

### 7.3 Saran

1. Prevalensi PEW masih tinggi di RSUP Dr. Wahidin Sudirohusodo sehingga diperlukan deteksi dini, evaluasi berkala, dan manajemen tatalaksana terhadap PEW, serta edukasi gizi pada gagal ginjal, terutama yang menjalani dialisis.
2. Inflamasi memiliki peranan penting terhadap perubahan status nutrisi dan parameternya sehingga diperlukan manajemen terhadap inflamasi dan intervensi pada gagal ginjal
3. Penelitian *multi-center* dengan jumlah sampel yang lebih besar, durasi penelitian yang lebih panjang, serta mengontrol faktor lain yang mempengaruhi CRP, seperti dialisis dan komorbid.

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# LAMPIRAN 1

## Formulir *Subjective Global Assessment (SGA)*

Isilah titik-titik (.....) dan beri tanda V pada ( ), atau tanda O pada A, B, C, atau D untuk jawaban yang dipilih.	
Ruang Rawat :	No. Rekam Medik :
Nama Pasien :	Agama :
No. Register :	Pendidikan :
Jenis Kelamin : Pria/Wanita *	Pekerjaan :
Tanggal lahir/ Umur : .....tahun,	Hari/Tanggal Masuk RS :
Alamat :	Hari/Tanggal wawancara :
Tinggi/Panjang Badan:.....cm	Diagnosa/Periyakit :

Waktu Pengisian : Kunjungan Awal/Hari Ke-7/Hari Ke-14 (Beri tanda O pada waktu yang dipilih)

DESKRIPSI	JAWABAN	SKOR SGA		
		A	B	C
<b>RIWAYAT ASUPAN</b>				
1. Asupan makanan Perubahan dalam jumlah asupan akhir-akhir ini dibandingkan dengan kebiasaan :	1. ( ) asupan cukup & tidak ada perubahan, kalau ada, hanya sedikit dan atau dalam waktu singkat 2. ( ) asupan menurun tapi tahap ringan (Diet padat suboptimal) 3. ( ) asupan rendah (diet cair penuh /hanya suplemen nutrisi oral) 4. ( ) asupan sangat tidak cukup dan menurun tahap berat,tidak ada perbaikan dari sebelumnya	A	B	C
Lamanya dan derajat perubahan asupan makanan	1. ( ) < 2 minggu, sedikit/tanpa perubahan 2. ( ) > 2 minggu, perubahan ringan-sedang 3. ( ) tak bisa makan, perubahan drastis	A	B	C
2. Berat Badan (BB)  Kehilangan BB selama 6 bln terakhir <u>BB Biasanya – BB awal masuk</u> BB Biasanya	•BB biasanya.....kg      •BB saat ini.....kg  1. ( ) tidak ada 2. ( ) ada perubahan, bertambah atau menurun < 5 % 3. ( ) ada penurunan BB 5-10 % 4. ( ) ada penurunan > 10 % 5. ( ) tidak tahu (tidak di score)	A A	B	C
Perubahan BB 2 minggu terakhir Bila pasien tidak yakin, tanyakan : 1. Perubahan ukuran ikat pinggang 2. Perubahan ukuran pakaian 3. Asumsi teman melihat “lebih kurus”	1. ( ) tidak ada 2. ( ) tidak ada, tapi BB di bawah atau di atas normal 3. ( ) ada kenaikan, tapi BB belum normal 4. ( ) BB turun  (catatan : IMT normal : 18,5-22,9)	A	B B	C
3. Gejala Gastrointestinal	Jika tidak, langsung ke	Frekuensi	Lamanya	
1. Anoreksia	1. ( ) tidak 2. ( ) ya	1. ( ) tidak pernah 2. ( ) tiap hari 3. ( ) 2-3x/mgg 4. ( ) 1-2x/mgg	1. ( ) > 2 mgg 2. ( ) < 2 mgg	
2. Mual	1. ( ) tidak 2. ( ) ya	1. ( ) tidak pernah 2. ( ) tiap hari 3. ( ) 2-3x/mgg 4. ( ) 1-2x/mgg	1. ( ) > 2 mgg 2. ( ) < 2 mgg	
3. Muntah	1. ( ) tidak 2. ( ) ya	1. ( ) tidak pernah 2. ( ) tiap hari 3. ( ) 2-3x/mgg 4. ( ) 1-2x/mgg	1. ( ) > 2 mgg 2. ( ) < 2 mgg	
4. Diare	1. ( ) tidak 2. ( ) ya	1. ( ) tidak pernah 2. ( ) tiap hari 3. ( ) 2-3x/mgg 4. ( ) 1-2x/mgg	1. ( ) > 2 mgg 2. ( ) < 2 mgg	
• Jika beberapa gejala atau tidak ada gejala, sebentar-sebentar • Jika ada beberapa gejala > 2 minggu • Jika >1 / semua gejala setiap hari/teratur > 2 minggu				A B C

DESKRIPSI	JAWABAN	SKOR SGA		
		A	B	C
<b>4. Kapasitas Fungsional</b> • Deskripsi keadaan fungsi tubuh :	1. ( ) aktivitas normal, tidak ada kelainan, kekuatan/stamina tetap 2. ( ) aktivitas ringan, mengalami hanya sedikit penurunan (tahap ringan) 3. ( ) tanpa aktivitas/di tempat tidur, penurunan kekuatan/stamina (tahap buruk)	A	B	C
<b>5. Penyakit dan Hubungannya dengan Kebutuhan Gizi</b> • Secara umum, ada gangguan stress metabolik ? • Bila ada, kategorinya : (stress metabolik akut)	1. ( ) tidak 2. ( ) ya 1. ( ) Rendah (mis : hernia inguinal, infeksi, peny. Jantung kongestif) 2. ( ) Sedang (mis : DM + pneumonia) 3. ( ) Tinggi (mis : ulcerative colitis + diare, kanker, peritonitis berat)	A	B	C
<b>PEMERIKSAAN FISIK</b>				
1. Kehilangan lemak subkutan (trisept, bisept)	1. ( ) tidak ada 2. ( ) salah satu tempat 3. ( ) kedua tempat	A	B	C
2. Kehilangan massa otot (tl. Selangka, scapula/tl. belikat, tl. rusuk, betis)	1. ( ) tidak ada 2. ( ) beberapa tempat 3. ( ) semua tempat	A	B	C
3. Edema/Asites	1. ( ) tidak ada 2. ( ) Ringan / Sedang 3. ( ) berat	A	B	C
<b>FAKTOR KONTRIBUSI</b>				
4. Kaheksia (Pengurangan lemak dan otot karena penyakit dan peradangan)	1. ( ) tidak ada 2. ( ) sedang 3. ( ) berat	A	B	C
5. Sarkopenia (pengurangan massa otot dan kekuatan)	1. ( ) tidak ada 2. ( ) sedang 3. ( ) berat	A	B	C
<b>KESELURUHAN SKOR SGA</b>				
A = Gizi Baik/Normal (Skor "A" pada $\geq$ 50% kategori atau ada peningkatan signifikan)				
B = Gizi Kurang (Skor "B" pada $\geq$ 50% kategori)				
C = Gizi Buruk (Skor "C" pada $>$ 50% kategori, tanda-tanda fisik signifikan)				

Dokter Pemeriksa :