patients is very necessary because the family is the first service unit in family health problems

that affect each other family members. The process of family involvement for care can be carried out with a Family Centered Care approach, an approach that provides a broad view of family health care to increase family knowledge and attitudes in carrying out home care (Bukhari et al. 2019).

The results of the evaluation of the pain scale and uric acid levels decreased after being given acupressure therapy and bay leaf decoction. According to the Indonesian Nursing Outcome Standards, the level of pain decreased (L.08066) (SLKI Working Group Team of DPP PPNI, 2018), it was found that complaints of pain decreased and difficulty sleeping decreased with the results of the pain scale before the intervention obtained a pain scale; 6 and the results of the pain scale after the intervention decreased, namely the pain scale; 2. The results of uric acid levels before the intervention were 10.7 mg/dL, and the results of uric acid levels after the intervention were 8.0 mg/dL.

This research is supported by research by Nadia Sari et al., (2022) stated that it was proven that there was an effect of giving two acupressure therapies and bay leaf decoction on reducing uric acid levels from before the intervention of 8.94 mg/dL to 6.96 mg/dL after the intervention, this shows that there is significant effectiveness before and after giving acupressure therapy and bay leaf decoction.

3.2 Knowledge Deficit (D.0111)

The second nursing diagnosis that researchers take is Knowledge Deficit (D.0111) (SDKI DPP PPNI Working Team 2018). The results of the interview obtained major data that shows a knowledge deficit, namely Mrs. OH never checked her health because she did not know the signs and symptoms of gouty arthritis. Mrs.OH's diet often consumes foods high in purines and Mrs.OH wants to know how

to reduce pain and uric acid levels. According to (Team SDKI Working Group DPP PPNI 2018) Knowledge deficit is the absence or lack of cognitive information related to certain topics, by not showing responses, changes or patterns of human dysfunction, but rather as an etiology or supporting factors that can add to a variety of responses. Knowledge is a curiosity that occurs in the sensory process starting from the eyes and ears to certain phenomena (Donsu, 2017).

Nursing interventions for the second diagnosis are Disease Process Education (I.12444) (SIKI DPP PPNI Working Group Team, 2018). Implementation of interventions from planned disease process education, namely observation (readiness of clients and families to receive information), therapeutic (preparing health education materials and media, scheduling clients and families for health education), education (explaining the meaning of gouty arthritis, causes of gouty arthritis factors, signs of symptoms of the onset of gouty arthritis, identifying signs of symptoms of gouty arthritis, mentioning the classification of gouty arthritis and gouty arthritis diet education, as well as education on how to boil bay leaves and acupressure therapy), so that the specification of knowledge deficit interventions in the management of gouty arthritis Mrs. OH is given education related to the disease process of gouty arthritis, education related to gouty arthritis, and education on how to boil bay leaves and acupressure therapy. OH is given education related to the gouty arthritis disease process, education related to the gouty arthritis diet, and education related to the provision of nonpharmacological therapy to reduce pain scale and uric acid levels for gouty arthritis.

Implementation actions were carried out on July 31-August 1, 2023 on Mrs. OH and family members, namely educating for 30 minutes by explaining the meaning, causes of gouty arthritis, mentioning the classification of gouty arthritis, identifying signs of symptoms in gouty arthritis, mentioning the further consequences of gouty arthritis if not treated immediately, educating a diet for gouty arthritis, educating how to boil bay leaves and acupressure therapy. According to Humaira et al., (2023) Families must be able to carry out independent care at home and be responsible for health problems in order to achieve optimal family health. So that care carried out at home will involve the family as caregivers of sick family members, where family involvement in the care process can be carried out with the Family Centered Care approach in increasing family knowledge and attitudes to take care of health problems at home (Fitriyanti, 2023). The process of implementing the education stage uses media; flip sheets, leaflets and posters related to the gouty arthritis disease process and gouty arthritis diet, as well as non-pharmacological therapy with complementary therapies to reduce pain scales and uric acid levels.

