STANDARDIZED NUTRITION CARE PROCESS FOR GRADE I DENGUE HEMORRHAGIC FEVER (DHF) PATIENT WITH SEVERE THROMBOCYTOPENIA AT WATES REGIONAL PUBLIC HOSPITAL

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ABSTRACT

Background: In the Special Region of Yogyakarta, DHF cases in 2024 reached 4,037 cases, a sharp increase compared to the previous year. One of the frequently encountered complications is severe thrombocytopenia (platelets <50,000/µL), which can increase the risk of bleeding. The infectious condition of DHF also causes an increased requirement for energy and protein, alongside a risk of decreased dietary intake due to fever, nausea, and vomiting; therefore, the implementation of the Nutrition Care Process becomes crucial.
Objective: To determine the implementation of the Nutrition Care Process for a grade I Dengue Hemorrhagic Fever (DHF) patient with severe thrombocytopenia at Wates Regional General Hospital.
Methods: This study used a descriptive research method with a case study design. Data collection was conducted through interviews, observations, anthropometric measurements, secondary data, and documentation.
Results: NRS-2002 screening showed the patient was at risk of malnutrition (score 3) with an underweight nutritional status (BMI 18.37 kg/m²). Initial biochemical values indicated severe thrombocytopenia accompanied by low leukocyte and lymphocyte counts. The established nutrition diagnoses included inadequate oral intake (NI-2.1), increased energy, protein, and vitamin C requirements (NI-5.1), and a lack of food and nutrition-related knowledge regarding high-energy and high-protein diets (NB-1.1). The intervention consisted of a soft-textured High-Energy High-Protein (HEHP) diet, administered orally across 3 main meals and 2 snacks, accompanied by nutrition education and counseling. After three days of monitoring, the intake of energy, protein, fat, carbohydrates, and vitamin C reached the good category (>80%). Platelet counts gradually increased from 9,000/µL to 22,000/µL, clinical symptoms improved, and body weight increased by 0.05 kg.
Conclusion: The implementation of the NCP for the grade I DHF patient with severe thrombocytopenia at Wates Regional General Hospital showed significant improvements in dietary intake, physical/clinical conditions, and laboratory values during the hospitalization period, despite platelet, leukocyte, and lymphocyte counts still being below normal values.

Keywords: Nutrition Care Process, Dengue Hemorrhagic Fever (DHF), Severe Thrombocytopenia

PROSES ASUHAN GIZI TERSTANDAR PADA *PASIEN DENGUE HEMMORHAGIC FEVER* (DHF) *GRADE* I DENGAN TROMBOSITOPENIA BERAT DI RUMAH SAKIT UMUM DAERAH WATES

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ABSTRAK

Latar Belakang: Di Daerah Istimewa Yogyakarta, kasus DHF pada tahun 2024 mencapai 4.037 kasus, meningkat tajam dibandingkan tahun sebelumnya. Salah satu komplikasi yang sering ditemukan adalah trombositopenia berat (trombosit <50.000/µL) yang dapat meningkatkan risiko perdarahan. Kondisi infeksi DHF juga menyebabkan peningkatan kebutuhan energi dan protein serta risiko penurunan asupan makan akibat demam, mual, dan muntah, sehingga penerapan Proses Asuhan Gizi Terstandar menjadi sangat penting.
Tujuan: Mengetahui pelaksanaan Proses Asuhan Gizi Terstandar pada pasien penyakit *Dengue Hemmorhagic Fever* (DHF) grade I dengan Trombositopenia Berat di Rumah Sakit Umum Daerah Wates.
Metode: Penelitian ini menggunakan jenis penelitian deskriptif dengan desain studi kasus. Pengumpulan data dilakukan dengan wawancara, observasi, pengukuran antropometri, data sekunder, dan dokumetasi.
Hasil: Skrining NRS-2002 menunjukkan pasien berisiko malnutrisi (skor 3) dengan status gizi *underweight* (IMT 18,37 kg/m²). Nilai biokimia awal menunjukkan trombosit. lekosit. dan limfosit dalam kategori rendah. Diagnosis gizi yang ditegakkan meliputi asupan oral inadekuat (NI-2.1), peningkatan kebutuhan energi, protein, dan vitamin C (NI-5.1), serta kurang pengetahuan terkait pola makan tinggi energi dan protein (NB-1.1). Intervensi berupa diet Tinggi Energi Tinggi Protein (TETP) bentuk lunak, oral, 3 kali makan utama dan 2 kali selingan, disertai edukasi dan konseling gizi. Setelah tiga hari pemantauan, asupan energi, protein, lemak, karbohidrat, dan vitamin C mencapai kategori baik (>80%). Nilai trombosit meningkat bertahap dari 9 rb/µL menjadi 22 rb/µL, keluhan klinis membaik, dan berat badan meningkat 0,05 kg.
Kesimpulan: Pelaksanaan PAGT pada pasien DHF grade I dengan trombositopenia berat di RSUD Wates menunjukkan perbaikan bermakna pada asupan makan, kondisi fisik/klinis, dan nilai laboratorium selama masa perawatan meskipun dalam trombosit, lekosit, dan limfost masih dibawah nilai normal.

Kata Kunci: Proses Asuhan Gizi Terstandar, *Dengue Hemorrhagic Fever* (DHF), Trombositopenia Berat