

**STANDARDIZED NUTRITION CARE PROCESS FOR HOSPITALIZED
GERIATRIC PATIENTS WITH GROSS HEMATURIA AT PKU
MUHAMMADIYAH GAMPING HOSPITAL**

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ABSTRACT

Background: As we age, the elderly experience degenerative processes that decrease the function of organs, including the urinary tract system. One of the common urological disorders in the elderly is hematuria due to benign prostatic hyperplasia (BPH), with an incidence of 20–33%. Hematuria, especially gross in nature, can cause chronic blood loss and lead to anemia and malnutrition. Nutritional problems in elderly patients with gross hematuria need to be systematically addressed through standardized nutritional care processes to prevent deterioration in nutritional status and aid in healing.

Objective: To determine the implementation of the Standard Nutritional Care Process in geriatric patients with Gross Hematuria who are undergoing hospitalization at PKU Muhammadiyah Gamping Hospital

Method: The type of research used is a research that is presented in an observational descriptive manner with a case study design. This study uses a sampling technique with a purposive sampling technique, where one patient is taken if they have certain criteria.

Result: Nutritional screening using the SF-MNA form showed patients at risk of malnutrition. Nutritional status based on geriatric BMI indicates malnutrition. Low levels of hemoglobin, eosinophils, lymphocytes, erythrocytes, hematocrits, platelets, absolute lymphocytes, and monocytes. Meanwhile, leucocytes, neutrophils, absolute neutrophils, urea, and creatinine obtained high yields. The general condition of the patient is weak, composmentis, decreased appetite, nausea, abdominal pain, heartburn, and red urine like menstruation. The patient's eating habits show less than the needs per day. Nutritional diagnosis includes the domain of intake and the domain of habit. The nutritional interventions provided include the provision of a diet low in high salt and high protein I and diet-related education. The patient's food intake for 3 days is still included in the deficit category of the patient's daily needs. Nutrition counseling is carried out with lectures and questions and answers using leaflet media.

Conclusion: The results of the study can be found that malnourished patients with poor nutritional status. The patient's condition when monitoring and evaluation was carried out as a whole, namely complaints improved and food intake increased slightly.

Keywords: Gross Hematuria, Geriatrics, Standardized Nutritional Care Process

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN GERIATRI DENGAN GROSS HEMATURIA YANG MENJALANI RAWAT INAP DI RUMAH SAKIT PKU MUHAMMADIYAH GAMPING

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ABSTRAK

Latar Belakang: Seiring bertambahnya usia, lansia mengalami proses degeneratif yang menurunkan fungsi organ, termasuk sistem traktus urinarius. Salah satu gangguan urologis yang umum pada lansia adalah hematuria akibat benign prostatic hyperplasia (BPH), dengan insiden mencapai 20–33%. Hematuria, terutama yang bersifat gross, dapat menyebabkan kehilangan darah kronis dan berujung pada anemia serta malnutrisi. Masalah gizi pada pasien lansia dengan gross hematuria perlu ditangani secara sistematis melalui proses asuhan gizi terstandar untuk mencegah penurunan status gizi dan membantu penyembuhan.

Tujuan: Mengetahui pelaksanaan Proses Asuhan Gizi Terstandar pada pasien geriatri dengan *Gross Hematuria* yang menjalani rawat inap di Rumah Sakit PKU Muhammadiyah Gamping

Metode: Jenis penelitian yang digunakan merupakan penelitian yang disajikan secara deskriptif observasional dengan rancangan studi kasus. Penelitian ini menggunakan teknik pengambilan sampel dengan teknik purposive sampling, dimana satu pasien diambil apabila memiliki kriteria tertentu.

Hasil: Skrining gizi menggunakan form SF-MNA menunjukkan pasien berisiko malnutrisi. Status gizi berdasarkan IMT geriatri menunjukkan gizi kurang. Kadar hemoglobin, eosinophil, limfosit, eritrosit, hematokrit, trombosit, limfosit absolut, dan monosit rendah. Sedangkan, leukosit, neutrophil, neutrofil absolut, ureum, dan kreatinin memperoleh hasil tinggi. Kondisi umum pasien lemah, composmentis, nafsu makan menurun, mual, nyeri perut, nyeri ulu hati, dan urin berwarna merah seperti haid. Kebiasaan makan pasien menunjukkan kurang dari kebutuhan per hari. Diagnosis gizi meliputi domain asupan dan domain kebiasaan. Intervensi gizi yang diberikan meliputi pemberian diet rendah garam tinggi protein I dan edukasi terkait diet. Asupan makan pasien selama 3 hari masih termasuk dalam kategori defisit dari kebutuhan harian pasien. Konselin gizi dilakukan dengan ceramah dan tanya jawab menggunakan media leaflet.

Kesimpulan: Hasil penelitian dapat diketahui bahwa pasien malnutrisi dengan status gizi kurang. Keadaan pasien saat dilakukan monitoring dan evaluasi secara keseluruhan yaitu keluhan membaik serta asupan makan sedikit meningkat.

Kata Kunci: *Gross Hematuria*, Geriatri, Proses Asuhan Gizi Terstandar