

**ASUHAN GIZI PADA PASIEN *POST PERMANENT PACEMAKER* VVIR  
REPOSISI *LEAD*, *POST* GEA DAN HEMATOKEZIA, HIPOKALEMIA  
TERKOREKSI, ISK DENGAN BAKTERIURIA MASIF, SERTA  
PRADIABETES DI PPJT LANTAI III RSUD Dr. SOETOMO SURABAYA**

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**ABSTRAK**

**Latar Belakang:** *Atrioventricular Block Complete* menyebabkan gangguan konduksi listrik jantung yang mengakibatkan bradikardia berat dan risiko henti jantung. Pemasangan *Permanent Pacemaker* diperlukan untuk menstabilkan ritme dan fungsi jantung. Kondisi ini memicu stres metabolik akibat respons inflamasi dan penyembuhan jaringan, sehingga meningkatkan kebutuhan energi dan protein untuk mendukung pemulihan serta mencegah komplikasi kardiometabolik.

**Tujuan:** Mengetahui proses asuhan gizi terstandar pada pasien *Atrioventricular Block (Complete) Post Permanent Pacemaker (PPM) VVIR reposisi lead, post gastroenteritis akut dan hematokezia, hipokalemia terkoreksi, infeksi saluran kemih dengan bakteriuria masif, serta pradiabetes di PPJT Lantai III RSUD Dr. Soetomo Surabaya.*

**Metode:** Penelitian ini merupakan penelitian deskriptif dengan desain kualitatif yang dilakukan dalam bentuk studi kasus.

**Hasil:** Pasien berisiko malnutrisi dengan status gizi berdasarkan LILA termasuk kategori gizi kurang. Data biokimia menunjukkan penurunan leukosit dan neutrofil serta peningkatan limfosit yang mengindikasikan fase pemulihan imun. Kondisi klinis membaik dengan hemodinamik stabil, ritme nadi teratur, tekanan darah normal, dan saturasi oksigen baik. Nyeri luka menurun tanpa tanda infeksi atau edema, disertai suhu tubuh stabil. Asupan makan meningkat bertahap selama tiga hari intervensi, dari 50% menjadi 102% kebutuhan energi. Edukasi gizi yang diberikan melalui konseling dan media leaflet berhasil meningkatkan pemahaman pasien dan keluarga tentang gizi sebesar 40%.

**Kesimpulan:** Intervensi gizi selama tiga hari menunjukkan peningkatan asupan energi hingga memenuhi kebutuhan, disertai perbaikan kondisi klinis dan imunologis, stabilitas hemodinamik, berkurangnya nyeri luka tanpa tanda infeksi, serta peningkatan pengetahuan gizi pasien dan keluarga setelah konseling.

**Kata Kunci:** *Atrioventricular Block Complete, Permanent Pacemaker, Gastroenteritis Akut, Stres Metabolik, Asuhan Gizi Terstandar*

***NUTRITIONAL CARE FOR PATIENTS WITH PERMANENT PACEMAKER  
VVIR LEAD REPOSITIONING, POST-GEA AND HEMATOCHYZIA,  
CORRECTED HYPOKALEMIA, ISK WITH MASSIVE BACTERIURIA, AND  
PREDIABETES AT PPJT FLOOR III RSUD Dr. SOETOMO SURABAYA***

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**ABSTRACT**

**Background:** Complete Atrioventricular Block causes electrical conduction disturbances in the heart, resulting in severe bradycardia and the risk of cardiac arrest. Permanent pacemaker implantation is necessary to stabilize heart rhythm and function. This condition triggers metabolic stress due to inflammatory responses and tissue healing, thereby increasing energy and protein requirements to support recovery and prevent cardiometabolic complications.

**Objective:** Knowing the standardized nutrition care process in patients with Atrioventricular Block (Complete) Post Permanent Pacemaker (PPM) VVIR lead repositioning, post acute gastroenteritis and hematochezia, corrected hypokalemia, urinary tract infection with massive bacteriuria, and prediabetes at PPJT Floor III Dr. Soetomo General Hospital Surabaya.

**Method:** This study is a descriptive qualitative study conducted in the form of a case study.

**Results:** The patient was at risk of malnutrition, with LILA indicating undernutrition. Biochemical data showed decreased leukocytes and neutrophils with increased lymphocytes, reflecting immune recovery. Clinical improvement was observed through stable hemodynamics, regular pulse, normal blood pressure, and good oxygen saturation. Wound pain reduced without infection or edema, with stable body temperature. Food intake gradually increased during the three-day intervention, from 50% to 102% of energy needs. Nutrition education through counseling and leaflets improved patient and family nutrition knowledge by 40%.

**Conclusion:** The three-day nutritional intervention showed an increase in energy intake to meet requirements, accompanied by improved clinical and immunological conditions, hemodynamic stability, reduced wound pain without signs of infection, and increased nutritional knowledge of patients and families after counseling.

**Keywords:** Complete Atrioventricular Block, Permanent Pacemaker, Acute Gastroenteritis, Metabolic Stress, Nutritional Care Process