



Analysis of the Application of Nursing Care Self Management Education (DSME) through Bedside Teaching in Meeting the Needs of Self-Actualization in Diabetes Mellitus Patients at Royal Prima Hospital Medan in 2026

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ABSTRACT

Diabetes Mellitus (DM) is a chronic metabolic disease with an increasing prevalence and requires optimal self-management to prevent complications and improve the quality of life of patients. One approach that can be done is Diabetes Self Management Education (DSME) through bedside teaching to improve patients' ability to take care of themselves and meet their self-actualization needs. This study aims to analyze the application of DSME nursing care through bedside teaching in meeting the needs of self-actualization in Diabetes Mellitus patients at Royal Prima Hospital Medan in 2026. The method used was a case study with a nursing process approach including study, diagnosis, intervention, implementation, and evaluation of nursing for 3×24 hours in a patient Mrs. N aged 56 years with a medical diagnosis of Diabetes Mellitus.

The results of the study showed that patients experienced instability in blood glucose levels with a KGD of 460 mg/dL, a deficit in knowledge related to the disease, and a risk of situationally low self-esteem due to insulin use. Interventions provided were in the form of hyperglycemic management, health education through DSME bedside teaching, and self-awareness promotion. After three days of nursing treatment, there was an improvement in the patient's condition which was characterized by a decrease in blood glucose levels to 150 mg/dL, an increase in the patient's knowledge about DM management, adherence to treatment, and an increase in the patient's confidence in accepting the use of insulin. The implementation of DSME through bedside teaching has been proven to help improve patients' self-management skills and support the fulfillment of self-actualization needs in Diabetes Mellitus patients.

INTRODUCTION

Diabetes Mellitus (DM) is a global health problem with a significant increase in prevalence, imposing a significant health and economic burden on individuals and communities (World Health Organization, 2023). According to the latest report by the *World Health Organization* WHO in 2023, the number of people with DM worldwide is increasing and is estimated to reach around 422 million people. The disease is a direct cause of about 1.5 million deaths each year, and contributes to many other health complications, such as kidney disease and cardiovascular disease. *The International Diabetes Mellitus Federation* (IDF) reported in 2021 that the global prevalence of DM in the age group of 20-79 years was estimated at 10.5% (536.6 million people), the highest prevalence of DM in men and women aged 75-79 years. This figure increased by 81.8% compared to 2019.

The prevalence in 2021 is estimated to be higher in urban (12.1%) than rural (8.3%), and in high-income countries (11.1%) compared to low-income countries (5.5%) (IDF, 2023). In Southeast Asia, the prevalence of diabetes has also increased, in 2019 as much as 11.3 in the age range of people with diabetes from 20 to 79 years. Indonesia itself ranks 7th out of 10 countries in the world with 10.7 million diabetics in 2019 (Infodatin, 2020). The prevalence of patients with diabetes in Indonesia reached 6.2 percent, which means that there are more than 10.8 million people suffering from diabetes as of 2020.

Chairman of the Indonesian Endocrinology Association (Perkeni), Prof. Dr. dr. Ketut Suastika SpPD-KEMD said that this figure is estimated to increase to 16.7 million patients per year 2045. With 2020 data, 1 in 25 Indonesians or 10 percent of the Indonesian population has diabetes. Based on the 2018 Basic Health Research (RISKESDAS), the prevalence rate of diabetes in Indonesia reached 10.9 percent, which is predicted to continue to increase. The number of Diabetes Mellitus patients in Indonesia based on Riskesdas data in 2018 by the Ministry of Health shows an increase of 1.6% from 2013 to 2018 with the number of sufferers approximately 4 million (Saputri, 2020). Effective management of DM requires a holistic approach that focuses not only on glycemic control, but also on empowering patients to actively engage in their self-care. One of the educational approaches in management is diabetes self management education with bedside teaching techniques that are very important in the treatment of DM and are needed to improve the health status of patients by providing knowledge to patients about the application of self-care strategies to optimize metabolic control, prevent complications, and improve the quality of life of patients with diabetes mellitus. (Kartika et al., 2021)

Furthermore, effective management of DM not only impacts the physical aspects of the patient, but also on the psychological and social aspects. According to Maslow, the hierarchy of basic human needs is a theory that nurses can use to understand the relationship between basic human needs when providing care. Basic human needs such as physiological needs, safety and security needs, love and belongings, needs for value and self-esteem and self-actualization are the most important things to survive and maintain and improve their health (Potter & Perry, 2005).

Abraham Maslow in his hierarchy of needs theory posits that self-actualization is the highest level of human need, which includes the desire to reach one's full potential, to be creative, and to contribute meaningfully. For DM patients, the ability to manage their condition independently can contribute significantly to a sense of control, independence, and ultimately, the achievement of self-actualization. However, the effectiveness of the application of DSME through bedside teaching in the context of meeting the needs of self-actualization in DM patients has not been fully explored in depth.

Research focusing on how these nursing interventions can empower patients, increase their confidence in managing DM, and facilitate the development of their potential is still limited, particularly in the context of healthcare. Based on the above background, the author is interested in taking a case about Diabetes Mellitus "Analysis of the Application of Diabetes Self Management Education (DSME) nursing care through Bedside Teaching in meeting the needs of self-actualization in Diabetes Mellitus Patients at Royal Prima Hospital Medan in 2026"

RESULTS

Biodata

1. Patient Identity	
Name	: Mrs. N
Gender	: Female
Age	: 56 Years Old
Marital Status	: Married
Education	: Junior High School
Jobs	: Self-employed
Address	: Jl. Periuk No. 32
Hospital Admission Date	: 03 May 2026
Registration No.	: 105576
Blood Type	: -
Date of Assessment	: 04 May 2026

Date of Operation : No operating schedule
Medical Diagnostics : Diabetes Mellitus

1. Person in Charge

Name : Mr. W
Relationship with the patient : Husband
Jobs : Farmer
Address : Jl. Periuk No. 32

Main Complaints

Patients said that the body felt weak, the head felt dizzy, often felt thirsty continuously, felt dry mouth and the result was KGD 460 mg/dL

Current Medical History

1. Provocative/Palliative

- What causes it
High Glucose Levels
- Things that improve pressure
Do not consume foods high in sugar/carbohydrates

2. Qualityty/Quality

A. How it feels

Patients said that their bodies felt weak, their heads felt dizzy, they often felt thirsty continuously, and their mouths were dry.

