PROSES ASUHAN GIZI TERSTANDAR (PAGT) PADA PASIEN PENYAKIT CHF, PNEUMONI PSI 42 PERBURUKAN, DAN MIKOSIS PARU DI RSUD PANEMBAHAN SENOPATI BANTUL

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ABSTRAK

Latar Belakang : Gagal jantung kongestif (CHF) dan pneumonia masih menjadi penyebab kematian utama di Indonesia, dengan malnutrisi sebagai faktor risiko yang memperburuk kondisi kedua penyakit tersebut. Sehingga diperlukan Proses Asuhan Gizi Terstandar (PAGT) untuk mendukung keberhasilan terapi.
Tujuan : Mengetahui pelaksanaan Proses Asuhan Gizi Terstandar (PAGT) pada pasien CHF, Pneumoni PSI 42 Perburukan, dan Mikosis Paru di RSUD Panembahan Senopati Bantul.
Metode : Penelitian menggunakan metode deskriptif observasional dengan rancangan studi kasus pada satu pasien rawat inap. PAGT dilakukan melalui tahapan skrining gizi, asesmen gizi, diagnosis gizi, intervensi gizi, serta monitoring dan evaluasi.
Hasil : Hasil skrining SGA menunjukkan pasien berisiko malnutrisi sedang dengan kategori B (skor 6 yaitu 54,54%). Status gizi berdasarkan (%LILA) sebesar 89,65% termasuk kategori gizi baik. Pemeriksaan biokimia menunjukkan kadar protein total, albumin, dan natrium rendah, serta leukosit, D-Dimer, dan NT-ProBNP tinggi. Berdasarkan pemeriksaan fisik klinis, pasien dalam keadaan compos mentis, mengalami edema pada kaki dan kesulitan menelan akibat sesak napas, dengan tanda vital lain dalam batas normal. Asupan recall 24 jam dan SQFFQ pasien kurang. Diagnosis gizi yang ditegakkan meliputi NI-2.1, NI-5.3, dan NB-1.6. Intervensi berupa Diet Tinggi Energi Tinggi Protein (TETP) dan Diet Jantung. Monitoring dan evaluasi selama 4 hari menunjukkan peningkatan asupan makan, penurunan sesak napas, dan perbaikan kondisi klinis pasien.
Kesimpulan : Hasil pemeriksaan pasien menunjukkan risiko malnutrisi dengan status gizi kategori baik berdasarkan %LILA. Setelah dilakukan monitoring dan evaluasi, asupan makan pasien meningkat dan kondisi pasien semakin membaik.

Kata Kunci : CHF; Pneumonia; Proses Asuhan Gizi Terstandar; studi kasus

NUTRITIONAL CARE PROCESS TERMINOLOGY (NCPT) FOR A PATIENT WITH CHRONIC HEART FAILURE, PNEUMONIA PSI 42 EXACERBATION, AND PULMONARY MYCOSIS IN RSUD PANEMBAHAN SENOPATI BANTUL

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ABSTRACT

Background: *Congestive heart failure (CHF) and pneumonia remain leading causes of mortality in Indonesia, with malnutrition acting as a major risk factor that worsens both conditions. Therefore, a Nutritional Care Process Terminology (NCPT) is required to support the success of medical therapy.*

Objective: *To describe the implementation of the Nutritional Care Process Terminology (NCPT) in a patient with CHF, pneumonia PSI 42 Exacerbation, and pulmonary mycosis in RSUD Panembahan Senopati Hospital, Bantul.*

Methods: *This study used a descriptive observational method with a single-case study design in an inpatient setting. The NCPT was carried out through nutrition screening, nutrition assessment, nutrition diagnosis, nutrition intervention, and monitoring and evaluation.*

Results: *The SGA screening results indicate that the patient is at moderate risk of malnutrition, falling into category B (score 6, or 54.54%). Based on %LILA, 89.65% of patients were classified as having good. Nutritional status based on mid-upper arm circumference (%MUAC) was 89.65%, classified as normal nutrition. Biochemical findings showed low total protein, albumin, and sodium levels, while leukocytes, D-Dimer, and NT-ProBNP were elevated. Physical and clinical examination showed the patient was compos mentis, with lower limb edema and swallowing difficulty due to shortness of breath, while other vital signs were within normal limits. 24-hour dietary recall and SQFFQ indicated inadequate intake. Nutrition diagnoses established included NI-2.1, NI-5.3, and NB-1.6. Nutritional intervention included a High Energy High Protein diet and Cardiac Diet. Monitoring and evaluation over four days showed increased food intake, reduced shortness of breath, and improvement in the patient's clinical condition.*

Conclusion: *The patient was identified as at risk of malnutrition despite having a normal nutritional status based on %MUAC. After monitoring and evaluation, the patient's food intake improved and clinical condition showed progressive recovery.*

Keywords: *CHF; Pneumonia; Standardized Nutrition Care Process; case study*