ABSTRAK
ASUHAN GIZI PADA PASIEN GAGAL GINJAL KRONIK DI RUMAH SAKIT UMUM DAERAH PANEMBAHAN SENOPATI BANTUL

Divanda Dini Reninta[1], Idi Setiyobroto[2], Rini Wuri Astuti[3]
Jurusan Gizi Poltekkes Kemenkes Yogyakarta, Jl. Tata Bumi No. 3 Banyuraden, Gamping, Sleman, Yogyakarta
(Email : divandadini29@gmail.com)

Latar belakang : Gagal Ginjal Kronik adalah destruksi struktur ginjal yang progresif dan terus menerus. Fungsi ginjal yang tidak dapat pulih dimana kemampuan tubuh untuk mempertahankan keseimbangan metabolik dan cairan elektrolit mengalami kegagalan yang menyebabkan uremia. Berdasarkan studi pendahuluan di dapat hasil dalam tahun 2018 tercatat ada 189 pasien gagal ginjal kronik yang rawat inap di RSUD Panembahan Senopati Bantul.
Tujuan Penelitian : Melaksanakan proses asuhan gizi terstandar pasien gagal ginjal kronis di bangsal x RSUD Panembahan Senopati Bantul
Metode Penelitian : Studi kasus. Lokasi penelitian di RSUD Panembahan Senopati Bantul. Subyek penelitian sebanyak satu orang pasien gagal ginjal kronik. Fokus studi yaitu melakukan skrining gizi, pengkajian gizi, menganalisis diagnosa gizi, melakukan intervensi gizi, monitoring evaluasi dan melakukan konseling gizi. Analisis data secara deskriptif dan penyajian data dengan tabulasi.
Hasil : Skrining gizi menggunakan formulir skrining NRS- 2002, pasien gagal ginjal kronik beresiko malnutrisi. Pengkajian gizi diperoleh hasil pasien gagal ginjal kronik mempunyai status gizi kurang berdasarkan % LLA. Pemeriksaan Biokimia didapatkan hasil hemoglobin dan hematokrit pasien rendah sedangkan ureum dan kreatinin tinggi, dilakukan pemeriksaan fisik/klinis hasilnya tekanan darah pasien tinggi. Pasien mengeluh pusing dan mual , sesak nafas, gatal-gatal, tidak nafsu makan dan lemas, keadaan umum pasien sadar. Hasil recall asupan makan pasien di rumah sakit kurang dibanding kebutuhan. Diagnosis gizi yang ditegakkan pasien sesuai dengan data pengkajian gizi pasien. Intervensi gizi dilakukan sesuai dengan tujuan, syarat, dan preskripsi diet. Pemberian diet sesuai dengan kebutuhan dan standar rumah sakit. Perkembangan biokimia, fisik/klinis, asupan makan pasien semakin hari semakin membaik. Konseling gizi dilakukan dengan media leaflet dengan metode ceramah dan tanya jawab
Kesimpulan : Dilakukan asuhan gizi terstandar pada pasien yang meliputi skrining, pengkajian gizi, diagnosis gizi, intervensi gizi, monitoring evaluasi dan konseling gizi
Kata Kunci : Gagal Ginjal Kronik, Asuhan Gizi

1. Mahasiswa Peneliti
2. Pembimbing Utama
3. Pembimbing Pendampin

ABSTRACT

NUTRITION TREATMENT IN CHRONIC CALCULATION FAILURE PATIENTS IN PANEMBAHAN SENOPATI BANTUL GENERAL HOSPITAL

Divanda Dini Reninta[1], Idi Setiyobroto[2], Rini Wuri Astuti[3]

Nutrition Department Poltekkes Kemenkes Yogyakarta, Jl. Tata Bumi No. 3 Banyuraden, Gamping, Sleman, Yogyakarta

(Email : divandadini29@gmail.com)

Background: Chronic Kidney Failure is a progressive and continuous destruction of renal structure. The function of the kidneys that cannot be recovered is the ability of the body to maintain metabolic balance and electrolyte fluid failure which causes uremia. Based on preliminary studies obtained results in 2018 there were 189 patients with chronic renal failure hospitalized at Panembahan Senopati General Hospital Bantul.

Research Objective: Carry out standardized nutrition care process for chronic kidney failure patients in ward x Panembahan Senopati General Hospital Bantul.

Research Method: Case study. The location of the study at Panembahan Senopati General Hospital Bantul. The research subjects were one patient with chronic renal failure. The focus of the study is to conduct nutritional screening, nutritional assessment, analyze nutritional diagnoses, conduct nutritional interventions, monitor evaluations and conduct nutritional counseling. Descriptive data analysis and data presentation with tabulation.

Results: Nutritional screening using the NRS-2002 screening form, patients with chronic renal failure are at risk of malnutrition. Nutritional studies obtained by patients with chronic renal failure have poor nutritional status based on% LLA. Biochemical examination results in low hemoglobin and hematocrit patients while high urea and creatinine, physical / clinical examination results are high patient blood pressure. Patients complain of dizziness and nausea, shortness of breath, itching, no appetite and weakness, the patient's general condition is conscious. The results of recall of food intake of patients in the hospital were less than needed. The patient's nutritional diagnosis is in accordance with the patient's nutritional assessment data. Nutrition interventions are carried out according to dietary goals, requirements, and prescriptions. Giving a diet in accordance with the needs and standards of the hospital. Biochemical, physical / clinical development, patient's food intake is getting better every day. Nutrition counseling was conducted using leaflet media with lecture and question and answer methods.

Conclusion: Conducted standardized nutrition care for patients including screening, nutritional assessment, nutritional diagnosis, nutritional intervention, monitoring evaluation and nutritional counseling

Keywords: Chronic Kidney Failure, Nutrition Care

1. Research Student
2. Main Advisor
3. Mentoring Advisor