

## ABSTRAK

SYIERA NURUL PRATIWI. *Proses Asuhan Gizi Terstandar Pada Pasien Gagal Jantung di Ruangan Krisan di RS X Kota Pekanbaru*. Dibimbing oleh Roziana, SST, M.Gizi Dan Nur Kholis, M.Pd.

Gagal jantung kongestif (CHF) menyebabkan komplikasi berat, termasuk trombositopenia dan penurunan status gizi pascaoperasi. Penelitian ini bertujuan menganalisis penerapan Proses Asuhan Gizi Terstandar (PAGT) melalui desain studi kasus. Hasil pengkajian menunjukkan status gizi kurang (IMT 18,06 kg/m<sup>2</sup>), anemia (Hb 11,5 g/dL), trombositopenia ( $103 \times 10^3/\mu\text{L}$ ), leukositosis (NLR 40,43), hiponatremia ( $\text{Na}^+$  132 mmol/L), serta defisit asupan energi berat (41,3%). Diagnosis gizi meliputi asupan oral tidak adekuat, peningkatan kebutuhan protein, dan perubahan nilai laboratorium. Intervensi diberikan berupa diet jantung tinggi protein, makanan lunak, frekuensi 5 kali sehari, pembatasan natrium (2.000–3.000 mg/hari), dan restriksi cairan (1.000–1.500 ml/hari). Hasil monitoring menunjukkan peningkatan asupan signifikan (41,3% menjadi 91,6% pada hari ke-2, dan  $\geq 80\%$  pada hari ke-3), serta perbaikan parameter biokimia (ureum 65,3 menjadi 55,9 mg/dL) dan klinis. Penerapan PAGT secara sistematis menunjukkan adanya perubahan pada asupan makan, parameter biokimia, dan kondisi klinis pasien selama periode intervensi, sehingga dapat dipertimbangkan sebagai pendekatan dalam pemberian asuhan gizi klinis.

**Kata Kunci:** Gagal jantung, proses asuhan gizi terstandar, trombositopenia, koagulopati, studi kasus.

## ABSTRACT

SYIERA NURUL PRATIWI. *Standardized Nutrition Care Process for Heart Failure Patients in the Krisan Ward at RS X Pekanbaru City*. Supervised by Roziana, SST, M.Gizi and Nur Kholis, M.Pd.

Congestive Heart Failure (CHF), particularly those undergoing cardiac surgery, are at risk of postoperative complications, including thrombocytopenia and nutritional deterioration. This case study aimed to evaluate the implementation of the Standardized Nutrition Care Process (SNCP) in a hospitalized patient with CHF. Nutrition assessment identified underweight status (BMI 18.06 kg/m<sup>2</sup>), anemia (Hb 11.5 g/dL), thrombocytopenia ( $103 \times 10^3/\mu\text{L}$ ), leukocytosis (NLR 40.43), hyponatremia (Na<sup>+</sup> 132 mmol/L), and severe energy intake deficit (41.3%). Nutrition diagnoses included inadequate oral intake, increased protein requirements, and altered nutrition-related laboratory values. The intervention consisted of a high-protein cardiac diet with sodium restriction (2,000–3,000 mg/day) and fluid restriction (1,000–1,500 mL/day). During the intervention, energy intake improved from 41.3% to 91.6% by the second day and remained above 80% on the third day, accompanied by improvement in blood urea levels (65.3 to 55.9 mg/dL). The implementation of the Standardized Nutrition Care Process contributed to improvements in dietary intake, selected biochemical parameters, and the patient's clinical condition, supporting its application as an individualized approach to clinical nutrition care for patients with CHF.

**Keywords:** Congestive heart failure, standardized nutrition care process, thrombocytopenia, clinical nutrition, case study.