

# **Analisis Potensi *Medication Error* Tahap *Prescribing* Pada Resep Elektronik Pasien Anak Di Instalasi Rawat Jalan Salah Satu Rumah Sakit Kota Bandung**

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## **ABSTRAK**

*Medication error* merupakan masalah serius dalam pelayanan kesehatan, terutama pada pasien anak. Tahap *prescribing* adalah fase paling rentan terjadi kesalahan. Implementasi resep elektronik diharapkan dapat meminimalisasi kesalahan tersebut. Penelitian ini bertujuan menggambarkan *medication error* pada tahap *prescribing* serta mengidentifikasi faktor risikonya pada resep elektronik pasien anak di instalasi rawat jalan Rumah Sakit Kota Bandung. Penelitian menggunakan *mixed methods*. Data kuantitatif diperoleh secara retrospektif dari 25.260 resep elektronik tahun 2024 dan dianalisis deskriptif. Data kualitatif diperoleh melalui wawancara dengan dokter spesialis anak dan apoteker. Hasil menunjukkan seluruh resep memiliki data administratif lengkap (100%), 82,71% tanpa aturan pakai, dan data berat badan tidak tercantum. Faktor penyebab meliputi ketidaksesuaian dosis, keterbatasan sistem, *copy* resep tanpa penyesuaian, kurangnya pelatihan, dan komunikasi manual. Meskipun meningkatkan aspek administratif, sistem resep elektronik masih memiliki keterbatasan yang berisiko menimbulkan *medication error*. Integrasi data klinis dan validasi otomatis diperlukan untuk meningkatkan keamanan terapi pasien anak.

**Kata Kunci:** *Medication error*, *Prescribing*, Resep elektronik, Pasien anak.

# **Analysis of Potential Medication Errors in the Prescribing Stage of Electronic Prescriptions for Pediatric Patients in the Outpatient Installation of One of Bandung City Hospitals**

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## **ABSTRACT**

Medication errors are a serious problem in healthcare, especially in pediatric patients. The prescribing stage is the most error-prone phase. The implementation of electronic prescriptions is expected to minimize these errors. This study aims to describe medication errors at the prescribing stage and identify their risk factors in electronic prescriptions for pediatric patients in the outpatient installation of Bandung City Hospital. The study used mixed methods. Quantitative data were obtained retrospectively from 25,260 electronic prescriptions in 2024 and analyzed descriptively. Qualitative data were obtained through interviews with pediatricians and pharmacists. The results showed that all prescriptions had complete administrative data (100%), 82.71% were without rules of use, and weight data was not listed. Contributing factors included dose discrepancies, system limitations, copying prescriptions without customization, lack of training, and manual communication. Despite improving administrative aspects, electronic prescription systems still have limitations that pose a risk of medication errors. Clinical data integration and automated validation are needed to improve the safety of pediatric therapy.

**Keywords:** *Medication error, Prescribing, Electronic prescription, Pediatric patients.*