CASE STUDY NUTRITION CARE FOR NON-HEMODIALYSIS CHRONIC KIDNEY DISEASE PATIENTS WITH HYPERTENSION AND DIABETES MELLITUS COMPLICATIONS IN THE INTERNAL MEDICINE DEPARTEMENT SADEWA WARD RSUD JOMBANG DISTRICT HOSPITAL

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ABSTRACT

***Background**: Nutritional care is crucial for patients with Type II Diabetes Mellitus complicated by Chronic Kidney Disease (CKD) non-hemodialysis and hypertension to help control food intake according to the DMB2 diet, slow disease progression, and prevent malnutrition.* ***Objective**: To implement nutritional care for patients with Type II Diabetes Mellitus complicated by non-hemodialysis CKD and hypertension in the Sadewa Ward of Jombang District General Hospital using the Standardized Nutritional Care Process (PAGT).* ***Methods**: A descriptive observational study with a case study design in November 2024. Data were collected through interviews and review of anthropometric, biochemical, clinical physical data, as well as monitoring and evaluation results.* ***Results**: Mrs. AN, 51 years old, with complaints of edema and ascites, had a BMI of 22.4 kg/m² and was at risk of malnutrition. Anthropometry was normal, biochemistry showed low hemoglobin and hematocrit (anemia), low erythrocytes (erythrocytopenia), low lymphocytes (lymphopenia), high monocytes (monocytosis), high creatinine (hypercreatininemia), high urea (uremia), and low albumin (hypoalbuminemia). Clinical examination revealed dizziness, nausea, shortness of breath, weakness, ascites, edema, stage 1 hypertension, and tachypnea. Food intake was reduced, with a history of type 2 diabetes mellitus and prior nutrition education. Nutritional diagnosis included NI-2.1, NI-5.3, NC-2.2, NB-1.1, and NB-1.2. Interventions included a DMB2 diet and nutritional education. Monitoring showed stable anthropometric and biochemical parameters, improved physical condition, normal blood pressure, but persistently elevated respiratory rate (tachypnea or shortness of breath), and increased nutrient intake and knowledge regarding diet.* ***Conclusion**: Inpatient nutritional care had a positive impact on increasing energy intake and both macro- and micronutrient intake.*

***Keywords** : Chronic Kidney Disease, Diabetes Mellitus, Hypertension, Nutrition Care, Nutrition Intervension*