

Vol 13, No 1 (2017)

Jurnal KEMAS Vol.13 No.1 : July 2017

Table of Contents

Articles

[Analysis of Malaria Incidence in Banyumas Using Spacial-Temporal Approach](#)

Supriyanto Supriyanto, Nunung Nurhayati, Dwi Sarwani Sri Rejeki

[PDF](#)
1-6

[Health Workers Support, Culture and Status of Exclusive Breastfeeding in Sungai Ulin Community Health Center](#)

Fahrini Yulidasari, Fauzie Rahman, Puspa Rani

[PDF](#)
7-12

[Physician Performance Measurement Barriers in Private General Hospitals Around Medan City](#)

Arfah Mardiana Lubis, Puteri Citra Cinta Asyura Nasution

[PDF](#)
13-18

[Analogue Rice as The Vehicle of Public Nutrition Diversity](#)

Santi Noviasari, Suba Santika Widara, Slamet Budijanto

[PDF](#)
18-27

[The Role of Husband in Assisting Wife Who Suffer Anemia in Pregnancy](#)

Angelina da Costa Fernandes

[PDF](#)
28-34

[Human Resources Quality and Organizational Support with Performance of Health Operation Aid Fund Manager](#)

Semuel Delano Pehi

[PDF](#)
35-40

[Usate of Filter Tube to Reduce Pb, Turbidity And Increase pH of Rain Water Flowing Through Zinc Rooftop House](#)

Khayan Khayan, Husodo Husodo, Sudarmadji Sudarmadji, Sugandawaty Sugandawaty

[PDF](#)
41-49

[The Body Size and Micronutrients Status Among the Bride-To Be in Probolinggo District of East Java](#)

Sri Sumarmi Sri Sumarmi, Nunik Puspitasari, Soenarnatalina Melaniani

[PDF](#)
50-58

[Aromatherapy Ginger Use in Patients with Nausea & Vomiting on Post Cervical Cancer Chemotherapy](#)

Iis Sriningsih, Elisa elisa, Kurniati Puji Lestari

[PDF](#)
59-68

[Differences in Risk Factor of Cardiovascular Disease Risk on Rural and Urban Population](#)

Cholik Harun Rosjidi, , Nurul Sri Wahyuni

[PDF](#)
69-76

[Traditional Birth Attendants \(TBAs\) Positioning on Strengthening Partnership with Midwives](#)

Tuti Surtimanah, Yanti Herawati

[PDF](#)
77-87

[Caring Environment Model in Emergency Services of Hospitals by Banyumas Public Perception](#)

Jebul Suroso, Yuliarti Yuliarti, Eko Mardiyarningsih

[PDF](#)
88-95

[Analysis of Nutrition Care Chronic Renal Failure Patients with Health Technology Assessment](#)

Ahmad Yani, Gaga Irwan Nugraha, Dewi Marhaeni DH

[PDF](#)
96-
105

[The Positive Deviance of Feeding Practices and Caring With Nutritional Status of Toddler Among Poor Families](#)

Merita Merita, Mila Triana Sari, Hesty Hesty

[PDF](#)
106-
112

[Gender-Based Health Disorders in End-Stage Renal Disease Patients in the Hospital Elmarj City of Libya](#)

Amad M Mohammad, Ari Yuni Astuti

[PDF](#)
113-
120

[Effect of Yoga Program on Mental Health: Competitive Anxiety In Semarang Badminton Athletes](#) [PDF](#)
121-130
Donny Wira Yudha Kusuma, Wang Bin

[Correlation of Energy and Protein Consumption Levels with Physical Endurance of Rhythmic Gymnast Athletes](#) [PDF](#)
131-136
Tommy Soenyoto, Korakot Mollap, Juthathip Mungpong

[Counseling Model Development Based on Analysis of Unwanted Pregnancy Case in Teenagers](#) [PDF](#)
137-144
Efa Nugroho, Zahroh Shaluhiah, Cahya Tri Purnami, Kristawansari Kristawansari

**ANALYSIS OF NUTRITION CARE CHRONIC RENAL FAILURE PATIENTS WITH HEALTH TECHNOLOGY ASSESSMENT**Ahmad Yani¹✉, Gaga Irawan Nugraha², Dewi Marhaeni Diah Herawati³¹Departemen of Nutrition Science, Sekolah Tinggi Ilmu Kesehatan Holistik, Purwakarta²Departemen of Medical Nutrition, Faculty of Medicine, Universitas Padjadjaran, Bandung³Departemen of Public Health, Faculty of Medicine, Universitas Padjadjaran, Bandung**Info Artikel***Article History:*

Submitted December 2015

Accepted July 2017

Published July 2017

*Keywords:*chronic renal failure;
health technology assess-
ment; nutritional care**DOI**[http://dx.doi.org/10.15294/
kemas.v13i1.4367](http://dx.doi.org/10.15294/kemas.v13i1.4367)**Abstract**

Declined in nutritional status of hospitalized Chronic Renal Failure (CRF) patients were due to nutrient intake inadequate which required special attention from the Hospital Nutrition Service Team. This study analyzed the nutritional service on hospitalized CRF patients in Dr. Hasan Sadikin Hospital, Bandung using Health Technology Assessment. The study was conducted in 2014. The study design mixed method with concurrent embedded strategies. The hospital management, nutritionist and hospitalized CRF patients were qualitative subjects, selected using purposive sampling. Quantitative subjects selected using total sampling were 25 patients. Food weighing were used to measure food waste. The nutritional services technology aspects especially nutritional care using PAGT has not been entirely done. Nutritional monitoring and evaluation have not been well programmed and scheduled. The collaboration of nutritional care team have not been optimal. The food service mechanism are quite good while its portions are standardized yet. According to patient's point of view towards food service quality, the food have less variety and taste. Total of cost damage from food waste are Rp.18.099.000,00 in a year. The lack of technological and organizational aspects can reduce the food service quality. According to the patient, the lack of food service quality will increase the food waste and total cost damage.

Introduction

Renal function disorder nowadays has been one of main community health problem in Indonesia. Based on 2013 basic health research, renal disease prevalence in Indonesia is 0.3% while the prevalence of CRF on Jawa Barat Province is 0.3%. CRF is a condition in which renal function decrease chronically, progresively and permanently. The problem on CRF with hemodialysis is the high scale of malnutrition. The lack of energy and protein intake on the patient has significant relation with morbidity and mortality level (Kovesdy, 2010).

Research result in Brazil in 2007 stated that 80% CRF patient with hemodialysis are

malnourished (Santos, 2013). Research at Dr. Sardjito Hospital, Dr. Jamil Hospital and Sanglah Hospital in 2002 indicated 28.2% of patients had a declined nutritional status throughout hospitalized period (Budiningsari, 2004). Research at Dr. Moewardi District Hospital, Surakarta found out that 90.32% of CRF patient had high urea level caused by insufficient protein intake (Martini, 2010). Research at Dr. Hasan Sadikin, Bandung in 2013 indicated average energy and protein intake of CRF patient with hemodialysis is 2001 kkal/day and 1.32 gr/kg BW/day. The low nutrition intake is triggered by the base diseases which are diabetes and hypertension (Herawati, 2014). Unfulfilled nutrition requirement influenced

✉ Correspondence Address:

Jalan Veteran No. 272 Ciseureuh Purwakarta Jawa Barat Indonesia
Email : ahmadyani@holisticindonesia.com