The Proceeding of The 7" International Nursing Conference "Global Nursing Challenges in The Free Trade Era"



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The 7th International Nursing Conference "Global Nursing Challenges in The Free Trade Era" Surabaya, April 8th - 9th 2016

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NURSING CONFERENCE

The Proceeding of The 7th International Nursing Conference

"Global Nursing Challenges in The Free Trade Era" Surabaya, April 8th - 9th 2016

































Fakultas Keperawatan Universitas Airlangga



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Faks.: (031)5913752

Website: http://ners.unair.ac.id Email: dekan@fkp.unair.ac.id

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GREETING FROM STEERING COMMITTEE

Assalamualaikum Warahmatullahi Wabarakatuh

Honorable Rector of Universitas Airlangga Honorable Dean of Faculty of Nursing, Universitas Airlangga Honorable Head of Co-Host Institutions Distinguished Speakers and all Participants

Praise the presence of God Almighty, for his mercy so that Faculty of Nursing Universitas Airlangga can organized The 7th International Nursing Conference on the theme "The Global Nursing Challenges in The Free Trade Era". Welcome in Surabaya, City of Heroes Indonesia.

This international nursing conference is conducted in cooperation with 12 nursing schools throughout the nation. These institutions are the Faculty of Nursing and Midwifery Universitas Nahdlatul Ulama Surabaya, Faculty of Health Science Universitas Muhammadiyah Surabaya, STIKES Ngudia Husada Bangkalan, STIKES Pemerintah Kabupaten Jombang, STIKES Maharani Malang, Poltekkes Kementerian Kesehatan Malang, Poltekkes Kementerian Kesehatan Surabaya, Faculty of Health Science Universitas Islam Sultan Agung Semarang, Faculty of Health Science Universitas Pesantren Tinggi Darul Ulum Jombang, STIKES Insan Cendekia Husada Bojonegoro, STIKES Nurul Jadid Probolinggo, STIKES YARSI Mataram, and Faculty of Nursing Universitas Muhammadiyah Banjarmasin. Fortunately, this international nursing conference also supported by our partner institutions abroad: Flinders University* (Australia), and Japan International Cooperation Agency (JICA); and also by professional and other organisations including: AINEC* (The Association of Indonesian Nurse Education Center), Ibne-Seina Hospital & Research institute Multan (Pakistan) and INNA* (Indonesian National Nurses Association).

Participants of this conference are lecturers, nurses, students both from clinical and educational setting, regional and overseas area.

Finally, I would like to thanks to all speakers, participants, co-host institutions and sponsors so that this conference can be held successfully.

Please enjoy the international conference, i hope we all have a wonderful experience at the conference.

Wassalamualaikum Warahmatullahi Wabarakatuh

Steering Committee

OPENING REMARK FROM THE DEAN OF FACULTY NURSING

Assalamualaikum Warahmatullahi Wabarakatuh

Honorable Rector of Universitas Airlangga Distinguished speakers and all Participants

First of all I would like to praises and thanks to God for the blessing and giving us the grace to be here in a good health and can hold this conference together. Secondly, it is a great privilege and honor for us to welcome every one and thank you very much for your participation and support for the 7th International Nursing "The Global Nursing Challenges in The Free Trade Era".

Globalization opens opportunities for nurses to compete with other nurses and work abroad. Nurses should constantly improve their competency in providing excellent nursing care. The sustainability of education related to the latest science and nursing knowledge is very important for all nurses who are working in the clinic, community, and educational nursing system, to enhance their competencies

Research and education into clinical and community practice is very important to enhance nursing competencies with nurse colleagues in the international sphere. Indonesia face problems such low frequency of nursing conference, number of researches, also international publications. This problem can hinder quality improvement of nursing services.

Along with Universitas Airlangga vision to become a world class university and enter top World University Ranking, Faculty of Nursing, participates actively in reaching the vision. To achieve World Class University ranking, faculty needs to meet the standards of World's top Universities such as Academic reputation, employer reputation, publication, faculty standard ratio, international students and exchange—International Nursing Conference is one of the few strategies that have been implemented by the faculty to increase Publication standard.

