

**ASUHAN GIZI TERSTANDAR PADA PASIEN ANAK DENGAN  
BACTERIAL PNEUMONIA, NUTRITIONAL MARASMUS IN TRANSITION  
PHASE, DAN CONFIRMED PULMONARY TUBERCULOSIS: STUDI  
KASUS DI RUANG ARIMBI ANAK RSUD BAGAS WARAS  
KABUPATEN KLATEN**

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**ABSTRAK**

**Latar belakang:** *Bacterial pneumonia*, marasmus, dan tuberkulosis merupakan kombinasi penyakit infeksi dan malnutrisi yang sering menyebabkan gangguan pertumbuhan, penurunan fungsi imun, serta peningkatan risiko komplikasi pada anak. Kondisi ini memerlukan penatalaksanaan gizi yang terstruktur dan terukur melalui penerapan Asuhan Gizi Terstandar (PAGT).

**Tujuan:** Mengetahui penerapan PAGT pada pasien anak *dengan bacterial pneumonia, nutritional marasmus in transition phase, dan confirmed pulmonary tuberculosis* di Ruang Arimbi Anak RSUD Bagas Waras Kabupaten Klaten.

**Metode:** Penelitian deskriptif analitik dengan rancangan kualitatif dan desain studi kasus. Proses PAGT meliputi skrining, pengkajian gizi, diagnosis gizi menggunakan format PES, intervensi gizi, serta monitoring dan evaluasi.

**Hasil:** Skrining STRONGkids menunjukkan risiko tinggi malnutrisi. Status gizi pasien berdasarkan IMT/U berada pada kategori gizi buruk hingga gizi kurang. Pemenuhan asupan energi, protein, lemak, dan karbohidrat pada awal perawatan belum mencapai  $\geq 80$  persen kebutuhan, namun meningkat bertahap setelah intervensi diet ETPT, modifikasi F100, dan edukasi gizi. Perubahan asupan disertai fluktuasi berat badan harian yang dipengaruhi kondisi klinis dan kemungkinan retensi cairan. Pemeriksaan biokimia menunjukkan anemia ringan dan tanda infeksi. Monitoring menunjukkan adanya perbaikan asupan, toleransi makan, serta stabilisasi beberapa parameter klinis.

**Kesimpulan:** Penerapan PAGT secara konsisten mampu meningkatkan kecukupan asupan dan mendukung pemulihan pasien, meskipun kondisi infeksi ganda dan malnutrisi berat menjadi tantangan dalam mencapai stabilisasi gizi yang optimal.

**Kata kunci:** Asuhan gizi terstandar, F100, marasmus, PAGT, pediatri, pneumonia bakteri, status gizi, tuberkulosis anak.

**STANDARDISED NUTRITION CARE PROCESS FOR A PAEDIATRIC  
PATIENT WITH BACTERIAL PNEUMONIA, NUTRITIONAL  
MARASMUS IN TRANSITION PHASE, AND CONFIRMED PULMONARY  
TUBERCULOSIS: A CASE STUDY IN ARIMBI PAEDIATRIC WARD,  
RSUD BAGAS WARAS, KLATEN REGENCY**

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**ABSTRACT**

**Background:** Bacterial pneumonia, marasmus, and pulmonary tuberculosis are common comorbid conditions in children living in low to middle income settings. These overlapping diseases impair immunity, increase metabolic demands, and heighten the risk of complications. Comprehensive and structured management through the Standardised Nutrition Care Process (NCP) is essential to improve clinical recovery.

**Objective:** To describe the implementation of the Standardised Nutrition Care Process for a paediatric patient with bacterial pneumonia, nutritional marasmus in transition phase, and confirmed pulmonary tuberculosis in Arimbi Paediatric Ward, RSUD Bagas Waras, Klaten Regency.

**Methods:** This descriptive–analytic study used a qualitative case study design. The NCP included nutrition screening, complete nutrition assessment, nutrition diagnosis using the PES format, nutrition intervention, and daily monitoring and evaluation.

**Results:** STRONGkids screening indicated high risk of malnutrition. The patient’s nutritional status, assessed using BMI-for-age, ranged from severe thinness to thinness. Early macronutrient intake was below 80 percent of requirements but progressively improved following the ETPT diet, modified F100 formula, and nutrition education. Daily monitoring showed fluctuations in body weight influenced by active infection and potential fluid retention. Biochemical tests revealed mild anaemia and signs of infection. Overall, consistent monitoring and targeted intervention improved dietary tolerance, intake adequacy, and several clinical indicators.

**Conclusion:** Application of the Standardised Nutrition Care Process supported improvements in nutrient intake and clinical condition, although severe malnutrition and multiple infections presented ongoing challenges to achieving full nutritional stabilisation.

**Keywords:** Standardised nutrition care, bacterial pneumonia, marasmus, paediatric tuberculosis, NCP, modified F100, nutritional status.