

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN
DIABETES MELITUS TIPE II, *CHRONIC KIDNEY DISEASE*, *CELLULITIS*
DI RSU MITRA PARAMEDIKA YOGYAKARTA

Annisa Rista Yuana¹, Idi Setiyobroto², Nugraheni Tri Lestari³
Jurusan Gizi Poltekkes Kemenkes Yogyakarta, Jl. Tata Bumi No. 3 Banyuraden,
Gamping, Sleman, Yogyakarta
(Email: annisaristayuanaa@gmail.com)

ABSTRAK

Latar Belakang: Diabetes Melitus adalah penyakit metabolik menahun yang disebabkan oleh pankreas tidak memproduksi insulin yang cukup atau tubuh tidak dapat menggunakan insulin secara efektif. *Chronic Kidney Disease (CKD)* merupakan penyakit dimana terdapat destruksi struktur pada ginjal yang bersifat progresif dan terus-menerus. Sebanyak 20 – 40% penderita Diabetes Melitus juga menderita CKD, karena penderita DM cenderung berisiko 17 kali lipat menderita CKD. Selain itu, penderita DM seiring dengan gula darah yang meningkat akan berisiko menyebabkan infeksi kulit seperti Cellulitis. Berdasarkan hasil Riset Kesehatan Dasar menunjukkan bahwa prevalensi penyakit DM menurut Konsensus PERKENI 2015 sebanyak 10.9 %.

Tujuan Penelitian: Mengkaji pelaksanaan Proses Asuhan Gizi Terstandar pada pasien Diabetes Melitus Tipe II, *Chronic Kidney Disease*, *Cellulitis* di RSU Mitra Paramedika Yogyakarta.

Metode Penelitian: Jenis penelitian yang dilakukan merupakan penelitian deskriptif dengan desain penelitian kualitatif dan rancangan penelitian studi kasus. Lokasi penelitian yaitu di RSU Mitra Paramedika Yogyakarta. Subyek penelitian adalah seorang pasien Diabetes Melitus Tipe II, *Chronic Kidney Disease*, *Cellulitis*. Fokus studi penelitian adalah melakukan skrining gizi, pengkajian gizi, diagnosis gizi, intervensi gizi, monitoring evaluasi gizi, dan konseling gizi. Analisis data secara deskriptif dan penyajian data dalam bentuk narasi dan tabulasi.

Hasil dan Pembahasan: Skrining gizi menggunakan form skrining NRS-2002, pasien berisiko malnutrisi. Pengkajian gizi diperoleh hasil pasien tergolong status gizi normal berdasarkan IMT dan %LILA. Pemeriksaan biokimia menunjukkan bahwa kadar GDS, ureum, keratinin tinggi sedangkan haemoglobin dan hematokrit rendah. Pemeriksaan fisik/klinis didapatkan hasil bahwa respirasi tinggi. Hasil *recall* 24 jam pasien dibandingkan dengan kebutuhan tergolong kurang. Diagnosis gizi yang ditegakkan sesuai dengan data pengkajian gizi pasien. Intervensi gizi dilakukan sesuai dengan tujuan, syarat, dan preskripsi diet. Pemberian diet sesuai dengan kebutuhan dan standar rumah sakit. Perkembangan biokimia, fisik/klinis, dan asupan makan pasien semakin membaik setiap harinya.

Konseling gizi dilakukan dengan media leaflet dengan metode ceramah, diskusi, dan tanya jawab.

Kesimpulan: Proses Asuhan Gizi Terstandar (PAGT) pada pasien Diabetes Melitus Tipe II, *Chronic Kidney Disease*, *Cellulitis* meliputi skrining gizi, pengkajian gizi, diagnosis gizi, intervensi gizi, monitoring evaluasi gizi, dan konseling gizi

Kata Kunci: Asuhan Gizi, Diabetes Melitus Tipe II, *Chronic Kidney Disease*, *Cellulitis*

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

STANDAR NUTRITIONAL CARE PROCESS FOR PATIENTS
DIABETES MELITUS TYPE II, *CHRONIC KIDNEY DISEASE*, *CELLULITIS*
DI RSU MITRA PARAMEDIKA YOGYAKARTA

Annisa Rista Yuana¹, Idi Setiyobroto², Nugraheni Tri Lestari³
Department of Nutrition, Health Polytechnic of the Ministry of Health
Yogyakarta, Jl. Tata Bumi No. 3 Banyuraden, Gamping, Sleman, Yogyakarta
(Email: annisaristayuanaa@gmail.com)

ABSTRACT

Background: Diabetes mellitus is a chronic metabolic disease caused by the pancreas not producing enough insulin or the body unable to use insulin effectively. *Chronic Kidney Disease (CKD)* is a disease in which there is progressive and continuous destruction of the structures in the kidney. As many as 20 - 40% of people with Diabetes Mellitus also suffer from CKD, because DM sufferers tend to have 17 times the risk of suffering from CKD. In addition, DM sufferers along with increased blood sugar will be at risk of causing skin infections such as cellulitis. Based on the results of Basic Health Research, it shows that the prevalence of DM according to the 2015 PERKENI Consensus was 10.9%.

Research purposes: Assessing the implementation of the Standar Nutritional Care Process for Type II Diabetes Mellitus patients, *Chronic Kidney Disease*, *Cellulitis* at RSU Mitra Paramedika Yogyakarta.

Research methods: This type of research is a descriptive study with a qualitative research design and a case study research design. The research location is at Mitra Paramedika Hospital Yogyakarta. The research subject is a patient with Diabetes Mellitus Type II, *Chronic Kidney Disease*, *Cellulitis*. The focus of research studies is to carry out nutritional screening, nutritional assessment, nutritional diagnosis, nutritional intervention, nutritional evaluation monitoring, and nutritional counseling. Descriptive data analysis and data presentation in the form of narration and tabulation.

Results and Discussion: Nutritional screening using the NRS-2002 screening form, patients are at risk of malnutrition. The assessment of nutrition showed that the patient was classified as normal nutritional status based on BMI and % LILA. Biochemical examination showed that the levels of GDS, urea, keratinin were high while hemoglobin and hematocrit were low. Physical / clinical examination shows that respiration is high. Result recall 24 hours of the patient compared to the need is classified as less. The nutritional diagnosis is enforced according to the nutritional assessment data of the patient. Nutritional interventions are carried out in accordance with the goals, requirements and diet prescriptions. Providing a diet in accordance with the needs and standards of the hospital. The development of biochemical, physical / clinical, and the patient's food intake is getting better

every day. Nutritional counseling is carried out using leaflets using the methods of lectures, discussions, and questions and answers.

Conclusion: Standarized Nutritional Care Process (PAGT) in Type II Diabetes Mellitus patients, *Chronic Kidney Disease*, *Cellulitis* includes nutritional screening, nutritional assessment, nutritional diagnosis, nutritional intervention, nutritional evaluation monitoring, and nutritional counseling

Keywords: Nutritional Care, Diabetes Mellitus Type II, *Chronic Kidney Disease*, *Cellulitis*

1. Research Students
2. Principal Counselor
3. Companion Advisor