In 2016, the Faculty of Nursing Universitas Airlangga started to collaborate with 12 nursing schools throughout the nation that have the same concern to overcome the situations. These institutions including Faculty of Nursing and Midwifery Universitas Nahdlatul Ulama Surabaya, Faculty of Health Science Universitas Muhammadiyah Surabaya, STIKES Ngudia Husada Bangkalan, STIKES Pemerintah Kabupaten Jombang, STIKES Maharani Malang, Poltekkes Kementerian Kesehatan Malang, Poltekkes Kementerian Kesehatan Surabaya, Faculty of Health Science Universitas Islam Sultan Agung Semarang, Faculty of Health Science Universitas Pesantren Tinggi Darul Ulum Jombang, STIKES Insan Cendekia Husada Bojonegoro, STIKES Nurul Jadid Probolinggo, STIKES YARSI Mataram, and Faculty of Nursing Universitas Muhammadiyah Banjarmasin. Under the concern of long commitment for better health outcome of Indonesia, the Faculty of Nursing Universitas Airlangga once more aims to elaborate with the aforementioned institutions and international universities through holding an international nursing conference. The international universities include: Flinders University* (Australia), Japan International Cooperation Agency (JICA); and professional organisations including: AINEC* (The Association of Indonesian Nurse Education Center), Ibn-e-Seina Hospital & Research institute Multan (Pakistan) and INNA* (Indonesian National Nurse Association).

Finally, I would like to thanks to all speakers, participants, and sponsorships that helped the success of this event. I hope that this conference have good contribution in increasing the quality of nursing and nursing care.

Please enjoy the international conference. I hope, we all have a wonderful time at the conference.

Wassalamualaikum Warahmatullahi Wabarakatuh

Prof. Dr. Nursalam, M.Nurs (Hons) Dean, Faculty of Nursing Universitas Airlangga

OPENING SPEECH UNIVERSITAS AIRLANGGA RECTOR

Assalamu'alaikum wa-rahmatullahi wa-barakatuh. May the peace, mercy and blessings of Allah be upon you.

Alhamdulillah! Praise be to Allah, the Almighty which gives us the opportunity to gather here in "THE 7TH INTERNATIONAL NURSING CONFERENCE". Let us also send shalawat and salam to our Prophet Muhammad SAW (Praise Be Upon Him): Allaahumma shalli 'alaa Muhammad wa 'alaa aali Muhammad. May Allah give mercy and blessings upon Him.

Ladies and Gentlemen.

"Everything changes and only the change itself remain unchanged," that is some words of wisdom reminding us to the absolute truth that there is no such thing in this world can hold back the tide of change.

Nursing Education, as a professional field, inevitably has to improve along with the changes. And if it is possible, it should always be vigilant to anticipate a period of change ahead.

In this regard, we are already in 'THE FREE TRADE AREA'. It is one of those changes and we have to deal with the problems of its implementation. Related to these problems, we expect universal Nursing Education to be able to provide attention to all aspects of public healthcare services, anywhere and in any social classes. Therefore, let us always make efforts to quality improvements, such as in the relationship between nurses and the patients, disease prevention, and patients' treatments.

Ladies and Gentlemen,

Higher education on Nursing has its strategic roles to achieve excellent public healthcare services. Therefore, its education format must be flexible, able to adapt and anticipate any influences such as from boundless improvements of technology, economy, politics, culture and other aspects of development. At this point, joint-researches or joint-programs, seminars, scientific publications, or any other collaborations should be conducted more frequently by all nursing higher education institutions. These advance steps are necessary to achieve "Healthy Global Communities" sooner.

As a result, let us exploit these changes around us to create a condition where the quality of public healthcare service is so high that it brings happiness to all. Thus, competence's improvement of all nursing students is indispensable. This improvement, of course, should be synchronized with the changes in all aspects. Let us optimally develop this nursing science by maintaining connections and cooperation with other institutions and finding opportunities for future collaborations with others.

Ladies and Gentlemen.

