

**ASUHAN GIZI TERSTANDAR PADA PASIEN DIABETES MELLITUS  
TYPE II, DISLIPIDEMIA, DIZZINES, DAN STOMATITIS AFTOSA, DI UNIT  
GERIATRI LT DASAR RSUP DR. KARIADI KOTA SEMARANG JAWA  
TENGAH**

Priscilia Andri<sup>1</sup>, Idi Setiyobroto<sup>2</sup>, Rini Wuri Astuti<sup>3</sup>

<sup>123</sup>Jurusan Gizi Poltekkes Kemenkes Yogyakarta

Jalan Tata Bumi No.3 Banyuraden, Gamping, Sleman

Email : [prisciliaaaaandri0813@gmail.com](mailto:prisciliaaaaandri0813@gmail.com)

**ABSTRAK**

**Latar Belakang :** Diabetes melitus adalah masalah kesehatan global dengan jumlah penderita yang terus meningkat, termasuk di Indonesia, yang menempati peringkat kelima dunia dengan 19,5 juta kasus pada 2021 dan diproyeksikan menjadi 28,6 juta pada 2045. Lansia menjadi kelompok rentan karena diabetes sering disertai komplikasi seperti dislipidemia dan gangguan muskuloskeletal, yang memperburuk kualitas hidup. Oleh karena itu, penelitian ini bertujuan mengeksplorasi asuhan gizi terstandar untuk mengelola diabetes melitus dan kondisi penyerta pada lansia.

**Tujuan :** Mengetahui proses asuhan gizi terstandar pada pasien dengan diagnosis Diabetes Mellitus Type II, Dislipidemia, Dizzines dan Stomatitis Aftosa di Unit Geriatri Lt Dasar RSUP Dr. Kariadi Semarang.

**Metode :** Penelitian ini menggunakan rancangan penelitian kualitatif deskriptif dalam bentuk studi kasus. Penelitian menggunakan data primer dan sekunder. Penyajian data pada penelitian ini dalam bentuk narasi, tabel dan grafik

**Hasil :** Hasil skrining gizi pasien terdiagnosis malnutrisi. Intervensi diet DM diberikan selama 3 hari dalam bentuk makanan oral disesuaikan dengan kondisi pasien. Data biokimia terkait gizi menunjukkan kadar GDS awalnya tinggi, namun dapat terkendali melalui pemantauan asupan makanan dan terapi medis. Kondisi klinis pasien menunjukkan perbaikan, termasuk tanda vital mendekati normal, meskipun asupan oral tetap rendah akibat nafsu makan yang menurun hingga <50%.

**Kesimpulan :** Adanya perbaikan kondisi pasien meliputi tanda fisik klinis berkurangnya keluhan namun ada penurunan nafsu makan dihari terakhir intervensi dikarenakan penurunan nafsu makan.

**Kata Kunci :** Diabetes Melitus , Dislipidemia, Asuhan Gizi, Lansia

# **STANDARDIZED NUTRITION CARE FOR PATIENTS WITH TYPE II DIABETES MELLITUS, DYSLIPIDEMIA, DIZZINESS, AND APHOTIC STOMATITIS, IN THE GERIATRICS UNIT OF THE BASE FLOOR OF DR. KARIADI GENERAL HOSPITAL, SEMARANG CITY, CENTRAL JAVA**

Priscilia Andri<sup>1</sup>, Idi Setiyobroto<sup>2</sup>, Rini Wuri Astuti<sup>3</sup>

<sup>1,2,3</sup>Jurusan Gizi Poltekkes Kemenkes Yogyakarta

Jalan Tata Bumi No.3 Banyuraden, Gamping, Sleman

Email : [prisciliaaaaandri0813@gmail.com](mailto:prisciliaaaaandri0813@gmail.com)

## **ABSTRACT**

**Background:** Diabetes mellitus is a global health issue that continues to rise in prevalence, including in Indonesia, which ranks fifth in the world with 19.5 million cases reported in 2021. This number is projected to increase to 28.6 million by 2045. The elderly population is particularly vulnerable, as diabetes is often accompanied by complications such as dyslipidemia, and musculoskeletal disorders, all of which can significantly impair quality of life. Therefore, this study aims to explore standardized nutritional care strategies to manage diabetes mellitus and its associated comorbid conditions in elderly individuals.

**Objective:** To establish a standardized nutritional care process for patients diagnosed with Type II Diabetes Mellitus, Dyslipidemia, Dizziness, and Aphotic Stomatitis in the Geriatric Unit on the ground floor of Dr. Kariadi General Hospital in Semarang.

**Method :** This study employs a descriptive qualitative research design in the form of a case study, utilizing both primary and secondary data. The data presentation includes narratives, tables, and graphs.

**Results:** The patient was diagnosed with malnutrition based on nutritional screening results. A diabetes management (DM) diet intervention was implemented for three days, using oral food tailored to the patient's needs. Biochemical tests indicated that glucose levels were initially high; however, they were brought under control through careful monitoring of food intake and medical therapy. The patient's clinical condition improved, with vital signs nearing normal levels. Nevertheless, oral intake remained low due to a decreased appetite, with intake dropping to less than 50%.

**Conclusion:** The patient's condition improved, including clinical physical signs of reduced complaints, but there was a decrease in appetite on the last day of intervention.

**Keywords:** Diabetes Mellitus, Dyslipidemia, Nutritional Care, Elderly.