

STANDARDIZED NUTRITIONAL CARE FOR PATIENT POST BURHOLE CRANIOTOMY DUE TO CHRONIC SDH (SUBDURAL HEMATOMA) LEFT FTP (FRONTO-TEMPORAL-PARIETAL), LTMV (LONG-TERM MECHANICAL VENTILATION), TYPE 2 DIABETES MELLITUS, HYPERTENSION, HEMIPARESIS DEXTRA IN THE MICU WARD OF RSUP Dr. SARDJITO

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ABSTRACT

Background: Critically ill patients are at risk of malnutrition and require adequate nutritional support. Diabetes mellitus is a metabolic disorder characterized by hyperglycemia due to insulin secretion dysfunction, defective insulin action or both. Hypertension is when blood pressure exceeds normal limits. Chronic subdural hematoma is when blood accumulates outside the brain between dura and the arachnoid.

Objective: To understand the standardized nutritional care process for patients post burhole craniotomy due to chronic SDH (subdural hematoma) left FTP (fronto-temporal-parietal), LTMV (long-term mechanical ventilation), type 2 diabetes mellitus, hypertension, and hemiparesis dextra in the MICU ward of Dr. Sardjito Hospital.

Method: This study uses a descriptive qualitative research design in the form of a case study. Primary and secondary data were utilized. Data presentation included narratives, tables, and graphs.

Results: Nutritional screening of patient indicates a risk of malnutrition. Nutritional status of patient's based on MUAC is normal. Biochemical data showed abnormal levels of BGA, GDS, and albumin. Physical and clinical examinations revealed the patient had tachypnea. Energy, protein, fat, and carbohydrate intake were deficit. The dietary intervention provided zonde DM and commercial DM formula with a frequency of 6x150cc on the first day, 6x250cc on the second day, and 6x200cc on the third day.

Conclusion: Hemoglobin and albumin levels were below normal, GDS levels were above normal, and BGA showed improvement. Vital signs were unstable, consciousness is sedated, intubated. Hemodynamics were stable without support. Dietary intake has not reached the target.

Keywords: subdural hematoma, diabetes mellitus, hypertension, critical illness

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**ASUHAN GIZI TERSTANDAR PADA PASIEN POST BURHOLE
CRANIOTOMY ATAS INDIKASI SDH (SUBDURAL HEMATOMA) KRONIS
LEFT FTP (FRONTO-TEMPORAL-PARIETAL), LTMV (LONG-TERM
MECHANICAL VENTILATION), DIABETES MELLITUS TIPE 2,
HIPERTENSI, HEMIPARESIS DEXTRA DI BANGSAL MICU
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ABSTRAK

Latar Belakang: Pasien kritis berisiko tinggi mengalami malnutrisi, sehingga membutuhkan dukungan nutrisi adekuat. Diabetes mellitus merupakan kelainan metabolik yang ditandai dengan hiperglikemia akibat gangguan sekresi insulin, gangguan kerja insulin, atau keduanya. Hipertensi merupakan kondisi di mana tekanan darah melebihi batas normal. Subdural hematoma kronis adalah kondisi di mana darah terkumpul di antara penutup arachnoid dan dura mater di permukaan otak.

Tujuan: Mengetahui proses asuhan gizi terstandar pada pasien post burhole craniotomy atas indikasi SDH (Subdural Hematoma) kronis left FTP (Fronto-Temporal-Parietal), LTMV (Long-Term Mechanical Ventilation), diabetes mellitus tipe 2, hipertensi, hemiparesis dextra di bangsal MICU RSUP Dr. Sardjito.

Metode: Penelitian ini menggunakan rancangan penelitian kualitatif deskriptif dalam bentuk studi kasus. Penelitian menggunakan data primer dan sekunder. Penyajian data pada penelitian ini dalam bentuk narasi, tabel dan grafik.

Hasil: Hasil skrining gizi pasien berisiko malnutrisi. Status gizi pasien berdasarkan LILA termasuk dalam kategori gizi baik. Data biokimia terkait gizi menunjukkan kadar AGD, GDS, albumin tidak berada pada rentang normal. Pemeriksaan fisik dan klinis menunjukkan pasien mengalami takipnea. Asupan energi energi, protein, lemak dan karbohidrat tergolong defisit. Intervensi diet yang diberikan yaitu zonde DM dan formula DM komersial dengan frekuensi pemberian 6x150cc pada hari pertama, 6x250cc pada hari kedua, dan 6x200cc pada hari ketiga.

Kesimpulan: Kadar hemoglobin dan albumin berada di bawah normal, kadar GDS di atas batas normal, dan AGD membaik. Vital sign pasien tidak stabil, kesadaran tersedasi, terintubasi. Hemodinamik pasien stabil tanpa support. Asupan makan pasien belum mencapai target.

Kata Kunci: subdural hematoma, diabetes mellitus, hipertensi, penyakit kritis

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