B. How to see

The patient looks tired and the patient's mucosa is dry

3. Region

A. Where is the location

The whole body felt limp.

B. What causes it

High glucose levels

4. Severity

Patients say their bodies feel weak and dizzy

5. Time (when it starts to arise and how it happens)

The patient said that since going to the health center a few days ago and was detected with high KGD

Past medical history

- Diseases that have been experienced
The patient said he had no other illnesses.
- Treatment/actions taken
Patient says he has never been treated before
- Have been treated/operated on.
Patients say they have never been treated and have never undergone perform the operation
- Duration of treatment
Never
- Allergies
The patient said there were no allergies to either food or drink.
- Immunization
The patient said he did not know.

Family Health History

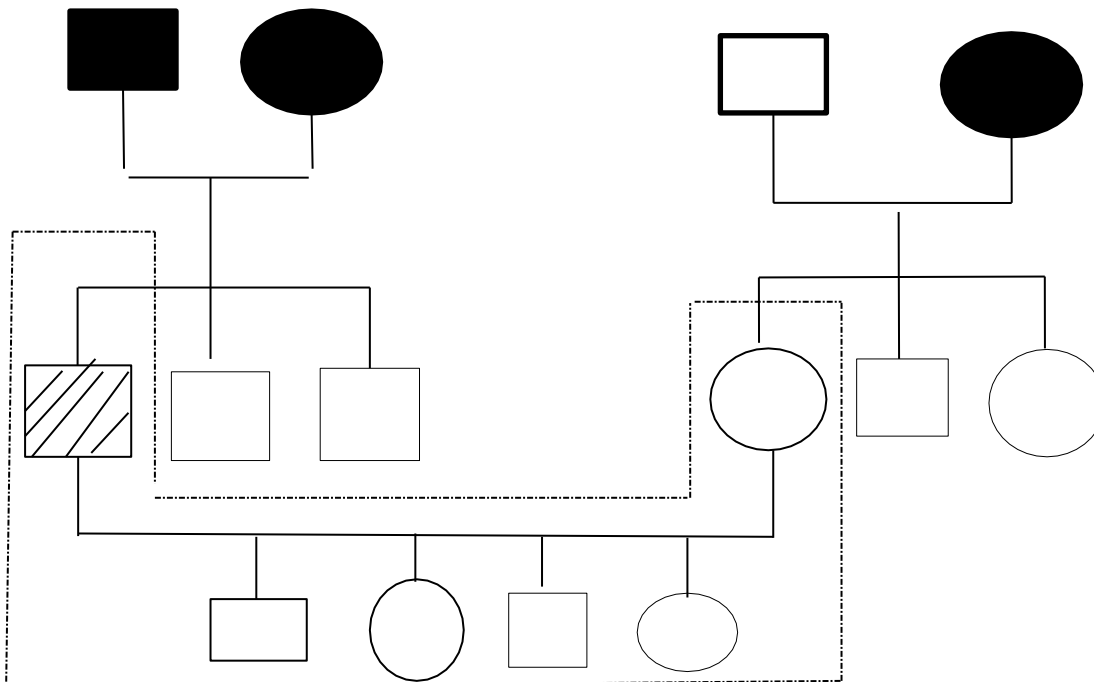
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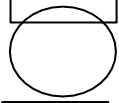

Family Health History

- Parents
Patients say parents have a history of high blood pressure and high KGD
- Siblings
The patient said none of the siblings were sick.
- Existing hereditary diseases
High glucose levels
- Deceased family members
The patient's parents and one of the wife's family members
- Cause of death
Hypertension and High Glucose Levels

Genogram



Description :

-  : Man Died
-  : Woman Died
-  : male
-  : Female
-  : Patient

History/Psychological State

- Language spoken
Patients and families use Indonesian in daily communication
- Perceptions of beliefs
The patient has the perception that healing is only from God
- Self-Assessment

1. Body image
The patient's family said the patient felt ashamed of his current condition.
2. Self-ideal
The patient said that he did not know clearly about the condition he was experiencing
3. Self-esteem
Patients say they are embarrassed to use insulin drugs and are afraid that they can't be what they used to be
4. Self-Role
The patient plays the role of a husband and a father.
5. Personal identity
The patient is able to recognize himself and realize that he is a man.
- Emotional state
Patients are sometimes unable to control their emotions
- Attention to others/interlocutors
Patient Seems withdrawn, indifferent and seems dislike
Socialize
- Relationship with family
The patient's family said the patient had a good relationship with the family both with his wife and children.
- Relationship with siblings
The patient said he had a good relationship with his brother and communicated frequently
- Relationships with others.
The patient's family said that since the patient was sick, the patient often seemed withdrawn, and did not like to socialize
- Favorites
Patients like to watch the news.
- Adaptability
Patients' families say patients are often seen withdrawn and don't like to socialize
- Self-defense mechanisms
Patients say they avoid things that don't please them such as hanging out with people who gamble and prefer to be alone

