

STANDARDIZED NUTRITIONAL CARE PROCESS IN NON HEMORRHAGIC STROKE PATIENTS WITH HYPERTENSION AND ACUTE KIDNEY INJURY AT TIDAR REGIONAL HOSPITAL, MAGELANG REGENCY

Aprilia Novi Wulandari¹, Weni Kurdanti², Idi Setiyobroto³
¹²³Jurusan Gizi Poltekkes Kemenkes Yogyakarta
Jalan Tata Bumi Nomor 3 Banyuraden, Gamping, Sleman Yogyakarta 55293
(e-mail: aprilianovi903@gmail.com)

ABSTRACT

Background: Non-hemorrhagic stroke is a condition caused by blockage of blood vessels that inhibits blood flow to the brain without causing bleeding. Non-hemorrhagic stroke is one of the diseases with a high incidence rate and is mostly triggered by uncontrolled hypertension. Hypertension can also cause complications such as acute kidney injury due to damage to renal blood vessels. A standardized nutritional care process is needed to meet nutritional needs, prevent worsening, and accelerate patient recovery.

Objective: To determine the implementation of standardized nutritional care process in patients with Non Hemorrhagic Stroke with Hypertension and Acute Renal Failure at RSUD Tidar Magelang.

Method: The research uses a descriptive method with a case study design conducted at Tidar Magelang Regional General Hospital. The research subjects are non-hemorrhagic stroke inpatients. The focus of the study is to conduct nutritional screening, nutritional assessment, nutritional diagnosis, dietary prescription goals, dietary intervention, and monitoring and evaluation of patients.

Result: Nutritional screening using NRS-2002 indicates that the patient is at risk of malnutrition. The results of the anthropometric data assessment by calculating the percentage of LILA indicate that the patient's nutritional status falls into the undernourished category. Biochemical data show high levels of creatinine and urea. Clinical/physical data show that the patient is experiencing weakness in the leg limbs, slurred speech, abdominal pain, nausea, vomiting, and high blood pressure. The dietary history data shows that the patient's eating pattern is not appropriate and the 24-hour recall results are also insufficient. Nutritional diagnosis includes the domains of intake, clinical, and behavior. The nutritional intervention provided was a low-sodium and low-protein diet with soft food forms and oral administration, with a frequency of 3 main meals and 2 snacks. The results of monitoring and evaluation overall showed an improvement in intake and an increase in consumption.

Conclusion: The patient's examination results indicate a risk of malnutrition with inadequate nutritional status. The results of monitoring and evaluation showed that the patient's food intake increased and the patient's condition improved.

Keywords: Undernutrition, Hypertension, High Creatinine, Natrium Intake, Protein Intake

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN STROKE NON HEMORAGIK DENGAN HIPERTENSI DAN GAGAL GINJAL AKUT DI RSUD TIDAR MAGELANG

Aprilia Novi Wulandari¹, Weni Kurdanti², Idi Setiyobroto³
¹²³Jurusan Gizi Poltekkes Kemenkes Yogyakarta
Jalan Tata Bumi Nomor 3 Banyuraden, Gamping, Sleman Yogyakarta 55293
(e-mail: aprilianovi903@gmail.com)

ABSTRAK

Latar Belakang: Stroke non hemoragik adalah kondisi akibat penyumbatan pembuluh darah yang menghambat aliran darah ke otak tanpa menyebabkan perdarahan. Stroke non hemoragik adalah salah satu penyakit dengan angka kejadian tinggi dan banyak dipicu oleh hipertensi tidak terkontrol. Hipertensi juga dapat menyebabkan komplikasi seperti gagal ginjal akut akibat kerusakan pembuluh darah ginjal. Proses Asuhan Gizi Terstandar diperlukan untuk memenuhi kebutuhan gizi, mencegah perburukan, dan mempercepat pemulihan pasien.

Tujuan: Mengetahui pelaksanaan proses asuhan gizi terstandar pada pasien penderita Stroke Non Hemoragik dengan Hipertensi dan Gagal Ginjal Akut di RSUD Tidar Magelang.

Metode: Penelitian menggunakan metode deskriptif dengan desain studi kasus yang dilakukan di Rumah Sakit Umum Daerah Tidar Magelang. Subjek penelitian adalah pasien rawat inap stroke non hemoragik. Focus studi yaitu melakukan skrining gizi, pengkajian gizi, diagnosis gizi, tujuan dari preskripsi diet, intervensi diet, dan monitoring evaluasi pada pasien.

Hasil: Skrining gizi menggunakan NRS-2002 menunjukkan pasien berisiko malnutrisi. Pengkajian data antropometri dengan menghitung persen LILA menunjukkan status gizi pasien yaitu gizi kurang. Data biokimia menunjukkan kadar kreatinin dan ureum tinggi. Data klinik/fisik menunjukkan pasien mengalami lemah anggota gerak kaki, bicara pelo, nyeri perut, mual, muntah, dan tekanan darah tinggi. Data riwayat makan menunjukkan pola makan pasien belum tepat dan hasil *recall* 24 jam termasuk kurang. Intervensi gizi yang diberikan yaitu diet rendah garam I dan rendah protein dengan bentuk makanan lunak dan rute oral dengan frekuensi pemberian 3x makanan utama dan 2x selingan. Hasil monitoring dan evaluasi secara keseluruhan asupan membaik serta asupan meningkat.

Kesimpulan: Hasil pemeriksaan pasien berisiko malnutrisi dengan status gizi kurang. Hasil monitoring dan evaluasi didapatkan bahwa asupan makan pasien meningkat dan keadaan pasien semakin membaik.

Kata Kunci: Gizi Kurang, Hipertensi, Kreatinin Tinggi, Asupan Garam, Asupan Protein