INTRODUCTION
N utrition in acute neurology disorders is important and has been proved to reduce risks of infection and improve survival rate as well as reducing disabilities.

OBJECTIVE
To report the role of nutrition management in a 61 year old female case with non haemorrhagic stroke, dysphagia, dyslipidemia and hypoalbuminemia.

CASE DESCRIPTION
61 years old female with non haemorrhagic stroke and dyslipidemia wasn’t able to feed orally because of unconclusiveness GCS E2M4Vx since 15 days ago. There was a history of hypertension and diabetes mellitus. Minimal oedema in the pretilial extremities and anthropometric MUAC 23.5 cm was found. Laboratory showed decrease of albumin and total protein. CT-scan showed wide infark at frontotemporalis dextra. Patient was diagnosed severe PEM, dyslipidemia and hypoalbuminemia. Total energy expenditure (TEE) was 1400 kkal with 55% carbohydrate, 18% protein and 27% fat. Nutritional intervention was given through NGT with immune nutrient formula (arginine, glutamin and fish oil) 2x200 kkal, fruit juice 1x100 kkal, tube feeding 3x250 kkal and olive oil 3x1 tablespoon. Fluid requirements was 1400 ml/day. Supplementation with multivitamin and snakehead fish extract 3x2 capsules/day as well as nutrition education for patient and family. Caloric and protein needs reached 100% on the 5th day of treatment and started orally on the 20th day after consciousness was fully recovered. Patient showed improvement of albumin, total protein, haemoglobin, total chol, HDL chol, LDL chol and TG. Patient was discharged after 29 days treatment with consciousness and swallowing ability recovery, increased of nutritional status and laboratorium levels.

MONITORING AND EVALUATION

CONCLUSION
Nutritional management for neurological patients with dysphagia and other complications is important. Recovery can be seen by improvement of consciousness, swallowing abilities and nutritional status