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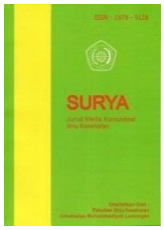

Chronic Pain Nursing Care for Elderly Gout Patients Using Warm Water Compress Therapy Using Lemongrass and Ginger

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ABSTRACT

Introduction: Uric acid is a normal substance found in the body and is the end result of purine metabolism, namely the result of the degradation of purine nucleotides which are important ingredients in the body as components of nucleic acids. The nursing problem that arises in elderly gout patients is chronic pain. The aim of this scientific work is to explore nursing care for chronic pain in elderly gout patients with warm water compress therapy using lemongrass and ginger at RAAL Griya Asih Lawang.

Methods: Using a case study design with nursing care. The subjects of this research were 3 elderly gout patients with chronic pain nursing problems for 3 days, with pain measurement using the Visual Analog Scale (VAS) and SLKI. and the targeted outcome criteria include the ability to complete activities, complaints of pain, protective attitudes, grimacing, restlessness and difficulty sleeping. The instrument used was the UNITRI gerontic nursing care format. Data was analyzed using the SMART method (Specific, Measurable, Achievable, Realistic, Time).

Results: From the actions carried out on the three patients for 3 days, it was found that the chronic pain nursing problem in 3 patients was partially resolved with the following criteria: ability to complete activities increased, pain complaints decreased, protective attitude decreased, grimaces decreased, anxiety decreased, difficulty sleeping decreased.

Conclusion: Due to the limited time in conducting this research, which was only carried out for 3 days, it could affect the results of warm compresses using lemongrass and ginger which could only partially reduce pain complaints.

Keywords: chronic pain, gout, warm water compress using lemongrass and ginger.

INTRODUCTION

Uric acid is a normal substance found in the body and is the final result of purine metabolism, namely the result of the degradation of purine nucleotides which are important ingredients in the body as components of nucleic acids (Setiati, 2014). This substance is a relatively insoluble molecule and easily precipitates from solutions such as urine or synovial fluid. At physiological hydrogen ion concentrations, uric acid is mainly in ionized form and is present in plasma in the form of sodium urate (Rahmadan, et al. 2022).

Gout Arthritis (GA) or gout is a disease associated with high levels of uric acid in the blood, because gout attacks are sudden, recurrent and accompanied by arthritis which feels very painful in the joints (Seran et al, 2020). The Elderly is a period of old age where the body's organs and functions decline, which will cause a decline in social roles (Marlita et al, 2020).

According to the World Health Organization (WHO), in the Southeast Asia region the elderly population is 8% or around 142 million people. In 2050, it is estimated that the elderly population will increase 3 times from this year. In 2000 the number of elderly people was around 5,300,000 (7.4%) of the total population, while in 2010 the number of elderly people was 24,000,000 (9.77%) of the total population, and in 2020 it is estimated that the number of elderly people will reach 28,800,000 (11 .34%) of the total population. Meanwhile, in Indonesia itself, in 2022, it is estimated that the number of elderly will be around 80,000,000 (Ministry of Health of the Republic of Indonesia, 2021). In Indonesia, the number of elderly people has increased from 18 million people (7.56%) in 2010, to 25.9 million people (9.7%) in 2020 (Ministry of Health of the Republic of Indonesia, 2020).

According to the World Health Organization (WHO), it is estimated that around 335 million people in the world suffer from GA with the main complaint being pain. The prevalence of sufferers of this disease in developed countries such as the United States is estimated at 13.6% per 100,000 population. Meanwhile, the prevalence of joint disease in Indonesia diagnosed by health workers (doctors) is 7.3% and based on areas with a doctor's diagnosis or symptoms, the highest is in Aceh (13.3%), followed by Bengkulu (11.15%) and East Java (7.3%) (Indonesian Ministry of Health, 2018). Based on this prevalence, joint diseases are currently dominated by those aged 15-64 years, reaching (30.9%), followed by those aged 65-74 years (18.6%) and those aged >75 years, namely (18, 9%) (Indonesian Ministry of Health, 2018). Along with increasing age >75 years (18.9%). The prevalence based on age diagnosed by a doctor is higher in women (8.5%) than men (6.1%) (Ministry of Health of the Republic of Indonesia, 2018). In Malang Regency and Malang City, the prevalence of gout arthritis is 10% and 13.5%. According to data from a preliminary study at RAAL Griya Asih Lawang, there were 10 elderly people who suffered from gout and all of them complained of pain due to this condition.

