

ASUHAN GIZI PADA PASIEN DIABETES MELLITUS DAN CHRONIC KIDNEY DISEASE DI BANGSAL PENYAKIT DALAM RUANG MAWAR RSUD PROF. DR. MARGONO SOEKARJO

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ABSTRAK

Latar Belakang: *Diabetes Melitus* merupakan salah satu penyebab utama penyakit gagal ginjal kronis yang dapat menyebabkan peningkatan morbiditas dan mortalitas pada pasien. Pasien DM dan CKD seringkali mengalami malnutrisi dikarenakan kurangnya asupan zat gizi yang memadai. Penting untuk memberikan dukungan diet khusus melalui pendekatan asuhan gizi dengan intervensi gizi yang tepat.

Tujuan: Mampu melaksanakan asuhan gizi pada pasien dengan diagnosis medis DM dan CKD.

Metode: Jenis penelitian merupakan penelitian deskriptif dengan rancangan penelitian kualitatif dalam bentuk studi kasus. Penelitian ini dilaksanakan di Bangsal Penyakit Dalam RSUD Prof. Dr. Margono Soekarjo pada tanggal 28 Juni 2024 sampai dengan 2 Juli 2024 dengan sasaran 1 orang pasien dengan diagnosis medis DM dan CKD.

Hasil: Hasil skrining gizi menggunakan Form skrining MUST menunjukkan pasien malnutrisi. Hasil Pengkajian gizi riwayat makan menggunakan SQFFQ dan recall 24 jam, IMT 22,49 kg/m² status gizi normal. Data biokimia menunjukkan pasien mengalami anemia, hiperglikemia, adanya gangguan ginjal dan hypoalbuminemia. Diagnosis gizi yang ditetapkan domain intake, domain klinis dan domain behavior. Intervensi gizi yang diberikan adalah terapi gizi diet DMRP, edukasi dan konseling gizi, serta kolaborasi dengan tenaga kesehatan lainnya. Hasil monitoring dan evaluasi untuk riwayat makan pada akhir pemantauan asupan makan energi 86,47%, Protein 95,77%, Lemak 85,57% dan karbohidrat 92,3%, pemeriksaan biokimia GDP menunjukkan normal. Pemeriksaan fisik/klinis di akhir pemantauan menunjukkan keluhan menghilang tetapi tekanan darah masih tinggi.

Kesimpulan: Skrining gizi pasien beresiko malnutrisi. Pengkajian gizi riwayat makan defisit tingkat berat, status gizi normal, data biokimia menunjukkan anemia, hiperglikemia, adanya gangguan fungsi ginjal dan hypoalbuminemia. Diagnosis gizi ditetapkan domain intake, domain klinis dan domain behavior. Intervensi gizi dengan diet DMRP. Monitoring dan evaluasi gizi pada riwayat makan menunjukkan peningkatan asupan setiap hari, pemeriksaan biokimia GDP menunjukkan normal, pemeriksaan fisik/klinis menghilang namun vital sign tekanan darah masih tinggi.

Kata Kunci: Asuhan Gizi, CKD, DM, Diet DMRP, NCP

NUTRITIONAL CARE FOR DIABETES MELLITUS AND CHRONIC KIDNEY DISEASE PATIENTS IN THE INTERNAL DISEASE WARD OF MAWAR ROOM PROF. DR. MARGONO SOEKARJO HOSPITAL

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ABSTRACT

Background: Diabetes Mellitus is one of the main causes of chronic kidney failure which can lead to increased morbidity and mortality in patients. DM and CKD patients often experience malnutrition due to lack of adequate nutrient intake. It is important to provide special dietary support through a nutritional care approach with appropriate nutritional interventions.

Objective: To be able to carry out nutritional care for patients with a medical diagnosis of DM and CKD.

Method: The type of research is descriptive research with a qualitative research design in the form of a case study. This research was conducted in the Internal Medicine Ward of Prof. Dr. Margono Soekarjo Hospital on June 28, 2024 to July 2, 2024 with a target of 1 patient with a medical diagnosis of DM and CKD.

Results: The results of nutritional screening using the MUST screening form showed that the patient was malnourished. The results of the nutritional assessment of dietary history using SQFFQ and 24-hour recall, BMI 22.49 kg/m² normal nutritional status. Biochemical data showed that the patient had anemia, hyperglycemia, kidney disorders and hypoalbuminemia. The nutritional diagnosis was determined by the intake domain, clinical domain and behavioral domain. The nutritional interventions given were DMRP diet nutrition therapy, nutrition education and counseling, and collaboration with other health workers. The results of monitoring and evaluation for dietary history at the end of monitoring energy food intake 86.47%, Protein 95.77%, Fat 85.57% and carbohydrates 92.3%, biochemical examination of GDP showed normal. Physical/clinical examination at the end of monitoring showed that complaints had disappeared but blood pressure was still high.

Conclusion: Nutritional screening of patients at risk of malnutrition. Nutritional assessment of severe deficit eating history, normal nutritional status, biochemical data showed anemia, hyperglycemia, impaired kidney function and hypoalbuminemia. Nutritional diagnosis was determined by intake domain, clinical domain and behavioral domain. Nutritional intervention with DMRP diet. Nutritional monitoring and evaluation of eating history showed an increase in daily intake, biochemical examination of GDP showed normal, physical/clinical examination disappeared but vital signs of blood pressure were still high.

Keywords: Nutritional Care, CKD, DM, DMRP Diet, NCP