

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN GAGAL GINJAL KRONIK WITH DIABETES MELITUS TIPE II DAN HIPERTENSI

Bekti Prihantini¹, Nur Hidayat², Rini Wuri Astuti³

^{1,2,3}Jurusan Gizi Poltekkes Kemenkes Yogyakarta

Jalan Tata Bumi No. 3, Banyuraden, Gamping, Sleman, D.I Yogyakarta

Email : bektiprhn@gmail.com

ABSTRAK

Latar Belakang : Penyakit gagal ginjal kronik (GGK) merupakan penurunan fungsi ginjal yang cukup berat secara perlahan-lahan dan progresif yang menjadi masalah kesehatan utama di seluruh dunia, penyakit ini menempati peringkat ke-12 penyebab kematian di dunia pada tahun 2017. Menurut Riskesdas 2018, prevalensi penyakit gagal ginjal kronik di Indonesia berdasarkan diagnosis dokter pada penduduk umur ≥ 15 tahun adalah 0,38%. Gagal ginjal kronik meningkatkan risiko malnutrisi akibat gejala yang ditimbulkan seperti anoreksia, mual dan muntah. Oleh karena itu, diperlukan penelitian tentang proses asuhan gizi terstandar pada pasien gagal ginjal kronik.

Tujuan : Mengetahui Proses Asuhan Gizi Terstandar pada pasien Gagal Ginjal Kronik, Diabetes Melitus tipe 2 dan Hipertensi.

Metode : Penelitian ini menggunakan jenis penelitian deskriptif dengan desain studi kasus. Penelitian ini dilakukan pada bulan Maret 2024.

Hasil : Berdasarkan hasil skrining menggunakan form MST pasien berisiko malnutrisi dengan skor 4, status gizi pasien menurut IMT masuk dalam kategori obesitas tingkat 2. Pemeriksaan biokimia didapatkan hasil bahwa GDS, HbA1c, ureum, kreatinin, klorida dan leukosit tinggi, sedangkan hemoglobin dan hematokrit rendah. Pemeriksaan fisik menunjukkan pasien composmentis, sesak nafas, mual, dan muntah. Pemeriksaan klinis menunjukkan nadi, suhu normal dan tekanan darah tinggi. Asupan recall 24 jam pasien masuk dalam kategori defisit tingkat berat. Intervensi yang diberikan meliputi pemberian Diet DM 2200 kkal dan Diet Rendah Protein dengan bentuk makanan lunak dan frekuensi makan 3x makan utama dan 3x selingan. Hasil monitoring secara keseluruhan yaitu keadaan pasien membaik secara fisik dan klinis serta asupan makan pasien meningkat.

Kesimpulan : Hasil penelitian dapat diketahui bahwa pasien malnutrisi dengan status gizi obesitas tingkat 2. Keadaan pasien saat dilakukan monitoring dan evaluasi secara keseluruhan membaik, sesak berkurang, mual dan muntah menghilang asupan makan membaik dan meningkat.

Kata Kunci : Proses Asuhan Gizi Terstandar, Gagal Ginjal Kronik, Diabetes Melitus, Hipertensi

**STANDARDIZED NUTRITIONAL CARE PROCESS IN PATIENTS
CHRONIC KIDNEY DISEASE WITH DIABETES MELLITUS TYPE II, AND
HYPERTENSION**

Bekti Prihantini¹, Nur Hidayat², Rini Wuri Astuti³

^{1,2,3}Department of Nutrition Poltekkes Kemenkes Yogyakarta

Jalan Tata Bumi No. 3, Banyuraden, Gamping, Sleman, D.I Yogyakarta

Email : bektiprhn@gmail.com

ABSTRACT

Background : *Chronic kidney failure (CKD) is a slow and progressive decline in kidney function that is a major health problem worldwide, ranking as the 12th leading cause of death in the world in 2017. According to the Riskesdas 2018, the prevalence of chronic kidney failure disease in Indonesia based on doctor's diagnosis in the population aged ≥ 15 years is 0.38%. Chronic renal failure increases the risk of malnutrition due to symptoms such as anorexia, nausea and vomiting. Therefore, research is needed on the process of standardized nutritional care in patients with chronic renal failure.*

Purpose : *Knowing the Standardized Nutritional Care Process in patients with Chronic Kidney Failure, Diabetes mellitus type 2 and Hypertension.*

Method : *This research uses descriptive research with a case study design. This research was conducted in March 2024.*

Results : *Based on the screening results using the MST form, the patient is at risk of malnutrition with a score of 4, the patient's nutritional status according to BMI is in the level 2 obesity category. Biochemical examination showed that GDS, HbA1c, ureum, creatinine, chloride and leukocytes were high, while hemoglobin and hematocrit were low. Physical examination showed the patient was composmentis, shortness of breath, nausea, and vomiting. Clinical examination showed normal pulse, temperature and blood pressure. The patient's 24-hour recall intake was categorized as a severe deficit. The interventions provided include the provision of a 2200 kcal DM Diet and a Low Protein Diet with soft food forms and a frequency of eating 3x main meals and 3x snacks. The overall monitoring results were that the patient's condition improved physically and clinically and the patient's food intake increased.*

Conclusion : *The results of the study can be seen that the patient was malnourished with nutritional status of obesity level 2. The patient's condition during monitoring and evaluation as a whole improved, shortness of breath decreased, nausea and vomiting disappeared, food intake improved and increased.*

Keywords : *Standardized Nutrition Care Process, Chronic Kidney Disease, Diabetes Mellitus Type 2, Hypertension.*