

PEMBERIAN DIET TINGGI KALORI TINGGI PROTEIN (TKTP) MODIFIKASI PADA PASIEN TUBERKULOSIS PARU DI RUMAH SAKIT SUMBER WARAS CIREBON

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INTISARI

Pasien tuberkulosis seringkali mengalami gangguan gastrointestinal, karena penyakitnya maupun efek dari obat, serta penurunan nafsu makan yang berdampak pada asupan makanan (Syaiful, 2014). Cara mengatasi masalah asupan makan yaitu makanan dapat diberikan dalam porsi kecil tapi sering (Kemenkes, 2014). Sesuai dengan syarat dan prinsip diet TKTP bagi pasien tuberkulosis yaitu frekuensi pemberian makan dapat diberikan sering dengan porsi kecil padat gizi (PERSAGI dan Asosiasi Diettisen, 2019). Porsi makanan penting bagi pasien tuberkulosis dimana makanan berperan dalam memberikan terapi (Dewi, 2015). Menurut NHS (2005), 42% pasien berpikir porsi makanan rumah sakit terlalu besar, hal tersebut menyebabkan pasien yang mengalami penurunan nafsu makan seperti pasien tuberkulosis seringkali tidak dapat menghabiskan makanannya, sehingga sisa makan menjadi masalah di rumah sakit. Berdasarkan uraian diatas, standar alternatif diet TKTP dengan pengaturan besar porsi yang sesuai dengan kemampuan pasien tuberkulosis perlu dibuat untuk membantu terpenuhinya asupan pasien serta mengurangi sisa makan pasien.

Mengetahui pengaruh pemberian diet TKTP modifikasi terhadap daya terima pada pasien tuberkulosis paru

Penelitian ini merupakan penelitian eksperimental semu dengan rancangan *posttest only with control group desain*. Sampel penelitian yaitu pasien tuberkulosis paru yang menjalani rawat inap di Rumah Sakit Sumber Waras Cirebon yang memenuhi kriteria inklusi dan ekslusi. Teknik pengambilan sampel menggunakan *accidental sampling*. Besar sampel pada penelitian ini sebanyak 30 orang. Penilaian daya terima melihat sisa makanan menggunakan *visual comstock*

Hasil penelitian ini menunjukkan bahwa modifikasi porsi Diet TKTP dapat mempengaruhi daya terima responden yang dilihat dari sisa makannya ($p=0,025$) karena dapat menurunkan persentase sisa makan pasien

Terdapat pengaruh antara pemberian diet TKTP modifikasi dengan sisa makanan pasien ($P=0,025$).

Kata Kunci: Modifikasi Diet TKTP, daya terima, Tuberkulosis Paru

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**APPROPRIATION OF A MODIFIED HIGH CALORIES AND HIGH PROTEIN DIET FOR
PULMONARY TUBERCULOSIS PATIENTS AT SUMBER WARAS HOSPITAL,
CIREBON**

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Abstract

Tuberculosis patients often experience gastrointestinal disorders, due to the disease and the effects of drugs, as well as decreased appetite which affects food intake (Syaiful, 2014). The way to overcome the problem of food intake is that food can be given in small but frequent portions (Ministry of Health, 2014). In accordance with the requirements and principles of the TKTP diet for tuberculosis patients, namely the frequency of feeding can be given often with small, nutrient-dense portions (PERSAGI and the Dietitisen Association, 2019). Food portions are important for tuberculosis patients where food plays a role in providing therapy (Dewi, 2015). According to the NHS (2005), 42% of patients think hospital food portions are too big, this causes patients who have decreased appetite such as tuberculosis patients often cannot finish their food, so leftovers become a problem in hospitals. Based on the description above, an alternative standard of TKTP diet with large portion settings according to the ability of tuberculosis patients needs to be made to help fulfill the patient's intake and reduce the patient's food waste.

Knowing the effect of giving a modified TKTP diet on the acceptability of pulmonary tuberculosis patients

This study was a quasi-experimental study with a *posttest only design with control group design*. The research sample was pulmonary tuberculosis patients who were hospitalized at Sumber Waras Hospital Cirebon who met the inclusion and exclusion criteria. The sampling technique used was *accidental sampling*. The sample size in this study was 30 people. Assessment of acceptability of looking at leftovers using *visual stock*

The results of this study indicate that the modification of the portion of the TKTP Diet can affect the acceptability of respondents as seen from the leftovers of their food ($p = 0.025$) because it can reduce the percentage of the patient's leftovers.

There was an effect between the appropriation of a modified TKTP diet with the patient's food waste ($P = 0.025$).

Keywords: Modification of TKTP Diet, Acceptance, Pulmonary Tuberculosis

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