

ABSTRAK

ASUHAN GIZI PADA PASIEN KANKER PARU DEXTRA KPKBSK STADIUM III B METAS KGB SUPRACLAVICULA DI RUANG PALEM II RSUD Dr. SOETOMO SURABAYA

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Latar Belakang: Kanker paru-paru merupakan salah satu penyebab utama kematian akibat kanker di seluruh dunia. Kanker paru dengan stadium III B menunjukkan adanya metastasis ke Kelenjar Getah Bening (KGB) Supraclavícula.

Tujuan: Mampu melaksanakan pelayanan gizi dan penatalaksanaan diet pada pasien penyakit Kanker Paru Dextra KPKBSK Stadium III B Metas KGB Supraclavícula.

Metode: Penelitian ini merupakan penelitian kualitatif dalam bentuk studi kasus. Subjek dalam penelitian ini adalah Pasien dengan Kanker Paru Dextra KPKBSK Stadium III B Metas KGB Supraclavícula.

Hasil: Skrining gizi pasien yaitu status gizi kurang, pengukuran antropometri status gizi pasien tergolong *underweight*. Keluhan pasien selama monitoring adalah nyeri luka pasca tindakan biopsi. Asupan makan pasien mengalami tren peningkatan dari hari pertama hingga ketiga, tetapi mengalami penurunan pada hari keempat.

Pembahasan: Diagnosa gizi pada pasien adalah NI-5.1 Peningkatan kebutuhan zat gizi tertentu (energi dan protein), NC-4.1.2 Malnutrisi yang berhubungan dengan kondisi penyakit kronis, dan NB-1.1 Kurangnya pengetahuan terkait makanan dan gizi. Edukasi yang diberikan mengenai Diet TETP.

Kesimpulan: Asuhan gizi yang terstandar memberikan peranan yang positif untuk menjaga status gizi pasien dengan Kanker Paru Dextra KPKBSK Stadium III B Metas KGB Supraclavícula supaya tidak semakin memburuk melalui pendekatan pola makan yang sesuai dengan kondisi pasien disertai edukasi.

Kata Kunci: Asuhan Gizi, Kanker Paru, KPKBSK, Metas KGB

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ABSTRACT

NUTRITION CARE PROCESS FOR A PATIENT WITH DEXTRA LUNG CANCER (NON-SMALL CELL LUNG CANCER) STAGE III B WITH SUPRACLAVICULAR LYMPH NODE METASTASIS AT PALEM II ROOM OF RSUD Dr. SOETOMO SURABAYA

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Background: Lung cancer is one of the leading causes of cancer-related deaths worldwide. Stage III B lung cancer indicates metastasis to the supraclavicular lymph nodes. Integrated nutritional care is essential to meet the patient's nutritional needs and support the healing process.

Objective: Able to carry out nutritional services and dietary management in patients with Dextra Lung Cancer (NSCLC) Stage III B with supraclavicular lymph node metastasis.

Method: This study is a qualitative case study. The subject of the study was a patient with Dextra Lung Cancer (NSCLC) Stage III B with supraclavicular lymph node metastasis.

Results: The patient's nutritional screening was underweight, anthropometric measurements of the patient's nutritional status were classified as underweight. The patient's complaint during monitoring was post-biopsy wound pain. The patient's food intake experienced an increasing trend from the first to the third day, but decreased on the fourth day.

Discussion: The patient's nutritional diagnoses were NI-5.1 Increased need for certain nutrients (energy and protein), NC-4.1.2 Malnutrition associated with chronic disease conditions, and NB-1.1 Lack of knowledge related to food and nutrition. Education was provided on the TETP Diet.

Conclusion: Standardized nutritional care plays a positive role in maintaining the nutritional status of patients with Dextra Lung Cancer (NSCLC) Stage III B with supraclavicular lymph node metastasis, preventing further deterioration by implementing a diet plan tailored to the patient's condition accompanied by nutritional education.

Keywords: Nutritional Care, Lung Cancer, NSCLC, Lymph Node Metastasis

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