STANDARDIZED NUTRITION CARE PROCESS FOR CHRONIS KIDNEY DISEASE (CKD) STAGE V, DM TYPE 2, HYPERTENSION, AND ANEMIA IN ASTER WARD AT dr. TJITROWARDOJO REGIONAL HOSPITAL, PURWOREJO

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ABSTRACK

Background: Chronic Kidney Disease (CKD) is a global health problem affecting approximately 9–13% of the world's population. In Indonesia, the prevalence of CKD based on the 2023 Indonesian Health Survey (Survei Kesehatan Indonesia [SKI]) was 0.18%. CKD is frequently associated with type 2 diabetes mellitus and hypertension, increasing the risk of malnutrition and other clinical complications. Therefore, the implementation of the Nutrition Care Process (NCP) is essential to improve patients' nutritional status and clinical outcomes.
Objective: To evaluate the implementation of the Nutrition Care Process in a patient with stage V Chronic Kidney Disease, type 2 diabetes mellitus, hypertension, and anemia at dr. Tjitrowardojo Regional General Hospital, Purworejo.
Methods: This descriptive observational study employed a case study design involving a 59-year-old male inpatient hospitalized for three days. Nutritional assessment included anthropometric, biochemical, physical-clinical, and dietary history data, followed by nutritional intervention, monitoring, and evaluation.
Results: The Malnutrition Screening Tool (MST) indicated that the patient was at risk of malnutrition (score = 3). Before intervention, energy, protein, fat, and carbohydrate intakes were inadequate, while nutritional status based on the mid-upper arm circumference percentile was classified as normal. Biochemical findings showed low blood glucose and hemoglobin levels, with elevated blood urea and serum creatinine levels. Nutritional intervention included a 2,100-kcal diabetic diet, low-salt and low-protein diets, nutrition education, nutrition counseling, and multidisciplinary collaboration. Monitoring and evaluation demonstrated improved physical symptoms, increased nutrient intake, and reduced blood urea and serum creatinine levels.
Conclusion: The implementation of the Nutrition Care Process improved dietary intake, dietary adherence, and supported clinical improvement in a patient with stage V CKD complicated by type 2 diabetes mellitus, hypertension, and anemia.
Keywords: Standardized Nutrition Care Process, Chronic Kidney Disease, Complications.

PROSES ASUHAN GIZI TERSTANDAR (PAGT) PADA PASIEN GAGAL GINJAL KRONIK (GGK), DM TIPE II, HIPERTENSI, DAN ANEMIA DI BANGSAL ASTER RSUD dr. TJITROWARDOJO PURWOREJO

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ABSTRAK

Latar belakang : Gagal ginjal kronik (GGK) merupakan masalah kesehatan global dengan prevalensi 9-13% populasi dunia. Di Indonesia, prevalensi GGK berdasarkan Survei Kesehatan Indonesia (SKI) tahun 2023 mencapai 0,18% dan sering disertai komorbid diabetes melitus tipe 2 serta hipertensi yang meningkatkan risiko malnutrisi dan komplikasi. Oleh karena itu, diperlukan Proses Asuhan Gizi Terstandar (PAGT) untuk mendukung perbaikan kondisi pasien.
Tujuan : Mengkaji hasil pelaksanaan Proses Asuhan Gizi Terstandar pada pasien Gagal Ginjal Kronik stadium V dengan Diabetes Melitus tipe 2, Hipertensi, dan Anemia di RSUD dr. Tjitrowardojo Purworejo.
Metode : Penelitian deskriptif observasional dengan desain studi kasus pada satu pasien laki-laki berusia 59 tahun yang menjalani rawat inap selama 3 hari. Pengkajian meliputi data antropometri, biokimia, fisik-klinis, riwayat makan, intervensi gizi, serta monitoring dan evaluasi.
Hasil : Skrining menggunakan *Malnutrition Skrining Tools* (MST) menunjukkan pasien berisiko malnutrisi (skor 3). Sebelum intervensi, asupan energi, protein,lemak, dan karbohidrat tergolong kurang, sedangkan status gizi berdasarkan persentil LILA termasuk kategori baik. Pemeriksaan biokimia menunjukkan kadar glukosa darah rendah, ureum dan kreatinin tinggi, serta hemoglobin rendah. Intervensi berupa diet Diabetes melitus 2100 kkal, rendah garam, dan rendah protein, edukasi dan konseling gizi, kolaborasi dengan tenaga kesehatan lainnya. Monitoring dan evaluasi menunjukkan perbaikan keluhan fisik, peningkatan asupan zat gizi, serta penurunan kadar ureum dan kreatinin.
Kesimpulan : Pelaksanaan PAGT pada pasien GGK stadium V dengan diabetes melitus tipe 2, hipertensi, dan anemia membantu meningkatkan asupan makan, kepatuhan diet, serta mendukung perbaikan kondisi klinis pasien.
Kata Kunci : Proses Asuhan Gizi Terstandar, Gagal Ginjal Kronik, Komplikasi