

# **STANDARDIZED NUTRITION CARE PROCESS ON INTESTINAL TB PATIENTS WITH DIABETES MELLITUS ON INSULIN AND HYPOTENSION IN PANEMBAHAN SENOPATI GENERAL HOSPITAL OF BANTUL YOGYAKARTA**

Shafa Maura Agus Putri<sup>1</sup>, Slamet Iskandar<sup>2</sup>, Isti Suryani<sup>3</sup>

[shafa.maura@yahoo.co.id](mailto:shafa.maura@yahoo.co.id) Jurusan Gizi Poltekkes Kemenkes Yogyakarta

Jl. Tata Bumi No. 3 Banyuraden, Gamping Sleman, Yogyakarta

## **ABSTRACT**

**Background:** TB is an infectious disease caused by the bacterium Mycobacterium tuberculosis. Diabetes is a risk factor for tuberculosis. Diabetes is a metabolic disease with hyperglycemia caused by defects in insulin secretion, insulin action, or both. Standardized nutritional care is needed to meet nutritional needs and regulate the patient's diet through diet.

**Objective:** Knowing the Standardized Nutritional Care Process (PAGT) in intestinal TB patients with diabetes mellitus on insulin and hypotension at Panembahan Senopati General Hospital, Bantul Yogyakarta

**Methods:** This research uses descriptive qualitative research method with case study design. The location of this research is Panembahan Senopati Hospital, Bantul Yogyakarta. The research subjects consisted of one patient with criteria. Primary data was obtained through measurements and interviews, while secondary data was obtained from patient medical records.

**Results:** Nutritional assessment, namely anthropometric data of patients having poor nutritional status. Biochemical data obtained by the patient's GDS is high, the patient's physical/clinical data obtained blood pressure, pulse, respiratory rate, and temperature including normal and diarrhea with a frequency of >10x liquid, the patient's eating history is known to have eating habits that have not applied the 3J principle (Amount, Type, and Schedule). Nutritional diagnosis includes the domain of intake, clinic, and behavior. Nutritional interventions given to patients are based on nutritional diagnosis problems, monitoring and evaluation related to the patient's food intake, biochemical data, and physical/clinical data.

**Conclusion:** Based on the results of the study, it can be seen that the patient has a poor nutritional status. Monitoring the patient's biochemical data, namely normal blood sugar (GDS) levels, complaints of diarrhea are improving, and the patient's food intake has decreased.

**Keywords:** Intestinal TB, Diabetes Mellitus, Nutritional Care

<sup>1</sup>: Student of the Department of Nutrition Poltekkes Kemenkes Yogyakarta

<sup>2</sup>: Lecturer of the Department of Nutrition Poltekkes Kemenkes Yogyakarta

<sup>3</sup>: Lecturer of the Department of Nutrition Poltekkes Kemenkes Yogyakarta

**PROSES ASUHAN GIZI TERSTANDAR  
PADA PASIEN TB USUS DENGAN DIABETES MELLITUS *ON* INSULIN  
DAN HIPOTENSI DI RUMAH SAKIT UMUM DAERAH PANEMBAHAN  
SENOPATI BANTUL YOGYAKARTA**

Shafa Maura Agus Putri<sup>1</sup>, Slamet Iskandar<sup>2</sup>, Isti Suryani<sup>3</sup>  
[shafa.maura@yahoo.co.id](mailto:shafa.maura@yahoo.co.id) Jurusan Gizi Poltekkes Kemenkes Yogyakarta  
Jl. Tata Bumi No. 3 Banyuraden, Gamping Sleman, Yogyakarta

**ABSTRAK**

**Latar Belakang:** TBC merupakan penyakit menular yang disebabkan oleh bakteri *Mycobacterium tuberculosis*. Diabetes termasuk faktor risiko terjadinya tuberkulosis. Diabetes mellitus merupakan penyakit metabolismik dengan hiperglikemia yang disebabkan kelainan sekresi insulin, kerja insulin, ataupun kedua-duanya. Asuhan gizi terstandar diperlukan untuk memenuhi kebutuhan zat gizi dan pengaturan pola makan pasien melalui diet.

**Tujuan:** Mengetahui Proses Asuhan Gizi Terstandar (PAGT) pada pasien TB usus dengan diabetes mellitus *on* insulin dan hipotensi di RSUD Panembahan Senopati Bantul Yogyakarta.

**Metode:** Penelitian ini menggunakan metode penelitian deskriptif kualitatif dengan desain studi kasus. Lokasi penelitian ini di RSUD Panembahan Senopati Bantul Yogyakarta. Subjek penelitian terdiri dari satu pasien dengan kriteria. Data primer didapatkan melalui pengukuran dan wawancara, sedangkan data sekunder diperoleh dari data rekam medis pasien.

**Hasil:** Assessment gizi, yaitu data antropometri pasien memiliki status gizi kurang. Data biokimia yang diperoleh GDS pasien tinggi, data fisik/klinis pasien diperoleh tekanan darah, nadi, *respiratory rate*, dan suhu termasuk normal dan diare dengan frekuensi >10x cair, riwayat makan pasien diketahui memiliki kebiasaan makan belum menerapkan prinsip 3J (Jumlah, Jenis, dan Jadwal). Diagnosis gizi meliputi domain *intake*, klinik, dan *behavior*. Intervensi gizi yang diberikan kepada pasien berdasarkan permasalahan diagnosis gizi, monitoring dan evaluasi berkaitan dengan asupan makan pasien, data biokimia, dan data fisik/klinis.

**Kesimpulan:** Berdasarkan hasil penelitian dapat diketahui bahwa pasien memiliki status gizi kurang. Monitoring data biokimia pasien, yaitu kadar Gula Darah Sewaktu (GDS) normal, keluhan diare membaik, dan asupan makan pasien mengalami penurunan.

**Kata Kunci:** TB Usus, Diabetes Mellitus, Asuhan Gizi

<sup>1</sup>: Mahasiswa Jurusan Gizi Poltekkes Kemenkes Yogyakarta

<sup>2</sup>: Dosen Jurusan Gizi Poltekkes Kemenkes Yogyakarta

<sup>3</sup>: Dosen Jurusan Gizi Poltekkes Kemenkes Yogyakarta