STANDARDIZED NUTRITION CARE PROCESS FOR NSTEMI PATIENTS WITH ANTERIOR OMI AND DIABETES MELLITUS AT TIDAR HOSPITAL, MAGELANG

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ABSTRACT

Background: Non-ST Elevation Myocardial Infarction (NSTEMI), a form of Acute Coronary Syndrome, remains a leading cause of death and morbidity worldwide. In 2019, approximately 5.8 million new cases of ischemic heart disease were recorded across 57 ESC member countries. Diabetes mellitus (DM) is the most prevalent comorbidity among NSTEMI patients, with data from the Indonesian Ministry of Health (2019) indicating that 20–30% of NSTEMI patients have a prior history of DM. This comorbidity substantially increases the risk of malnutrition due to elevated nutritional requirements, reduced appetite, and therapy-related side effects, necessitating a comprehensive and standardized nutrition care approach.
Objective: To describe the implementation of the Standardized Nutrition Care Process (SNCP) in a patient with NSTEMI, Anterior OMI, and Diabetes Mellitus.
Methods: This study employed a descriptive observational design with a case study approach. Data were analyzed descriptively and presented in narrative, tabular, and graphical formats.
Results: SF-MNA screening identified the patient as at risk for malnutrition, though nutritional status based on mid-upper arm circumference (MUAC) percentile was classified as adequate. Physical examination revealed a composmentis level of consciousness with complaints of weakness, cough, chest pain, dyspnea, and early satiety. Vital signs indicated tachypnea, hypertension, and fever. Biochemical findings showed elevated quantitative troponin, fasting blood glucose (FBG), and HbA1c levels, with an ECG indicating impaired perfusion to the anterior myocardial wall. Dietary intake based on a 24-hour recall was classified as inadequate. Nutritional intervention consisted of Cardiac Diet II and a Diabetic Diet with a soft-textured food form, provided three main meals and three snacks per day. Monitoring and evaluation showed reduced physical complaints, stable vital signs, and a decrease in FBG, although postprandial blood glucose (2hPG) control remained suboptimal. Energy intake increased and met targets on the first and second days; however, intake on the third day fell below the 100% target due to inconsistency.
Conclusion: The SNCP implemented for this NSTEMI patient with Anterior OMI and DM—encompassing Cardiac Diet II–Diabetic Diet intervention, nutrition education, counseling, and multidisciplinary coordination—resulted in clinical improvement and hemodynamic stabilization, a reduction in blood glucose levels (though not yet optimal), and energy intake adequacy that was not consistently maintained throughout the intervention period.
Keywords: Standardized Nutrition Care Process (SNCP), NSTEMI, Anterior OMI, Diabetes Mellitus

PROSES ASUHAN GIZI TERSTANDAR (PAGT) PADA PASIEN NSTEMI DENGAN OMI ANTERIOR DAN DIABETES MELITUS DI RSUD TIDAR KOTA MAGELANG

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ABSTRAK

Latar Belakang: NSTEMI (Non-ST Elevation Myocardial Infarction) merupakan bagian dari Sindrom Koroner Akut yang menjadi penyebab utama kematian dan morbiditas secara global. Pada tahun 2019, tercatat sekitar 5,8 juta kasus baru penyakit jantung iskemik di 57 negara anggota ESC. Diabetes melitus (DM) merupakan komorbid paling sering pada pasien NSTEMI, di mana data Kemenkes RI tahun 2019 menunjukkan sekitar 20–30% pasien NSTEMI memiliki riwayat DM. Kondisi ini meningkatkan risiko malnutrisi akibat peningkatan kebutuhan zat gizi, penurunan nafsu makan, dan efek samping terapi, sehingga dibutuhkan proses asuhan gizi terstandar yang komprehensif.
Tujuan: Mengetahui gambaran pelaksanaan Proses Asuhan Gizi Terstandar (PAGT) pada pasien NSTEMI dengan OMI Anterior dan Diabetes Melitus.
Metode: Penelitian ini merupakan studi observasional deskriptif dengan desain studi kasus. Analisis data dilakukan secara deskriptif melalui penyajian narasi, tabel, dan grafik.
Hasil: Skrining SF-MNA menunjukkan pasien berisiko malnutrisi, namun status gizi berdasarkan persentil LILA tergolong baik. Pemeriksaan fisik menunjukkan kesadaran composmentis dengan keluhan lemas, batuk, nyeri dada, sesak napas, dan rasa penuh pada perut (begah). Pemeriksaan tanda vital menunjukkan takipnea, hipertensi, dan demam. Hasil laboratorium menunjukkan peningkatan troponin kuantitatif, gula darah puasa (GDP), dan HbA1c, serta gambaran EKG yang mengindikasikan gangguan aliran darah pada dinding anterior jantung. Asupan makan berdasarkan recall 24 jam tergolong kurang. Intervensi gizi yang diberikan berupa Diet Jantung II dan Diet DM dengan tekstur makanan lunak, frekuensi tiga kali makan utama dan tiga kali selingan. Hasil monitoring dan evaluasi menunjukkan keluhan fisik berkurang, tanda vital stabil, dan GDP menurun, meskipun pengendalian gula darah berdasarkan GD2PP belum optimal. Asupan energi meningkat dan memenuhi target pada hari pertama dan kedua, namun belum mencapai target 100% pada hari ketiga.
Kesimpulan: Pelaksanaan PAGT pada pasien NSTEMI dengan OMI Anterior dan DM melalui intervensi Diet Jantung II-Diet DM, edukasi, konseling, serta koordinasi multidisiplin menghasilkan perbaikan kondisi fisik klinis, penurunan kadar gula darah meskipun belum optimal, serta pemenuhan asupan energi yang belum konsisten.
Kata Kunci: Proses Asuhan Gizi Terstandar (PAGT), NSTEMI, OMI Anterior, Diabetes Melitus