Gout Arthritis is a metabolic disorder caused by uric acid (uric acid) accumulating in body tissues, which is then excreted through urine (Hikmatyar, et al. 2013). This metabolic disease is predominantly experienced by middle-aged to elderly men and women in the post-menopausal period. This metabolic disease is caused by accumulation monosodium urate monohydrat crystals tophi in the joints and connective tissue, causing prolonged pain. If classified according to its onset, GA is divided into two, namely acute and chronic episodes. Epidemiologically, variations in prevalence are influenced by

environmental, dietary patterns and genetic influences (Wahyu, 2021).

The treatment that can be done to reduce the chronic pain that is felt is by carrying out non-pharmacological and pharmacological management. Non-pharmacologically, this can be done by regulating diet, and body weight, avoiding offal and providing combination therapy with warm compresses from lemongrass and ginger (Fox, 2021; Widyowati et al, 2024). Using a warm compress can cause the body's physiological response, namely increased blood flow, muscle relaxation, and can reduce pain due to stiff muscle spasms. Meanwhile, pharmacological treatment can be given by non-steroidal anti-inflammatory drugs (NSAIDs) which are given medically to relieve joint pain. However, continuous use of NSAIDs can cause serious side effects including kidney damage, stomach bleeding, bone marrow suppression, anorexia and nausea (Firdaus et al., 2020).

Giving ginger compresses is a non-pharmacological action for treating pain (Virgo, 2019). A study in Iran stated that ginger has the same benefits as ibuprofen in treating symptoms of joint pain (Siwi, 2016). Ginger has 4 properties that can be useful for reducing joint pain where ginger has warm, spicy, bitter and aromatic properties from oleoresins such as zingeron, gingerol and shogoal. Oleoresin has the potential to be a very strong anti-inflammatory and anti-oxidant. The benefits of oil and water that cannot evaporate in ginger have the function of enhancer which can increase the permeability of oleoresin to penetrate the skin without causing irritation or damage to peripheral circulation. Various components of ginger can be able to suppress inflammation and can regulate biochemical processes so that they can activate inflammation by suppressing pro-inflammatory cytokinins and cemokin which can be produced by synoviocytes, chondrocytes, leukocytes and ginger has been found to be effective so that it can inhibit the expression of cemokin (Masyhurrosyid et al., 2014).

Giving warm ginger compresses can be combined with herbal plants to provide more benefits, one of which is lemongrass (Cymbopogan citratus). Lemongrass (Cymbopogan citratus) is a grass-like plant that contains essential oils with the components citronellal (antioxidant) 32-45%, geraniol (antioxidant) 12-18%, citronellyl acetate 2-4% citral, kavicol eugenol, elemol and seskwiterpene laim 2-5%, elements and cadinene 2-5%, kadinol, kadinen, vanillin, limonene camphen (Hyulita, 2014). Lemongrass water has chemical properties and pharmacological effects with a spicy and warm taste as anti-inflammatory, analgesic pain relief and blood circulation, which is indicated for relieving muscle pain and joint pain in arthritis sufferers, body aches and pains. head (Wida & Panorama, 2020). Based on the impact of gout (gouty arthritis), giving lemongrass and ginger can be used to reduce the intensity of pain in gouty arthritis sufferers, besides that the affordable price of ginger and lemongrass makes researchers interested in applying it.