The organization of this international nursing conference must be appreciated. Firstly, because it is the seventh time of the conference organization. Secondly, the theme of this conference, "THE GLOBAL NURSES CHALLENGES IN THE FREE TRADE ERA", has a strong sense of urgency and very appropriate at this moment.

Therefore, I would like to express my deepest gratitude to the organizing committee, the nursing education institutions- domestic or international-, all the keynote speakers and other parties which support this splendid conference.

We extend a warm welcome to all delegates and those who have travelled from foreign parts. We hope that your attendance will be rewarded academically, that you will make new friends and that you will be fulfilled through the conference activities and the artistic delights of Surabaya.

Ladies and Gentlemen,

Merely to expect Allah gracious blessings, I hereby officially open this "SEVENTH INTERNATIONAL NURSING CONFERENCE" by saying grace: "Bismillahirrahmanirrahim". May the objectives of this organization fulfilled and the conference be a success. Therefore let us again say: Alhamdulillah! Praise be to Allah.

Wassalamu'alaikum wa-rahmatullahi wa-barakatuh. Universitas Airlangga Rector,

Prof. Dr. Moh. Nasih, SE., MT., Ak., CMA. NIP. 196508061992031002

COMMITTEE

Patron : Rector of Universitas Airlangga Advisor : Prof. Dr. Nursalam, M.Nurs (Hons)

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Dean Faculty of Nursing and Midwifery Universitas Nahdlatul Ulama

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Suyatik

Equipment division : M. Anwari Suharto

Sukardjianto Arifin

Sodikin

SCIENTIFIC PAPER REVIEWER

Prof. Dr. Nursalam, M.Nurs (Hons) Ellen Rosskam, PhD, MPH.

Dr. Ah. Yusuf, S.Kp., M.Kes. Dr. M. Hasinuddin, S.Kep., Ns., M.Kep.

Dr. Joni Haryanto, S.Kp.,MSi. Dr. Ririn Probowati,S.Kp,M.Kes.

Dr. Kusnanto, S.Kp., M.Kes. Dr. Tintin Sukartini, S.Kp, M.Kes. Universitas Airlangga, Surabaya, Indonesia University Research Council & Center for Human Services, United States Universitas Airlangga, Surabaya, Indonesia STIKES Ngudia Husada, Bangkalan, Indonesia Universitas Airlangga, Surabaya, Indonesia STIKES Pemerintah Kabupaten Jombang, Indonesia Universitas Airlangga, Surabaya, Indonesia Universitas Airlangga, Surabaya, Indonesia

