

PENERAPAN *EVIDENCE-BASED NURSING PROTECTIVE RESTRAINT* UNTUK MENGURANGI ANGKA KEJADIAN *SELF-EXTUBATION* DAN *SKIN INJURY* PADA PASIEN DI *INTENSIVE CARE UNIT (ICU)*

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Abstrak

Self-extubation atau *unplanned extubation* merupakan kejadian berisiko tinggi di *Intensive Care Unit (ICU)* yang dapat menyebabkan hipoksia, aspirasi, gangguan jalan napas, hingga kematian. Kondisi ini sering dipicu oleh agitasi, delirium, nyeri, atau ketidaknyamanan pasien terhadap alat invasif. Penelitian ini bertujuan untuk mengevaluasi penerapan *protective restraint* dalam mencegah *self-extubation* serta risiko *skin injury* pada pasien ICU. Metode yang digunakan adalah *case study* pada dua pasien dengan risiko *self-extubation*, terdiri atas satu pasien kelolaan dan satu pasien resume. Intervensi berupa pemasangan *protective restraint* berbahan kain halus dengan manset lebar yang dapat dipasang secara cepat dan efisien sesuai standar keselamatan pasien. Tingkat agitasi dievaluasi menggunakan instrumen *Richmond Agitation Sedation Scale (RASS)*, disertai pemantauan integritas kulit ekstremitas. Hasil menunjukkan bahwa selama penerapan *protective restraint* selama 3×24 jam, tidak terjadi *self-extubation* maupun upaya mencabut alat invasif lainnya. Skor RASS menunjukkan penurunan tingkat agitasi, dan tidak ditemukan tanda *skin injury* seperti kemerahan atau lecet. Temuan ini mengindikasikan bahwa *protective restraint* yang diterapkan secara tepat, cepat, dan efisien efektif dalam mencegah *self-extubation* serta aman terhadap integritas kulit, sehingga mendukung prinsip *patient safety* di ICU.

Kata Kunci: *Patient Safety*, Perawatan ICU, *Protective Restraint*, *Self-Extubation*, *Skin Injury*

APPLICATION OF EVIDENCE-BASED NURSING PROTECTIVE *RESTRAINT* TO REDUCE THE INCIDENCE OF SELF-EXTUBATION AND SKIN INJURY IN PATIENTS IN THE INTENSIVE CARE UNIT (ICU)

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Abstract

Self-extubation or unplanned extubation is a high-risk event in the Intensive Care Unit (ICU) that may lead to hypoxia, aspiration, airway compromise, and death. This condition is commonly triggered by agitation, delirium, pain, or discomfort related to invasive devices. This study aimed to evaluate the application of protective restraint in preventing self-extubation and minimizing the risk of skin injury in ICU patients. A case study method was conducted on two patients at risk of self-extubation, consisting of one primary managed patient and one case resume. The intervention involved the application of a protective restraint made of soft fabric with a wide cuff, allowing for rapid and efficient application in accordance with patient safety standards. Agitation levels were assessed using the Richmond Agitation Sedation Scale (RASS), along with regular monitoring of skin integrity. The results showed that during the 3×24-hour application period, no self-extubation or attempts to remove invasive devices occurred. RASS scores indicated a reduction in agitation levels, and no signs of skin injury such as erythema, abrasions were observed. These findings indicate that appropriately applied protective restraint that can be implemented quickly and efficiently is effective in preventing self-extubation while minimizing the risk of skin injury, thereby supporting patient safety principles in the ICU.

Keywords: ICU Care, Patient Safety, Protective *Restraint*, Self-Extubation, Skin Injury