

**ABSTRAK**

**PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN GAGAL  
GINJAL KRONIK STADIUM V DENGAN HIPERKALEMIA, AKUT  
ABDOMEN, DAN LEUKOSITOSIS DI RSUD PANEMBAHAN  
SENOPATI BANTUL**

Ega Meilasari<sup>1</sup>, Weni Kurdanti<sup>2</sup>, Rini Wuri Astuti<sup>3</sup>  
Jurusan Gizi Poltekkes Kemenkes Yogyakarta, Jl. Tata Bumi No. 3 Banyuraden,  
Gamping, Sleman, Yogyakarta  
(Email : [meilasari1331@gmail.com](mailto:meilasari1331@gmail.com))

**Latar belakang :** Gagal ginjal kronik adalah penurunan fungsi ginjal yang progresif, berlangsung terus menerus dan tidak dapat pulih kembali. Komplikasi lain gagal ginjal kronik dapat berupa hiperkalemia (kalium tinggi), akut abdomen (nyeri perut) dan leukositosis (sel darah putih tinggi). Berdasarkan studi pendahuluan didapatkan hasil dalam tahun 2018 tercatat ada 189 pasien gagal ginjal kronik yang rawat inap di RSUD Panembahan Senopati Bantul.

**Tujuan Penelitian :** Mengkaji pelaksanaan proses asuhan gizi terstandar pada pasien gagal ginjal kronik stadium V dengan hiperkalemia, akut abdomen, dan leukositosis di RSUD Panembahan Senopati Bantul.

**Metode Penelitian :** Jenis penelitian deskriptif, desain penelitian kualitatif dengan rancangan studi kasus. Lokasi Penelitian di RSUD Panembahan Senopati Bantul. Subjek penelitian adalah seorang pasien gagal ginjal kronik dengan hiperkelemlia, akut abdomen, dan leukositosis.

**Hasil :** Pasien mengalami malnutrisi berdasarkan formulir skrining MNA. Pengkajian gizi diperoleh hasil status gizi pasien kurang berdasarkan % LLA. Pemeriksaan biokimia didapatkan hasil ureum, creatinin, kalium, lekosit, trombosit, dan segmen tinggi, sedangkan natrium, klorida, hemoglobin, eritrosit, hematokrit, eosinofil, batang, dan limfosit rendah. Pemeriksaan fisik/klinis didapatkan hasil nadi cepat dan suhu tinggi. Pasien mengeluh sesak nafas, BAB berwarna hitam lengket, cegukan terus dan nafsu makan menurun karena rasa nyeri perut, mual serta muntah. Hasil *recall* asupan makan pasien kurang dibandingkan kebutuhan. Diagnosis gizi yang ditegakkan sesuai dengan data pengkajian gizi pasien. Intervensi gizi dilakukan sesuai dengan tujuan dan preskripsi diet. Pemberian diet sesuai dengan kebutuhan dan standar rumah sakit. Perkembangan biokimia, fisik/klinis, asupan makan pasien semakin hari semakin membaik. Konseling gizi dilakukan dengan media *leaflet* dengan metode ceramah dan tanya jawab.

**Kesimpulan :** Proses asuhan gizi terstandar pada pasien yang meliputi skrining, pengkajian gizi, diagnosis gizi, intervensi gizi, monitoring evaluasi dan konseling gizi.

**Kata Kunci : Gagal Ginjal Kronik, Asuhan Gizi**

1. Mahasiswa Peneliti
2. Pembimbing Utama
3. Pembimbing Pendamping

**ABSTRACT**  
**STANDARDIZED NUTRITION CARE PROCESS IN STAGE V  
CHRONIC KIDNEY FAILURE PATIENTS WITH HYPERKALEMIA,  
ACUTE ABDOMEN, AND LEUKOCYTOSIS IN PANEMBAHAN  
SENOPATI BANTUL GENERAL HOSPITAL**

Ega Meilasari<sup>1</sup>, Weni Kurdanti<sup>2</sup>, Rini Wuri Astuti<sup>3</sup>

Nutrition Departement Poltekkes Kemenkes Yogyakarta, Jl. Tata Bumi No. 3  
Banyuraden, Gamping, Sleman, Yogyakarta  
(Email : [meilasari1331@gmail.com](mailto:meilasari1331@gmail.com))

**Background :** Chronic kidney failure is a progressive decline in kidney function, persists and cannot be recovered. Other complications of chronic renal failure can include hyperkalemia (high potassium), acute abdomen (abdominal pain) and leukocytosis (high white blood cells). Based on the preliminary study, the results showed that in 2018 there were 189 chronic kidney failure patients who were hospitalized at Panembahan Senopati Hospital Bantul.

**Research Objective :** Assessing the implementation of standardized nutritional care processes in patients with stage V chronic kidney failure with hyperkalemia, acute abdomen, and leukocytosis at Panembahan Senopati Hospital Bantul.

**Research Method :** This type of research is descriptive, qualitative research design with a case study design. Research location at Panembahan Senopati Bantul Hospital. The subject of the study was a patient with chronic renal failure with hypercheleemia, acute abdomen and leukocytosis.

**Results :** The patient was malnutrition based on the MNA screening form. The nutritional assessment obtained the results of the patient's nutritional status based on % LLA. Biochemical examination showed urea, creatinine, potassium, leucocytes, platelets, and high segments, while low sodium, chloride, hemoglobin, erythrocyte, hematocrit, eosinophil, stem, and lymphocytes. Physical / clinical examination revealed rapid pulse and high temperature results. The patient complains of shortness of breath, sticky black stools, persistent hiccups and decreased appetite due to abdominal pain, nausea and vomiting. The results of the patient's recall of food intake are less than needed. The nutritional diagnosis is enforced according to the nutritional assessment data of the patient. Nutritional interventions are carried out in accordance with the objectives and diet prescriptions. Providing a diet in accordance with the needs and standards of the hospital. The development of biochemical, physical / clinical, the patient's food intake is getting better every day. Nutritional counseling is carried out using leaflets using the lecture and question and answer method.

**Conclusion :** The process of standardized nutrition care for patients includes screening, nutritional assessment, nutritional diagnosis, nutritional intervention, monitoring evaluation and nutritional counseling

**Keywords :** Chronic Kidney Failure, Nutrition Care

1. Research Student
2. Main Advisor
3. Mentoring Advisor