CONFERENCE SCHEDULE

DAY	1.	8 th	April	2016
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DAY I, 8 th April 2	
06.30-07.30	Registration
07.30-08.00	Indonesia Raya Anthem
	Hymne Airlangga
	Welcoming Show (Tsuroya) Unipdu Jombang
08.00-08.30	Opening Remarks
	- Speech from Steering Committee
	- Speech from Dean Faculty of Nursing, Universitas Airlangga
	- Speech from Rector Universitas Airlangga
	Opening Pray: Bpk H. M. Syakur (in Bahasa)
08.30 - 08.50	Keynote Speaker
	Junaidi Khotib, S.Si, M.Kes., PhD.
08.50 - 09.00	- Certificate & Souvenir Given to Keynote Speaker
00.00	- Opening Poster Presentation Sessions
09.00-09.30	Coffee Break
09.30-09.45	Music performance: "Daul" Madura
09.30-09.43	Music performance. Dati Madura
Plenary Session I	
09.45 – 10.05	Speaker 1
07.43 - 10.03	Ikuko Seki (JICA)
	Chief Advisor Japan International Cooperation Agency (JICA)
10.05 - 10.25	"Advanced Nursing Practice in the Global Nursing"
10.05 - 10.25	Speaker 2
	Harif Fadhillah, S.Kp, SH, MH.Kes
	Chief of INNA
	"Indonesian Nurses Ready to Compete in The Free Trade Era"
10.25 – 10.45	Speaker 3
	Dr. Muhammad Hadi, SKM., M.Kep.
	Chief of AINEC
	"Challenges of Nursing Education in Nursing Education in Asean Economic
	Community Era"
10.45 – 11.05	Plenary Discussion
	Contificate & Council Civen to Checkers
	Certificate & Souvenir Given to Speakers
11.05 – 12.00	Poster Presentation 1
	Prayer and Lunch
12.00-12.30	Trayer and Editer
12.00 12.00	<u> </u>
Plenary Session II	
12.30 – 12.50	Speaker 4
12.50 12.50	Kristen Graham, RN, RM, MNg, MPH&TM, MPEd&Tr, GDipMid, GDipHSc
	School of Nursing and Midwifery, Flinders University, Australia
	"Promoting Inter professional Collaboration to Improve Population Health
	Outcomes; Working with and Learning from Each Other"
12.50 – 13.30	
12.50 - 15.50	Speaker 5
	Dr. Nur Mukarromah., S.KM., M.Kes.
	Dean of FIK Universitas Muhammadiyah Surabaya, Indonesia
	"Social Capital Approach: Prevention Of Dengue Hemorrhagic Fever With
	Improvement Of Community Sustainability Awareness"
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13.30 – 13.50	Speaker 6
	Dr. M. Hasinuddin, S.Kep., Ns., M.Kep.
	Director of STIKES Ngudia Husada Madura, Indonesia
	"Enhancing Nurse's Competency in Child Care Based on Evidence"
13.50 – 14.10	Plenary Discussion
	Certificate & Souvenir Given to Speakers
14.10 – 14.40	Coffee Break and Prayer
Plenary Session II	
14.40 - 15.00	Speaker 7
	Dr. Tri Johan Agus Y., S.Kp., M.Kep.
	POLTEKKES KEMENKES Malang, Indonesia "Numing Core Management is A Suggest Key in Llegath Sometices"
15.00 – 15.20	"Nursing Care Management is A Success Key in Health Services" Speaker 8
15.00 – 15.20	Dr. Hanik Endang N, S.Kep., Ns., M.Kep.
	Faculty of Nursing, Universitas Airlangga Indonesia
	"The Dimensions of Breast Cancer with Positive Perception Through
	Psychospiritual 'Sehat' (Syukur Selalu Hati dan Tubuh)"
15.20 - 15.40	Plenary Discussion
15126 15116	Certificate & Souvenir Given to Speakers
DAY 2, 9th April	2016
07.00-08.00	Registration
08.00-08.15	Opening Show
	Traditional Dance : Bedoyo
Plenary Session I	
08.15 – 08.35	Speaker 9
	Madiha Mukhtar
	Head of Nursing Services in 500 bedded Pvt Health care sector, Ibn-e-Seina Hospital & Research institute Multan, Pakistan
	"Perception of Indonesian Nursing Students Regarding Caring Behavior and
	Teaching Characteristics of Their Clinical Nursing Instructors"
08.35 - 08.55	Speaker 10
00.55 00.55	Dr. Makhfudli, S.Kep., Ns., M.Ked.Trop.
	Faculty of Nursing, Universitas Airlangga Indonesia
	"Self-Efficacy Enhancement Development Model Against Biological Response
	on Patients with Pulmonary Tuberculosis in Public Health Center
	of Surabaya City Region"
08.55 – 09.15	Speaker 11
	Ima Nadatien, SKM.,M.Kes
	Nahdlatul Ulama University of Surabaya, Indonesia
	"Pride As The Attitude To Optimize The Nurse Performance"
09.15– 09.35	Plenary Discussion
	Certificate & Souvenir Given to Speakers
09.35-09.45	Traditional Dance Performance: Limade
09.45 – 10.15	Coffee Break
Oral Presentation	
10.15 – 12.15	Room 1 (Garuda Mukti)

