

ASUHAN GIZI TERSTANDAR PASIEN DENGAN HEPATOCELLULAR  
CARCINOMA STADIUM LANJUT, HEPATITIS B, CHOLESTATIC  
JAUNDICE, DAN CHOLELITHIASIS DI RUANG PANDAN I RSUD Dr.  
SOETOMO SURABAYA

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### ABSTRAK

**Latar Belakang:** Hepatocellular Carcinoma (HCC) merupakan kanker hati primer yang umumnya berkembang pada individu dengan penyakit hati kronik, terutama sirosis hati, infeksi Hepatitis B dan C, serta dipengaruhi oleh faktor risiko lain seperti konsumsi alkohol, obesitas, diabetes melitus, dan NAFLD.

**Tujuan:** Mengetahui proses asuhan gizi terstandar pada pasien *Hepatocellular Carcinoma* Stadium Lanjut, *Hepatitis B*, *Cholestatic Jaundice*, dan *Cholelithiasis* di Ruang Pandan I RSUD Dr. Soetomo.

**Metode:** Penelitian ini menggunakan rancangan kualitatif deskriptif berbentuk studi kasus dengan data primer dan sekunder yang disajikan dalam narasi dan tabel. Pemantauan dilakukan selama 3 hari.

**Hasil:** Hasil pengkajian menunjukkan pasien mengalami malnutrisi dengan asupan energi, protein, dan karbohidrat yang tidak adekuat. Keadaan fisik pasien terdapat perut kembung dan begah, sesak, jaundice pada mata, badan lemas, klinis pasien menunjukkan kestabilan, sedangkan nilai lab menunjukkan tidak normal. Diagnosis yang diberikan antara lain NI-1.1, NI-2.1, NI-3.2, NI-5.1, NC-1.4, NC-3.2, NB-1.1, Intervensi yang diberikan yaitu asupan parenteral dan enteral heptosol 6x20g.

**Kesimpulan:** Tidak ada perubahan pada antropometri pasien. Keadaan fisik klinis pada hari kedua dan ketiga telah membaik dan stabil, Rata-rata asupan makan pasien selama 3 hari pemantauan yaitu energi 95%, Protein 75%, Lemak 25%, Karbohidrat 85%.

**Kata Kunci:** Asuhan Gizi, Enteral Nutrition, Hepatocellular Carcinoma

NUTRITIONAL CARE FOR A PATIENT WITH ADVANCED-STAGE  
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### ABSTRACT

**Background:** Hepatocellular carcinoma (HCC) is a primary liver cancer that commonly develops in individuals with chronic liver disease, particularly liver cirrhosis and chronic hepatitis B and C infections. Other contributing risk factors include alcohol consumption, obesity, diabetes mellitus, and non-alcoholic fatty liver disease (NAFLD).

**Objective:** To describe the standardized nutritional care process in a patient with advanced-stage hepatocellular carcinoma, hepatitis B, cholestatic jaundice, and cholelithiasis treated in the Pandan I Ward of RSUD Dr. Soetomo.

**Methods:** This study employed a qualitative descriptive design using a case study approach. Primary and secondary data were collected and presented in narrative and tabular formats. Nutritional monitoring was conducted over a three-day observation period.

**Results:** Nutritional assessment revealed malnutrition characterized by inadequate energy, protein, and carbohydrate intake. Physical findings included abdominal bloating and fullness, dyspnea, sclera jaundice, and generalized weakness. The patient's clinical condition was relatively stable; however, laboratory parameters showed abnormal values. Identified nutritional diagnoses included NI-1.1, NI-2.1, NI-3.2, NI-5.1, NC-1.4, NC-3.2, and NB-1.1. Nutritional interventions consisted of parenteral nutrition and enteral feeding using a liver-specific formula (Hepatosol®) at a dosage of 6×20 g.

**Conclusion:** No changes were observed in the patient's anthropometric measurements. However, physical and clinical conditions improved and stabilized on the second and third days of monitoring. The average dietary intake during the three-day observation period reached 95% of energy requirements, 75% of protein requirements, 25% of fat requirements, and 85% of carbohydrate requirements.

**Keywords:** Enteral Nutrition, Hepatocellular Carcinoma, Nutrition Care.