# STANDARDIZED NUTRITIONAL CARE PROCESS IN PATIENTS WITH BRONKOPNEUMONIA AND BRONCHIAL ASTHMA at PANTI RAPIH HOSPITAL YOGYAKARTA

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## ABSTRACT

**Background :** Bronchopneumonia is a lower respiratory tract infection that remains one of the leading causes of morbidity in Indonesia. Bronchopneumonia accompanied by bronchial asthma can increase metabolic demands, decrease appetite, and raise the risk of malnutrition, therefore requiring the implementation of the Nutrition Care Process (NCP).
**Objective :** To determine the implementation of the Nutrition Care Process (NCP) in patients with bronchopneumonia and bronchial asthma at Panti Rapih Hospital Yogyakarta.
**Methods :** This study used a descriptive observational method with a case study design involving an inpatient diagnosed with bronchopneumonia and bronchial asthma. Data collection included nutritional screening, nutritional asesmen consisting of anthropometric, biochemical, clinical physical examination, dietary history, nutritional diagnosis, nutritional intervention, as well as monitoring and evaluation.
**Result :** Nutritional screening using the Strong Kids tool indicated that the patient had a moderate risk of malnutrition. Anthropometric measurements showed MUAC of 21.1 cm and ulna length of 24.7 cm with MUAC percentage of 90.94%, categorized as good nutritional status. Biochemical examination showed elevated eosinophils of 6%, low PO2 of 60.8 mmHg, and low oxygen saturation of 92.9%. The 24-hour recall results showed energy intake at 55%, protein 49%, fat 70%, and carbohydrate 51% of total nutritional requirements. The nutritional diagnoses established were inadequate oral intake, increased protein requirements, altered nutrition-related laboratory values related to carbohydrates, and lack of nutrition knowledge. Nutritional intervention included a high-protein low-carbohydrate diet with soft food texture administered orally, consisting of three main meals and two snacks daily. Monitoring and evaluation showed improvements in food intake and the patient's clinical condition.
**Conclusion :** The implementation of the Nutrition Care Process (NCP) in patients with bronchopneumonia and bronchial asthma can help improve dietary intake, support nutritional adequacy, and contribute to the improvement of the patient's clinical condition during hospitalization.
**Keywords :** Bronchopneumonia, Bronchial Asthma, Nutrition Care Process, Nutritional Care, Malnutrition.

# PROSES ASUHAN GIZI TERSTANDAR (PAGT) PADA PASIEN *BRONKOPNEUMONIA* DENGAN *ASMA BRONKIAL* di PANTI RAPIH YOGYAKARTA HOSPITAL

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## ABSTRAK

**Latar Belakang :** Bronkopneumonia merupakan infeksi saluran pernapasan bawah yang masih menjadi salah satu penyebab utama morbiditas di Indonesia. Kondisi bronkopneumonia yang disertai asma bronkial dapat menyebabkan peningkatan kebutuhan metabolik, penurunan nafsu makan, dan risiko malnutrisi sehingga diperlukan penatalaksanaan Proses Asuhan Gizi Terstandar (PAGT).
**Tujuan :** Mengetahui penatalaksanaan Proses Asuhan Gizi Terstandar (PAGT) pada pasien bronkopneumonia dengan asma bronkial di Rumah Sakit Panti Rapih Yogyakarta.
**Metode :** Penelitian ini menggunakan jenis penelitian observasional deskriptif dengan desain studi kasus pada pasien rawat inap dengan diagnosis bronkopneumonia dan asma bronkial. Pengumpulan data dilakukan melalui skrining gizi, asesmen gizi meliputi antropometri, biokimia, fisik klinis, riwayat makan, diagnosis gizi, intervensi gizi, serta monitoring dan evaluasi.
**Hasil :** Hasil skrining menggunakan Strong Kids menunjukkan pasien berisiko sedang mengalami malnutrisi. Pengukuran antropometri menunjukkan LILA 21,1 cm dan panjang ulna 24,7 cm dengan persentase LILA 90,94% kategori gizi baik. Pemeriksaan biokimia menunjukkan eosinofil 6% meningkat, PO2 60,8 mmHg rendah, dan saturasi oksigen 92,9% rendah. Hasil recall 24 jam menunjukkan asupan energi 55%, protein 49%, lemak 70%, dan karbohidrat 51% dari kebutuhan. Diagnosis gizi yang ditegakkan yaitu asupan oral tidak adekuat, peningkatan kebutuhan protein, perubahan nilai laboratorium terkait karbohidrat, dan kurangnya pengetahuan gizi. Intervensi gizi yang diberikan berupa diet tinggi protein rendah karbohidrat dengan bentuk makanan lunak melalui oral, frekuensi 3 kali makan utama dan 2 kali selingan. Monitoring dan evaluasi menunjukkan adanya peningkatan asupan makan dan perbaikan kondisi klinis pasien.
**Kesimpulan :** Penerapan Proses Asuhan Gizi Terstandar (PAGT) pada pasien bronkopneumonia dengan asma bronkial dapat membantu memperbaiki asupan makan, mendukung pemenuhan kebutuhan gizi, dan membantu perbaikan kondisi klinis pasien selama perawatan.
**Kata kunci :** Bronkopneumonia, Asma Bronkial, PAGT, Asuhan Gizi, Malnutrisi.