

INTISARI

Pelayanan resep racikan masih sering dijumpai di puskesmas. Resep racikan rentan terhadap terjadinya *medication error*. Skrining resep yang dilakukan apoteker dapat mencegah potensi terjadinya *medication error*. Penelitian bertujuan untuk mengetahui karakteristik resep racikan dan peran apoteker dalam upaya mencegah *medication error*.

Penelitian bersifat non eksperimental dengan metode deskriptif. Pengambilan data secara retrospektif dari lembar resep racikan periode bulan Januari-Juni 2017 di Puskesmas Godean II dengan teknik *quota sampling* (n=600). Peran apoteker dalam upaya mencegah *medication error* diperoleh dari wawancara dengan apoteker berdasarkan potensi *medication error* dari hasil analisis karakteristik resep racikan.

Hasil penelitian profil resep racikan meliputi distribusi usia pasien terbanyak yaitu pasien berusia 0-5 tahun sebesar 84,33%, bentuk sediaan racikan terbanyak yaitu pulveres sebesar 99,52%, jumlah R/ racikan tiap lembar resep terbanyak yaitu satu R/ racikan sebesar 94,83%, jumlah zat aktif tiap R/ racikan terbanyak yaitu dua zat aktif sebesar 39,72%, serta zat aktif terbanyak yang diresepkan menjadi sediaan racikan yaitu CTM sebesar 31,73%. Potensi *medication error* terbanyak ditinjau dari aspek administrasi yaitu tidak terdapat berat badan sebesar 74,17%, farmasetik yaitu tidak terdapat kekuatan sediaan sebesar 89,08%, dan klinis yaitu dosis tidak tepat sebesar 52,59%. Peran apoteker dalam mencegah *medication error* dilakukan dengan konfirmasi kepada pasien dan dokter yang bersangkutan.

Kata kunci: resep racikan, *medication error*, apoteker, puskesmas

ABSTRACT

Extemporaneous compounding prescription service is still found often at primary health care. Screening the prescription by pharmacist could be preventing events that potentially cause a medication error. The purpose of this study was to know characteristics of the extemporaneous compounding prescription and the role of pharmacist in preventing medication error.

The study was conducted by non experimental descriptive method. The data retrieval was carried out retrospectively from the extemporaneous compounding prescription in January–June 2017 at Godean II health primary care by using quota sampling technique (n=600). The role of pharmacist in preventing medication error was obtained from interview with the pharmacist based on the events that potentially cause a medication error that found from the analysis of extemporaneous compounding prescription characteristics.

Result of extemporaneous compounding prescription profiles showed that mostly of patient age distribution were patient 0-5 years old (84,33%), extemporaneous compounding dosage form that mostly prescribed were pulveres (99,52%), extemporaneous compounding prescription that contain one extemporaneous compounding dosage form (94,83%) was mostly prescribed, two active substances (39,72%) in an extemporaneous compounding dosage form were mostly prescribed, and active substances that mostly prescribed were CTM (31,73%). Mostly events that potentially cause a medication error at administration aspect were the prescription didn't include patient's weight (74,17%), at pharmaceutical aspect were the prescription didn't include drug's strength (89,08%), and at clinical aspect were inappropriate dose (52,59%). The role of pharmacist in preventing medication error was done by confirming with patient and prescriber.

Keywords: *extemporaneous compounding prescription, medication error, pharmacist, primary health care*