	Medical Surgical and Critical Care Nursing
	Management and health policy Geriatric Nursing
	Room 2 (Kahuripan 301)
	Medical Surgical and Critical Care Nursing
	Management and Health Policy
	Geriatric Nursing
	Room 3 (Kahuripan 302)
	Women Health and Pediatric Nursing
	Room 4 (Ruang Sidang A)
	Women Health And Pediatric Nursing
	Room 5 (Ruang Sidang B)
	Community Health and Primary Care Nursing
	Geriatric Nursing
12.15 – 13.15	Prayer and Lunch
12.15 – 15.15	Poster Presentation 2
-	1 Oster Tresement 2
Oral Presentation	2
13.15 - 15.15	Room 1 (Garuda Mukti)
	Medical Surgical and Critical Care Nursing
	Community Health and Primary Care Nursing
	Geriatric Nursing
	Room 2 (Kahuripan 301)
	Medical Surgical and Critical Care Nursing
	Community Health and Primary Care Nursing
	Geriatric Nursing
	Room 3 (Kahuripan 302)
	Woment Health And Pediatric Nursing
	Mental Health Nursing
	Room 4 (Ruang Sidang A) Woment Health And Pediatric Nursing
	Mental Health Nursing
	Geriatric Nursing
	Room 5 (Ruang Sidang A)
	Educational and Interprofesional Collaboration
	Geriatric Nursing
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15.30 – 15.45	Closing Remark
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EFFECTIVENESS OF PROVIDING VIRGIN COCONUT OIL (VCO) TOWARDS PRURITUS REDUCTION: STUDY ON PATIENTS WITH CHRONIC KIDNEY DISEASES UNDERGOING HEMODIALYSIS

Erna Melastuti, Desy Ari Dwi Setyaningrum

Academic Qualification, Departement Of Emergency and Medical Surgical Nursing Islamic Sultan Agung University Of Semarang, Indonesia E-mail: erna@unissula.ac.id

ABSTRACT

Introduction: Pruritus is the most frequent problems faced by hemodialysis patients. One of pruritus cause on patients with chronic kidney diseases is xerosis or dry skin. The study aims to find the effectiveness of providing VCO towards pruritus decreasing on patients with chronic kidney diseases who are undergoing hemodialysis. **Methods:** It was a quantitative study "Quasi Experimental non equivalent control group" with intervention on providing VCO (Virgin Coconut Oil). Data collecting was carried out by 5-D questionnaire of pruritus scale and observation sheets of Visual Analog Scale (VAS). The number of respondents is 60 patients with total sampling technique. The data obtained is processed statistically by using Wilcoxon Test. **Result:** The statistical test result of Wilcoxon showthat there is a significant differencebetween the change of pruritus scale after intervention on comparison group and treatment group with value p = 0.000 (p value p value p value p value value value p value value

Key words: vco, pruritus, hemodialysis patients

INTRODUCTION

Patients who have chronic kidney disease every body system will be affected by the condition of uremic. Then, the patient will show signs and symptoms such as a decrease in body fat, water retention in the tissues, skin discoloration, itching, slowed movement, and the accumulation of substances that are no longer needed by the body that require haemodialysis blood as soon as possible. Haemodialysis is a process used to remove fluid and waste products from the body when the kidneys are not able to implement the process. Patients undergoing haemodialysis will experience a number of problems and complications (Smeltzer& Bare, 2002).

According to National Kidney Foundation (2013), 10% of the population worldwide is affected by chronic kidney disease (CKD), and millions die each year because they do not have access to affordable treatment(National Kidney Foundation,2013).In Indonesia, the incidence of Chronic Kidney Disease approximately 40-60 cases a(Foundation, 2013)annually. the national prevalence of chronic renal failure patie(Indonesia, 2013)nts at 0.2 %. The

provinces with the highest prevalence is in Central Sulawesi (0.5 %) and there are seven

provinces with the lowest prevalence. And based on individual analysis unit shows that nationally, 0.2 % of Indonesia's population suffer from chronic kidney disease . If the current of Indonesia's population of 252 124 458 504 248 people then there are souls who suffer from chronic renal failure (0.2 % x * =504 248 252 124 458 soul). A condition that is quite surprising (Ministry of Health, 2013). According to data from the Indonesian Renal Registry (2011), the number of patients with chronic kidney disease in Central Java in 2011 is about 51393 cases. The data obtained in dr. Adhyatma, MPH Hospital of Semarang, patients with chronic kidney disease who undergo haemodialysis was ranked fifth out of 10 major chronic diseases. Based on data from patient records in 2013 showed that patients with chronic kidney disease who undergo haemodialysis as much as in 1084 with a 14.5%. (Medical prevalence of Record Adhyatma Hospital, 2013).

