

Tata Laksana Nutrisi pada Acute Kidney Injury Pasca Sectio Caesaria Disebabkan Preeklampsia Berat = Nutritional Management of Acute Kidney Injury of Sectio Caesaria Caused by Severe Preeclampsia

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Abstrak

Pendahuluan: Acute Kidney Injury (AKI) pasca SC yang disebabkan preeklampsia berat jarang terjadi namun merupakan komplikasi yang serius.

Hasil dan pembahasan: Kebutuhan energi pasien AKI diberikan sesuai kebutuhan diawali kebutuhan energi basal dengan komposisi rendah protein 0,8 g/kgBB/hari. Kebutuhan protein ditingkatkan saat terapi hemodialisa 1,2 g/kgBB/hari dan 1,5 g/kg BB/hari setelah kadar ureum dan kreatinin serum normal. Pasien oligouria dan anuria disertai peningkatan kadar ureum dan kreatinin menjalani terapi hemodialisa sewaktu guna memperbaiki fungsi ginjal.

Kesimpulan: Dukungan nutrisi adekuat dengan edukasi setiap hari. dapat mencegah pemakaian energi berlebihan dari protein yang memperburuk prognosis pasca perawatan dan meningkatkan kualitas hidup pasien.

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Introduction: Acute Kidney Injury (AKI) post-SC caused severe preeclampsia is a rare but serious complication.

Results and discussion: Energy needs AKI patients are given accordingly begins with a composition of basal energy needs of low-protein 0.8 g/kg/day. Increased protein requirements when hemodialysis therapy of 1.2 g/kg/day and 1.5 g/kg/day after serum urea and creatinine levels normal. Patient with oliguria or anuria accompanied by increased levels of urea and creatinine during hemodialysis therapy to improve renal function.

Conclusion: Support adequate nutrition with education every day can prevent the excessive energy consumption of protein post-treatment worsens the prognosis and quality of life of patients.