INTISARI

Angka pasien dengan gagal ginjal akut terbilang cukup tinggi. Begitu pula dengan mortalitasnya. Pada pasien dengan gagal ginjal akut, ketidakstabilan nilai kreatinin serum mengharuskan adanya penyesuaian dosis. Penelitian ini bertujuan untuk mengetahui proporsi rejimen dosis obat-obat yang rasional yang diberikan pada pasien rawat inap dengan gagal ginjal akut dan gambaran rasionalitas rejimen dosis obat-obat yang diberikan pada pasien rawat inap dengan gagal ginjal akut.

Penelitian ini merupakan penelitian observatif dengan rancangan *cross sectional*. Sampel didapatkan dengan metode *simple random sampling* dengan melihat data rekam medik terhadap 100 orang. Luaran yang diukur meliputi rasionalitas rejimen dosis berdasarkan literatur dan perhitungan konsentrasi tunak, ketidakrasionalan rejimen dosis berdasarkan literatur dan perhitungan konsentrasi tunak dan perubahan rejimen dosis. Rasionalitas rejimen dosis ditentukan dengan membandingkan secara langsung rejimen dosis yang diterima pasien dengan rejimen dosis hasil penyesuaian yang seharusnya diberikan berdasarkan literatur dan membandingkan konsentrasi tunak minimal dan maksimal obat dalam plasma berdasarkan parameter farmakokinetik dengan rentang terapi sesuai literatur.

Hasil dan simpulan dari penelitian yang dilakukan menunjukan 60,00% rejimen dosis rasional menurut literatur dan 94,12% rejimen dosis rasional berdasarkan perhitungan konsentrasi tunak dari 102 kasus rejimen dosis tidak rasional berdasarkan literatur. Gambaran rasionalitas rejimen dosis obat berupa 40,00% rejimen dosis tidak rasional di mana 17,05% akibat dosis satu kali pemberian tidak rasional, 52,84% akibat interval pemberian tidak rasional, dan 30,11% akibat dosis satu kali pemberian dan interval pemberian tidak rasional. Berdasarkan perhitungan konsentrasi tunak terhadap 102 kasus rejimen dosis tidak rasional berdasarkan literatur diketahui bahwa 5,88% rejimen dosis tidak rasional di mana 33,33% akibat kadar obat kurang dan 66,67% akibat kadar obat berlebih.

Kata kunci: rasionalitas, rejimen dosis, gagal ginjal akut, *acute kidney injury*

ABSTRACT

Background/Aims: In patients with acute kidney injury, dose adjustment should be considered because of serum creatinine's instability. Therefore, this study aimed to evaluate the proportion of rational drug dosage regimens administered to hospitalized patients with acute kidney injury and to represent the irrationality of drug dosage regimens administered to hospitalized patients with acute kidney injury.

Methods: This study was an observational study with cross sectional design. Samples were obtained by simple random sampling to the medical record data in 100 hospitalized patients with acute kidney injury. Measured outcomes were rationality of drug dosage regimens according to the literature and steady-state concentration, irrationality of drug dosage regimens according to the literature and steady-state concentration, and change in drug dosage regimens. The rationality of the drug dosage regimens were determined by the difference between the actual drug dosage regimens administrated to patient and according to the literature as well as the difference between minimum and maximum steady-state concentration based on pharmacokinetic parameters and therapeutic window according to the literature.

Results and Conclusions : The results showed that 60,00% of the drug dosage regimens were rational according to the literature and 94,12% of the drug dosage regimens were rational based on steady-state concentration from 102 irrationality cases according to the literature. The rationality of the drug dosage regimens were presented by 40,00% of the drug dosage regimens were irrational which 17,05% of the doses were irrational, 52,84% of the intervals were irrational, and 30.11% of both doses and intervals were irrational. Based on steady-state concentration, it was found that from 102 irrationality cases according to the literature, 5,88% of the drug dosage regimens were irrational which 33,33% of the drug concetration were too low and 66,67% of the drug concentration were too high.

Keywords: rationality, drug dosage regimen, acute kidney injury