The role of nurses for elderly people with gouty arthritis is as care gives, and health educators. Nurse as care gives provide nursing care to the elderly using a nursing process approach starting from the assessment, diagnosis, intervention, implementation and nursing evaluation stages. Nurses as health educators provide education to the elderly to improve the knowledge and behavior of the elderly, in order to maintain uric acid levels within the normal range by modifying lifestyle (Toto & Nababan, 2023).

This study aims to use warm compress therapy with a combination of lemongrass and ginger on elderly patients who experience chronic pain due to GA using a gerontic nursing care approach.

RESEARCH METHODS

The design used in this final scientific work is a case study with a nursing diagnosis of chronic pain in elderly GA using warm water compress therapy using lemongrass and ginger. Data collection was carried out procedurally starting from nursing assessment, nursing diagnosis, intervention to evaluation.

The case study subjects in this research were three elderly patients with chronic pain with gout using a combination therapy of warm water compresses using lemongrass and ginger. The inclusion criteria used were elderly female patients who were willing to be respondents without coercion, aged >60 years, had or did not have other disease complications, had uric acid levels exceeding the normal value of uric acid levels, namely (women 2.4 - 6.0 mg /dl), as well as experiencing chronic pain nursing problems. The exclusion criteria set included respondents being treated for less than 3 days, subjects returning home or dying during the research.

The implementation of pain management was carried out on July 25 – July 29 2023. The tools and instruments used in this research included Visual analog scale (VAS) in UNITRI FIKes gerontic nursing care format, 3in1 tool easy touch GCU (glucose, cholesterol, uric acid) meter device, standard operating procedures (SOP) for applying warm lemongrass and ginger water compresses. The tools and materials used during warm compress therapy are a thermometer, washcloth or small towel, warm water, bucket, lemongrass and ginger.

The data collection stages used were as follows: (1) Interview, including questions in the format of elderly assessment, physical examination and patient evaluation in providing nursing care with the informant sources being patients and elderly people. (2) Observation, observation activities on the 3 patients were carried out starting from the assessment, during the provision of nursing care, physical examination and warm water compresses using lemongrass and ginger. (3) Implementation of comprehensive nursing care which is carried out starting from assessment, establishing a diagnosis, formulating interventions, implementing and evaluating. Implementation is carried out by providing complementary therapy with warm water compresses using lemongrass and ginger which are given once a day in the morning for 3 days, once the compress is applied for 20 minutes with a water temperature of 37°C - 40°C.

The ethical principles adhered to in this research are the use of nursing action consent forms or informed consent, certainty anonymity (anonymous) and confidentiality (confidentiality) patient. Respondents are free from exploitation, veracity (honesty) in each stage of research implementation, conveying the benefits and risks that will occur before the research takes place, as well as providing fair and equal treatment for all respondents. Apart from that, the elderly involved in the research were not forced to become respondents and were not given any sanctions if they did not agree to be given warm compress therapy.

RESEARCH RESULTS

In this section the author presents the results of the research in the form of assessment results, nursing diagnoses raised, intervention plans and notes on patient progress during the 3 days of administration as a result of evaluation of the nursing process provided.

Table 1 presents information on the characteristics of the three patients. The biodata and medical history of patients 1, 2, and 3 have the same complaints, namely pain in the right leg and left leg. In the past medical history, patient 1 has a history of kidney failure, cholesterol and gout, patient 2 has a history of stomach acid, gout and hypertension, and patient 3 has a history of hypertension and gout.

