

**STANDARDIZED NUTRITION CARE PROCESS FOR PATIENTS WITH
CHRONIC KIDNEY DISEASE (CKD) STAGE V, STROKE,
HYPERTENSION IN THE MELATI TIMUR WARD OF DR. SOEHADI
PRIJONEGORO SRAGEN HOSPITAL**

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ABSTRACT

Background: Based on data from the World Health Organization (WHO), in 2019, patients with chronic kidney failure in the world amounted to 15% of the population and have caused 1.2 million deaths. The latest data from 2018 shows the prevalence of chronic kidney failure as many as 713,783 cases of chronic kidney failure.

Objective: To determine the management of standardized nutritional care processes in patients with chronic kidney disease (CKD) stage V, stroke, hypertension at RSUD dr. Soehadi Prijonegoro Sragen.

Method: Descriptive research type with case study research design. Data collection was carried out through interviews, observations, anthropometric measurements, secondary data, and documentation

Results: Nutritional screening of patients at risk of malnutrition, nutritional status using the 10th percentile, namely undernutrition. Biochemical data obtained results of low sodium, high potassium, low chloride, high creatinine, high urea, and low hemoglobin. Physical/clinical data KU weak, compos mentis, nausea, vomiting, shortness of breath and high blood pressure. The patient's eating habits are still poor. Nutritional diagnosis includes the intake domain, clinical domain, and habit domain. Diet is given in the form of RGRPRK diet with soft food given orally with a frequency of 3 main meals and 2 snacks. The results of monitoring and evaluation of the patient's urea and creatinine remain high. Physical/clinical complaints experience fluctuating conditions, the patient's food intake fluctuates.

Conclusion: The results of interventions on vital signs examination show an increase and decrease in blood pressure and pulse, while the patient's respiration and temperature are within normal limits. Some laboratory test results, such as urea and creatinine levels, have decreased. The patient's food intake has increased and decreased due to the patient's physiological condition.

Keywords: Standardized Nutrition Care Process (PAGT), CKD, Stroke, Hypertension

**PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN DENGAN
CHRONIC KIDNEY DISEASE (CKD) STAGE V, STROKE, HIPERTENSI
DI BANGSAL MELATI TIMUR RSUD dr. SOEHADI PRIJONEGORO
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ABSTRAK

Latar Belakang : Berdasarkan data dari *World Health Organization* (WHO), pada tahun 2019 pasien dengan penyakit gagal ginjal kronis di dunia berjumlah 15% dari populasi dan telah menyebabkan 1,2 juta kasus kematian. Data terbaru dari 2018 menunjukkan prevalensi penyakit gagal ginjal kronis sebanyak 713.783 kasus gagal ginjal kronis.

Tujuan Penelitian : Mengetahui penatalaksanaan Proses Asuhan Gizi Terstandar pada Pasien *Chronic Kidney Disease* (CKD) Stage V, Stroke, Hipertensi di RSUD dr. Soehadi Prijonegoro Sragen.

Metode : Jenis penelitian deskriptif dengan desain penelitian studi kasus. Pengumpulan data dilakukan dengan wawancara, observasi, pengukuran antropometri, data sekunder, dan dokumentasi

Hasil : Skrining gizi pasien berisiko malnutrisi, status gizi menggunakan *percentile* lila yaitu gizi kurang. Data biokimia diperoleh hasil natrium rendah, kalium tinggi, chloride rendah, kreatinin tinggi, ureum tinggi, hemoglobin rendah. data fisik/klinis KU lemah, *compos mentis*, mual, muntah, sesak nafas dan tekanan darah tinggi. Kebiasaan makan pasien masih kurang baik. Diagnosis gizi meliputi domain asupan, domain klinik, dan domain kebiasaan. Pemberian diet berupa diet RGRPRK dengan bentuk makanan lunak melalui oral dengan frekuensi pemberian 3 kali makanan utama dan 2 kali selingan. Hasil monitoring dan evaluasi pasien ureum dan kreatinin masih tinggi. keluhan fisik/klinis mengalami kondisi fluktuasi, asupan makan pasien mengalami fluktuasi.

Kesimpulan : Hasil intervensi pada pemeriksaan tanda vital menunjukkan kenaikan dan penurunan pada tekanan darah dan nadi, sedangkan respirasi dan suhu pasien dalam batas normal, pada beberapa hasil pemeriksaan laboratorium seperti kadar ureum dan kreatinin mengalami penurunan, asupan makan pasien mengalami peningkatan dan penurunan dikarenakan kondisi fisiologis pasien.

Kata Kunci : Proses Asuhan Gizi Terstandar (PAGT), CKD, Stroke, Hipertensi