

Skrining malnutrisi pasien bedah rawat inap: perbandingan subjective global assessment dengan nutritional risk screening 2002 = Malnutrition screening for surgical hospitalized patients: comparison between subjective global assessment and nutritional risk screening 2002 / Komarunisa

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Abstrak

[ABSTRAK

Subjective Global Assessment (SGA) dan Nutritional Risk Screening (NRS) 2002 merupakan alat skrining malnutrisi yang bertujuan untuk mendeteksi pasien yang mengalami malnutrisi maupun berisiko malnutrisi. Dampak malnutrisi terhadap pasien dan rumah sakit, antara lain memperpanjang lama perawatan, meningkatkan morbiditas dan mortalitas pasien, serta bertambahnya biaya pengobatan rumah sakit. Dalam penelitian ini dilakukan pengujian terhadap alat skrining tersebut pada pasien bedah rawat inap di Ruang Rawat Bedah Gedung A RSUP Nasional Dr. Cipto Mangunkusumo (RSUPNCM) dan membandingkan kedua hasilnya.

Penelitian ini bertujuan untuk mengetahui prevalensi malnutrisi pasien bedah dewasa rawat inap dan mengetahui metode skrining yang tepat dan praktis untuk mendeteksi pasien berisiko malnutrisi. Secara khusus, penelitian ini bertujuan mengetahui spesifisitas dan sensitivitas metode skrining NRS-2002, serta waktu pelaksanaan skrining tersebut. Penelitian ini merupakan studi potong lintang pada pasien bedah dewasa rawat inap di RSUPNCM yang memenuhi kriteria penelitian dengan jumlah sampel 75 orang. Seluruh instrumen penelitian divalidasi sebelum pengambilan data. Pengumpulan data meliputi wawancara menggunakan kuesioner dan formulir metode skrining malnutrisi, pengukuran berat badan dan tinggi badan estimasi serta penilaian indeks masa tubuh.

Didapatkan prevalensi malnutrisi sebesar 40% pada pasien bedah dewasa rawat inap di RSUPNCM dengan sensitivitas NRS 83,3% dan spesifisitas 100%. Jumlah penderita malnutrisi yang tertinggi berada pada kelompok umur >60 tahun ($p = 0,04$) dengan kasus bedah gastrointestinal yang malnutrisi lebih banyak signifikan ($p = 0,008$) dibandingkan dengan kasus bedah non gastrointestinal serta waktu pelaksanaan berbeda signifikan antara SGA dan NRS 2002 ($p = 0,00$).

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ABSTRACT

The Subjective Global Assessment (SGA) and Nutritional Risk Screening (NRS) 2002 are screening tools aimed at detecting malnourished individuals and those at risk for malnutrition. The consequences of malnutrition for both patient and hospital include prolonged hospital length of stay, increased morbidity and mortality rate, and high hospital expenses.

In this study we examined the applicability of those screening tools in surgery hospitalized patients at Gedung A RSUP Nasional Dr. Cipto Mangunkusumo (RSUPNCM) and compared the result.

The aim of this study is to investigate the prevalence of malnutrition in Dr. Cipto Mangunkusumo general hospital and to determine which screening tools is more appropriate and practical for identifying the risk of malnutrition. Particularly, this study is to determine specificity, sensitivity and time consuming of the NRS

2002. The study is a cross-sectional study at surgery hospitalized patient in RSUPNCM and included 75 patients. All of the instruments will be validated prior to data collection, which includes interview using questionnaire and malnutrition tools form, , weight and height estimated measurements and the assessment of body mass index. The prevalence of malnutrition at surgery hospitalized patient in RSUPNCM was 40% with the sensitivity and the specificity of the NRS 2002 were 83,3% and 100% consecutively. The malnourished patients were significantly higher in the age group >60 years old ($p= 0,04$) with cases of gastrointestinal surgery more significant ($p=0,08$) compared with the case of non-gastrointestinal surgery as well as the time consuming significantly different between SGA and NRS 2002 ($p=0,00$)., The Subjective Global Assessment (SGA) and Nutritional Risk Screening (NRS) 2002 are screening tools aimed at detecting malnourished individuals and those at risk for malnutrition. The consequences of malnutrition for both patient and hospital include prolonged hospital length of stay, increased morbidity and mortality rate, and high hospital expenses.

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