Nutrition Care Process Terminology (NCPT) for Congestive Heart Failure of Hypertensive Heart Disease (CHF HHD) With Melena at RSUD Tidar Magelang

Chairunisa Isnaini Putri[1], Idi Setyobroto[2], Nur Hidayat[3]
[1'2'3] Department of Nutrition Polytechnic of the Ministry of Health of Yogyakarta
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman. Yogyakarta,55292
email : : isnaini.putri1509@gmail.com

ABSTRACT

Background : Congestive Heart Failure (CHF) caused by Hypertensive Heart Disease (HHD) is a condition that may lead to decreased organ perfusion and increase the risk of complications such as melena, which can negatively affect nutritional status. These conditions may result in loss of appetite, inadequate nutrient intake, and an increased risk of malnutrition. This study aimed to describe the implementation of the Standardized Nutrition Care Process in a patient with Congestive Heart Failure due to Hypertensive Heart Disease accompanied by melena at RSUD Tidar Magelang.
Methods : This study employed a descriptive observational design with a case study approach involving a 70-year-old hospitalized male patient. Data were collected through nutritional screening, nutritional assessment including anthropometric, biochemical, clinical, dietary, and personal history data, as well as monitoring and evaluation conducted over a three-day intervention periode.
Results : The results of nutritional screening using the Full Form Mini Nutritional Assessment (MNA) indicated that the patient was malnourished with a score of 13. Nutritional assessment revealed inadequate energy, protein, fat, and carbohydrate intake, accompanied by anemia, and clinical symptoms including melena, weakness, and decreased appetite. The nutritional diagnoses established were inadequate oral intake (NI-2.1), nutrition-related laboratory value alteration (NC-2.2), and food and nutrition-related knowledge deficit (NB-1.1). Nutrition intervention consisted of a high-Protein Cardiac Diet, nutrition education, and monitoring of dietary intake. Monitoring results showed improvements in nutrient intake, with energy intake increasing from 39.1% to 74.65% of requirements, protein from 26.6% to 67.47%, fat from 13.5% to 88.17%, and carbohydrate from 51.7% to 71.63% by the third day of intervention. In addition, the patient's clinical condition improved, particularly in respiratory rate and presenting symptoms.
Conclusion : In conclusion, the implementation of the Standardized Nutrition Care Process in a patient with CHF-HHD accompanied by melena improved dietary intake and contributed to better clinical outcomes during hospitalization.
Keywords : Nutrition care, Congestive Heart Failure, Hypertensive Heart Disease, Melena.

Penerapan Proses Asuhan Gizi Terstandar Pada Kasus Congestive Heart Failure Hypertensive Heart Disease(CHF HHD) Dengan Melena di RSUD Tidar Kota Magelang

Chairunisa Isnaini Putri[1], Idi Setyobroto[2], Nur Hidayat[3]
[1'2'3]Jurusan Gizi Poltekkes Kemenkes Yogyakarta
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman. Yogyakarta,55292
email : isnaini.putri1509@gmail.com

ABSTRAK

Latar belakang : Congestive Heart Failure (CHF) akibat Hypertensive Heart Disease (HHD) merupakan kondisi yang dapat menyebabkan penurunan perfusi organ sehingga meningkatkan risiko berbagai komplikasi, seperti melena, yang berdampak pada status gizi pasien. Kondisi tersebut dapat menyebabkan penurunan nafsu makan, gangguan asupan zat gizi, serta meningkatkan risiko malnutrisi.
Tujuan : Penelitian ini bertujuan untuk mengetahui penerapan Proses Asuhan Gizi Terstandar (PAGT) pada pasien Congestive Heart Failure akibat Hypertensive Heart Disease (CHF-HHD) dengan melena di RSUD Tidar Magelang
Metode : Penelitian ini menggunakan metode deskriptif observasional dengan pendekatan studi kasus pada seorang pasien laki-laki usia 70 tahun yang menjalani rawat inap. Data dikumpulkan melalui skrining gizi, asesmen gizi meliputi data antropometri, biokimia, fisik klinis, riwayat makan, serta monitoring dan evaluasi selama tiga hari intervensi.
Hasil : Hasil skrining menggunakan SF-MNA menunjukkan pasien mengalami malnutrisi dengan skor 13. Hasil asesmen menunjukkan asupan energi, protein, lemak, dan karbohidrat kurang dari kebutuhan, disertai keluhan melena, nyeri dada, lemas, dan penurunan nafsu makan. Diagnosis gizi yang ditegakkan meliputi asupan oral tidak adekuat (NI-2.1), perubahan nilai laboratorium terkait gizi (NC-2.2), dan kurangnya pengetahuan tentang gizi dan makanan (NB-1.1). Intervensi gizi yang diberikan berupa Diet Jantung dan diet Tinggi Protein (DJTP), edukasi gizi, dan monitoring asupan makan. Hasil monitoring menunjukkan adanya peningkatan asupan energi dari 39,1% menjadi 74,65% kebutuhan, protein dari 26,6% menjadi 67,47%, lemak dari 13,5% menjadi 88,17%, dan karbohidrat dari 51,7% menjadi 71,63% pada hari ketiga intervensi. Selain itu, kondisi klinis pasien menunjukkan perbaikan, terutama pada frekuensi respirasi dan keluhan yang dialami.
Kesimpulan : Dapat disimpulkan bahwa penerapan PAGT pada pasien CHF-HHD dengan melena mampu meningkatkan asupan makan serta memperbaiki kondisi klinis pasien selama masa perawatan.
Kata kunci: Asuhan Gizi, Congestive Heart Failure, Hypertensive Heart Disease, Melena