One of the complications that often occur during haemodialysis lasts is pruritus (itching). (Smeltzer& Bare, 2002). Treatment of pruritus can be done using a topical ointment such as capsaicin or trakolimus. Systemic treatments have been tried with naltrexone, receptor agonists, μ -opioid, and

nalfurafin, k-opioid receptor agonist. (Sagita, C., et al., 2007). Another alternative to solve the problem pruritus patients with chronic kidney disease who undergo hemodyalisis is by using herbal ingredients from pure coconut oil or commonly called the VCO (Virgin Coconut Oil). VCO (virgin coconut oil) is a processed form of coconut meat. In some areas, VCO better known as virgin oil, sara(Agero, AL., and Verallo, 2004). Kuncoro& Maloedyn (2005) says that the rash and itching can be lost aftersmearedwith VCO.

METHODS

The design of this research study is "Quasi Experimental non-equivalent control group" with the intervention Giving VCO (Virgin Coconut Oil). This study was conducted to determine the decrease in pruritus in patients with chronic kidney disease who undergo haemodialysis before and after the intervention Giving VCO (Virgin Coconut Oil) in Chronic Kidney Disease patients undergoing hemodyalisis and had complications pruritus.

VCO is given by way of rub evenly on the surface of the skin that is experiencing pruritus by topical 3x every 5 minutes. Giving VCO is done to reduce the effective pruritus performed 3-4 weeks, researchers took 3 weeks to study and carry out the provision of VCO in the treatment group within a week 3x, every Wednesday, and Friday. comparison group is given 3x lotion within a week, on every Tuesday, Thursday, and Saturday. Measurement of pruritus scale, conducted a day before being given VCO and lotions were then performed a pre-test and a day after being given VCO and lotions do posttest in the experimental group. Data were tested using the Wilcoxon test (non-parametric statistics) with a significance level of p <0.05.

RESULTS

Table 1. Results of the analysis of pruritus scale before and after the intervention in the experimental group at the Hospital dr. Adhyatma, MPH Semarang in 2013 (N = 60)

Treatment Group	Mean	Std —deviation	Min- Max
Before	2,80	0,407	2-3
intervension			
After	1,57	0,568	1-3
intervension			

Table 1 shows that the scale pruritus treatment groups before intervention was 2.80 with a standard deviation of 0,407 and the biggest pruritus scale is 3 treatment groups after intervention was 1.57 with a standard deviation of 0,568 and the biggest pruritus scale is 3.

Table 2 Results of the analysis of pruritus scale before and after the intervention in the comparison group at the Hospital dr. Adhyatma, MPH Semarang in 2013 (N = 60)

Comparative	Mean	Std.	Min-	
group	Mican	deviation	Max	
Before intervention	2,80	0,407	2-3	
After	2,70	0,535	1-3	
intervention				

Table 2 also shows that the scale pruritus comparison group before the action was 2.80 with a standard deviation of 0,407 and the biggest pruritus scale is 3. The average scale pruritus comparison group after the intervention was 2.70 with a standard deviation of 0.535 and the largest pruritus scale is 3.