The results of the evaluation when conducting health counseling or education according to the Indonesian Nursing Outcome Standards at the Knowledge Level (L.12111) (SLKI Working Group Team DPP PPNI, 2018) obtained behavior as recommended increased, the family was able to recognize the health problems of gouty arthritis, the family was able to explain how to overcome gouty arthritis using complementary therapies and the family was able to recognize the gouty arthritis diet. Another supporting factor is that the family is very cooperative and enthusiastic about listening to

explanations related to gout arthritis and handling therapy for gout sufferers. According to (Efendi et al., 2023) Health education or education provided by clients and families is expected to be a continuous process that can facilitate knowledge, skills and ability to carry out independent care at home. The results obtained that health education has a very effective impact on changes that will lead to increased knowledge and understanding of gouty arthritis.

Evaluation of the application of Family Centered Care in Mrs.OH's family can be done optimally due to family participation in the process of treating Mrs.OH with gouty arthritis health problems, after education, Mrs.OH's family now understands the provision of complementary therapies, one of which is acupressure therapy and how to boil bay leaves which have the ability to reduce pain and reduce uric acid levels. In addition, Mrs. OH and her family have been able to recognize and know the management of dietary management that is restricted and avoided by people with gouty arthritis so that there is a decrease in pain levels and gouty arthritis levels which show good results, by maintaining a pattern of healthy living habits to improve health status.

In applying this Family centered care-based concept, the family as a support system will perform 5 family health functions where the family can recognize problems, decision-making skills, the ability to care for family members, the ability to maintain a healthy home environment and the family's ability to use health services by motivating the family to take advantage of health facilities. The family and Mrs.OH that needs to be done is family collaboration with health services, the family can use health services for laboratory tests so that gouty arthritis is followed up immediately and can ensure the client has arthritis or not,

therefore health service collaboration as a form of application of the fifth function of family health where gouty arthritis sufferers can be monitored optimally by health services and minimize new cases, so that the application of the five health functions carried out in Mrs.OH with the family is monitored optimally.

According to the Ministry of Health (2022) The more the family understands about the implementation of health tasks in the family, it will provide good results to optimize care for sick family members. As well as family support and family involvement in Mrs.OH's care assisted by increasing knowledge to achieve optimal health through the application of a Family Centered Care-based approach is very influential in reducing pain scales and uric acid levels in patients with gouty arthritis. According to Friedman (2010), the form of family support is an attitude or action that is always ready to support and provide help. It can be interpreted that providing family assistance can improve health, so it is evident that the application of the Family Centered Care concept plays an important role in the transition of family care at home.

4. Conclusion

The results of this final scientific work based on Family Centered Care-based interventions are proven to help the transition process of home care so that it can reduce pain and uric acid levels and increase family and patient knowledge. Based on the application of interventions that have been carried out thoroughly together with the family for 6 days from July 31 to August 5, 2023 starting from education about gouty arthritis, a low purine diet and complementary therapy with acupressure therapy and herbal therapy using bay leaf decoction and controlling diet, a decrease in pain scale and uric acid levels from before and after intervention and after

intervention, namely pain scale 6 with uric acid levels of 10.7 mg/dL to pain scale 2 and uric acid levels of 8.0 mg/dL. In this case uric acid levels are still at a high value limit so this needs to be followed up and conveyed to cadres and the nearest health service or health center.

