ABSTRAK

MUTHYA ANANDA BAHRI. Asuhan Gizi Klinik pada Pasien Diabetes Melitus Tipe 2 Pasca Operasi di Aulia Hospital Pekanbaru. Dibimbing oleh YESSI ALZA dan LILY RESTUSARI.

Diabetes melitus tipe 2 pada kondisi pascaoperasi berisiko menyebabkan penurunan asupan makan, gangguan status gizi, dan ketidakseimbangan metabolik yang dapat memengaruhi kondisi klinis pasien. Penelitian ini bertujuan untuk mengkaji pelaksanaan asuhan gizi klinik pada pasien diabetes melitus tipe 2 pascaoperasi di Aulia Hospital Pekanbaru. Penelitian ini menggunakan desain deskriptif dengan pendekatan studi kasus melalui *Nutrition Care Process* (NCP) yang meliputi asesmen, diagnosis gizi, intervensi, serta monitoring dan evaluasi. Subjek penelitian adalah Tn. S, laki-laki berusia 61 tahun dengan diagnosis diabetes melitus tipe 2, hipertensi, dan abses perineum pascaoperasi. Hasil asesmen menunjukkan IMT sebesar 18,5 kg/m², hiperglikemia dengan GDS 194 mg/dL, serta asupan energi sebesar 28%, protein 41%, lemak 39%, dan karbohidrat 24% dari kebutuhan. Diagnosis gizi yang ditegakkan meliputi asupan oral tidak adekuat (NI.2.1), perubahan nilai laboratorium terkait gizi (NC.2.2), penurunan berat badan tidak disengaja (NC.3.2), dan kurang patuh terhadap rekomendasi terkait gizi (NB.1.6). Intervensi gizi diberikan berupa Diet Diabetes Melitus 2.100 kkal dengan modifikasi tinggi protein melalui rute oral, dengan frekuensi tiga kali makan utama dan dua kali makanan selingan, disertai edukasi gizi, penerapan prinsip 3J, serta penyesuaian bentuk makanan dan bahan maupun bumbu sesuai kondisi dan toleransi pasien. Hasil monitoring dan evaluasi selama empat hari menunjukkan peningkatan asupan energi dan zat gizi makro secara bertahap, dengan capaian pada hari keempat sebesar 69,4% energi, 69,6% protein, 66,1% lemak, dan 71,5% karbohidrat dari kebutuhan. Kadar glukosa darah sewaktu menurun dari 207 mg/dL pada hari pertama monitoring menjadi 111 mg/dL pada hari keempat. Selain itu, nafsu makan membaik, keluhan mual tidak ditemukan setelah hari pertama, dan intensitas nyeri menurun dari VAS 5 menjadi VAS 2. Pelaksanaan asuhan gizi melalui NCP menunjukkan perkembangan positif pada asupan, kondisi metabolik, dan kondisi klinis pasien selama masa perawatan, meskipun asupan pada akhir pengamatan masih belum mencapai kebutuhan. Pemantauan asupan dan kondisi pasien perlu dilanjutkan secara berkala, terutama karena asupan pada akhir intervensi masih belum memenuhi kebutuhan, serta penerapan diet dan edukasi gizi perlu dilanjutkan setelah pasien menjalani perawatan rawat jalan.

Kata kunci: Asuhan Gizi Klinik, Diabetes Melitus Tipe 2, Diet DM, Pasca Operasi, Edukasi Gizi

ABSTRAK

MUTHYA ANANDA BAHRI. Clinical Nutrition Care in a Patient with Type 2 Diabetes Mellitus Post-Surgery at Aulia Hospital Pekanbaru. Supervised by YESSI ALZA and LILY RESTUSARI.

Type 2 diabetes mellitus in the postoperative condition may increase the risk of reduced food intake, impaired nutritional status, and metabolic imbalance, which can affect the patient's clinical condition. This study aimed to assess the implementation of clinical nutrition care in a patient with type 2 diabetes mellitus in the postoperative period at Aulia Hospital Pekanbaru. This study used a descriptive design with a case study approach based on the Nutrition Care Process (NCP), which includes nutrition assessment, nutrition diagnosis, nutrition intervention, and monitoring and evaluation. The subject was Mr. S, a 61-year-old male diagnosed with type 2 diabetes mellitus, hypertension, and postoperative perineal abscess. The nutrition assessment showed a body mass index (BMI) of 18.5 kg/m², hyperglycemia with a random blood glucose level of 194 mg/dL, and energy, protein, fat, and carbohydrate intakes of 28%, 41%, 39%, and 24% of estimated requirements, respectively. The nutrition diagnoses included inadequate oral intake (NI.2.1), altered nutrition-related laboratory values (NC.2.2), unintended weight loss (NC.3.2), and limited adherence to nutrition-related recommendations (NB.1.6). Nutrition intervention consisted of a 2,100 kcal Diabetes Mellitus Diet with a high-protein modification administered orally, with three main meals and two snacks per day, accompanied by nutrition education, the application of the 3J principles, and adjustments to food consistency, ingredients, and seasonings according to the patient's condition and tolerance. Monitoring and evaluation over four days showed a gradual increase in energy and macronutrient intake, with intake on the fourth day reaching 69.4% of energy, 69.6% of protein, 66.1% of fat, and 71.5% of carbohydrate requirements. Random blood glucose levels decreased from 207 mg/dL on the first day of monitoring to 111 mg/dL on the fourth day. In addition, appetite improved, nausea was no longer reported after the first day, and pain intensity decreased from VAS 5 to VAS 2. The implementation of nutrition care through the NCP demonstrated positive progress in nutritional intake, metabolic status, and clinical condition during hospitalization, although the patient's intake at the end of the observation period had not yet reached the estimated requirements. Continued monitoring of nutritional intake and the patient's condition is necessary, particularly because nutritional intake at the end of the intervention remained below requirements. The prescribed diet and nutrition education should also be continued after discharge during outpatient care.

Keywords: Clinical Nutrition Care, Type 2 Diabetes Mellitus, Diabetic Diet, Post-Surgery, Nutrition Education