

**POLITEKNIK KESEHATAN TANJUNGPURUNING**  
**JURUSAN GIZI**  
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Penatalaksanaan Asuhan Gizi Terstandar pada Pasien Stroke  
di RSUD Dr. H. Bob Bazar, SKM Kalianda Tahun 2021

xiii, 59 halaman + 12 tabel + 6 gambar, 20 lampiran

**ABSTRAK**

Stroke merupakan salah satu penyebab kematian dengan jumlah yang tinggi di dunia. Stroke Non Hemoragik terjadi karena terganggunya suplai darah akibat tersumbatnya pembuluh darah. Kondisi yang dapat terjadi pada pasien stroke beragam, seperti kelumpuhan anggota gerak, bibir tidak simetris, bicara pelo atau afasia, nyeri kepala, penurunan kesadaran, dan kematian. Di provinsi Lampung sendiri prevalensi stroke berdasarkan diagnosis tenaga kesehatan adalah 3,7% sedangkan prevalensi berdasarkan yang terdiagnosis tenaga kesehatan dan gejala adalah 5,4%, dari diagnosa tenaga kesehatan (Nakes) yaitu diperkirakan mencapai 42.815 dan pada diagnosis Nakes/gejala 68.393 (Riskesdas, 2013). Tujuan penelitian ini adalah Untuk memahami dan menerapkan proses asuhan gizi terstandar pada pasien stroke di RSUD Dr. H. Bob Bazar, SKM Kalianda Tahun 2021

Jenis penelitian ini yaitu studi kasus. Populasi dalam penelitian ini adalah pasien stroke yang dirawat di ruang rawat inap di RSUD Dr. H. Bob Bazar, SKM Kalianda Tahun 2021. Subjek penelitian ini adalah 1 pasien stroke yang di rawat inap dengan lama rawat minimal 3 hari sampai pasien pulang.

Hasil penelitian menunjukkan bahwa pasien dengan status gizi obesitas tahap 1 di diagnosa stroke non hemoragik dan GERD. Diagnosis gizi yang tegakkan adalah asupan oral tidak adekuat, kelebihan BB/obesitas, dan kurang dapat monitoring diri. Pasien diberikan diet stroke dan diet lambung 1524,3 kkal dengan bentuk makanan lunak. Hasil monitoring evaluasi selama 3 hari tidak ada perubahan antropometri yang signifikan, kondisi fisik pasien semakin membaik, dan asupan pasien mengalami peningkatan hingga pada hari ketiga mencapai >80% dari kebutuhannya yaitu kalori 84,28%, protein 83,16%, lemak 89,2%, dan karbohidrat 78,53%.

Disimpulkan status gizi pasien berdasarkan LILA adalah berat badan lebih, fisik/klinis badan sebelah kiri tidak dapat digerakan, sulit membuka mulut dan komunikasi, serta nyeri dibagian ulu hati sudah mulai membaik, tidak ada pemeriksaan lab ulang sehingga tidak ada data pembandingan, dan asupan pasien mengalami peningkatan sampai hari ketiga. Pasien diharapkan dapat menjalankan diet dengan bantuan dan dukungan keluarga sesuai edukasi yang telah diberikan serta tetap memperhatikan anjuran makanan untuk pasien stroke dan mengurangi kebiasaan merokonya.

Kata kunci :Stroke Non hemoragik, Asuhan Gizi

Daftar bacaan : 2006-2020

**TANJUNGPURUS HEALTH POLYTECHNIC  
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Management of Standardized Nutritional Care for Stroke Patients  
at RSUD Dr. H. Bob Bazar, SKM Kalianda 2021

xiii, 59 pages + 12 tables + 6 pictures, 20 appendices

**ABSTRACT**

Stroke is one of the causes of death with a high number in the world. Stroke can occur due to disruption of the blood supply to the brain due to a rupture of a blood vessel or a blocked blood vessel. Conditions that can occur in stroke patients are various, such as paralysis of the limbs, asymmetrical lips, slurred speech or aphasia, headaches, decreased consciousness, and death. Based on the 2018 RISKESDAS data, it shows an increase in the prevalence of stroke in Indonesia from (0.7%). In Lampung province itself, the prevalence of stroke based on the diagnosis of health workers was 3.7%, while the prevalence based on the diagnosis of health workers and symptoms was 5.4%, from the diagnosis of health workers (Nakes) which was estimated at 42,815 and the diagnosis of health workers / symptoms was 68,393 ( Riskesdas, 2013). The purpose of this study was to understand and apply the process of standardized nutritional care for stroke patients at RSUD Dr. H. Bob Bazar, SKM Kalianda 2021

This type of research is a case study. The population in this study were stroke patients who were treated in the inpatient room at RSUD Dr. H. Bob Bazar, SKM Kalianda in 2021. The subjects of this study were 1 stroke patient who was hospitalized with a minimum length of stay of 3 days until the patient returned home.

The results showed that patients with stage 1 obesity nutritional status were diagnosed with non-hemorrhagic stroke and GERD who were given stroke diet and gastric diet 1524.3 kcal with soft food form. The results of monitoring for 3 days there were no significant anthropometric changes, the patient's physical condition was getting better, and the increase in patients who had increased until the third day reached > 80% of their needs namely calories 84.28%, protein 83.16%, fat 89, 2%, and carbohydrates 78.53%.

The nutritional status of patients based on LILA is overweight, physical/clinical left side body immovable, difficult to open mouth and communication, and pain in the gut has started to improve, there is no laboratory re-examination so there is no comparative data. Patients are expected to be able to run a diet with the help and support of their families according to the education that has been given as well as to pay attention to food recommendations for stroke patients and reduce their smoking habits.

Key words: Non-hemorrhagic stroke, nutritional care  
Reading list: 2006-2020

