

**KEMENTERIAN KESEHATAN REPUBLIK INDONESIA
POLITEKNIK KESEHATAN KEMENKES RIAU
PROGRAM STUDI DIJII GIZI**

TUGAS AKHIR

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**PROSES ASUHAN GIZI TERSTANDAR PADA PASIEN
HIPERGLIKEMIA DM II DENGAN GAGAL GINJAL KRONIS, GAGAL
JANTUNG KONGESTIF III, DAN HIPOKALEMI (STUDI KASUS)**

INTISARI

Diabetes Mellitus (DM) adalah kelompok penyakit metabolik yang ditandai dengan tingginya kadar glukosa didalam darah (Hiperglikemia) yang terjadi akibat gangguan sekresi insulin, penurunan kerja insulin, atau akibat dari keduanya. Komplikasi yang terjadi pada penderita DM sangat kompleks karena dapat menyerang berbagai organ-organ vital tubuh.

Tujuan dari penelitian ini adalah untuk melakukan asuhan gizi kepada seorang pasien Hiperglikemia DM II dengan GGK, Gagal Jantung Kongestif III, dan Hipokalemi. Penelitian ini dilaksanakan pada bulan Januari 2020 hingga Juni 2020. Jenis penelitian ini merupakan penelitian observasional dengan desain penelitian studi kasus untuk melakukan Proses Asuhan Gizi Terstandar pada pasien. Teknik pengambilan sampel menggunakan metode *purposive sampling*.

Hasil penelitian ini menunjukkan bahwa *assessment* gizi pada pasien status gizi obesitas, hasil laboratorium GDS, hemoglobin, ureum, kreatinin, dan kalium abnormal, fisik klinis pasien sesak, mual, dan nyeri dada, tekanan darah dan respirasi tinggi, asupan zat gizi inadkuat. Diagnosa gizi pasien berdasarkan domain asupan yaitu asupan oral inadkuat. Intervensi yang diberikan yaitu diet DM 1500 kkal dengan rendah garam 3, diet jantung 3, diet rendah protein 40g, dan karbohidrat 55% dengan bentuk makanan lunak, rute oral, dan frekuensi 3 kali makan, 3 kali selingan. Hasil monitoring dan evaluasi gizi pasien adalah status gizi pasien tetap yaitu obesitas, fisik klinis sesak, mual, dan nyeri dada membaik, hasil laboratorium kalium, ureum, dan kreatinin normal sementara hemoglobin masih rendah dan GDS belum dalam kategori normal, rata-rata asupan setelah intervensi energi 72,14% defisit ringan, protein 73,17% defisit ringan, lemak 73,56 % defisit ringan dan karbohidrat 72,12% defisit ringan. Dapat disimpulkan bahwa PAGT pada pasien belum tercapai, namun sudah mengalami peningkatan dari keadaan pasien sebelum masuk rumah sakit.

Kata kunci : Diabetes Mellitus, Komplikasi, Asuhan Gizi

Daftar Pustaka: 21 (2004-2020)

**MINISTRY OF HEALTH, REPUBLIC OF INDONESIA
POLYTECHNIC OF HEALTH, RIAU
PROGRAM STUDY DIII NUTRITION**

FINAL PROJECT REPORT

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**STANDARDIZED NUTRITION CARE PROCESS IN PATIENTS
HYPERGLYCEMIA DM II WITH CHRONIC KIDNEY DISEASE,
CONGESTIVE HEART FAILURE III AND HYPOKALEMI (CASE
STUDY)**

ABSTRACT

Diabetes Mellitus (DM) is a group of metabolic diseases characterized by high levels of glucose in the blood (hyperglycemia) that occurs due to impaired insulin secretion, decreased insulin action, or a result of both. Complications that occur in people with DM are very complex because it can attack various vital organs of the body.

The purpose of this study was to carry out nutritional care for a DM II hyperglycemia patient with chronic renal failure, congestive heart failure III, and hypokalaemia. This research was conducted in January 2020 until June 2020. This type of research is an observational study with a case study research design to conduct a Standardized Nutrition Care Process in patients. The sampling technique uses purposive sampling method.

The results of this study indicate that nutritional assessment in patients with obesity nutritional status, laboratory results of GDS, hemoglobin, urea, creatinine, and abnormal potassium, clinical physical patient shortness, nausea, and chest pain, blood pressure and high respiration, intake of inadequate nutrients. The nutritional diagnosis of the patient is based on the intake domain ie inadequate oral intake. The interventions provided were a 1500 kcal DM diet with 3 low salt, 3 heart diets, a 40g low protein diet, and 55% carbohydrate in the form of soft foods, oral routes, and a frequency of 3 meals, 3 times interlude. The results of monitoring and evaluating the nutritional status of patients are nutritional status of permanent patients, namely obesity, clinical physical tightness, nausea, and improved chest pain, laboratory results of potassium, urea, and creatinine are normal while hemoglobin is still low and GDS is not in the normal category, the average intake after energy intervention 72.14% mild deficit, protein 73.17% mild deficit, fat 73.56% mild deficit and carbohydrate 72.12% mild deficit. It can be concluded that PAGT in patients has not been reached, but has improved from the state of the patient before entering the hospital.

Keywords: Diabetes Mellitus, Complications, Nutrition Care

Bibliography: 21 (2004-2020)