

**STANDARDIZED NUTRITION CARE PROCESS STAGE 2
HYPERTENSION, STAGE 5 CHRONIC KIDNEY DISEASE, ANASARCA
EDEMA, DYSPEPSIA IN ABIMANYU WARD PANEMBAHAN SENOPATI
REGIONAL HOSPITAL, BANTUL REGENCY**

Mutia Tiara Delima¹, Weni Kurdanti², Idi Setiyobroto³
^{1,2,3}Department of Nutrition Poltekkes Kemenkes Yogyakarta
Jalan Tata Bumi No.3 Banyuraden, Gamping, Sleman, Yogyakarta
Email : mutiatiaradelima88@gmail.com

ABSTRACT

Background: According to WHO in 2015 the incidence of Chronic Kidney Disease (CKD) globally has reached 10% of the world's human population, the number of CKD patients undergoing hemodialysis reached 1.5 million worldwide. Based on Riskesdas 2018 data, the prevalence of chronic kidney failure in Indonesia is 0.38%. While the prevalence of chronic kidney failure in 2018 in Yogyakarta Province was (35.51%). The prevalence of Yogyakarta Province is higher than the national prevalence rate. The uremic syndrome that occurs in chronic renal failure causes gastrointestinal symptoms which are generally nausea, vomiting, and loss of appetite, thus affecting their nutritional status. Nutritional problems in patients with chronic renal failure can be overcome by meeting their nutritional needs.

Objective: To determine the management of standardized nutritional care in patients with stage 2 hypertension, stage 5 chronic renal failure, anasarca edema, dyspepsia at Panembahan Senopati Bantul Hospital.

Methods: This study used descriptive observational method with case study design. The case study subjects in the study were chronic renal failure patients at Panembahan Senopati Bantul Hospital who underwent hospitalization for 3 days, elderly patients aged 60-75 years with good consciousness conditions.

Results: Based on the nutritional screening results, the patient was malnourished. The patient's nutritional status using the percentage of LILA shows a nutritional status of less. Biochemical examination was carried out twice, the first and second examinations of high ureum and creatinine levels, low hematocrit levels became normal. Physical examination of the patient was composmentis, body weakness, shortness of breath, and full stomach. The patient's 24-hour recall intake is in the category of severe deficit. The intervention provided is the RGRPRK diet, with the form of soft food, through oral, with a frequency of 3x main meals 2x snacks. The results of monitoring and evaluation as a whole improved and food intake increased. The results of monitoring and evaluation as a whole improved and food intake increased.

Conclusion: The results showed that the patient was malnutrition with poor nutritional status. The patient's condition during monitoring and evaluation as a whole was that complaints improved and food intake increased.

Keywords: Standardized Nutritional Care Process, Choric Kidney Disease, Hypertension, Anasarka Odema, Dyspepsia.

**PROSES ASUHAN GIZI TERSTANDAR (PAGT) HIPERTENSI STAGE 2,
CHRONIC KIDNEY DISEASE STAGE 5, ODEMA ANASARKA,
DISPEPSIA, DI BANGSAL ABIMANYU RSUD PANEMBAHAN
SENOPATI BANTUL**

Mutia Tiara Delima¹, Weni Kurdanti², Idi Setiyobroto³
^{1,2,3}Jurusan Gizi Poltekkes Kemenkes Yogyakarta
Jalan Tata Bumi No.3 Banyuraden, Gamping, Sleman, Yogyakarta
Email : mutiatiaradelima88@gmail.com

ABSTRAK

Latar Belakang: Menurut WHO tahun 2015 kejadian *Cronic Kidney Disease* (CKD) secara global telah mencapai 10% dari populasi manusia di dunia, jumlah pasien CKD yang menjalani hemodialisis mencapai 1,5 juta di seluruh dunia. Berdasarkan data Riskesdas 2018 prevalensi penyakit gagal ginjal kronis di Indonesia 0,38%. Sedangkan prevalensi gagal ginjal kronis pada tahun 2018 di Provinsi Yogyakarta sebesar (35,51%). Prevalensi Provinsi Yogyakarta lebih tinggi daripada angka prevalensi nasional. Sindrom uremik yang terjadi pada gagal ginjal kronis menimbulkan gejala gastrointestinal yang umumnya mual, muntah, dan kehilangan nafsu makan sehingga berpengaruh pada status gizinya. Permasalahan gizi pada pasien gagal ginjal kronis dapat diatasi dengan memenuhi kebutuhan gizinya.

Tujuan: Mengetahui penatalaksanaan asuhan gizi terstandar pada pasien hipertensi stage 2, gagal ginjal kronis stage 5, odema anasarka, dispepsia di RSUD Panembahan Senopati Bantul

Metode: Penelitian ini menggunakan metode observasional deskriptif dengan desain studi kasus. Subyek studi kasus pada penelitian adalah pasien gagal ginjal kronis di RSUD Panembahan Senopati Bantul yang menjalani rawat inap selama 3 hari, pasien lansia berusia 60-75 tahun dengan kondisi kesadaran yang baik.

Hasil: Berdasarkan hasil skrining gizi menunjukkan bahwa pasien mengalami malnutrisi. Status gizi pasien menggunakan persentase LILA menunjukkan status gizi kurang. Pemeriksaan biokimia dilakukan dua kali, pemeriksaan pertama dan kedua kadar ureum dan kreatinin tinggi, kadar hematokrit rendah menjadi normal. Pemeriksaan fisik pasien *composmentis*, badan lemas, sesak nafas, dan perut terasa penuh. Asupan *recall* 24 jam pasien dalam kategori defisit tingkat berat. Intervensi yang diberikan yaitu diet RGRPRK, dengan bentuk makanan lunak, melalui oral, dengan frekuensi 3x makan utama 2x selingan. Hasil monitoring dan evaluasi secara keseluruhan membaik serta asupan makan meningkat.

Kesimpulan: Hasil penelitian diketahui bahwa pasien malnutrisi dengan status gizi kurang. Jeadaan pasien saat dilakukan monitoring dan evaluasi secara keseluruhan yaitu keluhan membaik serta asupan makan meningkat.

Kata Kunci: Proses Asuhan Gizi Terstandar, Choric Kidney Disease, Hipertensi, Odema Anasarka, Dispepsia