Table 3 Analysis Differences pruritus change after intervention in the treatment group and the comparison group at the Hospital dr. Adhyatma MPH Semarang in 2013 (N = 60) RSUD dr. Adhyatma, MPH Semarang in 2013 (N=60)

The prurit	Change	of	N	P Value
treatme	ent group		60	0.000
contro	l group			

Table 3 is the result of Wilcoxon that the value of significance (p-value) 0.000 < 0.05 means Ho rejected or no difference between the control group to the treatment group after intervention

DISCUSSION

Pruritus was the most common problems experienced by peritoneal dialysis orheemodyalisis patients and its prevalence is reported to be between 50-90% starting from the (Sagita, 2007)(Wardani, 2007)(Kuncoro, J., 2005a)local, general, light and heavy (Narita et al, 2006). One of the causes of pruritus in patients with chronic kidney disease is a skin xerosis or dry skin (Pardede, 2010). Xerosis

skin usually caused by retention of vitamin A (Narita, I., Iguchi, S., Omori, K., and Gejyo, 2006)due to reduced function of the kidney to excrete these substances. So vitamin A will accumulate in the subcutaneous tissue of the skin. Vitamins are too excessive will lead to atrophy of the sebaceous gland and sweat gland so that the skin becomes dry and itchy (Sherwood, 2001; Akhyani, et. Al, 2005).

Treatment of pruritus can be done by using topical ointments such as capsaicin or trakolimus Systemic treatments have been tried with naltrexone, receptor agonists, μ -opioid, and nalfurafin, k-opioid receptor agonist (Pardede, 2010). In addition, by using herbal ingredients from pure coconut oil or commonly called the VCO (Virgin Coconut Oil) (Setiaji in Kuncoro& Maloedyn, 2005).

Virgin coconut oil (VCO) is a processed product native to Indonesia that began widely used to im(Sherwood, 2001) prove public health. It is known that fatty acids (especially uric acid and oleic) in VCO, its nature is to soften the skin. In addition, the VCO effective and safe to use as a moisturizer to the skin so that it can improve skin hydration, and accelerate the healing of the skin (Agero and Verallo 2004). In addition, the VCO can eliminate red spots and itching (Kuncoro, J. & Maloedyn, 2005). Virgin Coconut Oil (VCO) containing medium chain fatty acids are easily digested and oxidized by the body to prevent the accumulation of toxins in the body. The main component of VCO is a saturated fatty acid and about 90% unsaturated fatty acids of about 10%. VCO saturated fatty acids is dominated by uric acid. VCO contains uric acid \pm 53% and about 7% caprylic acid. Both are medium chain fatty acids are commonly called Medium Chain Fatty Acids (MCFA). Meanwhile, according to Wardani (2007) VCO contains 92% saturated fat, 6% mono unsaturated fat and 2% poly unsaturated fats. Fatty acid content (especially uric acid and oleic) in VCO, nature softens the skin. In addition, the content of uric acid in coconut oil is antibacterial and antifungal properties that help your body fight infection.

When uric acid contained in the VCO are in the body, it is converted into monouric, a monoglyceride compound that exhibits antiviral, antimicrobial, antiprotozoal and antifungal. VCO will be absorbed into the skin and kills all viruses, bacteria and protozoa. Fatty acids in VCO is easily absorbed by the

body, not hoarded used as fat as long-chain fatty acids, thus reducing the itching that exist within the body. Therefore, VCO is effective and safe to use as a moisturizer to the skin so that it can improve skin hydration, and accelerate the healing of the skin (Agero and Verallo, 2004).

CONCLUSION AND RECOMMENDATION

The scale of pruritus experienced by patients with chronic kidney disease who undergo hemodyalisis therapy in the treatment group and the comparison group before the intervention is given by the percentage scale of pruritus was 80.0%.

Scale pruritus experienced by patients with chronic kidney disease who undergo hemodyalisis therapy in the treatment group after a given intervention into mild pruritus scale with a percentage of 50.0%. However, there is still experiencing moderate pruritus scale with a percentage of 3.3%.

There is a change of pruritus in the group of patients treated with smeared VCO and the comparison group of patients with lotion smeared when the emergence of pruritus. Evident from the p-value at the time before the intervention in the treatment group and the comparison obtained p value 1.000; and at the time after the intervention in the treatment group and the comparison was obtained p-value of 0.000.

Provision of VCO is more effective than the administration of lotion in patients with chronic kidney disease who undergo hemodyalisis at Hospital dr. Adhyatma, MPH to reduce the severity of pruritus.

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