

**PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN DIABETES  
MELLITUS TIPE 2 DENGAN THYPUS, HEPATITIS REAKTIF,  
HIPOKALEMIA, & HIPONATREMIA RAWAT INAP DI RSUD NYI  
AGENG SERANG**

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**ABSTRAK**

Latar Belakang : Diabetes merupakan penyakit kronis yang disebabkan pancreas yang tidak menghasilkan cukup insulin (DM Tipe 1) atau dikarenakan tubuh yang tidak dapat menggunakan insulin yang diproduksi dengan efektif (DM Tipe 2). Menurut Riskesdas tahun 2018, prevalensi DM pada penduduk umur lebih dari 15 tahun sebesar 8,5%. Jika dibandingkan dengan hasil Riskesdas 2013 terjadi kenaikan sebesar 1,6% selama 5 tahun dihitung menurut Konsensus PERKENI 2011. Daerah Istimewa Yogyakarta memiliki prevalensi DM yang lebih besar daripada prevalensi nasional yaitu 2,8% dibanding 2,0%. Di tingkat Kabupaten atau Kota, prevalensi DM paling tinggi di duduki oleh Kota Yogyakarta yaitu 4,9%. Demam Tifoid merupakan penyakit pencernaan bawah yang disebabkan bakteri *Salmonella Typhi* dan *Paratyphi A* yang pada umumnya dapat ditemukan pada makanan ataupun minuman yang sudah terkontaminasi bakteri tersebut.

Tujuan : Mengetahui pelaksanaan asuhan gizi dengan Proses Asuhan Gizi Terstandar pada pasien Diabetes Mellitus Tipe 2 dengan Thypus, Hepatitis Reaktif, Hipokalemia dan Hiponatremia Rawat Inap di RSUD Nyi Ageng Serang.

Metode : Penelitian ini menggunakan jenis penelitian deskriptif dengan desain penelitian studi kasus.

Hasil : Hasil pengkajian gizi didapatkan data antropometri termasuk kategori gizi kurang, data biokimia kadar GDS tinggi, GDP tinggi, GD 2 jam PP tinggi, SGOT tinggi, SGPT tinggi dan positif terdapat bakteri thypus, data fisik/klinis pasien nyeri perut dan pusing, data riwayat kebiasaan makan pasien masih kurang benar dan kurang dari mencukupi kebutuhan. Diperoleh hasil bahwa GDS, GD 2 Jam PP dan GDP pasien serta keluhan fisik menurun sedangkan asupan makan pasien mengalami peningkatan secara fluktuatif.

Kesimpulan : Dapat disimpulkan dari hasil penelitian bahwa pasien ditemukan dengan status gizi kurang , kadar GDS, GDP, GD 2 jam PP, SGOT tinggi, SGPT tinggi dan asupan makan rendah. Berdasarkan monitoring yang dilakukan didapatkan hasil penurunan kadar gula darah, penurunan keluhan fisik serta peningkatan asupan makan.

Kata Kunci : Proses Asuhan Gizi Terstandar, Diabetes Mellitus Tipe 2, Demam Tifoid

**STANDARIZED NUTRITIONAL CARE PROCESS FOR TYPE 2  
DIABETES MELLITUS PATIENTS WITH THYPUS, REACTIVE  
HEPATITIS, HYPOCALEMIA, & HYPONATREMIA HOSPITALIZED  
AT NYI AGENG SERANG HOSPITAL**

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**ABSTRACT**

**Background :** *Diabetes is a chronic disease caused by the pancreas not producing enough insulin (Type 1 DM) or because the body cannot use the insulin it produces effectively (Type 2 DM). According to Riskesdas 2018, the prevalence of DM in people aged over 15 years was 8.5%. When compared with the results of the 2013 Riskesdas, there was an increase of 1.6% over 5 years calculated according to the 2011 PERKENI Consensus. The Yogyakarta Special Region has a DM prevalence that is greater than the national prevalence, namely 2.8% compared to 2.0%. At the district or city level, the highest prevalence of DM is in the city of Yogyakarta, namely 4.9%. Typhoid fever is a lower digestive disease caused by Salmonella Typhi and Paratyphi A bacteria which can generally be found in food or drink that has been contaminated with these bacteria.*

**Objective :** *Knowing the implementation of nutritional care using the Standardized Nutritional Care Process for Type 2 Diabetes Mellitus patients with Thypus, Reactive Hepatitis, Hypokalemia and Hyponatremia Hospitalized at Nyi Ageng Serang District Hospital.*

**Methods :** *This research uses descriptive research with a case study research design.*

**Results :** *The results of the nutritional assessment showed that anthropometric data included the category of malnutrition, biochemical data for high GDS levels, high GDP, high GD 2 hours PP, high SGOT, high SGPT and positive for typhoid bacteria, physical/clinical data for patients with abdominal pain and dizziness, data on history of habits the patient's eating is still not correct and less than sufficient for his needs. The results showed that GDS, GD 2 Hours PP and patient's GDP as well as physical complaints decreased while the patient's food intake fluctuated.*

**Conclusion :** *It can be concluded from the research results that patients were found to have poor nutritional status, levels of GDS, GDP, GD 2 hours PP, high SGOT, high SGPT and low food intake. Based on the monitoring carried out, the results showed a decrease in blood sugar levels, a decrease in physical complaints and an increase in food intake.*

**Keyword :** *Standardized Nutrition Care Process, Diabetes Mellitus Type 2, DHF*