

RSUD dr. Murjani Sampit

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Telp.(0531) 21010

(Isi data atau tempel label identitas pasien bila ada)

No.Rekam Medis:

Nama :

Tgl Lahir / Umur :

Jenis Kelamin :

**ASUHAN GIZI DEWASA**

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| Nama Pasien  No.RM  Tanggal Lahir  Diagnosa Medis | :  :  :  : | .....................................................................................................................................................L/P  ..........................................................................................................................................................  ..........................................................................................................................................................  ........................................................................................................................................................... |

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| Tindak Lanjut  Rekomendasi | :  :  : | Perlu Asuhan Gizi (Lanjutkan ke Assesment Gizi)  Belum perlu asuhan gizi  Makanan Biasa Gizi Seimbang  Diet Khusus : .......................................................................................................... |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tanggal | : | Jam : | | | | | |  |
| **ASSESMEN** | | | | | | | | |
| ANTROPOMETRI | | | | | | | | |
| BB  TB  TINGGI LUTUT  RENTANG LENGAN  LLA (Khusus Ibu Hamil) | | | :  :  :  :  : | ............................kg  ...........................cm  ...........................cm  ...........................cm  ...........................cm | IMT  STATUS GIZI  (Pilih Di Kriteria Penilaian IMT) | :  : | ...................Kg/m2  .................................................... | |

Kriteria Penilaian IMT :

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| --- | --- |
| BB kurang | <18,5 kg/m2 |
| Normal | 18,5 – 22,9 kg/m2 |
| BB lebih | ≥23 kg/m2 |
| At Risk (berisiko) | 23 – 24,9 kg/m2 |
| Obese I | 25 – 29,9 kg/m2 |
| Obese II | ≥30 kg/m2 |

Sumber : *WHO WPR/IASO/IOTF dalam the Asia Pasific Perspective : Redefining Obesity and its Treatment*

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| **Biokimia** | : |  |
| **Klinik/Fisik** | : |  |
| **Riwayat Gizi**  Alergi Makanan | :  : | Ya  Tidak  Bahan makanan : |
| **Diagnosis** | : |  |
| **Intervensi** | : |  |
| **Monitoring** | : |  |
| **Intervensi** | : |  |