Physical Examination

- General conditions : Apathy and Weakness
- Vital signs

Body temperature	: 370C	Pulse	: 88X/i
TD	: 130/75	RR	: 21X/i
TB	:161	BB	: 61
KGD	: 460 mg/dl		

- Head and neck examination

1. Head and hair.

a. Head

- Shape : Symmetrical
- São Paulo : Normal
- Scalp : Clean / free of dandruff

b. Hair

- Hair spread and condition : thorough and clean
- Smell : Odorless
- Hair Color : Partly white

c. Face

Skin tone : A
 Variety of Genres

Facial structure : Oval

2. Screen

1. Shape : Symmetrical Right and Left
2. Eyeballs : No oedem
3. Conjunctiva : Not anemic
4. Sklera : Not Ikterik
5. Pupil : Isokor

3. Nose

1. Nasal bones and septal position of nose
Normally, the pink nasal septum is at the midline and indent.
2. Nostrils
Normal, no polyids and other abnormal symptoms
3. Nose lobes
Normal, absence of lumps

4. Ears

- a. Ear shape : Symmetrical
- b. Ear size : Normal
- c. Ear holes : Normal, there are 2 holes
- d. Hearing acuity : No Interference
Hearing

5. Mouth and pharynx

- d. Condition of the lips : dry
- e. Condition of the gums and teeth : Visible incomplete gums/teeth
- f. The condition of the tongue : Clean
- g. Oropharynx : No abnormalities

6. Neck

- a. Position of the trachea: Normal, in the middle
- b. Thyroid : Normal, No noticeable lump
Abnormal
- c. Sound : Normal
- d. Lymph nodes : Normal, no abnormal lumps
- e. Jugular vein : Normal, JVP 7
- f. Carotid pulse rate : 88x/I

• Intergumenical examination

- a. Hygiene : Clean
- b. Warmth : Warm
- c. Color : A Mature Man
- d. Turgor : Normal
- e. Humidity : Humid
- f. Abnormalities in the skin : No abnormalities

• Breast and underarm examination

- a. Breast size and shape : Symmetrical
- b. Color of the breasts and areolas : Easy chocolate
- c. Breast and putting abnormalities : No abnormalities
- d. Axillary and elavicular : No lumps

• Thoracic/chest examination

1. Thoracic inspection.
 - a. Shape of the thorax : Normal, no mass growth in the lung cavity
 - b. Breathing
 - Frequency : 21x/I
 - Rhythm : Eupnea Eupnea
 - c. Signs of difficulty breathing : Absence of breathing difficulties
2. Lung examination
 - a. Palpation of chest movements : Symmetrical chest movements
 - b. Percussion : Normal lung sound (Sound Sound)

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- c. Auscultation
 - Breath sound : Normal (Inspirium) inspiration and Same aspirations
 - Speech sounds : Normal (Vesicular)
 - Additional sound : None
 - 3. Heart exam
 - a. Inspection : No abnormalities
 - b. Palpation
 - Ictus cordis : palpable on ICS 5
 - c. Percussion
 - Left heart limit : linea midclavicularis sinistra
 - Right heart boundary : Midclavicularis Dextra line
 - d. Auscultation
 - Heart Sound I : Single
 - Heart Sound II : Single
 - Additional heart sound: no additional sound\
 - Murmur : None
 - Frequency : 80x/I
 - B. Abdominal examination
 - 1) Abdominal inspection
 - a. Abdominal shape : Symmetrical
 - b. Lumps/masses : No lumps/masses
 - c. Shadow of blood vessels : no shadows
 - 2) Auscultation
 - a. Intestinal peristaltic : 25 x/ i
 - 3) Palpation
 - a. Signs of pressure pain : No Pressure Pain
 - b. Lumps/masses : No lumps
 - c. Signs of ascites : No signs of acidity
 - d. Liver : No swelling in the liver
 - e. Link : Has a Timpani Sound
 - f. Mc. Burney's Point : Approximately 2 inches from SIAS
 - 4) Percussion
 - a. Abdominal voice : Timpani
 - b. Ascites inspection : Not done Asietas Examination
 - Abdominal examination
 - 1. Abdominal inspection
 - a. Abdominal shape : Symmetrical
 - b. Lumps/masses : No lumps/masses
 - c. Shadow of blood vessels : no shadows
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- e. Link : Has a Timpani Sound
- f. Mc. Burney's Point : approximately 2 inches from SIAS
- 4. Percussion
 - a. Abdominal voice : Timpani
 - b. Ascites inspection : Not done Ascites Examination
- Genital examination and surrounding areas
 - 1. Genitalia
 - a. Pubic hair : Not studied
 - b. Urethral opening :-
 - c. Abnormalities in the external genitalia and inguinal region :-.
 - 2. Anus and perineum
 - a. Anal Hole : Not studied
 - b. Abnormalities in the anus : Not Studied
 - c. Perimeter : Not Studied
- I. Musculoskeletal/extremity examination
 - 1. Muscle symmetry : Symmetrical
 - 2. Edema check: no edema
 - 3. Muscle strength :
 - ✓ Right hand : 4 (less tightness than the other side)
 - ✓ Right leg : 4 (less tightness than the other side)
 - ✓ Left hand : 5 (full power)
 - ✓ Left leg : 5 (full strength)
 - 4. Abnormalities in the extremities and nails : there are no abnormalities.
- J. Neurological examination
 - 1. Level of awareness
GCS: 13 , E: 4, M:4, V:5
 - 2. Meningeal sign :
 - 3. Mental Status
 - a. Emotional/emotional state
Patients are sometimes unable to control their emotions
 - b. Orientation
The patient's family said that since the patient was sick, the patient often seemed withdrawn, indifferent and did not like to socialize.
 - c. The patient's thinking process (memory, attention, decisions, calculations) is able to think and remember well
 - d. Motivation (willingness)
Patients say there is no motivation in doing treatment
 - e. Language
Patients are able to use the Indonesian language properly and correctly
 - 4. Cranial nerve
 - a. Olfactory nerve/ N I
Patients can distinguish odors such as eucalyptus oil and balm
 - b. Optic Nerve/ N II
Patients can read with a distance of $\pm 30\text{cm}$
 - c. Oculomotor Nerve/ N III, Trachealearis/ N IV, Abducent/ N VI Movement of the eyeball appears in all directions, light reflex of the politzer (+), pupil isonor.
 - d. Trigeminal nerve/ N V
 - ✓ Sensory: the patient can feel tissue strokes given on the cheeks, forehead and chin
 - ✓ Motor: the patient can bite but cannot bite hard foods such as apples and meat given.
 - e. Facialis Nerve/ N VII
 - ✓ Sensory: the patient can distinguish sweet, salty and bitter tastes
 - ✓ Motor: the patient can sneeze, can frown, and can push the cheek using the tongue
 - f. Vestibulocochlearis Nerve/ N VIII
 - ✓ Vestibularis : the patient is unable to stand up because he feels weak
 - ✓ Acacus : weak on the right side of the body, appears unbalanced when sitting
 - g. Glossopharyngeal nerve/N IX, Vagus/ N x
Patients can swallow well

