INTISARI

Penelitian ini merupakan penelitian untuk membuat suatu pedoman peracikan obat di puskesmas yang diharapkan dengan adanya pedoman peracikan obat dapat meningkatkan kualitas pelayanan kefarmasian terutama dalam hal peracikan obat. Tujuan penelitian ini adalah menyusun rekomendasi pengembangan pedoman peracikan obat di puskesmas yang kemudian disusun dalam bentuk modul.

Penelitian ini terdiri dari tiga tahap yaitu *Planning, Production* dan *Evaluation* (PPE). Tahap I (*Planning*) didahului dengan melakukan studi observasi terlebih dahulu mulai dari survey, observasi, uji laboratorium dan *focus group discussion* (FGD). Tahap II (*Production*) dengan melakukan triangulasi, membuat rekomendasi dan menyusun serta mengembangkan pedoman peracikan obat di puskesmas. Tahap III (*Evaluation)* berupa validasi ahli yang dilakukan oleh ahli dan praktisi sesuai dengan bidangnya masing-masing. Penelitian dilakukan di Puskesmas Kabupaten Banyumas. Subyek penelitian dalam penelitian ini adalah tempat peracikan obat, resep racikan, personel yang melakukan peracikan obat dan sampel sediaan racikan dari puskesmas. Analisis data dilakukan secara deskriptif.

Hasil penelitian menunjukkan bahwa terdapat enam aspek utama yang perlu diperhatikan dalam peracikan obat. Aspek-aspek tersebut adalah 1) personel; 2) fasilitas; 3) peralatan, 4) proses peracikan, 5) pengemasan, pelabelan dan penyimpanan; dan 6) dokumentasi. Berdasarkan hasil identifikasi terdapat tiga bentuk sediaan racikan yaitu sediaan padat (pulveres), sediaan cair (suspensi) dan sediaan semipadat. Resep racikan sediaan padat (pulveres) yang paling banyak diresepkan adalah Chlorpeniramine maleat (CTM) + Dexametahsone + Glyseril Guaikolat (GG) dengan pola peresepan Anti Histamin + Kortikosteroid + Ekspectorant (Mukolitik) . Resep racikan sediaan cair (suspensi) yang paling banyak diresepkan adalah Amoxicillin dry sirup + CTM tablet + Dexametason tablet dengan pola peresepan AntiInfeksi (Antibiotik) + Anti Histamin + Kortikosteroid. Resep racikan sediaan semipadat yang paling banyak diresepkan adalah Hydrocortisone + Gentamycin dengan pola peresepan Kortikosteroid + AntiInfeksi (Antibiotik). Berdasarkan hasil observasi di puskesmas untuk personal, fasilitas dan ruang peracikan, kebersihan (*personal hygene* dan sanitasi), peralatan, bahan tambahan, wadah, etiket/label, dokumentasi dan sumber informasi serta prosedur peracikan masih bervariasi dan belum terstandarisasi. Berdasarkan hasil uji laboratorium diketahui bahwa uji kualitas fisik maupun mikrobiologi dari sediaan racikan yang dibuat di puskesmas belum semuanya memenuhi kualitas fisik dan mikrobiologi. Tahap kedua dalam penelitian ini adalah tahap produksi dimulai dari triangulasi kemudian diperoleh rekomendasi dan kemudian disusun dan dikembangkan menjadi modul peracikan obat di puskesmas. Tahap terakhir adalah evaluasi berupa validasi ahli dan praktisi. Modul peracikan obat di puskesmas yang sudah divalidasi ahli mendapatkan nilai 93,23 yang berarti sangat valid dan validasi praktisi 82,86 yang berarti relevan.

Modul peracikan obat yang telah divalidasi dapat menjadi pedoman dan panduan bagi personel maupun pihak-pihak terkait dalam meningkatkan kualitas pelayanan kefarmasian terutama dalam hal peracikan obat di puskesmas.

Kata kunci: Studi observasi, Peracikan Obat, Puskesmas, Pengembaangan Pedoman

ABSTRACT

This research aims to make a guideline of extemporaneous compounding in primary health care centers in the form of a module which is expected to improve quality of pharmaceutical services at the health centers, especially in extemporaneous compounding.The purpose of this study is to develop recommendations for developing guidelines for extemporaneous compounding at the health centers which are then arranged in the form of modules.

This research consisted of three phases, namely Planning, Production and Evaluation (PPE). Phase I (Planning) was preceded by conducting observational studies first; starting from surveys, observations, laboratory tests and focus group discussions (FGD). Phase II (Production) was by triangulating, making recommendations, arranging and developing extemporaneous compounding guideline in the primary health care centers. Phase III (Evaluation) in the form of expert validation carried out by both experts and practitioners in accordance with their respective fields. The study was conducted in Banyumas Primary Health Care Centers. The research subjects in this study were extemporaneous compounding facilities (room), extemporaneous compounding, personnel who made the compounding and sample of dosage form from the health centers. Data analysis was performed descriptively.

The results show that there were six main aspects that needed to be considered in drug compounding. These aspects are 1) personnel; 2) facilities; 3) equipment, 4) drug compounding process, 5) packaging, labeling and storage; and 6) documentation. Based on the identification results there were three dosage forms namely solid dosage (pulveres), liquid dosage (suspensions) and semi-solid dosage. The most prescribed extemporaneous compounding of solid dosages (pulveres) was Chlorpeniramine maleate (CTM) + Dexametahsone + Glyseril Guaikolat (GG) with Anti Histamine + Corticosteroid + Expectorant (Mucolytic) prescription patterns. While the most prescribed extemporaneous compounding of liquid dosage (suspensions) was Amoxicillin dry syrup + CTM tablets + Dexamethasone tablets with compounding patterns as follow: Anti-Infections (Antibiotics) + Anti Histamines + Corticosteroids. The most prescribed extemporaneous compounding of semi-solid dosage was Hydrocortisone + Gentamycin with a corticosteroid + Anti-Infection (Antibiotic) prescription pattern. Based on observations at the health care centers for personal, compounding facilities and rooms, cleanliness (personal hygiene and sanitation), equipment, supplementary materials, containers, labels, documentation and sources of information and compounding procedures are still varied and not standardized. Based on the results of laboratory tests it was known that physical and microbiological quality tests of the dosage made at the clinic did not all meet the physical and microbiological quality. The second stage in this research was the production stage starting from triangulation then recommendations are obtained and then compiled and developed into an extemporaneous compounding module at the health centers. The final phase was the evaluation in the form of expert validation and practitioner of the compounding. The module in the validated health care center had a value of 93.23 and 82.86 which means it was very valid and relevan.

The module that has been validated is expected to be a guideline for personnel and related parties in improving the quality of pharmaceutical services, especially in terms of extemporaneous compounding.
Keywords: *Observation studies, Extemporaneous Compounding, Primary Health Care Center, Developing Guidelines*