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. Tatalak
sana 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
mempe
ngaruhi 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 sesuaikan 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 dan systemic inflammatory reaction,
resulting various complicating conditions. Nutritional requirement after major
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nd carbohydrate 60?65%. Enteral nutrition was initiated within 21?35 hours post burn, started at 13?20 Kcal/kg/day with intermintent gravity drip method. Further, nutrition was given according to patients? tolerance, clinical condition, and complicating conditions. Micronutients 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 enhacement healing process, and reduced morbidity and mortality rate.;Background: Burn injury initiates local dan systemic inflammatory reaction,
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