- h. Nerve Accessories/N XI
Patient can lift the left/right shoulder
- i. Hipoglossus Nerve/N XII
Patients can nickname the tongue

Patterns of Daily Life

A. Sleep patterns and habits

1. Bedtime :
 - ✓ Before illness : Patients say before illness good and regular sleep patterns
 - ✓ After illness : patients say after illness irregular sleep patterns
2. Wake-up time : Erratic
3. Sleep problems : Irregular sleep
4. Things that make it easier to fall asleep
Patients say when they feel tired
5. Things that make it easier to wake up
Patient says that making it easier for him to wake up is noise

Elimination pattern

1. CHAPTER

- a. Pattern of Bowel Movements : 2 times / day Use of laxatives :No
- b. Feces character : Soft FINAL CHAPTER : Morning
- c. History of bleeding : None Diarrhea :No

2.BAK

- a. BAK Pattern : 8- 10 x/ day Incontinence :no
- b. Characteristics : Clear Yellow Retention :no
- c. Pain/burning/difficulty BAK : no
- d. History of kidney/bladder disease : no
- e. Diuretic use : no
- a. Troubleshooting efforts : Blood Sugar Level Control

C. Diet and drinking

1. Subjective symptoms

- a. Diet (type) : White Rice Number of meals per day: 3 times a day
- b. Diet pattern : Diabetes Therapy Diet
- c. Loss of appetite : No
- d. Headache pain : No
- e. Related to : None
- f. Cure with : None
- g. Food allergies/intolerances : None
- h. Net weight : 61 kg

2. Signs (Objective)

- Weight now : 61 kg
- Body shape : Normal

3. Troubleshooting efforts : No problem
4. Amount and type of food : 3 times a day and type of heavy eating
5. Time of administration of liquids :P asien Eat and Drink when you feel thirsty/hungry
6. Food and beverage problems : None
 - a. Difficulty chewing :
The patient does not experience difficulty with eating food
 - b. Difficulty swallowing : The patient has no difficulty swallowing
 - c. Unable to eat alone : the patient is able to eat and drink on his own

7. Troubleshooting efforts :

The patient has no problems either drinking or in food

D. Personal hygiene

- 1) Body maintenance : Bathing 2x a day
- 2) Dental and oral care : Toothbrush 2x in a day
- 3) Nail care : the patient's nails look short and clean

E. Pattern of activities/activities

Patient activity pattern is undisturbed

Results of Supportive/Diagnostic Examinations

- Medical diagnosis : Diabetes Mellitus
- Diagnostic/medical support examination

Laboratory

Inspection	Results	Units	Normal	
			Men	Women
Hemoglobin	10,8	g/dL	13.0 – 16.0	12.0 – 14.0
Hematocrit	42	%	45 – 55	40 – 50
Leukocytes	7.300	mm ³	5.000	10.000
Platelet	400.000	Mm	150.000	400.000
Blood urea	31	mg/dL		
Blood creatinine	0,8	mg/dL		
GDR	460	mg/dL		200

Therapy

NO	DRUG NAME	DOSAGE	INDICATIONS
1	Nacl 0.9	20 Tpm	Meet the patient's fluid needs
2	Novorapid	2x8 units	Lowers blood glucose levels
3	Live. B.complex	3x1	Preventing and overcoming neuropathy diabetic

Data Analysis

Yes	Data	Etiology	Problem
1	DS: - Patients say their bodies feel weak - The patient said his head felt dizzy	Insulin Retention ↓	Instability of Blood Glucose Levels (D. 0027)

