

# Pemantauan Terapi Obat pada Pasien Chronic Kidney Disease dengan Hemodialisa (CKD on HD) Stage 5 disertai Diabetes Melitus dan Hipertensi di Ruang Perawatan Anggrek = Monitoring Drug Therapy in Patients with Chronic Kidney Disease with Hemodialysis (CKD on HD) Stage 5 accompanied by Diabetes Mellitus and Hypertension in the Orchid Treatment Room

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## Abstrak

Masalah Terkait Obat (MTO) sangat umum terjadi pada pasien yang mendapatkan terapi obat. MTO dapat meningkat dengan adanya kompleksitas penyakit dan penggunaan obat, serta respons individual pasien. Pemantauan terapi obat pasien perlu dilakukan untuk memastikan terapi obat yang diterima pasien aman, efektif, rasional, dapat meningkatkan efektivitas terapi, dan meminimalkan risiko Reaksi Obat yang Tidak Dikehendaki (ROTD). Irawati (2008) menyebutkan bahwa ditemukan 452 masalah terkait obat dari 84 pasien Chronic Kidney Disease (CKD) stage 3, 4, dan 5, berupa pemilihan obat (54,2%), tidak ada indikasi yang jelas terhadap obat yang diresepkan (26,1%), dan faktor risiko lain seperti polifarmasi, penggunaan obat indeks terapi sempit, dan penggunaan nasogastric tube (NGT). Pada tugas khusus ini, dilakukan pemantauan terapi obat terhadap pasien di Ruang Perawatan Anggrek RSUD Tarakan, dengan diagnosis CKD stage 5, diabetes melitus, dan hipertensi, serta menerima terapi polifarmasi. Data diperoleh dari status pasien di ruang perawatan dan EMR meliputi identitas pasien, diagnosis, hasil pemeriksaan tanda-tanda vital, hasil pemeriksaan laboratorium, dan pengobatan yang diterima. Hasil analisis MTO menunjukkan bahwa pengobatan sesuai indikasi, tidak ada pemberian terapi tanpa indikasi, dosis obat sesuai dengan literatur, tidak ada potensi ROTD yang terjadi, dan terdapat beberapa potensi interaksi obat dalam pemberian terapi. Rekomendasi tindak lanjut MTO adalah melakukan peninjauan pada pemberian obat yang berpotensi terjadi interaksi obat, monitoring kadar gula darah, tekanan darah, dan kadar kalium pasien.

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Drug-Related Problems (DRP) are very common in patients receiving drug therapy. DRP may increase with the complexity of disease and drug use, as well as individual patient response. Monitoring patient drug therapy needs to be carried out to ensure that the drug therapy the patient receives is safe, effective, rational, can increase the effectiveness of therapy, and minimize the risk of Adverse Drug Reactions (ADR). Irawati (2008) stated that 452 drug-related problems were found from 84 patients with chronic kidney disease (CKD) stage 3, 4 and 5, in the form of drug selection (54.2%), there was no clear indication of the drug prescribed (26, 1%), and other risk factors such as polypharmacy, use of narrow therapeutic index drugs, and use of nasogastric tube (NGT). In this report, monitoring drug therapy was carried out on patients in the Orchid Treatment Room at RSUD Tarakan, with a diagnosis of CKD stage 5, diabetes mellitus and hypertension, and receiving polypharmacy therapy. Data obtained from patient status in the treatment room and EMR includes patient identity, diagnosis, vital signs examination results, laboratory examination results, and treatment received. The results of the DRP analysis showed that treatment was according to indications, there was no therapy given without indications, the drug dose was in accordance with the literature, there was no potential for ADR to occur, and there were several potential drug interactions in the administration

of therapy. DRP follow-up recommendations are to pause the administration of drugs that have the potential for drug interactions, monitor the patient's blood sugar levels, blood pressure and potassium levels.