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Pemantauan Terapi Obat pada Pasien Abses Skrotum Post-Debridement dengan Multimorbiditas di RSUP Fatmawati = Therapeutic Drug Monitoring of Post-Debridement Scrotal Abscess Patient with Multimorbidity at RSUP Fatmawati

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Abstrak

Pemantauan Terapi Obat (PTO) merupakan suatu proses yang mencakup kegiatan untuk memastikan terapi obat yang aman, efektif dan rasional. Pemantauan terapi obat mencakup pengkajian pilihan obat, dosis, cara pemberian obat, respons terapi dan rekomendasi perubahan atau alternatif terapi. Pemantauan terapi obat harus dilakukan secara berkesinambungan dan dievaluasi secara teratur pada periode tertentu agar keberhasilan ataupun kegagalan terapi dapat diketahui. Dalam hal ini, keberadaan apoteker memiliki peran yang penting dalam mencegah munculnya masalah terkait obat melalui pemantauan terapi obat. Tujuan dari tugas khusus ini antara lain mengevaluasi dosis dan indikasi terapi yang diterima, melakukan analisis potensi interaksi antar obat dan melakukan analisis Drug Related Problem (DRP) dengan menggunakan klasifikasi Pharmaceutical Care Network Europe (PCNE) V9.1. Pengkajian yang dilakukan terhadap pasien dimulai dengan mengambil data dari rekam medis, catatan pemberian obat, catatan terintegrasi dokter, hasil pemeriksaan laboratorium, serta hasil kultur bakteri dan sensitifitas antibiotik. Setelah melakukan kegiatan penelitian tugas khusus terkait dengan pemantauan terapi obat pasien abses skrotum post-debridement dengan multimorbiditas di RSUP Fatmawati, maka dapat diambil kesimpulan sebagai berikut: 1. Pengobatan yang diterima oleh Tn.B sudah sesuai dosis dan sesuai indikasi, kecuali dalam pemberian antibiotik menurut hasil laboratorium. 2. Terdapat tiga macam potensi interaksi antar obat, yaitu cetriaxone dengan ringer laktat, domperidon dengan ondansetron dan ondansetron dengan paracetamol. Selama pemantauan tidak ada efek klinis dari interaksi yang berarti, dan paracetamol dilakukan penggantian terapi dengan natrium diklofenak. 3. Pasien Tn.B, yang menurut uji sensitivitas antibiotik hasilnya resisten terhadap ampicillin sulbactam, dikhawatirkan tidak mencapai efektivitas terapi jika terus diberikan antibiotik ampicillin sulbactam sebagai terapi antibiotik definitif. Namun dengan antibiotik yang diberikan perbaikan tetap terjadi meskipun hasil laboratorium menyatakan bahwa Tn.B resisten. Disimpulkan bahwa dalam uji sensitivitas antibiotik terjadi major error (false resistance) pada hasil uji.

.....Drug Therapy Monitoring (PTO) is a process that includes activities to ensure safe, effective and rational drug therapy. Monitoring drug therapy includes assessing drug choices, dosages, methods of drug administration, therapeutic response and recommendations for changes or alternative therapies. Monitoring of drug therapy must be carried out continuously and evaluated regularly at certain periods so that the success or failure of therapy can be known. In this case, the existence of a pharmacist has an important role in preventing the emergence of drug-related problems through monitoring drug therapy. The purpose of this special assignment includes evaluating doses and indications for therapy received, analyzing potential interactions between drugs and conducting Drug Related Problem (DRP) analysis using the Pharmaceutical Care Network Europe (PCNE) V9.1 classification. The assessment carried out on patients began by collecting data from medical records, drug administration records, doctors' integrated notes, laboratory examination results, as well as bacterial culture results and antibiotic sensitivity. After carrying out special

task research activities related to monitoring drug therapy in post-debridement scrotal abscess patients with multimorbidity at Fatmawati General Hospital, the following conclusions can be drawn: 1. The treatment received by Mr.B was in accordance with the dosage and according to indications, except in administering antibiotics according to laboratory results. 2. There are three types of potential interactions between drugs, namely cetriaxone with Ringer's lactate, domperidone with ondansetron and ondansetron with paracetamol. During monitoring there were no clinical effects from significant interactions, and paracetamol was replaced with diclofenac sodium therapy. 3. Patient Mr.B, who according to the antibiotic sensitivity test results are resistant to ampicillin sulbactam, is feared not to achieve therapeutic effectiveness if he continues to be given the antibiotic ampicillin sulbactam as definitive antibiotic therapy. However, with the antibiotics given, improvement still occurred even though the laboratory results stated that Mr.B was resistant. It was concluded that in the antibiotic sensitivity test there was a major error (false resistance) in the test results.