Table. 1 Respondent Characteristics

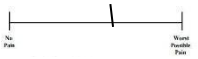
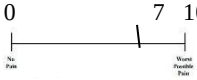
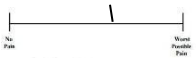
No	Client Data	Client 1	Client 2	Client 3
1	No	The. A	Ny.Y	The. R
2	Gender	P	P	P
3	Age	63 th	68 th	82 th
4	Religion	Christian Protestant	Christian Protestant	Christian Protestant
5	Riw. Education	SD	JUNIOR HIGH SCHOOL	JUNIOR HIGH SCHOOL
6	Ethnic group	Chinese	Ambon	Chinese
7	Marriage Status	Not married	Widow	Widow
8	Main complaint within 1 year	Subjective: The patient said that his feet had often been sore for a long time Objectives: The patient appears grimacing, restless, unable to complete activities, protective and alert	Subjective: The patient said he had felt pain in the knee joints of his right leg and left leg for a long time Objectives: Px appeared to be grimacing, restless, unable to complete activities, acting protective and alert	Subjective: The patient said that his feet had often been tingling and painful for a long time Objectives: Px appeared to be grimacing, restless, unable to complete activities, acting protective and alert
9	Pain assessment	P: Pain due to high uric acid levels Q: It's a mess R: right leg and left leg S : 6 (moderate) 0 6 10  T: comes and goes ≤ 35 minutes-2 hours, pain increases when walking.	P: Pain due to high uric acid levels Q: aches and pains, sometimes throbbing (throbbing) R: right leg and left leg, especially at the knee S : 7 (heavy) 0 7 10  T: comes and goes ≤ 45 minutes-2 hours, pain increases when the leg moves a lot.	P: Pain due to high uric acid levels Q: throbbing R: right leg and left leg S : 6 (moderate) 0 6 10  T: comes and goes ≤ 35 minutes - 2 hours, pain increases when walking.
10	Symptoms felt	Often there is pain in the knee of the right leg and left leg, the pain usually occurs when walking, in the morning and at night	Often there is pain in the knee joints in both the right and left legs, the pain usually occurs in the morning and at night	Often feel tingling in both soles of the feet and pain in the knee joints of the right and left feet, the pain usually occurs when walking, in the morning and at night
11	Past medical history	Kidney failure, cholesterol and uric acid	Gastric acid, gout, and hypertension	Hypertension and gout
12	Uric acid examination results (25 July 2023)	9 mg/dl	10, 2 mg/dl	9 mg/ dl
13	Sleep rest patterns	Length of sleep at night: 6-7 hours (often waking up in the middle of the night) Length of nap: 1-2 hours	Length of sleep at night: 6-7 hours (often waking up in the middle of the night) Length of nap: 1-2 hours (sometimes no sleep)	Length of sleep at night: 6-7 hours (often waking up in the middle of the night) Length of nap: 1-2 hours
14	TTV Inspection (25 July 2023)	TD : 150/78 mmHg HR: 80 x/minute S : 36,5 °C RR: 18 x/minute TB : 147 cm BB : 50 kg IMT : 23 (normal)	TD : 160/80 mmHg HR: 78 x/minute S :36,5 °C RR: 19 x/minute TB : 157 cm BB : 60 kg IMT : 24 (normal)	TD : 155/75 mmHg HR: 70 x/minute S : 36,4 °C RR: 20 x/minute TB : 155 cm BB : 48 kg IMT : 20 (normal)

Table 2. Nursing Diagnosis and Intervention

<table>
<tr><td>Nursing Diagnosis</td><td colspan="7"></td></tr>
<tr><td></td><td colspan="6">Objectives & Results Criteria</td><td>Intervention</td></tr>
<tr><td>Chronic Pain</td><td colspan="6">Pain Level</td><td rowspan="2">Pain Management
Observation:
1. Identify location, characteristics, duration, frequency, quality, intensity of pain
2. Identify the pain scale
3. Identify non-verbal pain responses
4. Identify factors that aggravate pain
5. Identify knowledge and beliefs about pain
6. Identify cultural influences on pain responses
7. Identify the pain response to quality of life
8. Monitor the success of complementary therapies that have been given
9. Monitor for side effects from analgesic use

