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ABSTRACT

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DIFFERENCES IN MACRO NUTRIENT INTAKE LEVELS IN ENTERAL TUBE FEEDING AND ORAL SOLID FOODS IN ISCHEMIC STROKE PATIENTS (OBSERVATIONAL STUDY IN THE JABAL NUR INPATIENT ROOM, KHZ. MUSTHAFA REGIONAL HOSPITAL IN 2024)

In stroke patients there are limitations in reception, digestion and absorption of nutrients. Stroke damages the part that regulates the chewing and swallowing process, causing the person to be unable to consume enough food, thereby risking malnutrition. Enteral tube feeding is an intervention for someone who cannot eat orally. This study aims to analyze differences in levels of macronutrient intake in enteral tube feeding and oral solid food in ischemic stroke patients. The type of research is comparative research with analytical observational methods using a cross-sectional study. The study population was ischemic stroke patients who were hospitalized, then 66 respondents were selected using the consecutive sampling method. Data on macronutrient intake levels using a non-consecutive 2 x 24 hour food recall form, then compared with hospital diet standards and with the macronutrient needs of each respondent. Upper arm circumference and ulna length were measured using an upper arm circumference tape and metlin. The measurement data is followed by conversion to determine estimated body weight and height. The data analysis technique uses the Man-Whitney test. The test results showed that there were differences in the levels of energy intake (p value = (0.003), protein (p value = (0.024)), and fat (p value = (0.000)) between the two groups. The level of carbohydrate intake in the two groups showed no difference (p value = 0.067). Conclusion: there are differences in the level of energy, protein, fat intake and no difference in the level of carbohydrate intake in enteral tube feeding and oral solid food in ischemic stroke patients. Suggestions for further research can be considered using a case-control research design to look back at factors that can influence the level of intake or provision of interventions to see differences before and after providing the intervention.

Keywords: enteral tube feeding, ischemic stroke, macronutrients, oral solid