	<ul style="list-style-type: none"> - Patients say they often feel thirsty continuously - The patient feels that his mouth is dry <p>DO:</p> <ul style="list-style-type: none"> - Physical examination of the patient - KGD: 460 mg/dl - Decreased Patient Awareness Level - GCS 13 E:4 V:4 M:5 - Visible Patient fatigue / lethargy - The patient's mucosa appears dry 	<p>Hyperglycemia</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Glucose Levels Instability Blood</p>	
2	<p>DS:</p> <ul style="list-style-type: none"> - The patient says has not yet known clearly about the condition he is experiencing <p>DO :</p> <ul style="list-style-type: none"> - The patient does not seem to Follow the treatment as recommended - Patient Appearance Opinion is different from the treatment recommendations - The patient appears to be apathetic (indifferent to the condition of the disease he is experiencing) 	<p style="text-align: center;">Age factor</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Cognitive limitations</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Knowledge Deficit</p>	Knowledge Deficit (D. 0111)
3	<p>DS:</p> <ul style="list-style-type: none"> - Patients Say Shame of Using Insulin Medication - Patient says he is afraid that he cannot be the same as he used to be <p>DO:</p> <ul style="list-style-type: none"> - Seeing the facial expressions of the depressed patient - Appears the patient withdraws - Apathy (avoidance) 	<p style="text-align: center;">Hyperglycemia</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Changes in the self</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Situationally Low Self-Esteem Risk</p>	Situationally Low Self-Esteem Risk (D.0102)

Formulation of Nursing Diagnosis

1. Instability of Blood Glucose Levels related to Urine Retention is characterized by high blood sugar levels
2. Knowledge Deficit related to Age Factor is characterized by the Patient saying that he does not know clearly about the condition he is experiencing
3. Risk of Low Self-Esteem Situational is characterized by the Patient saying that he is embarrassed to use insulin medication

Nursing Intervention

Yes	Nursing Diagnosis	Indonesian Nursing Output Standards (SLKI)	Indonesian Nursing Standards (SIKI)
1	Instability Blood Glucose Levels Related to Urine Retention are characterized by high blood sugar levels	<p>Instability of Increased Blood Glucose Levels (L. 03022)</p> <p>After nursing intervention for 3 x 24 hours, the stability of blood</p>	<p>Management Hyperglycemia (I.03115)</p> <p>Observations</p> <p>1) Identification Possible causes of hyperglycemia</p>

		<p>glucose levels increased, with the following outcome criteria:</p> <ol style="list-style-type: none"> 1. Improved coordination 2. Decreased sleepiness 3. Decreased dizziness 4. Fatigue/lethargy decreased 5. Decreased hunger 6. Glucose levels in the blood improve 	<ol style="list-style-type: none"> 2) Identify situations that cause insulin needs to increase (e.g.: disease recurrence) 3) Monitor blood glucose levels, if necessary 4) Monitor signs and symptoms of hyperglycemia (ex: polyuria, polydipsia, polyphagia, weakness, malaise, blurred vision, headache) 5) Fluid intake and output monitor 6) Urine ketone monitor, Blood gas rate, electrolyte, orthostatic blood pressure and pulse frequency analysis <p>Therapeutics</p> <ol style="list-style-type: none"> 1) Provide oral fluid intake 2) Consult a physician if signs and symptoms of hyperglycemia persist or deteriorate 3) Facilitation of ambulation in case of hypotension orthostatic <p>Education</p> <ol style="list-style-type: none"> 1) Avoid exercising at a high rate Blood glucose greater than 250 mg/dL 2) Organize independent blood glucose monitoring 3) Advocate adherence to diet and exercise 4) Teach the indications and importance of urine ketone testing, if necessary 5) Teach diabetes management (e.g., use of insulin, oral medications, Monitor fluid intake, carbohydrate replacement, and assistance Health Professionals <p>Collaboration</p> <ol style="list-style-type: none"> 1) Collaboration administration of insulin, if necessary 2) Collaboration IV fluid administration, if necessary 3) Grant collaboration potassium, if necessary.
<p>2</p>	<p>Knowledge Deficit related to Age Factor is characterized by the Patient saying that he does not know clearly about the condition he is experiencing</p>	<p>Knowledge Level Increased (L12111)</p> <p>Once done</p>	<p>Health Education Rise (I.12383)</p> <p>Observations</p> <ol style="list-style-type: none"> 1). Identify readiness and ability to receive information

		<p>Nursing intervention for 3x24 hours, then the level of knowledge increases with Outcome criteria: Expectations : Increased</p> <ol style="list-style-type: none"> 1. Appropriate behavior Increased Recommendations 2. Verbalization of interest in learning increases 3. Capabilities explain knowledge about a topic increased 4. Capabilities describe previous experiences that fit the topic of increase 5. Behavior according to increased knowledge 6. Questions about the problem at hand are decreasing 7. A misperception of the problem decreases. 	<p>2). Identify factors that can increase and decrease motivation for clean and healthy living behaviors</p> <p>Therapeutics</p> <ol style="list-style-type: none"> 1). Provide Health Education materials and media 2). Schedule Health Education as agreed 3). Give them the opportunity to ask questions <p>Education</p> <ol style="list-style-type: none"> 1). Explain the risk factors that can affect health 2). Teach clean and healthy living behaviors 3). Teach strategies that can be used to improve clean and healthy living behaviors
3	<p>Risk of Low Self-Esteem Situational is characterized by the Patient saying that he is embarrassed to use insulin medication</p>	<p>Increased Self-Esteem (L.09069)</p> <p>Once done nursing intervention for 3 x 24 hours, then self-esteem increases, with improved outcome criteria:</p> <ol style="list-style-type: none"> 1. Positive self-assessment increases 2. Feelings of having advantages or positive abilities increased 3. Acceptance of positive self-assessment increases 4. Interest in trying new things increases 5. Walking shows an increased face 6. Posture showing increased face 7. Decreased feelings of shame 8. Decreased feelings of guilt 9. Decreased feelings of inability to do anything 10. Underestimate Decreased ability to solve problems 	<p>Promotion of Self-Awareness (L.09311)</p> <p>Observations</p> <ol style="list-style-type: none"> 1. Identify the current emotional state 2. Identify the responses that various situations show <p>Therapeutics</p> <ol style="list-style-type: none"> 1. Discuss the values that contribute On self-concept 2. Discuss thoughts, behaviors, or responses to the condition 3. Discuss the impact of illness on self-concept 4. Express denial about reality 5. Motivation to improve learning ability <p>Education</p> <ol style="list-style-type: none"> 1. Encourage recognizing thoughts and feelings about yourself 2. Encourage awareness that everyone is unique 3. Organize expressing feelings (ex: angry or depressed) 4. Encourage asking others for help, as needed 5. Advocate changing one's view of oneself as a victim 6. Encourage identifying feelings of guilt 7. Organize

			identify the situation that triggers Emergency 8. Encourage re-evaluating negative perceptions of yourself 9. Encourage self-expression with peers 10. Teach how to make life priorities 11. Practice skills positive self-esteem Owned
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Nursing Implementation and Evaluation