Therapeutic:
10. Provide non-pharmacological techniques to reduce pain (provide complementary therapy: warm water compresses using lemongrass and ginger 1 x / day with provisions according to the SOP)
11. Control environments that aggravate pain (e.g. room temperature, lighting, noise)
12. Facilitate rest and sleep
13. Consider the type and source of pain in selecting pain relief strategies
Education
14. Explain the cause, period and triggers of pain
15. Explain pain relief strategies
16. Encourage self-monitoring of pain
17. Recommend appropriate use of analgesics
18. Teach non-pharmacological techniques to reduce pain
Collaboration
19. Collaborative administration of analgesics</td></tr>
<tr><td>D.0078</td><td colspan="6">Objective: After carrying out nursing actions for 3 days, it is hoped that the problem will be resolved</td></tr>
<tr><td>Understanding :</td><td colspan="6">Results Criteria:</td><td rowspan="15">Sensory or emotional experiences related to actual or functional tissue damage that are sudden or slow in onset and mild to severe in intensity and constant, lasting more than 3 months</td></tr>
<tr><td></td><td>Decrease</td><td>Quite Downhill</td><td>Currently</td><td>Moderately Improved</td><td>Increased</td></tr>
<tr><td>1</td><td colspan="5">Ability to increase activity</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td>2</td><td colspan="5">Pain complaints</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td></td><td>Increase</td><td>Moderately Improved</td><td>Currently</td><td>Quite Downhill</td><td>Decrease</td></tr>
<tr><td>3</td><td colspan="5">Grimace</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td>4</td><td colspan="5">Protective attitude</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td>5</td><td colspan="5">Difficulty sleeping</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
</table>

Table 3. Notes on the development of pain levels in 3 clients under management

No	Indicator	Client Development														
		Day 1					Day 2					Hari ke-3				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1.	Ability to complete activities (increases)															
2.	Pain complaints (decreased)															
3.	Grimace (decrease)															
4.	Protective attitude (decreased)															
5.	Restlessness (decreased)															
6.	Sleep complaints (decreased)															

Description: Client 1 ; Client 2 ;ClienT3

The warm compress therapy intervention using lemongrass and ginger was carried out for three consecutive days. The results and evaluation criteria used refer to the information presented in Table 2.

DISCUSSION

Based on the results of the case study and the purpose of writing this case study, the author will discuss the gap between theory and the results of the case study of gerontic nursing care management for gout patients which was carried out on July 25 2023 until taon July 28, 2023 andwhich includes assessment, nursing diagnosis, nursing intervention, nursing implementation and evaluation.

Nursing Assesment

The results of the nursing assessment carried out on patients 1, 2, and patient 3, all three experienced chronic pain due to gout with warm water compress therapy using lemongrass and ginger.

The first patient was Mrs. A, 63 years old, subjective data obtained by the patient stated that he had pain in the knees of both legs, objective data showed that the patient was grimacing, restless, protective, and unable to complete activities. Uric acid level was 9 mg/dl on the first day of assessment,

The second patient is Mrs. Y, oneur 68 years old, the patient's subjective data states that he feels pain in the knee joints of both legs, objective data the patient appears to be grimacing, restless, protective, unable to complete activities, and alert. lower extremity muscle strength decreased by a value of four. Uric acid levels reached 10.2 mg/dl on the first day of assessment.

The third patient Mrs. R, 82 years old, the patient's subjective data stated that he felt tingling in the soles of both feet and pain in the knee joints of both legs, objective data the patient appeared to be grimacing, restless, protective, and unable to complete activities. The uric acid level was 9 mg/dl on the examination carried out on the first day of the assessment.

In line with the theory in the Indonesian Nursing Diagnosis Standards (SDKI, 2017), data or signs and symptoms for patients with a nursing diagnosis of chronic pain are complaining of pain, appearing to grimace, being protective (eg alert, position to avoid pain), restless, unable to complete activity, alertness, sleep patterns change, blood pressure increases. The three patients experienced all of these major symptoms so that the author believes that a nursing diagnosis of chronic pain can be made..

