STANDARIZED NUTRITION CARE PROCCES (SNCP) IN A PATIENT BRONCOPNEUMONIA at RSUD dr. ADHYATMA, MPH SEMARANG

Adara Syua Pasutri[1], Isti Suryani[2], Rini Wuri Astuti[3]
Jurusan Gizi Poltekkes Kemenkes Yogyakarta,
Jl. Tatabumi No. 3 Banyuraden, Gamping, Sleman
Email : adarasyua738@gmail.com

ABSTRACK

Background: Broncopneumonia is a respiratory infection that still ranks as a major cause of illness and death worldwide, including in Indonesia. The inflammation from broncopneumonia increases the need for energy and protein, while the loss of appetite leads to lower nutrient intake, raising the risk of malnutrition. The Standardized Nutrition Care Process (PAGT) is needed to identify nutrition problems and provide the right interventions so the patient's recovery can go smoothly.

Objective: Knowing the implementation of the Standardized Nutrition Care Process (PAGT) in broncopneumonia patients at dr. Adhyatma General Hospital, MPH Semarang.

Methods: This research uses a descriptive method with a case study design. The case study was conducted at RSUD dr. Adhyatma, MPH Semarang. The research subjects are patients with broncopneumonia. The focus of the study is on conducting nutrition screening, nutritional assessment, nutrition diagnosis, setting diet prescription goals, diet intervention, and monitoring evaluation in patients.

Result: The assessment results show that the patient is at risk of malnutrition, with energy, protein, fat, and carbohydrate intake less than 80% of the required amount. The established nutrition diagnoses include NI-5.1 increased protein needs, NI-2.1 inadequate oral intake, NC-2.2 altered lab values related to nutrition, and NB-1.6 limited adherence to nutrition recommendations. The intervention given was a high-energy, high-protein diet. Monitoring and evaluation showed a gradual increase in the patient's food intake, but it has not yet fully met the required target. In addition, a new nutrition diagnosis was found: difficulty swallowing (dysphagia), so the food texture needs to be changed from soft to smooth porridge.

Conclusion: The examination results show the patient is at risk of malnutrition with poor nutritional status. After monitoring and evaluation, it was found that the patient's food intake is unstable, but the patient's condition is gradually improving.

Keywords: Broncopneumonia; Standardized Nutrition Care Process; Case Study.

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN BRONKOPNEUMONIA DI RSUD dr. ADHYATMA, MPH SEMARANG

Adara Syua Pasutri[1], Isti Suryani[2], Rini Wuri Astuti[3]
Jurusan Gizi Poltekkes Kemenkes Yogyakarta,
Jl. Tatabumi No. 3 Banyuraden, Gamping, Sleman
Email : adarasyua738@gmail.com

ABSTRAK

Latar Belakang: Bronkopneumonia merupakan salah satu penyakit infeksi saluran pernapasan yang masih menjadi penyebab utama morbiditas dan mortalitas di dunia, termasuk di Indonesia. Proses inflamasi pada bronkopneumonia meningkatkan kebutuhan energi dan protein, sedangkan penurunan nafsu makan menyebabkan asupan zat gizi tidak adekuat sehingga meningkatkan risiko malnutrisi. Proses Asuhan Gizi Terstandar (PAGT) diperlukan untuk mengidentifikasi masalah gizi dan memberikan intervensi yang sesuai guna mendukung proses penyembuhan pasien.

Tujuan: Mengetahui penerapan Proses Asuhan Gizi Terstandar (PAGT) pada pasien bronkopenumonia di RSUD dr. Adhyatma, MPH Semarang.

Metode: Penelitian ini menggunakan metode deskriptif dengan desain studi kasus. Studi kasus dilakukan di RSUD dr. Adhyatma, MPH Semarang. Subjek penelitian adalah pasien bronkopneumonia. Fokus studi yaitu melakukan skrining gizi, pengkajian gizi, diagnosis gizi, tujuan dari preskripsi diet, intervensi diet, dan monitoring evaluasi pada pasien.

Hasil: Hasil pengkajian menunjukkan pasien berisiko malnutrisi dengan asupan energi, protein, lemak, dan karbohidrat kurang dari 80% kebutuhan. Diagnosis gizi yang ditegakkan meliputi NI-5.1 peningkatan kebutuhan protein, NI-2.1 asupan oral inadekuat, NC-2.2 perubahan nilai laboratorium terkait gizi, dan NB-1.6 Kepatuhan terbatas terhadap rekomendasi gizi. Intervensi yang diberikan berupa diet tinggi energi tinggi protein. Hasil monitoring dan evaluasi menunjukkan adanya peningkatan asupan makan pasien secara bertahap, namun asupan belum sepenuhnya mencapai target kebutuhan. Selain itu, ditemukan diagnosis gizi baru berupa kesulitan menelan (*dysphagia*) sehingga diperlukan perubahan tekstur makanan dari lunak menjadi bubur halus.

Kesimpulan: Hasil pemeriksaan pasien berisiko malnutrisi dengan status gizi kurang. Setelah dilakukan monitoring dan evaluasi diketahui bahwa asupan makan pasien tidak stabil dan keadaan pasien semakin membaik.

Kata Kunci: Bronkopneumonia; Proses Asuhan Gizi Terstandar; Studi Kasus.