Day One

Day/Date	Nursing Diagnosis	Beat	Implementation	Evaluation
Monday, 04 May 2026	Instability of Blood Glucose Levels related to Urine Retention is characterized by high blood sugar levels	09.30	<ul style="list-style-type: none"> - Identifying possible causes of Hyperglycemia - Monitor blood glucose levels - Monitoring the signs and symptoms of Hyperglycemia - Consult a medical doctor if signs and symptoms are present - Hyperglycemia is present or worsening - Recommend monitoring blood glucose levels independently - Advocate diet and exercise adherence - Notify How to manage diabetes (insulin use) 	<p>S:</p> <ul style="list-style-type: none"> - Patients say their bodies feel weak - The patient said his head felt dizzy - Patients say they often feel thirsty continuously - The patient feels his mouth is dry <p>O:</p> <ul style="list-style-type: none"> - Physical examination of the patient - KGD: 460 mg/dl - Decreased Patient Awareness Level - GCS 13 E:4 V:4 M:5 - Patient Appears Fatigue/Lethargy <p>The patient's mucosa appears dry</p> <p>A:</p> <ul style="list-style-type: none"> - Blood Glucose Level Instability Has Not Been Resolved <p>P:</p> <ul style="list-style-type: none"> - Intervention continued <p>I:</p> <ul style="list-style-type: none"> - Monitor blood glucose levels - Monitoring the signs and symptoms of Hyperglycemia - Consult a physician if signs and symptoms of hyperglycemia persist or worsen - Recommend doing a monitor blood glucose levels independently - Advocate diet and exercise adherence - Tell us how to diabetes management (insulin use) <p>E:</p>

				<ul style="list-style-type: none"> - Blood Glucose Level Instability Has Not Been Resolved <p>R:</p> <ul style="list-style-type: none"> - Continue to control the patient's blood sugar by regularly checking the KGD.
Monday, 04 May 2026	Knowledge Deficit related to Age Factor is characterized by the Patient saying that he does not know clearly about the condition he is experiencing	10.10	<ul style="list-style-type: none"> - Identify readiness and Ability to receive information - Identify factors that can increase and decrease motivation for clean and healthy living behaviors - Provide materials and media Health Education - Scheduling health education as agreed upon - Provide an opportunity to ask questions - Explain risk factors that can affect health - Teaching life behaviors Clean and healthy - Teach strategies that can be used to improve clean and healthy living behaviors. 	<p>S :</p> <ul style="list-style-type: none"> - The patient said not yet Know clearly about the condition he is experiencing <p>O :</p> <ul style="list-style-type: none"> - The patient does not seem to follow the treatment as recommended - Patients seem to have different opinions with treatment recommendations - The patient appears to be Apathy (indifferent to the condition of the disease he is experiencing) <p>A:</p> <ul style="list-style-type: none"> - Unresolved Knowledge Deficit <p>Q: Intervention continued</p> <p>I:</p> <ul style="list-style-type: none"> - Identify readiness and Ability to receive information - Provide health education materials and media - Schedule health education as per the agreement - Provide opportunities to Ask - Explain the risk factors that may affect Health - Teaching clean and healthy living behaviors - Teach strategies that can be used to improve clean and healthy living behaviors. <p>E:</p> <ul style="list-style-type: none"> - Unresolved Knowledge Deficit <p>R:</p> <ul style="list-style-type: none"> - Provide and motivate patients about education about their illnesses
Monday, 04 May 2026	Risk of Low Self-Esteem Situational is characterized by the Patient saying that he is embarrassed to use insulin medication	13.20	<ul style="list-style-type: none"> - Identify the responses shown by different situations - Have a discussion of values that contribute to self-concept - Have a discussion about the mind, behavior, or response to conditions 	<p>S:</p> <ul style="list-style-type: none"> - Patients Say Shame of Using Insulin Medication - Patient says he is afraid that he cannot be the same as he used to be <p>O:</p> <ul style="list-style-type: none"> - Seeing the facial expressions of the depressed patient - Appears the patient withdraws

			<ul style="list-style-type: none"> - Discuss the impact of disease on self-concept - Provide motivation in improving learning ability - Encourage recognizing thoughts about yourself - Encourage asking others for help, as needed - Advocate for re-evaluation of negative perceptions of oneself - Practice your positive self-abilities 	<ul style="list-style-type: none"> - Apathy (avoidance) <p>A :</p> <ul style="list-style-type: none"> - Situationally low self-esteem risk has not been resolved <p>Q: - Intervention continued</p> <p>I:</p> <ul style="list-style-type: none"> - Have a discussion about thoughts, behaviors, or responses to the condition - Discuss the impact of disease on self-concept - Providing motivation in Improve learning ability - Encourage re-evaluation Negative Perceptions of Self - Practice your positive self-abilities <p>E:</p> <ul style="list-style-type: none"> - Situationally low self-esteem risk has not been resolved <p>R:- Continuing the practice of adapting to the patient</p>
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Day Two