Nursing Diagnosis

Based on the subjective and objective data above, the diagnosis taken from the assessment data for patients 1, 2 and 3 is contained in the Indonesian Nursing Diagnosis Standard Book (SDKI) page 174, namely chronic pain related to chronic musculoskeletal conditions (D.0078). Another case study also presented by (Istianah, et al. 2020) also formulated the same nursing diagnosis, namely chronic pain related to chronic musculoskeletal conditions. The etiology that caused chronic pain in the three patients was related to chronic musculoskeletal conditions (PPNI, 2016).

Pain caused by GA is the largest financial burden for treating this disease (Kumar et al, 2021). So the author is of the opinion that it is very important to plan non-pharmacological interventions to reduce treatment costs apart from using ingredients that are available locally and have low side effects compared to prolonged consumption of NSAIDs and pose a risk to the health of the patient's internal organs

Nursing Intervention

The nursing action plan given to the three respondents based on the nursing diagnosis, namely pain management (I.08238), includes: identification of location, characteristics, duration, frequency, quality, intensity of pain, identification of pain scale, identification of non-verbal responses, identification of aggravating and alleviating factors. pain, monitor the success of complementary therapy that has been given, provide non-pharmacological techniques to reduce pain, explain the causes, periods and triggers of pain, explain strategies to relieve pain, teach non-pharmacological techniques to reduce pain (SIKI PPNI, 2018). Researchers used non-pharmacological nursing intervention, namely warm water compress therapy using a combination of lemongrass and ginger to reduce joint pain, which was given to the three respondents. The procedure begins by preparing compressed water by washing the lemongrass and 2-3 ginger rhizomes and slicing them thinly. Put the lemongrass and ginger slices into 500 cc-1000 cc of boiled water until it boils, pour the boiled lemongrass and ginger into a bucket, wait until the temperature is 37° C-40°C until the lemongrass and ginger boiled water is ready to use. Arrange the patient in a comfortable position, wash your hands, take a washcloth, wet it with boiled water from lemongrass and ginger then squeeze a little, apply it to the painful area until the warmth of the washcloth decreases, apply the compress for 20 minutes. This is supported by research by Radharani (2020) where a warm water compress using lemongrass and ginger for 20 minutes was proven to be more effective in reducing pain intensity compared to a warm compress using only warm water. Arif, et al (2023) warm lemongrass compresses can reduce gouty arthritis pain, and this is in line with Oktavianti, & Anzani's (2021) research on reducing pain in gouty arthritis through warm compresses showing that the average pain intensity of respondents was 6.

All research respondents completed a series of therapy and none experienced problems drop out. The author is of the opinion that this therapy needs to be implemented continuously in elderly people with gout specifically to reduce pain levels, thereby improving the quality of life of elderly people living in foster homes.

Implementation

Implementation in this case study was carried out for 3 days based on the SOP with a frequency of 1x/day (in the morning) once a warm water compress was given using lemongrass and ginger for 20 minutes with a water temperature of 37°C - 40°C, each respondent was given compress therapy warm water using the same amount of lemongrass and ginger. A similar implementation in providing warm water compress therapy using lemongrass and ginger to elderly people with

gout is strengthened by research conducted by Arif, et al (2023), and Radharani, R. (2020).

Lemongrass is a grass-like plant that contains essential oils with the components citronellal (antioxidant) 32-45%, geraniol (antioxidant) 12-18%, citronellyl acetate 2-4% citral, kavicol eugenol, elemol and seskwiterpene laim 2-5% , elements and cadinene 2-5%, kadinol, kadinen, vanillin, limonene camphen (Hyulita, 2014). Lemongrass water has chemical properties and pharmacological effects with a spicy and warm taste as anti-inflammatory, analgesic pain relief and blood circulation, which is indicated for relieving muscle pain and joint pain in arthritis sufferers, body aches and pains. head (Wida, et al 2020).

