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**Nutrition intervention for pediatric patient with chronic kidney disease on dialysis, hypertension, and malnutrition: case study**

**Nita Azka Nadhira**

Department of Nutrition, Dr Cipto Mangunkusumo National Center Hospital, Indonesia

**Case Study:** This case study aims to elaborate nutrition care process for malnourished pediatric patient with chronic kidney disease on dialysis and hypertension.

As a part of nutrition care process, nutrition intervention consists of specific actions used to remedy nutrition diagnosis/problems. It was preceded by comprehensive nutrition assessment, led by precise nutrition diagnosis, and being monitored and evaluated until problems solved. Dietitian performed and recorded a nutrition care process to a malnourished adolescent patient with chronic kidney disease who recently started dialysis treatment in Cipto Mangunkusumo Hospital.

A 16-years old girl with CKD grade V, hypertension grade II, and retinopathy hypertension came to hospital due to extreme headache. Patient was moderately malnourished since she had wasted body muscle, edema in face and extremity, and fell into under third percentile of weight-per-height in child growth standard. She had bad appetite and fluid restriction due to dialysis, resulted in poor diet adherence where she ate less and tended to consume salty food. The condition was worsened by family's inability to support her with adequate nutrition due to financial problem.

Nutrition intervention given was focused firstly on prescribing low sodium modified diet which was combined with renal-specific formula as oral nutrition support. Patient showed satisfying diet tolerance where oral intake increased two times during intervention. Secondly, arranging family counselling so that patient and parents were able to implement diet plan at home independently. They learned how to choose safe and nutritious food and implement affordable renal diet formula recipe at home.

Prescribing renal-specific formula had a significant role to optimize protein and energy intake and advantageous to correct malnutrition. Pediatric patients with dialysis should have intensive diet counselling together with their family to enhance patient's adherence to prescribed diet. Family should be totally supportive and commit to provide adequate and nutritious food at home.

Clinical Sign of Malnutrition in Pediatric CKD

