STANDARDIZED NUTRITION CARE PROCESS IN A PATIENT WITH TYPE II DIABETES MELLITUS, CHRONIC KIDNEY DISEASE, AND ISCHEMIC STROKE AT MERAH PUTIH REGIONAL GENERAL HOSPITAL

Siva Khaila Putri[1], Idi Setiyobroto[2], Nugraheni Tri Lestari[3]
Jurusan Gizi Poltekkes Kemenkes Yogyakarta,
Jl. Tatabumi No. 3 Banyuraden, Gamping, Sleman
email : khailasiva@gmail.com

ABSTRAK

Background: Diabetes mellitus is a catabolic disease with a global prevalence of 536.6 million adults aged 20–79 years, of whom more than 90% of cases are classified as type 2 diabetes. The number of individuals with diabetes is projected to rise to 642.7 million (11.3%) by 2030 and to 783.2 million (12.2%) by 2045. Indonesia ranks fifth worldwide in diabetes prevalence, with approximately 19.5 million cases reported.
Objective: To evaluate the implementation of the Standardized Nutrition Care Process (SNCP) in a patient with Type II Diabetes Mellitus, Chronic Kidney Disease, and Ischemic Stroke at Merah Putih Regional General Hospital.
Methods: This study employed a descriptive observational method with a case study design and was conducted in February 2026.
Results: Nutritional screening using the Mini Nutritional Assessment (MNA) form indicated malnutrition, with a score of 6 points. Nutritional status assessed by mid-upper arm circumference percentage %LILA was classified as severe malnutrition. Laboratory findings revealed elevated levels of urea, serum creatinine, and HbA1c, alongside reduced levels of sodium, hemoglobin, hematocrit, and erythrocytes. Physical examination findings included general weakness, composmentis consciousness, dementia, dysarthria, and tremor. Clinical assessment demonstrated normal respiration, blood pressure, pulse, and body temperature. Dietary history revealed that the patient's food intake did not meet the recommended nutritional requirements. Nutritional diagnoses were established across intake, clinical, and behavioral domains. Nutritional intervention consisted of a 1,500 kcal Diabetic Diet combined with a 35-gram Renal Protein Diet, delivered in soft food form via oral route, with a frequency of three main meals and two snacks per day. Monitoring and evaluation encompassed anthropometric, biochemical, physical/clinical, dietary intake, and behavioral (education and counseling) parameters.
Conclusion: Based on the intervention outcomes, laboratory results showed that the patient's fasting blood glucose (FBG) and random blood glucose (RBG) levels were within the normal range. On the third day of hospitalization, the patient experienced dizziness and fever, while pulse rate, respiratory rate, and blood pressure remained within normal limits. Although the patient's dietary intake decreased on the third day, it still met more than 80% of the estimated nutritional requirements.

Keywords: Standardized Nutrition Care Process, Type II Diabetes Mellitus, Chronic Kidney Disease, Ischemic Stroke.

PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN DIABETES MELITUS TIPE II, GAGAL GINJAL KRONIK DAN STROKE INFARK DI RSUD MERAH PUTIH

Siva Khaila Putri[1], Idi Setiyobroto[2], Nugraheni Tri Lestari[3]
Jurusan Gizi Poltekkes Kemenkes Yogyakarta,
Jl. Tatabumi No. 3 Banyuraden, Gamping, Sleman
email : khailasiva@gmail.com

ABSTRAK

Latar Belakang: Diabetes merupakan penyakit katabolik dengan prevalensi di seluruh dunia sebanyak 536,6 juta orang dewasa berusia 20 -79 tahun dan lebih dari 90% kasus pada pasien merupakan penderita diabetes tipe 2. Jumlah penderita diabetes pada tahun 2030 diperkirakan meningkat menjadi 642,7 juta (11,3%) dan pada tahun 2045 meningkat menjadi 783,2 juta (12,2%). Angka kejadian diabetes di Indonesia berada di peringkat kelima dari seluruh dunia sebanyak 19,5 juta.
Tujuan: Mengkaji pelaksanaan Proses Asuhan Gizi Terstandar pada Pasien Diabetes Melitus tipe II, Gagal Ginjal Kronik dan Stroke Infark di RSUD Merah Putih.
Metode: Penelitian ini menggunakan metode observasional deskriptif dengan desain studi kasus. Penelitian ini dilakukan pada bulan Februari 2026.
Hasil: Berdasarkan hasil skrining menggunakan form MNA pasien mengalami malnutrisi dengan skor 6 poin, status gizi pasien menurut %LILA dalam kategori gizi buruk. Pemeriksaan laboratorium didapatkan hasil bahwa ureum, kreatinin serum, dan HbA1c tinggi, sedangkan natrium, hemoglobin, hematokrit, dan eritrosit rendah. Pemeriksaan fisik menunjukkan KU lemas, composmentis, pusing, demensia, disartria, dan tremor. Pemeriksaan klinis pasien menunjukkan respirasi, tekanan darah, nadi dan suhu normal. Riwayat makan pasien belum sesuai dengan kebutuhan. Diagnosis gizi meliputi domain asupan, klinis, dan *behaviour*. Intervensi gizi diberikan meliputi pemberian Diet DM 1500 kkal dan Diet RP 35 gram dengan bentuk makanan lunak melalui oral dengan frekuensi pemberian 3 kali makanan utama dan 2 kali selingan. Monitoring evaluasi berkaitan dengan dengan antropometri, biokimia, fisik/klinis, asupan makan, dan *behaviour* (edukasi dan konseling).
Kesimpulan: Berdasarkan hasil intervensi, pemeriksaan laboratorium GDP dan GDS normal, keluhan fisik/klinis pada hari ketiga pasien mengalami pusing dan demam sementara nadi, respirasi dan tekanan darah normal. Kemudian, asupan makan pasien pada hari ketiga menurun tetapi tetap mencapai target ≥80% dari kebutuhan.

Kata Kunci: Proses Asuhan Gizi Terstandar, Diabetes Melitus Tipe II, Gagal Ginjal Kronik, Stroke Infark.