

Tatalaksana nutrisi pada pasien stroke iskemik = Nutrition management in stroke ischemic patients

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Abstrak

Tujuan pembuatan laporan serial kasus adalah diketahuinya peran tatalaksana nutrisi pada pasien stroke iskemik (SI). Kasus berupa empat pasien SI perempuan yang dirawat di ruang rawat inap divisi cerebrovascular disease (CVD) Departemen Neurologi RSUPNCM Jakarta yang mendapat tatalaksana dan pemantauan asupan nutrisi selama minimal lima hari. Data yang diambil meliputi usia, status gizi, faktor risiko/penyebab, hasil laboratorium, asupan nutrisi (makro dan mikronutrien), serta kapasitas fungsional (skor indeks Bartel). Karakteristik pasien dengan rentang usia 50-60 tahun, status gizi awal berdasarkan indeks massa tubuh/IMT pada 50% pasien termasuk kategori status gizi lebih, 25% status gizi obes dan 25% status gizi kurang (KEP 1). Asupan kebutuhan energi basal (KEB) berkisar 1200-1500 kkal (20-25 kkal/kgBB) dalam bentuk makanan cair per NGT dan kebutuhan energi total (KET) 1700-2000 kkal (27-32 kkal/kgBB) dengan pencapaian asupan oral sekitar 80-90%. Asupan protein antara 0,7-1,5 kg/kgBB, dengan komposisi lipid 25-30% dan KH 55-62% KET. Mikronutrien yang diberikan antara lain vitamin B (B1, B6, B12), asam folat, vitamin C serta mineral tablet CaCO₃. Perbaikan kapasitas fungsional berdasarkan indeks Bartel terjadi sesuai peningkatan asupan nutrisi.

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The purpose of case series report were to know the role of nutritional management for patients with ischemic stroke. The cases were four female ischemic stroke patients treated in Division of cerebrovascular disease (CVD) Department of Neurology RSUPNCM Jakarta who received treatment and monitoring of nutrition for a minimum of five days. Data taken included age, nutritional status, risk factors, causes, laboratory results, intake of nutrients (macro and micronutrients), and functional capacity (Bartel index scores). Characteristics of patients was age 50-60 years, with nutritional status 50% of patients overweight, 25% obese and 25% underweight/malnutrition based on body mass index / BMI. The basal energy requirement range were 1200-1500 kcal (20-25 kcal / kg) in the form of liquid food per NGT and the total energy requirement 1700-2000 kcal (27-32 kcal / kg) by oral intake of achieved 80-90%. Protein intake between 0.7 to 1.5 kg / kg, the lipid proportion 25-30% and carbohydrate 5-62% of total energy. The micronutrients which were administered including vitamin B (B1, B6, B12), folic acid, vitamin C and minerals tablet CaCO₃. The improvement of functional capacity by Bartel index occurred in conjunction with increased nutrients intake.