Reference

- [1] Aman Rahmadan, Jaka, Sudirman Ansyar, Marita Sari, dan Sapta Bakti. (2022). "Asuhan Keperawatan Dengan Pemberian Terapi Akupresur Dalam Menurunkan Rasa Nyeri Dan Kadar Asam Urat Pada Pasien Asam Urat." *Jurnal Ilmu Kesehatan Mandira Cendikia* 1(3):6–11.
- [2] Bukhari, Endang Nurul Mukmin, Ilhamsyah, and Edison Siringoringo. (2019). "Pendekatan *Family Centered Care* Dengan Kepuasan Kerja Perawat Di Rsud. H. a. Sulthan Daeng Radja." *Jurnal Kesehatan Panrita Husada* 4(2):83–94. doi: 10.37362/jkph.v4i2.138.
- [3] Donsu. (2017). Psikologi Keperawatan. Jakarta
- [4] Dalimartha Setiawan, and Adrian Felix. (2013). "Rambuan Herbal Tumpas Penyakit." Jakarta: Penerbar Swadaya.
- [5] Efendi, Zulham, Defrima Oka Surya, and Vanesha Apitri. (2023). "Penerapan *Family Centered Care* Dalam Penanganan Resiko Jatuh Pada Lansia." 4(3):1848–52.
- [6] Febrianti, Rani. (2021). "Asuhan Keperawatan Keluarga Pada Pasien *Gout Arthritis* Di Wilayah Kerja Puskesmas Juanda Samarinda."
- [7] Fitriyanti, Dwi. (2023). "Implementation Of *Family Centered Care* (FCC) By Health ." 12(1):15–19.
- [8] Friedman, M. (2010). *Keperawatan Keluarga: Teori Dan Praktik Edisi 5*. EGC.
- [9] Gusti Ahmad Sabrawi, Rukmini Syahleman, Sri Rahayu. (2022). "Hubungan Dukungan Keluarga Dengan Kepatuhan Diet Rendah Purin Pada Penderita Gout Arthritis." *Jurnal Borneo Cendekia* 6(2):13–21.
- [10] Humaira, Ullia, Fithria, and Neti Hartaty. (2023). "Asuhan Keperawatan Pada Keluarga Dengan *Gout Arthritis*." *JIM FKep VII*(2020):1–8.
- [11] Hanum, Sari, Nona Rahmaida Puetri, Marlinda Marlinda, and Yasir Yasir. (2019). "Hubungan Antara Pengetahuan, Motivasi, Dan Dukungan Keluarga Dengan Kepatuhan Minum Obat Pada Penderita Hipertensi Di Puskesmas Peukan Bada Kabupaten Aceh Besar." *Jurnal Kesehatan Terpadu (Integrated Health Journal)* 10(1):30–35. doi: 10.32695/jkt.v10i1.28.
- [12] Haryani, Sri, and Misniarti Misniarti. (2020). "Efektivitas Akupresure Dalam Menurunkan Skala Nyeri Pasien Hipertensi Di wilayah Kerja Puskesmas Perumnas." *Jurnal Keperawatan Raflesia* 2(1):21–30. doi: 10.33088/jkr.v2i1.491
- [13] Iskandar, Siska. (2023). "Efektivitas Terapi Akupresur Terhadap Penurunan Nyeri Persendihan Pada Pasien Hiperuresemia The Effectiveness of Acupressure Therapy on Reducing Joint Pain in Hyperuricemia Patients." 6(1):53–58.
- [14] Imani, Sefia Zahra, and Barkah Waladani. (2022). "The Application Of Acupressure Therapy To Lower Levels Of Pain And Uric Acid In Gout Arthritis Patients In The Surobayan Village ," 822–28.