Day/Date	Nursing Diagnosis	Beat	Implementation	Evaluation
Tuesday, 05 May 2026	Instability Blood Glucose Levels Related to Urine Retention are characterized by high blood sugar levels	09.10	<ul style="list-style-type: none"> - Monitor blood glucose levels - Monitoring the signs and symptoms of Hyperglycemia - Consult a medical doctor if signs and symptoms are present Hyperglycemia is present or worsening - Recommend monitoring blood glucose levels Self-Sustaining - Advocate diet and exercise adherence - Tell how to manage diabetes (insulin use) 	<p>S:</p> <ul style="list-style-type: none"> - Patients say the body starts to feel fresh - Patients say they don't feel dizzy again - Patients say they still feel thirsty The patient feels that his mouth is not dry/moist <p>O:</p> <ul style="list-style-type: none"> - Physical examination of the patient - KGD: 250 mg/dl - Increased Patient Awareness Level (CM) - G CS14 E:4 V:5 M:5 - The patient does not appear fatigue/lethargy - The patient's mucosa still looks dry <p>A:</p> <ul style="list-style-type: none"> - Blood Glucose Level Instability Partially Resolved <p>P: Continued intervention</p> <p>I :</p> <ul style="list-style-type: none"> - Monitor blood glucose levels - Recommend monitoring blood glucose levels independently <p>E: - Resume KGD monitoring</p> <p>R: - Increased patient independence</p>

Tuesday, 05 May 2026	Knowledge Deficit related to Age Factor is characterized by the Patient saying that he does not know clearly about the condition he is experiencing	11.20	<ul style="list-style-type: none"> - Identify readiness and ability to receive information - Provide health education materials and media - Schedule health education accordingly - Deal - Provide opportunities to ask - Explain risk factors that can affect health - Teaching clean and healthy living behaviors - Teach strategies that can be used to improve clean and healthy living behaviors 	<p>S :</p> <ul style="list-style-type: none"> - The patient said that he had begun to know about the condition he was experiencing <p>O :</p> <ul style="list-style-type: none"> - The patient appears to be following the treatment as recommended - The patient seems to have the same opinion as Treatment Recommendations - The patient seemed to be enthusiastic about listening to the teachings about his illness <p>A:</p> <ul style="list-style-type: none"> - Knowledge Deficit Partially Resolved <p>Q: - Intervention continued</p> <p>I:</p> <ul style="list-style-type: none"> - Provide health education materials and media - Scheduling health education according to agreement - Provide an opportunity to ask questions <p>E: - Knowledge deficit partially resolved</p> <p>R: - Continue to educate patients</p>
Tuesday, 05 May 2026	Risk of Low Self-Esteem Situational is characterized by the Patient saying that he is embarrassed to use insulin medication	13.30	<ul style="list-style-type: none"> - Have a discussion about thoughts, behaviors, or responses to the condition - Discuss the impact of disease on self-concept - Provide motivation in improving learning ability - Encourage re-evaluation of negative 	<p>S:</p> <ul style="list-style-type: none"> - Patients Say They Are Still Ashamed of Using Insulin Drugs - The patient said no Fear that he could not be like he used to be <p>O:</p> <ul style="list-style-type: none"> - Visible Expression of the patient's excited face - It seems that the patient is still withdrawing - It seems that the patient is participating and starting to care <p>A :</p> <ul style="list-style-type: none"> - Situational low self-esteem risk partially resolved <p>Q:- Intervention continued</p> <p>I:</p> <ul style="list-style-type: none"> - Advocate re-evaluating negative perceptions of yourself - Practice your positive self-abilities <p>E:</p> <ul style="list-style-type: none"> - Situational low self-esteem risk partially resolved

			perceptions of oneself - Practice your positive self-abilities	R: - Continue the re-evaluation of the patient's condition
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Day Three

Day/Date	Nursing Diagnosis	Beat	Implementation	Evaluation
Wednesday, 06 May 2026	Blood Glucose Level Instability b.d Urine Retention d.d High Blood Sugar Level	08.30	<ul style="list-style-type: none"> - Monitor blood glucose levels - Recommend monitoring blood glucose levels independently 	S: <ul style="list-style-type: none"> - Patients say body feels fit - Patients say they don't feel dizzy anymore - Patients say they still sometimes feel thirsty - Patients feel Her mouth no dry/ moist O: <ul style="list-style-type: none"> - Physical examination of the patient - KGD: 150 mg/dl - Increased Patient Awareness Level (CM) - GCS 14 E:4 V:5 M:5 - The patient does not appear fatigue/lethargy - The patient's mucosa appears moist A: - Unstable Blood Glucose Levels P: - intervention is stopped (PBJ patients) and Actions continue with routine control
Wednesday, 06 May 2026	Knowledge Deficit related to Age Factor is characterized by the Patient saying that he does not know clearly about the condition he is experiencing	09.30	<ul style="list-style-type: none"> - Provide health education materials and media - Schedule health education as per the agreement - Provide an opportunity to ask questions 	S : <ul style="list-style-type: none"> - The patient said he knew clearly about the condition he was experiencing O : <ul style="list-style-type: none"> - The patient appears to be following the treatment as recommended - The patient seems to have the same opinion as the treatment recommendations - The patient seemed very enthusiastic to listen to the teachings about his illness A: - Knowledge deficit solved solved Q: - The intervention was stopped (PBJ patients) and the action was continued with Routine control

