

HUBUNGAN ANTARA ASUPAN NATRIUM, KALIUM, PROTEIN, DAN  
CAIRAN DENGAN EDEMA PADA PENDERITA GAGAL GINJAL KRONIK  
RAWAT JALAN DENGAN HEMODIALISA RUTIN DI RSUD  
PANEMBAHAN SENOPATI BANTUL

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**ABSTRAK**

**Latar Belakang** : Gagal Ginjal Kronik (GGK) adalah gangguan fungsi ginjal secara perlahan serta menahun, bersifat progresif, dan *irreversible*, biasanya terjadi sindrom uremik yang menyebabkan rasa haus berlebihan dan dapat menyebabkan asupan cairan yang berlebih. Kelebihan cairan dapat menimbulkan komplikasi edema yang disebabkan oleh ketidakseimbangan cairan dan elektrolit. Kation yang berperan penting dalam keseimbangan cairan yaitu natrium dan kalium. Pada penderita GGK, kebutuhan akan protein meningkat untuk mengganti asam amino yang hilang dan menjaga keseimbangan cairan dan elektrolit melalui protein plasma (albumin).

**Tujuan Penelitian** : Mengetahui hubungan asupan natrium, kalium, protein, dan cairan dengan edema pada penderita gagal ginjal kronik rawat jalan dengan hemodialisa rutin di RSUD Panembahan Senopati Bantul.

**Metode Penelitian** : Jenis penelitian ini merupakan penelitian observasional dengan pendekatan *cross sectional study*. Penelitian ini dilaksanakan pada bulan Januari 2019. Populasi penelitian yaitu pasien gagal ginjal kronik rawat jalan dengan hemodialisa rutin di RSUD Panembahan Senopati Bantul dengan jumlah sampel 37 pasien. Analisis data menggunakan analisis *Chi-Square*.

**Hasil Penelitian** : 62,5% pasien memiliki asupan natrium lebih dengan edema, asupan cairan lebih dengan edema sebesar 66,7% , dan asupan kalium lebih dengan edema sebesar 5,1%. Asupan natrium lebih mempengaruhi edema sebesar 4,1 kali. Asupan kalium lebih mempengaruhi edema 3,4 kali. Asupan cairan lebih mempengaruhi edema 8,7 kali.

**Kesimpulan** : Terdapat hubungan antara asupan natrium, kalium, dan cairan dengan edema, dan tidak terdapat hubungan antara asupan protein dengan edema.

**Kata Kunci** : Natrium, Kalium, Protein, Cairan, Edema

RELATIONSHIP BETWEEN SODIUM, POTASSIUM, PROTEIN, AND  
FLUID INTAKE WITH EDEMA IN PATIENTS WITH CHRONIC KIDNEY  
DISEASE OUTPATIENT WITH ROUTINE HEMODIALYSIS AT RSUD  
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**ABSTRACT**

**Background** : Chronic Kidney Disease (CKD) is a slow and chronic impairment of kidney function, progressive and irreversible, usually a uremic syndrome that causes excessive thirst and can cause excessive fluid intake. Excess fluid can cause complications of edema caused by fluid and electrolyte imbalances. Cations that have an important role in the balance of fluids, are sodium and potassium. In patients with CKD, the need of protein increases to replace the lost of amino acid and maintain fluid and electrolyte balance through plasma protein (albumin).

**Objective** : To determine the relationship between sodium, potassium, protein, and fluid intake with edema in patients with chronic kidney disease outpatient with routine hemodialysis at RSUD Panembahan Senopati Bantul.

**Method** : This type of research is an observational study with a cross sectional study approach. The study was conducted in January 2019. The study population was patients with chronic kidney disease outpatient with routine hemodialysis at RSUD Panembahan Senopati Bantul with a sample of 37 patients. Data analysis using Chi-Square analysis.

**Result** : 62.5% of patients had excess of sodium intake with edema, excess of fluid intake with edema 66.7%, and excess of potassium intake with edema 5.1%. Excess of sodium intake will affects edema 4.1 times. Excess of potassium intake affects edema 3.4 times. Excess of fluid intake affects edema 8.7 times.

**Conclusion** : There is a relationship between sodium, potassium, and fluid intake with edema, and there is no relationship between protein intake and edema.

**Keywords** : Sodium, Potassium, Protein, Fluid, Edema