

**STANDARDIZED NUTRITIONAL CARE PROCESS IN PATIENTS
CHRONIC KIDNEY DISEASE IN SALMA WARD PKU
MUHAMMADIYAH GOMBONG HOSPITAL**

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ABSTRACT

Background: Chronic kidney disease (CKD) is a progressive disease characterized by a slow and irreversible decline in kidney function. According to the 2019 Global Burden of Disease Study, chronic kidney disease is among the top 10 causes of death in the world. Data from the 2018 Basic Health Research (Riskesdas) noted that the prevalence of chronic kidney disease based on the diagnosis of health workers was 0.38%. CKD patients have a high risk of malnutrition due to symptoms such as anorexia, nausea and vomiting. Therefore, research is needed on the process of standardized nutritional care in patients with chronic renal failure.

Objective: To determine the process of standardized nutritional care for patients with Chronic Kidney Disease (CKD) in Salma Ward, PKU Muhammadiyah Gombong Hospital.

Methods: This study used descriptive research with a case study design. This research was conducted in February 2025.

Results: Based on the screening results using the MST form, the patient is at risk of malnutrition with a score of 3, the patient's nutritional status according to %LiLA is in the good nutrition category. Biochemical examination found that ureum and creatinine were high, while hemoglobin was low. Physical examination showed that the patient had decreased consciousness and tended to sleep. Clinical examination showed normal pulse, temperature, respiration and high blood pressure. The patient's 24-hour recall intake was categorized as a severe deficit. The interventions provided include the provision of a 1500 kcal RPRG Diet with the NGT route sonde food form and the frequency of eating 3x main meals and 2x snacks. Nutrition diagnosis includes the intake domain. Nutritional interventions are applied based on nutritional diagnosis problems. Evaluation monitoring is related to anthropometry, biochemistry, physical/clinical, food intake, and behavior (education and counseling).

Conclusion: During the three days of monitoring, the average energy intake increased after NGT feeding due to decreased consciousness. The patient had mild anemia (low Hb), high ureum and creatinine. Clinically, pulse and temperature were normal, respiration was slightly abnormal on the second and third days, and blood pressure remained elevated. Education to the family was well received, and the family supported the patient's dietary compliance at home.

Keywords: Standardized Nutritional Care Process, Chronic Kidney Disease

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN CHRONIC KIDNEY DISEASE (CKD) DI BANGSAL SALMA RUMAH SAKIT PKU MUHAMMADIYAH GOMBONG

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ABSTRAK

Latar Belakang: Penyakit ginjal kronik (PGK) merupakan penyakit progresif yang ditandai dengan penurunan fungsi ginjal secara perlahan dan bersifat tidak dapat pulih (*irreversible*). Menurut Global Burden of Disease Study 2019, penyakit ginjal kronik termasuk dalam 10 besar penyebab kematian di dunia. Data Riset Kesehatan Dasar (Riskesdas) 2018 mencatat bahwa prevalensi penyakit ginjal kronik berdasarkan diagnosis tenaga kesehatan sebesar 0,38%. Pasien PGK memiliki risiko tinggi mengalami malnutrisi. akibat gejala yang ditimbulkan seperti anoreksia, mual dan muntah. Oleh karena itu, diperlukan penelitian tentang proses asuhan gizi terstandar pada pasien gagal ginjal kronik.

Tujuan: Mengetahui Proses Asuhan Gizi Terstandar pada Pasien Chronic Kidney Disease (CKD) di Bangsal Salma Rumah Sakit PKU Muhammadiyah Gombong.

Metode: Penelitian ini menggunakan jenis penelitian deskriptif dengan desain studi kasus. Penelitian ini dilakukan pada bulan Februari 2025.

Hasil: Berdasarkan hasil skrining menggunakan form MST pasien berisiko malnutrisi dengan skor 3, status gizi pasien menurut %LiLA masuk dalam kategori gizi baik. Pemeriksaan biokimia didapatkan hasil bahwa ureum dan kreatinin tinggi, sedangkan hemoglobin rendah. Pemeriksaan fisik menunjukkan pasien mengalami penurunan kesadaran dan cenderung tidur. Pemeriksaan klinis menunjukkan nadi, suhu, respirasi normal dan tekanan darah tinggi. Asupan recall 24 jam pasien masuk dalam kategori defisit tingkat berat. Intervensi yang diberikan meliputi pemberian Diet RPRG 1500 kkal dengan bentuk makanan sonde rute NGT dan frekuensi makan 3x makan utama dan 2x selingan. Diagnosis gizi meliputi domain asupan. Intervensi gizi diterapkan berdasarkan permasalahan diagnosis gizi. Monitoring evaluasi berkaitan dengan antropometri, biokimia, fisik/klinis, asupan makan, dan behavior (edukasi dan konseling).

Kesimpulan: Selama tiga hari pemantauan, rata-rata asupan energi meningkat setelah pemberian makanan melalui NGT akibat penurunan kesadaran. Pasien mengalami anemia ringan (Hb rendah), ureum dan kreatinin tinggi. Secara klinis, nadi dan suhu normal, respirasi sedikit abnormal pada hari kedua dan ketiga, serta tekanan darah tetap tinggi. Edukasi kepada keluarga diterima dengan baik, dan keluarga mendukung kepatuhan diet pasien di rumah.

Kata Kunci: Proses Asuhan Gizi Terstandar, Penyakit Ginjal Kronik