

**STANDARDIZED NUTRITIONAL CARE PROCESS IN PATIENTS
SURGICAL CVA (CEREBROVASCULAR ACCIDENT), INTRACEREBRAL
HEMORRHAGE EC RUPTURED ANEURYSM, MENINGIOMA FRONTAL
SINISTRA, HIPERTENSI, LEUKOSITOSIS, TROMBOSITOSIS SUSPECT
POLISITEMIA VERA AT RSUD DR. SOETOMO SURABAYA**

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ABSTRACT

Backgrounds: Stroke is the second leading cause of death and disability in the world with 11% prevalence in 2019, with 13.7 million new cases every year. Stroke with complications is risk of malnutrition. This risk can be reduced with Standardized Nutrition Care Process (PAGT) services.

Objective: Carrying out the Standardized Nutrition Care Process (PAGT) for patients with a diagnose CVA (Cerebrovascular Accident), Intracerebral Haemorrhage ec Ruptured Aneurysm, Meningioma Frontal Sinistra, Hipertensi, Leukositosis, Trombositosis Suspect Polisitemia Vera in the IRIR GBPT Neurology ICU at RSUD Dr. Soetomo Surabaya.

Method: Descriptive research with case study research design. The results were analyzed descriptively, presented in narrative, tabular and graphic form.

Results: Screening results patient's showing malnutrition. Nutritional status patient's overweight. Biochemical examination shows high leukocytes, high neutrophils, high absolute neutrophils, low lymphocytes and high platelets. Clinically show weakness with high blood pressure. Food intake for 24 hours recently deficit. Sonde TKTP RG II 1812.5 kcal diet intervention was given pre and post surgery with 6x frequency @250 ml in stages. Monitoring and evaluation results show biochemical monitoring leukocytes fluctuating, hemoglobin increase. General condition patient and vital sign improves, food intake increases gradually.

Conclusions: Patient was at risk of malnutrition. Nutritional status patient's overweight. Biochemical assessment shows high leukocytes, high neutrophils, high absolute neutrophils, low lymphocytes, and high platelets, monitoring results improved in hemoglobin. Patient's clinical condition improved during the intervention, food intake increased gradually.

Keywords:

Standardized Nutrition Care Process (PAGT), Stroke, Hypertension, Surgery

ASUHAN GIZI PADA KASUS BEDAH CVA (*CEREBROVASCULAR ACCIDENT*), *INTRACEREBRAL HEMORRHAGE EC RUPTURED ANEURYSM, MENINGIOMA FRONTAL SINISTRA, HIPERTENSI, LEUKOSITOSIS, TROMBOSITOSIS SUSPECT POLISITEMIA VERA* DI RSUD DR. SOETOMO SURABAYA

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ABSTRAK

Latar Belakang: *Stroke* termasuk penyebab utama kematian dan kecacatan nomor dua di dunia dengan prevalensi 11% pada tahun 2019, dengan 13,7 juta kasus baru setiap tahun. Pasien *stroke* dengan komplikasi rentan berisiko malnutrisi. Risiko ini dapat dikurangi dengan pelayanan Proses Asuhan Gizi Terstandar (PAGT).

Tujuan: Melakukan Proses Asuhan Gizi Terstandar (PAGT) pada pasien dengan diagnosis *CVA (Cerebrovascular Accident), Intracerebral Haemorrhage ec Ruptured Aneurysm, Meningioma Frontal Sinistra, Hipertensi, Leukositosis, Trombositosis Suspect Polisitemia Vera* pada ruang ICU Neurologi IRIR GBPT RSUD Dr. Soetomo Surabaya.

Metode: Penelitian deskriptif dengan rancangan penelitian studi kasus. Hasil penelitian dianalisis secara deskriptif dan disajikan dalam bentuk narasi, tabular dan grafik.

Hasil: Hasil skrining pasien berisiko mengalami malnutrisi. Status gizi pasien berdasarkan %*percentile* LILA *overweight*. Pemeriksaan biokimia berupa leukosit tinggi, neutrofil tinggi, neutrofil absolut tinggi, limfosit rendah, dan trombosit tinggi. Fisik/klinis pasien lemah dengan tekanan darah tinggi. Asupan makan 24 jam pasien kategori defisit. Diberikan intervensi diit Sonde TKTP RG II 1812,5 kkal pra dan pasca bedah dengan frekuensi 6x pemberian @250 ml secara bertahap. Hasil monev menunjukkan monitoring biokimia *leukosit* fluktuatif, *hemoglobin* meningkat. Keadaan umum pasien dan *vital sign* membaik, asupan makan pasien meningkat bertahap sesuai target.

Kesimpulan: Disimpulkan pasien berisiko malnutrisi. Status gizi pasien berdasarkan %*percentile* LILA *overweight*. Pengkajian biokimia leukosit tinggi, neutrofil tinggi, neutrofil absolut tinggi, limfosit rendah, dan trombosit tinggi, membaik pada monev hemoglobin. Fisik/klinis pasien membaik selama diberikan intervensi. Asupan makan pasien meningkat bertahap.

Kata Kunci:

Proses Asuhan Gizi Terstandar (PAGT), *Stroke*, Hipertensi, Bedah