

INTISARI

Resep racikan umum diberikan pada pelayanan kesehatan di Puskesmas. Peresepan obat racik memerlukan perhatian khusus sebab berpotensi menyebabkan *error*. *Medication error* adalah kejadian yang dapat dicegah oleh tenaga kesehatan yang bertanggung jawab terhadap proses pengobatan yaitu apoteker. Penelitian ini mengidentifikasi potensi terjadinya *medication error* pada pelayanan resep racikan dan peran apoteker dalam upaya mencegahnya.

Penelitian dilakukan dengan metode deskriptif non eksperimental. Pengambilan data dilakukan secara retrospektif pada 600 lembar resep racikan bulan Januari-Juni 2017 di Puskesmas Godean II dengan teknik *quota sampling* dan dipadukan wawancara dengan apoteker. Data dianalisis untuk mengetahui karakteristik resep racikan, potensi terjadinya *error* serta upaya apoteker dalam mencegah *medication error*.

Resep racikan paling banyak diberikan pada umur 1 bulan - <2 tahun (49,67%). Resep racikan yang mengandung satu R/ racikan (98,67%) dan resep racikan yang mengandung 2 zat aktif setiap R/ racikan (37,50%) paling banyak diresepkan. Pulveres merupakan bentuk sediaan yang paling banyak diresepkan (99,84%). Zat aktif yang paling banyak diresepkan adalah klorfeniramin maleat (31,37%). Kejadian berpotensi *error* pada aspek administratif adalah tidak dicantumkannya berat badan pasien (99,33%), aspek farmasetis adalah tidak dicantumkannya kekuatan obat (93,26%), dan aspek klinis adalah kejadian dosis kurang (30,39%). Peran apoteker dalam upaya mencegah *medication error* pada pelayanan resep racikan adalah dengan melakukan skrining resep dan konfirmasi kepada *prescriber* maupun pasien.

Kata kunci: Resep Racikan, *Medication Error*, Apoteker, Puskesmas

ABSTRACT

Extemporaneous compounding prescriptions are still prescribed at primary health care. Extemporaneous compounding prescriptions are likely to cause an error so it needs more attention. Medication error is any preventable event that may cause to inappropriate medication uses while under control of health care profession.

This study was conducted by non experimental descriptive method. A retrospective study was carried out using 600 prescriptions from Januari-Juni 2017 at Godean II primary health care by using quota sampling. Interview with the pharmacist was done to support the data. The data were analyzed to find out the characteristic of extemporaneous compounding prescription and its potential to cause an error, also the role of pharmacist in preventing medication error.

Result demonstrated that extemporaneous compounding prescriptions mostly were prescribed for children 1 month - <2 years old (49,67%). Extemporaneous compounding prescription that contain one dosage form (98,67%) and two active substances (37,50%) were mostly prescribed. Dosage forms that mostly prescribed were pulveres (99,84%). Active substances that mostly prescribed were chlorpheniramine maleate (31,37%). Events that potentially cause an error at administration aspect were the prescription that didn't include patient's weight (99,93%), events that potentially cause an error at pharmaceutical aspect were the prescription that didn't include drug's strength (93,26%), and events that potentially cause an error at clinical aspect were low dose (30,39%). The role of pharmacist in preventing medication error was done by screening the prescriptions and confirming it to the prescriber and patient.

Keyword: *Extemporaneous compounding prescription, Medication error, Pharmacist, Primary Health Care*