STANDARDIZED NUTRITION CARE PROCESS FOR BRONCHOPNEUMONIA PATIENTS AT TIDAR REGIONAL HOSPITAL, MAGELANG CITY

Faroja Mutia Sari[1], Isti Suryani[2], Nur Hidayat[3]
[123]) Department of Nutrition, Polytechnic of the Ministry of Health, Yogyakarta
Jl. Tata Bumi No. 3, Banyuraden, Gamping, Sleman
Email: saamutt5@gmail.com

ABSTRACT

Background: *Bronchopneumonia is a lower respiratory tract infection that remains a major cause of morbidity and mortality in children. This disease not only disrupts respiratory function but also impacts nutritional status through increased metabolic needs, decreased appetite, and impaired nutrient utilization, which can slow the recovery process. Conversely, malnutrition can increase the risk and severity of bronchopneumonia. Therefore, appropriate standardized nutritional care is needed to support improved nutritional status and clinical outcomes in bronchopneumonia patients.*

Objective: *To describe the process of implementing standardized nutritional care for bronchopneumonia patients at Tidar Regional Hospital, Magelang City.*

Methods: *This study was descriptive with a case study design. Data analysis was presented in narrative, table, and graphical forms.*

Results: *Screening results indicated a risk of malnutrition, and nutritional status based on weight for age and weight for height was considered malnourished. Laboratory results revealed low eosinophil counts, lymphocyte counts, lymphocyte counts, MCV, and RDW-SD, while monocytes were high. Physical examination revealed nausea, vomiting, shortness of breath for 2 days, and a groggy cough. He had a high body temperature, rapid respirations, and pulse rate, while saturation was normal. Based on the patient's dietary recall, his dietary intake was insufficient compared to his needs, with a preference for salty and savory foods. His eating pattern was irregular, and he rarely consumed complete meals. Based on the established diagnosis, the intervention consisted of a TETP diet with regular food given orally, with a frequency of two main meals and two snacks. Overall, the patient's monitoring and evaluation results showed improvement.*

Conclusion: *Management of the Standardized Nutrition Care Process (SPC) for bronchopneumonia patients included nutritional screening, nutritional assessment, nutritional diagnosis, nutritional intervention, and nutritional monitoring and evaluation. Clinical physical development and dietary intake improved.*

Keywords: *Standardized Nutrition Care Process, Bronchopneumonia, Malnutrition*

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN BRONKOPNEUMONIA DI RSUD TIDAR KOTA MAGELANG

Faroja Mutia Sari[1], Isti Suryani[2], Nur Hidayat[3]
[123]) Jurusan Gizi Poltekkes Kemenkes Yogyakarta
Jl. Tata Bumi No.3 Banyuraden, Gamping, Sleman
Email: saamutt5@gmail.com

ABSTRAK

Latar Belakang: Bronkopneumonia merupakan salah satu infeksi saluran pernapasan bawah yang masih menjadi penyebab utama morbiditas dan mortalitas pada anak. Penyakit ini tidak hanya mengganggu fungsi pernapasan, tetapi juga berdampak terhadap status gizi melalui peningkatan kebutuhan metabolik, penurunan nafsu makan, dan gangguan pemanfaatan zat gizi sehingga dapat memperlambat proses pemulihan. Sebaliknya, kondisi gizi kurang dapat meningkatkan risiko dan keparahan bronkopneumonia. Oleh karena itu, diperlukan asuhan gizi terstandar yang tepat untuk mendukung perbaikan status gizi dan luaran klinis pasien bronkopneumonia.

Tujuan: Mengetahui Gambaran proses pelaksanaan asuhan gizi terstandar pada pasien bronkopneumonia di RSUD Tidar Kota Magelang.

Metode: Jenis dan rancangan penelitian ini adalah diskriptif dengan rancangan desain studi kasus. Analisis data disajikan dengan narasi, tabel, dan grafik.

Hasil: Hasil skrining beresiko malnutrisi, status gizi berdasarkan BB/U dan BB/TB termasuk gizi kurang. Hasil laboratorium eosinophil, limfosit, limfosit#, MCV dan RDW-SD rendah sedangkan monosit tinggi. Hasil pemeriksaan fisik pasien merasakan mual, muntah, sesak napas 2 hari SMRS, dan batuk grok-grok, suhu tubuh tinggi, respirasi dan denyut nadi cepat sedangkan saturasi normal. Berdasarkan kebiasaan hasil *recall* asupan makan pasien kurang dibandingkan dengan kebutuhan, makan pasien suka mengonsumsi makanan asin dan gurih. Pola makan belum teratur, Jarang mengonsumsi makanan dengan komponen lengkap. Berdasarkan diagnosis yang ditegakkan intervensinya berupa diet TETP dengan bentuk makanan biasa lewat oral dengan frekuensi pemberian 2 kali makan utama dan 2 kali selingan. Hasil monitoring dan evaluasi pasien secara keseluruhan mengalami peningkatan.

Kesimpulan: Penatalaksanaan Proses Asuhan Gizi Terstandar (PAGT) pada pasien bronkopneumonia meliputi: skrining gizi, pengkajian gizi, diagnosis gizi, intervensi gizi, dan monitoring dan evaluasi gizi, perkembangan fisik klinis dan asupan makan semakin membaik.

Kata Kunci : Proses Asuhan Gizi Terstandar (PAGT), Bronkopneumonia, Gizi kurang