Wednesday, 06 May 2026	Risk of Low Self-Esteem Situational is characterized by the Patient saying that he is embarrassed to use insulin medication	10.45	- Encourage re-evaluation of negative perceptions of yourself - Practice your positive self-esteem skills	S: <ul style="list-style-type: none"> - Patients Say They Are Not Ashamed To Use Insulin Drugs - The patient said he was not afraid that he could not be what he used to be O: <ul style="list-style-type: none"> - Visible Expression of the patient's excited face - It seems that the patient does not withdraw (excited and enthusiastic) - It seems that the patient is participating and starting to care A : <ul style="list-style-type: none"> - Situational low self-esteem risk resolved P: <ul style="list-style-type: none"> - Intervention is stopped (PBJ patients) and Actions continue with routine control
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DISCUSSION

Patient Mrs. N Female was taken to Royal Prima Hospital Medan on May 03, 2026 with the main complaint The patient said that her body felt weak, her head felt dizzy, she often felt thirsty continuously, felt her mouth was dry and the result was KGD 460 mg/dL. In the 3x24-hour patient care process, nursing care is carried out in five stages, namely:

Assessment

In the study of patients with a general state of apathy, and have the main complaint The patient said that the body felt weak, the head felt dizzy, often felt thirsty continuously, felt dry mouth and the result was KGD 460 mg/dL. History/state of the patient's psychology, the patient's family said that the patient felt ashamed of his current condition, the patient also said that he did not know clearly the condition he was experiencing, the patient's self-esteem decreased where the patient was ashamed to use insulin drugs and felt afraid if he could not be what he was.

Patient's emotional state Patients are sometimes unable to control their emotions, patients often seem withdrawn, seem apathetic, and do not socialize with the surrounding environment. Physical examination of patients Hand to toe blood sugar levels of patients increased by 460mg/dl, Mouth felt dry and GCS of patients 13 where E:4 M:4 V: 5, Patient's habit patterns were silent at bedtime after irregular sleep patterns, awkward waking time and things that made it easier to wake up noisy. BAK patient elimination pattern 8-10X/24 hours. Efforts to overcome it control the patient's blood sugar.

Nursing Diagnosis

Based on the clinical manifestations obtained from the results of the study, a nursing diagnosis was obtained:

- Blood Glucose Level Instability b.d Urine Retention d.d High Blood Sugar Level
- Knowledge Deficit b.d Age Factor d.d The patient said that he did not know clearly about the condition he was experiencing
- Risk of Low Self-Esteem Situational d.d Patients say they are embarrassed to use insulin drugs

Nursing Intervention

- Blood Glucose Level Instability b.d Urine Retention d.d High Blood Sugar Levels Hyperglycemia Management Intervention (**I.03115**)
- Knowledge Deficit b.d Age Factor d.d Patients say they do not know clearly about the condition they are experiencing Increased Health Education Intervention (**I.12383**)
- Low Risk of Situational Low Self-Esteem d.d Patients say they are embarrassed to use insulin drugs intervention Self-Awareness Promotion (**I.09311**)

Nursing Implementation

The implementation carried out based on nursing interventions are:

- At the first diagnosis of Blood Glucose Level Instability b.d Urine Retention d.d High Blood Sugar Level. On the first day to the third day, the intervention was carried out until the patient's condition improved and he was discharged and PBJ (patient for outpatient treatment)
- In the second diagnosis of Knowledge Deficit b.d Age Factor d.d The patient said that he did not know clearly about the condition he was experiencing. On the first day to the third day, the intervention was carried out until the patient's condition improved and he was discharged and PBJ (patient for outpatient treatment)
- In the third diagnosis of Situational Low Self-Esteem Risk d.d, the patient said that he was embarrassed to use insulin drugs. On the first day to the third day, the intervention was carried out until the patient's condition improved and he was discharged and PBJ (patient for outpatient treatment)

Nursing Evaluation

Evaluation of nursing obtained from the results Implementation which was carried out from 04 -06 May 2026, data was obtained as follows:

- Diagnosis 1: Blood Glucose Level Instability b.d Urine Retention d.d High Blood Sugar Level. This nursing diagnosis with the results of the evaluation on the third day was obtained that the problem was resolved characterized by a normal KGD of 150 mg/dl, the mouth still did not feel dry and the patient felt thirst continuously reduced.
- Diagnosis 2: Knowledge Deficit b.d Age Factor d.d The patient said that he did not know clearly about the condition he was experiencing. This nursing diagnosis with the results of the evaluation on the third day was obtained that the problem was resolved marked by the patient already knowing the condition of the disease he was experiencing.
- Diagnosis 3: Situationally Low Risk of Self-Esteem d.d Patients say they are embarrassed to use insulin drugs. This nursing diagnosis with the results of the evaluation on the third day was obtained that the problem was resolved marked by the patient no longer being ashamed to use insulin drugs.

From the implementation of the nursing care action above, data was obtained that the patient's condition improved on the third day of treatment and the patient was allowed to go home and undergo outpatient treatment with a consular schedule that had been set by the doctor.

CONCLUSION

Diabetes Mellitus (DM) is a chronic metabolic disease characterized by hyperglycemia that occurs due to impaired insulin secretion, insulin action, or both. DM is classified into several types, namely type 1 DM, type 2 DM, gestational DM, and other types. Type 2 DM is the most common type and often occurs due to a combination of insulin resistance and impaired pancreatic beta cell function (Guyton & Hall, 2021).

Prevention of diabetes mellitus (DM) by utilizing Diabetes Self Management Education (DSME) through bedside teaching can help patients achieve self-actualization. DSME is an education that focuses on the knowledge, skills, and abilities needed to manage diabetes independently. Bedside teaching allows for personalized education and is more focused on the patient's needs (Rahmadani et al., 2023)

ADVICE

For readers, hopefully this Final Scientific paper can add to our insight into dealing with DM by using the DSME bedside teaching technique in conducting more appropriate interventions.

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