

ABSTRAK

Dwi Astuti. Gambaran Asuhan Gizi pada Pasien CKD Stadium V dengan Hemodialisis di RSUD Teluk Kuantan. Dbimbing oleh Yessi Alza dan Yessi Marlina.

Chronic Kidney Disease (CKD) merupakan penyakit tidak menular yang bersifat progresif dan tidak dapat disembuhkan. Pasien CKD yang menjalani terapi hemodialisis rutin memiliki risiko malnutrisi yang tinggi, sehingga memerlukan penatalaksanaan gizi melalui Proses Asuhan Gizi Terstandar (PAGT) untuk mencegah perburukan kondisi. Penelitian ini bertujuan untuk menggambarkan proses asuhan gizi terstandar pada Pasien CKD Stadium V dengan Hemodialisis di RSUD Teluk Kuantan. Studi kasus ini menggunakan metode observasi deskriptif pada subjek Tn. HB. Data dikumpulkan melalui pengkajian gizi, diagnosa gizi, intervensi diet tinggi protein 1,2 g/kg BB dan rendah garam, serta monitoring dan evaluasi selama tujuh hari perawatan. Selama intervensi, terjadi peningkatan asupan makan pasien hingga mencapai kategori baik (80-100%). Pemeriksaan biokimia menunjukkan peningkatan kadar hemoglobin dari 6,4 g/dL menjadi 11,0 g/dL pasca-transfusi 2 kantong darah. Secara fisik-klinis, tekanan darah pasien mulai terkontrol dan keluhan sesak napas serta edema berkurang. Selain itu, terdapat peningkatan pemahaman pasien dan keluarga terhadap diet yang diberikan. Penerapan asuhan gizi terstandar yang tepat dan berkelanjutan berperan penting dalam memperbaiki asupan, status biokimia, serta kondisi klinis pasien CKD yang menjalani hemodialisis.

Kata Kunci: CKD, Hemodialisis, PAGT, Hipertensi, Anemia.

ABSTRACT

Dwi Astuti. Description of the Standardized Nutrition Care Process in Stage V Chronic Kidney Disease (CKD) on Hemodialysis at RSUD Teluk Kuantan. Supervised by Yessi Alza and Yessi Marlina.

Chronic Kidney Disease (CKD) is a progressive non-communicable disease that is irreversible. CKD patients undergoing routine hemodialysis therapy are at high risk of malnutrition, thus requiring nutritional management through the Nutrition Care Process (NCP) to prevent further clinical deterioration. This study aims to describe the nutrition care process in a Stage V CKD on Hemodialysis. This case study employed a descriptive observational method focusing on a single subject, Mr. HB. Data were collected through nutritional assessment, nutrition diagnosis, intervention involving a high-protein diet (1.2 g/kg BW) and low-sodium diet, as well as monitoring and evaluation over a seven-day hospitalization period. During the intervention, there was an increase in the patient's food intake, reaching the good category (80-100%). Biochemical examination showed an increase in hemoglobin levels from 6.4 g/dL to 11.0 g/dL following the transfusion of two bags of blood. Physically and clinically, the patient's blood pressure became more controlled, and complaints of shortness of breath and edema decreased. Furthermore, there was an improvement in the understanding of the prescribed diet by the patient and his family. Conclusion: The implementation of an appropriate and sustainable nutritional care process plays a vital role in improving dietary intake, biochemical status, and clinical conditions of CKD patients undergoing hemodialysis.

Keywords: CKD, Hemodialysis, NCP, Hypertension, Anemia.