

Tatalaksana nutrisi pasien luka bakar berat dengan berbagai penyulit = Nutrition management in severely burned patients with various complicating conditions

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Abstrak

[Latar belakang

: luka bakar akan memicu terjadinya respon inflamasi lokal dan sistemik, yang dapat menimbulkan berbagai komplikasi. Pada pasien luka bakar, terjadi peningkatan kebutuhan akan zat gizi akibat kondisi hipermetabolik dan hiperkatabolik yang terjadi. Tatalaksana nutrisi yang adekuat dibutuhkan untuk membantu kontrol respon inflamasi dan metabolik sehingga dapat menunjang penyembuhan pasien.

Metode: Dalam serial kasus ini terdapat empat pasien luka bakar berat yang disebabkan api dan listrik. Selama perawatan didapatkan berbagai penyulit yang mempengaruhi tatalaksana nutrisi yang diberikan. Pada pasien pertama terdapat trauma inhalasi, yang berkembang menjadi ARDS dan gagal nafas. Pada pasien kedua terdapat sepsis, yang berkembang menjadi syok sepsis dan gagal organ multipel. Pasien ketiga mengalami amputasi dan AKI, sedangkan pasien keempat mengalami rabdomiolisis, AKI, dan amputasi. Target energi dihitung berdasarkan formula Xie dan Harris Benedict, dengan target protein 1,7-2 g/kgBB, lemak 20-25%

dan karbohidrat 60-65%. Nutrisi enteral dimulai dalam waktu 21-35 jam pasca kejadian sebesar 13-20 kkal/kg/hari dengan metode pemberian drip

intermittent. Pemberian nutrisi selanjutnya disesuaikan dengan toleransi, klinis, dan

penyulit yang dialami pasien. Mikronutrien yang diberikan berupa multivitamin antioksidan, vitamin B, dan asam folat.

Hasil: dua pasien pertama meninggal dalam perawatan, namun pasien pertama telah mengalami perbaikan luas luka bakar dari 54% menjadi 32,5%. Dua pasien terakhir mengalami perbaikan kapasitas fungsional dan penyembuhan luka yang baik.

Kesimpulan: Tatalaksana nutrisi yang tepat dan adekuat sesuai dengan kondisi klinis pasien dapat menunjang penyembuhan serta menurunkan morbiditas dan mortalitas pasien.;Background: Burn injury initiates local and systemic inflammatory reaction, resulting various complicating conditions. Nutritional requirement after major burn significantly increased because hypermetabolic and hypercatabolic condition

ition. Effective and adequate nutrition therapy is required to control inflammatory and metabolic response, therefore enhance healing process.

Method: The current case series consists of four patients with severe burn injury caused by flame and electricity. During hospitalization, complicating conditions developed in all patients which influenced nutrition therapy given to the patients. First patient had inhalation injury that developed into ARDS and respiratory failure, while sepsis that progress to septic shock and MODS occurred in second patient. Third patient had amputation and AKI, while fourth patient experienced rhabdomyolysis, AKI, and amputation. Target energy was calculated based on Xie and Harris-Benedict formula with target protein was 1,7-2 g/kgBB, lipid 20-25%, and carbohydrate 60-65%. Enteral nutrition was initiated within 21-35 hours post burn, started at 13-20 Kcal/kg/day with intermittent gravity drip method. Further, nutrition was given according to patients' tolerance, clinical condition, and complicating conditions. Micronutrients supplementation with antioxidant, vitamin B, and folic acid were provided to all patients.

Result: The first two patients died during hospitalization, however, there was improvement in first patient's burn wound extent from 54% to 32,5% TBSA. The last two patients had satisfactory wound healing and improvement in functional capacity.

Conclusion: Effective and adequate nutrition management inline with patient's clinical condition lead to enhance healing process, and reduced morbidity and mortality rate.;Background: Burn injury initiates local and systemic inflammatory reaction,

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