

STANDARD NUTRITIONAL CARE PROCESS FOR PATIENTS WITH NON-HEMORAGIC STROKE, OSTEOAETHRITIS GENU, CHRONIC KIDNEY DISEASE, AND BRONCHITIS IN PANEMBAHAN SENOPATI BANTUL HOSPITAL

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ABSTRACT

Background: Stroke is defined as a functional brain disorder that occurs suddenly with clinical signs and symptoms both focal and global. Riskesdas data in 2018 the prevalence of stroke sufferers in DIY based on doctor's diagnosis in the population aged more than 15 years ranks 2nd. The number of stroke sufferers in DIY is higher than the national average which was only 10.9% per mil in 2018 and 7% per mil in 2013. The high number of stroke cases in the Special Region of Yogyakarta today requires special handling, namely by carrying out standardized nutritional care processes. .

Research Objective: To describe the implementation of standardized nutritional care for patients with Non-Hemorrhagic Stroke, Genu Osteoarthritis, Chronic Kidney Disease, and Bronchitis at Panembahan Senopati Hospital Bantul at Panembahan Senopati Hospital Bantul.

Research Methods: The type of research used is descriptive observational with a case study design.

Research Results: Nutrition screening using the MNA-SF form showed that the patient was malnourished and required a nutritional care plan. The patient's eating history data had poor eating habits. Anthropometric data on nutritional status based on lila percentiles showed the category of poor nutrition. Biochemical data related to certain tests show abnormal results. Physical/clinical data showed weakness in the right limb, sometimes slurred speech, knee pain, and high blood pressure. Nutritional diagnosis includes intake, clinical, and behavioral domains. Nutritional interventions were carried out according to dietary prescriptions. The diet is adjusted according to the patient's condition. The results of monitoring and evaluation are related to food intake, clinical physical condition, and biochemical examination. Nutrition education is given every day at the time of comstock and 24 hour recall. Meanwhile, nutrition counseling was conducted once on the last day of monitoring and evaluation.

Conclusion: The results of the screening showed that the nutritional status of the patient was poor. The results of monitoring and evaluation on blood pressure increased, but nausea and vomiting disappeared. Meanwhile, food intake decreased on the 1st and 2nd day and increased again on the 3rd day.

Keywords: Non-Hemorrhagic Stroke, Genu Osteoarthritis, Chronic Kidney Disease, Bronchitis, Standardized Nutrition Care Proces.

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN *STROKE NON HEMORAGIK, OSTEOARTHRITIS GENU, CHRONIC KIDNEY DISEASE, DAN BRONKITIS* DI RSUD PANEMBAHAN SENOPATI BANTUL

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ABSTRAK

Latar Belakang : Stroke didefinisikan suatu gangguan fungsional otak yang terjadi secara mendadak dengan tanda dan gejala klinik baik fokal maupun global. Data riskesdas tahun 2018 prevalensi penderita stroke di DIY berdasarkan diagnosis dokter pada penduduk usia lebih dari 15 tahun menempati urutan ke-2. Jumlah penderita stroke di DIY lebih tinggi dari rata-rata nasional yang hanya 10,9% permil pada 2018 dan 7% permil ditahun 2013. Masih tingginya kasus stroke di Daerah Istimewa Yogyakarta saat ini sehingga perlu dilakukan penanganan khusus yakni dengan melakukan proses asuhan gizi terstandar.

Tujuan Penelitian : Mengetahui gambaran pelaksanaan asuhan gizi terstandar pada pasien Stroke *Non Hemoragik, Osteoarthritis Genu, Chronic Kidney Disease*, dan Bronkitis di RSUD Panembahan Senopati Bantul di RSUD Panembahan Senopati Bantul.

Metode Penelitian : Jenis penelitian yang digunakan adalah observasional deskriptif dengan rancangan studi kasus.

Hasil dan pembahasan : Skrining gizi menggunakan form MNA-SF diperoleh bahwa pasien mengalami malnutrisi sehingga membutuhkan rencana asuhan gizi. Data riwayat makan pasien memiliki kebiasaan makan yang kurang baik. Data antropometri status gizi berdasarkan percentil lila menunjukkan kategori gizi buruk. Data biokimia terkait pemeriksaan tertentu menunjukkan hasil abnormal. Data fisik/klinis menunjukkan terjadi kelemahan pada anggota gerak kanan, bicara kadang pelo, nyeri lutut, dan tekanan darah tinggi. Diagnosis gizi meliputi domain *intake*, klinis, dan *behaviour*. Intervensi gizi dilakukan sesuai dengan preskripsi diet. Pemberian diet disesuaikan dengan kondisi pasien. Hasil monitoring dan evaluasi berkaitan dengan asupan makan, keadaan fisik klinis, dan pemeriksaan biokimia. Edukasi gizi diberikan setiap hari pada saat melakukan *comstock* dan *recall* 24 jam. Sedangkan konseling gizi dilakukan satu kali di hari terakhir monitoring dan evaluasi.

Kesimpulan : Hasil *skrining* menunjukkan status gizi pasien buruk. Hasil monitoring dan evaluasi pada tekanan darah meningkat, namun mual dan muntah hilang. Sedangkan untuk asupan makan terjadi penurunan pada hari ke-1 dan ke-2 dan kembali meningkat dihari ke-3.

Kata Kunci : Stroke Non Hemoragik, *Osteoarthritis Genu, Chronic Kidney Disease*, Bronkitis, Proses Asuhan Gizi Terstandar.