

STANDARDIZED NUTRITION CARE PROCOS IN DIABETES MELITUS,  
CHRONIC KIDNEY DISEASE, CONGESTIVE HEART FAILURE PATIENTS  
IN WONOSARI REGIONAL GENERAL HOSPITAL YOGYAKARTA

Rinda Puspita Ivanka<sup>1</sup>, Idi Setiyobroto<sup>2</sup>, Isti Suryani<sup>3</sup>  
<sup>1,2,3</sup> Jurusan Gizi Poltekkes Kemenkes Yogyakarta  
Jl. Tatabumi No. 3 Banyuraden, Gamping, Sleman  
Email : [rindap060@gmail.com](mailto:rindap060@gmail.com)

**ABSTRACK**

**Background:** According to the IDF, Indonesia is ranked 6th as a country suffering from diabetes mellitus (DM) with a total of 10,3 million cases. DM conditions with complications are one of the highest causes of death in Indonesia at 6,7%. DIY Province has a prevalence of DM based on a doctor's diagnosis aged > 15 years of 3,11% and the prevalence in Gunungkidul Regency is 2,15%. PAGT in DM patients is needed as an effort to control blood sugar levels, prevent malnutrition, prevent severity, and speed up the healing process.

**Objective:** To examine the results of the Management of Standardized Nutritional Care Process for Patients with Diabetes Melitus, Chronic Kidney Disease, Congestive Heart Failure patients in Wonosari Regional General Hospital Yogyakarta.

**Method:** Descriptive research type with a case study research design. The research subject was one patient with inclusion and exclusion criteria. Primary data was obtained from measurements and interviews, while secondary data was obtained from medical records.

**Results:** Nutritional screening of patients at risk of malnutrition, nutritional status using the LILA percentile, namely undernutrition. Biochemical data obtained from high GDS, low hb and albumin, physical/clinical data, weak condition, decreased appetite, shortness of breath, upset stomach, wounds and pain from dexta pedis ulcers, decubitus wounds and pain, and cellulitis on the left leg, fast respiration, blood pressure high, and the patient's eating history is still not appropriate. Nutritional diagnosis includes intake, clinical, and behavioral domains. Nutritional interventions are implemented based on nutritional diagnosis problems. Evaluation monitoring relates to anthropometry, biochemistry, physical/clinical, food intake, and behavior (education and counseling).

**Conclusion:** Based on the results of the intervention, GDS was normal, HB and albumin were low, physical complaints improved or their severity decreased, blood pressure was high, respiration was fast and food intake increased every day during the intervention although not all of them reached the target of 90-119% of total requirements or minimum 80%), and education achieves the success of patients not consuming food from outside the hospital and being able to review counseling materials.

**Keywords:** Standardized Nutrition Care Process (PAGT), Diabetes Melitus, Complications

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN, DIABETES  
MELITUS, *CHRONIC KIDNEY DISEASE*, *CONGESTIVE HEART FAILURE*  
RAWAT INAP DI RUMAH SAKIT UMUM DAERAH WONOSARI  
YOGYAKARTA

Rinda Puspita Ivanka<sup>1</sup>, Idi Setiyobroto<sup>2</sup>, Isti Suryani<sup>3</sup>  
<sup>1,2,3</sup> Jurusan Gizi Poltekkes Kemenkes Yogyakarta  
Jl. Tatabumi No. 3 Banyuraden, Gamping, Sleman  
Email : [rindap060@gmail.com](mailto:rindap060@gmail.com)

**ABSTRAK**

**Latar Belakang** : Menurut IDF, Indonesia menduduki peringkat 6 sebagai negara penderita diabetes melitus (DM) dengan total kasus 10,3 juta jiwa. Kondisi DM dengan komplikasi menjadi salah satu penyebab kematian tertinggi di Indonesia sebesar 6,7%. Provinsi DIY memiliki prevalensi DM berdasarkan diagnosis dokter umur  $\geq 15$  tahun sebesar 3,11% dan prevalensi di Kabupaten Gunungkidul sebesar 2,15%. PAGT pada pasien DM diperlukan sebagai upaya mengontrol kadar gula darah, mencegah malnutrisi, mencegah keparahan, dan mempercepat proses penyembuhan.

**Tujuan** : Mengkaji hasil Penatalaksanaan Proses Asuhan Gizi Terstandar Pasien Diabetes Melitus, *Chronic Kidney Disease*, *Congestive Heart Failure* Rawat Inap Di Rumah Sakit Umum Daerah Wonosari Yogyakarta.

**Metode** : Jenis penelitian deskriptif dengan desain penelitian studi kasus. Subjek penelitian yaitu satu pasien dengan kriteria inklusi dan eksklusi. Data primer diperoleh dari pengukuran dan wawancara, sedangkan data sekunder diperoleh dari rekam medis.

**Hasil** : Skrining gizi pasien berisiko malnutrisi, status gizi menggunakan *percentile* LILA yaitu gizi kurang. Data biokimia diperoleh GDS tinggi, hb dan albumin rendah, data fisik/klinis kondisi lemah, nafsu makan menurun, sesak nafas, perut begah, luka dan nyeri ulkus pedis dexta, luka dan nyeri decubitus, dan selulitis pada kaki kiri respirasi cepat, tekanan darah tinggi, dan riwayat makan pasien masih belum sesuai. Diagnosis gizi meliputi domain asupan, klinis, dan *behavior*. Intervensi gizi diterapkan berdasarkan permasalahan diagnosis gizi. Monitoring evaluasi berkaitan dengan antropometri, biokimia, fisik/klinis, asupan makan, dan *behavior* (edukasi dan konseling).

**Kesimpulan**: Berdasarkan hasil intervensi, GDS normal, hb dan albumin rendah, keluhan fisik membaik atau derajat keparahannya berkurang, tekanan darah tinggi, respirasi cepat dan asupan makan meningkat setiap harinya selama intervensi meskipun belum seluruhnya mencapai target 90-119% dari total kebutuhan atau minimal 80%), dan edukasi mencapai keberhasilan pasien tidak mengkonsumsi makanan dari luar rumah sakit serta dapat mereview kembali materi konseling.

**Kata kunci** : Proses Asuhan Gizi Terstandar (PAGT), Diabetes Melitus, Komplikasi.