Tatalaksana nutrisi pasien penyakit ginjal kronik derajat 5 dengan hemodialisis = Nutrition therapy for stage 5 of chronic kidney disease with hemodialysis

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Abstrak

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Pasien penyakit ginjal kronik derajat 5 mengalami suatu keadaan di mana ginjal sama sekali tidak dapat mempertahankan homeostasis metabolisme tubuh sehingga membutuhkan terapi pengganti ginjal. Terapi pengganti ginjal yang paling sering dipilih oleh pasien PGK derajat 5 adalah hemodialisis. Perubahan metabolik pada PGK derajat 5 dengan hemodialisis dapat disebabkan oleh gangguan fungsi ginjal dan proses hemodialisis. Perubahan metabolik tersebut antara lain gangguan keseimbangan cairan, dan asam basa serta gangguan
metabolisme protein, karbohidrat, dan lemak. Dibutuhkan terapi terintegrasi pada pasien PGK yang terdiri atas terapi farmakologi, terapi pengganti ginjal, terapi nutrisi dan dukungan psikologis. Peran nutrisi dalam menurunkan komplikasi dan meningkatkan kualitas hidup sangat penting dalam tatalaksana pasien PGK. Pemberian nutrisi pada pasien PGK dengan hemodialisis bertujuan untuk mengatasi gejala akibat gangguan ginjal dan mencegah komplikasi akibat progresivitas kerusakan ginjal. Pemberian nutrisi yang tepat dapat dilakukan dengan memahami patofisiologi yang terjadi pada pasien PGK dan proses
hemodialisis yang dipilih sebagai terapi pengganti ginjal. Berdasarkan hal tersebut, dilaporkan empat serial kasus pada pasien PGK derajat 5 dengan hemodialisis rutin. Diberikan terapi nutrisi sesuai panduan yaitu energi 30-35 kkal per kg berat badan, protein 1,2 g per kg berat badan, lemak 25-30% energi total, dan karbohidrat 60-65% energi total. Diketahui bahwa penyebab asupan tidak terpenuhi adalah keadaan klinis yaitu sesak, penurunan kesadaran, dan gangguan saluran cerna yaitu mual dan muntah.
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ABSTRACT
Stage 5 of chronic kidney disease represents total inability of kidneys to maintain body homeostasis normally. At this stage, it is necessary to use methods that substitute kidney function such as hemodialysis, peritoneal dialysis, or kidney transplantation. The most used method is hemodialysis. Metabolic changes in stage 5 of chronic kidney disease can be caused by kidney disease itself and also hemodialysis treatment. Metabolic complications of chronic kidney disease and hemodialysis include changes in acid-base balance and metabolism of proteins,
carbohydrates and lipids. Patients need integrated therapy that consist of medicine, kidney function substitution, nutrition, and psychological support. Nutrition therapy is important in chronic kidney disease therapy because it can help to decrease complication and to increase quality of life. The purpose of nutrition therapy in chronic kidney disease are to overcome the symtoms and to prevent the complication that caused by kidney disease. Nutrition therapy can be done properly by understand the pathophysiologycal mechanism and the process of hemodialysis. Based on the description, four cases of stage 5 of chronic kidney disease with hemodialysis are reported here. The nutrition which is given consist of energy 30-35 kkal per kg body weight, protein 1,2 g per kg body weight, lipid 25-30 % total energy, and carbohydrate 60-65 % total

energy. There is inadequacy of intake due to clinical conditions such as dispnoe, the decreased of consciousness, and intestinal disturbance like nausea and vomit. Stage 5 of chronic kidney disease represents total inability of kidneys to maintain body homeostasis normally. At this stage, it is necessary to use methods that
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