

## Tata laksana nutrisi pada kasus penyakit ginjal kronik stadium 5 = Nutritional management in chronic kidney disease stage v

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### Abstrak

Tata laksana nutrisi pada pasien penyakit ginjal kronik dalam hemodialisis, bertujuan menilai peran nutrisi, yang mencakup pemberian makronutrien, mikronutrien, manajemen cairan dan elektrolit dalam mengendalikan kerusakan ginjal. Gangguan fungsi ginjal dapat menyebabkan menurunnya asupan, dan perubahan metabolisme berbagai nutrisi, sehingga dapat mengakibatkan pasien jatuh pada kondisi malnutrisi dan berbagai komplikasi. Serial kasus ini terdiri dari empat kasus penyakit ginjal kronik dengan berbagai etiologi dan komorbid.

Pasien pada serial kasus ini, mempunyai rentang usia pasien antara 30 - 52 tahun. Umumnya pasien mengalami sesak napas, mual, muntah, anoreksia, edema dan berdasarkan hasil skrining gizi menunjukkan semua pasien memerlukan terapi nutrisi. Terapi nutrisi diberikan sesuai dengan kebutuhan masing-masing pasien, yang dihitung dengan rumus Harris Benedict dikalikan faktor stres dan pemberiannya dimulai dari kebutuhan energi basal, yang secara bertahap ditingkatkan hingga mencapai kebutuhan energi total.

Kebutuhan protein disesuaikan dengan laju filtrasi glomerulus pada masing-masing pasien. Pemantauan terapi nutrisi pada satu orang pasien selama tujuh hari, sedangkan tiga pasiennya dilakukan pemantauan selama sepuluh hari atau lebih. Pemantauan mencakup toleransi asupan makanan, kapasitas fungsional,imbang cairan, parameter laboratorium dan antropometrik serta dilakukan edukasi setiap hari.

Selama pemantauan didapatkan hasil bahwa, terjadi perbaikan klinis, toleransi asupan, sebagian besar pasien dapat mencapai kebutuhan kalori total. Kebutuhan protein dihitung kembali setelah dilakukan hemodialisis. Pemeriksaan kadar ureum, kreatinin dan perhitungan creatinine clearance test menunjukkan perbaikan, walaupun tidak mencapai kadar normal. Sejalan dengan perbaikan klinis, terjadi perbaikan kondisi pasien secara umum, termasuk kapasitas fungsional. Penilaian berat badan pasien menunjukkan penurunan berat badan, sejalan dengan perbaikan kondisi edema.

Pemberian nutrisi pada pasien dengan penyakit ginjal kronik stadium 5, bersifat individual dan harus disertai edukasi nutrisi dan motivasi setiap hari. Dengan tata laksana nutrisi yang baik, diharapkan kualitas hidup pasien PGK akan lebih baik, dan dapat turut mengendalikan berbagai komplikasi yang mungkin terjadi.

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Treatment of nutrition in patients with Chronic Kidney Disease (CKD) aims to assess the role of nutrition, which includes the provision of macronutrient, micronutrient, fluid and electrolyte management in controlling renal impairment, in patients with CKD stage 5 on hemodialysis therapy. Impaired kidney function may lead to decreased intake, and changes in metabolism of various nutrients, which can lead to patient falls on the condition of malnutrition and other complications. This case series consisted of four cases of chronic kidney disease with various etiologies and comorbid.

Patients in this case series are two patients aged between 30 to 52 years old. Generally, patients experience shortness of breath, nausea, vomiting, anorexia, edema, and based on nutritional screening results showed all patients requiring nutritional therapy. Nutritional therapy is given according to the needs, that is count by

Harris Benedict equation, and each patient at the beginning, provided the basal energy needs, which gradually increased to reach the total energy needs. Protein needs are given according to the glomerular filtration rate, and increased when the patient was in hemodialysis. Nutritional therapy in one patient is monitored for seven days, while three of the patients are monitored for ten days or more. Monitoring includes food intake tolerance, functional capacity, fluid balance, anthropometric and laboratory, and nutrition education is conducted every day.

The result of treatment during monitoring period shows that, there is improvement of general status, tolerance intake, most patients could achieve total caloric needs. Examination of the levels of urea, creatinine and calculation of creatinine clearance test showed improvement, although did not reach normal levels. During the monitoring, in line with the clinical improvement, the patient's condition was generally improving, including functional capacity. Assessment of the patient's weight showed weight loss, along with the improvement of the condition of edema.

Nutrition treatment in patients with chronic kidney disease stage 5 is individualize and must be accompanied by daily nutrition education and motivation. With good nutrition governance, quality of life of CKD patients will be better, and it can also control variety of complications that may occur.