Giving ginger compresses is a non-pharmacological action for treating pain according to (Virgo, 2019) based on research in Iran that ginger has the same benefits as ibuprofen in treating symptoms of joint pain (Siwi, 2016). Ginger has 4 properties that can be useful for reducing joint pain where ginger has warm, spicy, bitter and aromatic properties from oleoresins such as zingeron, gingerol and shogoal. Oleoresin has the potential to be a very strong anti-inflammatory and anti-oxidant. The benefits of oil and water that cannot evaporate in ginger have the function of enhancer which can increase the permeability of oleoresin to penetrate the skin without causing irritation or damage to peripheral circulation. Meanwhile, according to Samsudin (2016), using ginger using a wet hot compress technique for 15-20 minutes is quite effective in treating pain. Ginger contains olerasin or zingerol which can inhibit prostaglandin synthesis, so that pain is relieved or inflammation is reduced. Prostaglandin itself is a compound in the body which is a mediator of pain from inflammation. This is supported by the results of research by Prihandhani (2016) which shows that there is a significant effect of warm compresses with boiled ginger water on reducing pain in cases of gouty arthritis.

In line with Hidayat's research, (2020), Wilda, (2020) said that warm ginger and lemongrass compresses are effective for treating pain, because the anti-pain substances contained in ginger and lemongrass plants and supported by the effect of warm wet compresses can reduce the threshold of pain sensation in the joints.

Evaluation

In this case, a summative evaluation is carried out, namely the final evaluation, where this evaluation method uses SOAP (subjective, objective, analysis, planning). Evaluation activities were carried out for 3 days with nursing problems resolved. Below is an explanation of the patient's subjective and objective data.

The first patient Mrs. A, 63 years old, on the third day of evaluation the patient subjectively stated that the pain in both knees had reduced, objectively the patient appeared to be grimacing (-), restless (-), protective (-), unable to complete activities (+).

On the third day, patient Mrs. Y, 68 years old, said that the pain in the knee joints of both legs had decreased, objective data showed that the patient was grimacing (-), restless (-), protective (-), unable to complete activities (+), alert (-), muscle strength lower extremity decreased by a value of four.

Patient Mrs. R, 82 years old, the patient's subjective data states that the tingling in the soles of both feet and the pain in the knee joints of both legs have decreased, the patient's objective data appears to be grimacing (-), restless (-), protective (-), unable to complete activities (+) was still felt on the third day of treatment.

In patient 1, the pain and uric acid scale during the assessment was 6 and the uric acid level was 9 mg/dL, whereas after 3 days of nursing action the pain and uric acid level decreased to 2 pain scale and the uric acid level was 8 mg/dL. In patient 2, the pain scale and uric acid level during the assessment were 7 and the uric acid level was 10.2 mg/dL,

whereas after 3 days of nursing action it decreased to 2 pain scale and the uric acid level was 9 mg/dL. In patient 3, the pain scale and uric acid level during the assessment were 6 and the uric acid level was 9 mg/dL, whereas after 3 days of nursing action it decreased to 2 pain scale and the uric acid level was 8 mg/dL.

This is in line with research by Hidayat, (2020) and Wilda (2020) which suggests that warm ginger and lemongrass compresses are effective for treating pain, because the anti-pain substances contained in ginger and lemongrass plants and supported by the effect of warm wet compresses can reduce the threshold for pain sensation. in joints. Apart from that, research conducted by Toto, et al (2023) using the application method for 7 days with the frequency of giving warm lemongrass ginger compresses every morning at 09.00 WITA for 20 minutes showed that there was an effect of giving warm lemongrass ginger compresses in reducing pain and uric acid levels.

CONCLUSION

The results of the assessment obtained from 3 patients showed symptoms of pain in both legs as well as grimacing (+), restlessness (+), being protective (+), unable to complete activities (-), alert (-). The nursing diagnosis made in the three patients was the nursing problem of chronic pain in the elderly with gout. The intervention carried out on patients was pain management. Implementation in this case study was carried out for 3 days with a frequency of 1 time/day with a duration of 20 minutes. The results of the 3 day evaluation showed that 3 patients said their pain had decreased, their grimaces had decreased, their anxiety had decreased, and their protectiveness had decreased.

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