

**ASUHAN GIZI PADA PASIEN DENGAN DIAGNOSIS GAGAL NAPAS
TIPE 1, SEPSIS *ET CAUSA* COMMUNITY ACQUIRED PNEUMONIA
(CAP) COMPUTED RADIOGRAPHY (CR) IV, CONGESTIVE HEART
FAILURE (CHF) *ET CAUSA* ANEMIA HEART DISEASE, NON CHIROTIC
PORTAL HYPERTENSION, ANEMIA MAKROSITIK HIPERKROMIK,
HIPERSPLENISME SEKUNDER, TROMBOSITOPENIA TANPA
PERDARAHAN, DAN G1P0A0 HAMIL 30 MINGGU**

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ABSTRAK

Latar Belakang: Pasien dengan gagal napas tipe 1 yang dirawat di intensive care unit (ICU) dapat meningkatkan komplikasi dan kegagalan organ. Pasien mengalami hipermetabolisme dan katabolisme yang meningkatkan kebutuhan zat gizi. Perlu dukungan gizi yang tepat untuk membantu proses penyembuhan. **Tujuan:** Mampu melaksanakan asuhan gizi terstandar pada pasien dengan diagnosis gagal napas tipe 1. **Metode:** penelitian ini merupakan penelitian deskriptif dengan rancangan kualitatif dalam bentuk studi kasus. Subjek penelitian adalah pasien yang memenuhi kriteria inklusi yang ditetapkan. **Hasil:** Hasil skrining gizi menunjukkan pasien berisiko malnutrisi. Diagnosis gizi meliputi peningkatan kebutuhan energi dan protein serta perubahan nilai laboratorium terkait gizi. Intervensi gizi yang diberikan berupa diet tinggi protein, tinggi lemak, dan rendah karbohidrat yang disesuaikan dengan kondisi dan daya terima pasien. Hasil monev terhadap asupan makan pasien menunjukkan hasil yang adekuat. Hasil monev nilai biokimia analisis gas darah membaik, hipokalemia, hipoklorida, dan anemia. Hasil monev fisik/klinis menunjukkan tanda cenderung stabil, tetapi hemodinamik labil dengan bantuan dobutamin, reflek menelan cukup, bernapas spontan, serta lepas NGT. **Kesimpulan:** Asuhan gizi terstandar pada pasien gagal napas tipe 1 yang dirawat di ICU menunjukkan hasil yang positif. Pemberian diet TPTLRK berkontribusi terhadap peningkatan asupan makan dan perbaikan kondisi klinis pasien.

Kata Kunci: PAGT, Gagal Napas Tipe 1, ICU, TPTLRK

NUTRITION CARE PROCESS FOR A PATIENT DIAGNOSED WITH TYPE 1 RESPIRATORY FAILURE, SEPSIS DUE TO COMMUNITY-ACQUIRED PNEUMONIA (CAP) CR-IV, CONGESTIVE HEART FAILURE (CHF) SECONDARY TO ANEMIC HEART DISEASE, NON-CIRRHOTIC PORTAL HYPERTENSION, HYPERCHROMIC MACROCYTIC ANEMIA, SECONDARY HYPERSPLENISM, THROMBOCYTOPENIA WITHOUT ACTIVE BLEEDING, AND A PREGNANCY OF 30 WEEKS' GESTATION (G1P0A0)

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ABSTRACT

Background: Patients with type 1 respiratory failure treated in the Intensive Care Unit (ICU) are at risk of increased complications and organ failure. These patients experience hypermetabolism and increased catabolism, which elevates their nutritional requirements. Appropriate nutritional support is essential to aid the healing process. **Objective:** To be able to implement standardized nutritional care for patients diagnosed with type 1 respiratory failure. **Methods:** This research is a descriptive study with a qualitative design in the form of a case study. The research subjects were patients who met the predetermined inclusion criteria. **Results:** Nutritional screening results indicated that the patient was at risk of malnutrition. Nutritional diagnoses included increased energy and protein requirements, as well as alterations in nutrition-related laboratory values. The provided nutritional intervention was a high-protein, high-fat, and low-carbohydrate diet, tailored to the patient's condition and acceptance. Monitoring and evaluation of the patient's dietary intake showed adequate results. The biochemical values revealed improvements in blood gas analysis, hypokalemia, hypochloremia, and anemia. The physical/clinical findings showed generally stable signs, although hemodynamics were labile with dobutamine support; swallowing reflex was adequate, the patient was breathing spontaneously, and the nasogastric tube (NGT) was removed. **Conclusion:** The implementation of standardized nutritional care for a patient with type 1 respiratory failure treated in the ICU showed positive outcomes. The provision of the high-protein, high-fat, low-carbohydrate diet contributed to improved dietary intake and enhancement of the patient's clinical condition.

Keywords: NCP, Type 1 Respiratory Failure, Intensive Care Unit, TPTLRK Diet