

**PROCESS OF STANDARDIZED NUTRIENT EDUCATION
ON PATIENT CHRONIC KIDNEY DISEASE STAGE 5
ON ROUTINE HEMODIALISA
AT RS PKU MUHAMMADIYAH YOGYAKARTA**

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ABSTRACT

Background: Chronic kidney disease is a condition when kidney's ability to maintain body balance decreases slowly for long time. Chronic kidney disease is the 18th contributor to death in the world. The reduction of kidney's function could cause complication such as anemia and hypertension. The main problem of patient with chronic renal failure is malnutrition as a result of inadequate nutrient. Management of standardized nutrient education needs to conduct to prevent mortality and morbidity, as well as lowering the rate of kidney disease progressivity.

Objective: To conduct process of standardized nutrient education on patient with CKD on routine HD at RS PKU Muhammadiyah Yogyakarta.

Research Method: This research applied descriptive with study case.

Result: Nutrient screening using MST form showed score 1 indicating that patient was at risk of malnutrition. Nutrient assessment based on %Lila showed that patient was in malnutrition. Biochemical examination showed hemoglobin and chloride were low; urea, potassium, and creatinine were high; while anti HCV and IGM test were positive. Physical examination showed patient experienced ascites, ineffective breath pattern, cough, and anuria. Clinical examination showed pulse, respiration, and blood pressure were high. Nutrient diagnoses included domain intake, domain clinic, and domain behavior. Nutrient intervention was determined based on nutrient diagnose problem. Evaluation monitoring related to biochemical data, physic/clinic, and food intake. Nutrient education and counseling were conducted by talking and question-answer.

Conclusion: This research concluded that patient was at risk of malnutrition. Patient's biochemical examination showed hemoglobin and chloride were low; urea, potassium, and creatinine were high; while anti HCV and IGM test were positive. Patient experienced ascites in abdominal cavity, ineffective breath pattern, cough, and anuria. During monitoring and evaluating, patient's food intake was less than 80%.

Keywords: Process of Standardized Nutrient Education, Chronic Kidney Disease, Hemodialysis

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN *CHRONIC KIDNEY DISEASE (CKD) STAGE 5 ON HEMODIALISA RUTIN DI RUMAH SAKIT PKU MUHAMMADIYAH YOGYAKARTA*

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ABSTRAK

Latar Belakang: Penyakit Ginjal Kronis adalah kondisi di mana kemampuan ginjal untuk mempertahankan keseimbangan dalam tubuh mengalami penurunan secara perlahan dalam waktu yang relatif lama. Penyakit ginjal kronis menempati peringkat ke-18 penyumbang kematian terbanyak di dunia. Penurunan fungsi ginjal dapat menyebabkan berbagai komplikasi seperti anemia maupun hipertensi. Pada pasien gagal ginjal kronis, masalah utama yang sering terjadi adalah kejadian malnutrisi akibat asupan zat gizi tidak adekuat. Penatalaksanaan asuhan gizi terstandar perlu dilakukan untuk mencegah mortalitas dan morbiditas, serta menurunkan laju progresivitas penyakit ginjal.

Tujuan: Melaksanakan proses asuhan gizi terstandar pada pasien CKD on HD rutin di RS PKU Muhammadiyah Yogyakarta.

Metode Penelitian: Jenis penelitian ini adalah penelitian deskriptif dengan desain study kasus.

Hasil: Skrining gizi menggunakan form skrining MST, menghasilkan skor 1 yang menunjukkan bahwa pasien beresiko mengalami malnutrisi. Hasil pengkajian gizi atau assesment memperoleh data status gizi pasien berdasarkan %Lila termasuk dalam kategori gizi buruk. Pemeriksaan biokimia didapatkan hasil hemoglobin dan klorida rendah, kadar ureum, kalium, dan kreatinin tinggi, serta tes anti HCV dan IGM anti HCV positif. Pemeriksaan fisik didapatkan hasil pasien mengalami ascites, pola nafas tidak efektif, terkadang batuk, serta anuria. Pemeriksaan klinis didapatkan hasil bahwa denyut nadi, respirasi, dan tekanan darah pasien tinggi. Diagnosis gizi meliputi domain intake, domain klinik, dan domain behaviour. Intervensi gizi ditetapkan berdasarkan permasalahan diagnosis gizi. Monitoring evaluasi berkaitan dengan data biokimia, fisik/klinis, dan asupan makan. Edukasi dan konseling gizi dilakukan dengan metode ceramah dan tanya jawab.

Kesimpulan: Dari hasil penelitian ini dapat diketahui bahwa pasien beresiko malnutrisi dan memiliki status gizi buruk. Biokimia pasien biokimia didapatkan hasil hemoglobin dan klorida rendah, kadar ureum, kalium, dan kreatinin tinggi, serta tes anti HCV dan IGM anti HCV positif. Pasien memiliki ascites di rongga perut, pola nafas tidak efektif, terkadang batuk, serta anuria. Selama dilakukan monitoring dan evaluasi, asupan makan pasien masih kurang dari 80%.

Kata Kunci: Proses Asuhan Gizi Terstandar, Penyakit Ginjal Kronis, Hemodialisis