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Medical nutrition therapy for 47th woman with altered mental status uremic encephalopathy chronic kidney disease on hemodialysis: a case report

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Background: Uremic encephalopathy is a complex syndrome associated with acute kidney injury or chronic kidney disease. Manifestations of this syndrome is varied from mild to severe. Medical nutrition therapy by managing the diet followed by general medical therapy can have better chance to improving patient's condition.

Case Report: A case of 47-year-old woman with altered mental status caused by uremic encephalopathy, CKD on HD. Pre dialysis weight is about 50 kg and post dialysis weight 48 kg, with the height 156 cm. Reported a long history of hypertension and had a family history of diabetes mellitus on the fraternal side. The patient lied with NGT on Intensive Care Unit and with fluid restriction and low protein diet. Targeted calories 25-30 mg/kgBw/day and protein 0,6-0,8 mg/kgBw/day. The patient is being discharged with low protein enteral formula after 7 days care.

Conclusion: Energy requirement for critically ill care accord-

ing to ASPEN 25-30 kcal/kgbw/day, carbohydrates intake should not exceed 5mg/kg/min and protein required is about 1.2–2.0 g/kg/day. According to ESPEN, 70% - 100% of measured energy expenditure should administered to critically ill patients, 2 g/kg of carbohydrates per day and 1.3 – 1.5 g/kg/day of protein. In this case, the patient has diagnosed by uremic encephalopathy and according to KDOQI/KDIGO, the patient should has 25-25 kcal/kg/day to meet energy intake and 0.6 – 0.8 g/kgbw/day protein, carbohydrates are not mentioned specifically. Medical nutrition therapy evaluated from intake monitoring, ureum and creatinine levels also the clinical condition. ET tube and nasogastric tube extubated on fourth day, and the patient can consume soft food orally.

Biography

Shinta Koastin Tianti Putri is a general practitioner in RSUD Hj. She has graduated from Faculty of Medicine Maranatha Christian University in 2019 and currently working at RSUD Hj.

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