- [15] Jaliana, and Suhadi. (2018). "Faktor-Faktor Yang Berhubungan Dengan Kejadian Asam Urat Pada Usia 20-44 Tahun Di Rsud Bahteramas Provinsi Sulawesi Tenggara Tahun 2017." *Clinical Microbiology and Infection* 27(3):472.e7-472.e10.
- [16] Kementrian Kesehatan. (2022). *Asam Urat*. <https://yankes.kemkes.go.id/237/asam-urat>.
- [17] Kemenkes. 2022. "Pendoman Penyelenggaraan Program Indonesia Sehat Dengan Pendekatan Keluarga." Jakarta,
- [18] Khasanah, Rhoudotul, Meli Diana, Faida Annisa, Kusuma Wijaya, and Ridi Putra. (2022). "Penerapan Asuhan Keperawatan Gerontik Pada Penderita Gout Arthritis Di Desa Sekarputih , Pasuruan Application Of Geriatry Nursing Care With Gout Arthritis Patients In Sekar Putih Village , Pasuruan Indonesian Journal Of Health Vocational Education Volume." *Jurnal Internasional* 1(2):67–73.
- [19] Lucia Firsty, and Mega Anjani Putri. (2021). "Asuhan Keperawatan Keluarga Dengan Artritis Gout." *Buletin Kesehatan: Publikasi Ilmiah Bidang Kesehatan* 5(1):31–43. doi: 10.36971/keperawatan.v5i1.88.
- [20] Muladi, Amik, and Yuni Setiawati. (2019). "Hubungan Diet Rendah Purin Dengan Kadar Asam Urat Pada Penderita Gout." *Jurnal Kesehatan Tujuh Belas* 1(1):1–6.
- [21] Nadia Sari, Tri Johan Agus Yuswanto, and Diah Fatmasari. (2022). "Efektivitas Akupresur Dan Ekstrak Daun Salam Terhadap Kadar Asam Urat Pada Klien Arthritis Gout." *Jurnal Rumpun Ilmu Kesehatan* 2(1):7–14. doi: 10.55606/jrik.v2i1.125.
- [22] Naviri, Indah, Yayuk Dwirahayu, and Sri Andayani. (2019). "Studi Kasus : Upaya Penurunan Nyeri Pada Anggota Keluarga Ny.P Penderita Penyakit Gout Arthtitis Di Puskesmas Siman Ponorogo." *Health Sciences Journal* 3(2):64. doi: 10.24269/hsj.v3i2.275.
- [23] Notoatmodjo. (2018). *Metodelogi Penelitian Kesehatan*. Cetakan 2, Jakarta Rineka Cipta.
- [24] Okayanti, Ni Putu. (2021). "Gambaran Perilaku Lansia Dengan Gout Arthritis Di Desa Manggis, Kec. Manggis, Kab. Karangasem Tahun 2021." *Repository Poltekkes Denpasar* (Şenocak 2019):15–17.
- [25] Rusmini, Kurniasih Hesti, and Widiastuti Anita. (2023). "Prevelensi Kejadian Penyakit Tidak Menular (PTM)." *Jurnal Keperawatan Silampari* 6(2).
- [26] Riskesdas. (2018). "Laporan_Nasional_RKD201 8. Lembaga Penerbit Badan Penelitian Dan Pengembangan Kesehatan."
- [27] Rokhmah, Afifatu, Warsono Warsono, and Khoiriyah Khoiriyah. (2023). "Penerapan Terapi Kompres Jahe (Zingiber Officinale Var Rubrum Rhizoma) Dan Acupressure Dalam Menurunkan Nyeri Penderita Asam Urat." *Holistic Nursing Care Approach* 3(1):6. doi: 10.26714/hnca.v3i1.10696.
- [28] Suryagustina, Prinawatie, Erna Sari.(2022). "Efektifitas Rebusan Daun Salam Terhadap Penurunan Kadar Asam Urat Pada Lansia." *Jurnal Dinamika Kesehatan Kebidanan Dan Keperawatan* 13(1):22–34. doi: 10.33859/dksm.v13i1.830.
- [29] Santi Novitasasi .(2021). "Analisis Intervensi Pemberian Rebusan Daun

Salam Untuk Menurunkan Asam Urat
Bagi Lansia Di Wilayah Puskesmas
Cengkareng Timur Jakarta Barat.”
3(2):6.

[30] Theresia Lumintang, Cyntia, Syenshie Virgini Wetik Fakultas Keperawatan, Universitas Katolik De La Salle Manado, Kairagi I. Kombos Manado, and Kairagi Satu. (2021). “Diet Pada Penderita Gout Arthritis.” *Jurnal Peduli Masyarakat* 3(2):143–48.

[31] PPNI, Tim Pokja SDKI DPP. (2018). *Standar Diagnosa Keperawatan Indonesia*.

[32] PPNI, Tim Pokja SIKI DPP. (2018). *Standar Intervensi Keperawatan Indonesia*.

[33] PPNI, Tim Pokja SLKI DPP. (2018). *Standar Luaran Keperawatan Indonesia*

[34] Ndede, Vechya Z. L. P., Wenda Oroh, and Hendro Bidjuni. (2019). “Pengaruh Pemberian Rebusan Daun Salam Terhadap Penurunan Kadar Asam Urat Pada Penderita Gout Arthritis Di Wilayah Kerja Puskesmas Ranotana Weru.” *Jurnal Keperawatan* 7(1). doi: 10.35790/jkp.v7i1.22896.

[35] Widiyono, Widiyono. (2020). “Pengaruh Rebusan Daun Salam Terhadap Penurunan Kadar Asam Urat Pada Lansia.” *Jurnal Perawat Indonesia* 4(2):413. doi: 10.32584/jpi.v4i2.594.