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Nutrition Care Process in Pediatric Patient with Chronic Kidney Disease (CKD) G5A3, Vesicoureteral Reflux (VUR) Grade V, Hidronefrosis Bilateral and Moderate Malnourished

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Case Study: Background: Growth failure is a major problem in pediatric patients with chronic kidney disease (CKD), and onset condition in infancy is more likely to have an adverse impact on growth in children. **Client History:** FSR was a 10 months boy with CKD G5A3, VUR grade V and hidronefrosis bilateral and attached a catheter last two months. **Assessment:** Anthropometric data 6.51kg weight, 67.5cm height, nutritional status was moderate malnourished (W/H -3SD<z<-2SD). Energy requirement was 950Kcal. energy and nutrient intakes were 800Kcal (84%RDA) and protein 8 g/1.2 g/kg/day (<1,5 g/kg/day). **Nutrition Diagnosis:** Illness Related Pediatric Malnutrition (undernutrition) (NC-4.1.5) related to Chronic Kidney Disease G5A3 as evidence by wasted malnourished (W/H -3SD<z<-2SD), nutrient intake 84%RDA, protein intake <1.5 g/kg/day, GFR 16 mL/min/1.73 m². **Dietary Prescription Intervention:** Improving malnutrition condition, physical finding and protein intakes. target energy was 950 Kcal (100%RDA) and protein 12 g (1.5 g/kg/day) with nutrition therapy (3x solid food) and partial hydrolyzed infant formula 3x150 mL (20 Kcal/oz). **Monitoring Evaluation:** During 4 weeks patient weight is increase 6.6 kg height 69 cm and nutrition status was W/H -3 SD<z<-2SD . intake was 750 Kcal (74%RDA) with protein 10 g (1.3 g/kg/day). Therefore, Dietitian had to increased energy intake from enteral nutrition (1mL/1Kcal) 6x150 mL (900 Kcal, Protein 13 g (1,5 g/kg/day). In addition, on the third visite intake was enteral nutrition 5x100 mL (1mL/1 Kcal) and 3x solid food total daily energi intake was 800 Kcal (80%RDA) and protein intake 10 g (1.2 g/kg/day). For increased energi and protein intake, dietitian provide enteral nutrition with 1 mL/1 Kcal and Protein 14 g/1000 mL. **Summary:** NCP for pediatric with CKD is criticcal as it requires highly competence Dietitian in performing modified nutrition therapy to achieve target goals. Family reluctance and cooperation with nutrition therapy would be an intrigue NCP challenge.