LAMPIRAN

LAMPIRAN 1

DAFTAR *AUTOMATIC STOP ORDER* (HEALTH PEI, 2013)

Medication	Previously	Amendment	Rationale
Anti-infevtives (oral)	10 days (s)	4 days (s)	Once MRA is reached , C&S, laboratory and diagnostic imaging report results should be available for re-assessment of most appropriate therapy, taking into account the clinical response of the patient.
Anti-infevtives (parenteral)	4 days (s)	4 days (s)	Once MRA is reached , C&S, laboratory and diagnostic imaging report results should be available for re-assessment of most appropriate therapy, taking into account the clinical response of the patient. Re-assess the appropriateness of IV to PO conversion.
Anti-infevtives (topical/eye/ear) ; nystatin oral liquid	10 days (s)	10 days (s)	Re-assess based on clinical response
Antiretroviral, ethambutol, Isoniazide	No MRA	No MRA	Usually long term therapy
Anticoagulants (low molecular weight heparin, heparin, fondaparinux)	7 days (s)	7 days (s)	No change at this time. Review MRA policy for anticoagulants after CPOE Implementations.
Warfarin	7 days (s)	14 days (s)	MRA extended based on physyician feedback.
Ketorolak (oral and parenteral)	5 days (s)	5 days (s)	Prevent renal and GI adverse events
Pantoprazole IV	3 days (s)	No MRA	Re-assess based on clinical response (ability to tolerate PO)
Amphetamines and stimulants	10 day(s)	No MRA	Often chronic therapy

Medication	Previously	Amendment	Rationale
Narcotics (verbal Rx, e.g. Tylenol #3)	30 days (s)	No MRA	Re-assess based on clinical response (acute vs. Chronic therapy)
Narcotics (written Rx, e.g. morphine, methadone)	10 days (s)	No MRA	Re-assess based on clinical response (acute vs. Chronic therapy)
Meperidine	10 days (s)	2 days (p)	Avoid accumulation of toxic metabolites.
TPN	7 days (s)	No MRA	Re-assess based on clinical response (e.g. nutritions status, labs)

Keterangan :

(s) = soft stop : MRA notifications is communicated 24 hours prior to the soft stop date being reached. The order remains active in the electronic chart, tasks are still generated for nursing and medication supply continuous from pharmacy (until the order discontinued).

(p) = physician stop : order is discontinued with no notifications. No further medication is sent from pharmacy.

No MRA = the order is considered valid until specifically discontinued, the patient is discharged, or 365 days have elapsed.

LAMPIRAN 2

KRITERIA PENGGUNAAN OBAT KETOROLAK

DOSIS SUMBER PIONAS

No	Nama Obat	Dosis Terapi	Dosis Maksimal
1	Ketorolak oral	**Tunggal**	
		Dewasa : 10 mg setiap 4-6 jam	40 mg
		Lansia : 10 mg setiap 6-8 jam	40 mg
		BB <50 kg dan gangguan fungsi ginjal : 10 mg setiap 6-8 jam	40 mg
		Kombinasi dengan atau perubahan terapi dari sediaan parenteral	
		Dewasa : 10 mg setiap 4-6 jam	90 mg
		Lansia : 10 mg setiap 6-8 jam	60 mg
		BB <50 kg dan gangguan fungsi ginjal : 10 mg setiap 6-8 jam	60 mg
2	Ketorolak perenteral	Dewasa : 10 mg, kemudian 10-30 mg setiap 4-6 jam	90 mg
		Lansia : dosis efektif terendah dengan durasi sesingkat mungkin	50 mg
		BB <50 kg dan gangguan fungsi ginjal : kurangi dosis	50 mg

DOSIS SUMBER MIMS

No	Nama Obat	Dosis Terapi	Dosis Maksimal
1	Ketorolak oral	**Tunggal**	
		Dewasa : 20 mg, kemudian 10 mg setiap 4-6 jam	40 mg
		Lansia : 10 mg, kemudian 10 mg setiap 4-6 jam	40 mg
		BB <50 kg dan gangguan fungsi ginjal : 10 mg, kemudian 10 mg setiap 4-6 jam	40 mg
		Kombinasi dengan atau perubahan terapi dari sediaan parenteral	
		Dewasa : 20 mg, kemudian 10 mg setiap 4-6 jam	40 mg
		Lansia : 10 mg, kemudian 10 mg setiap 4-6 jam	40 mg
		BB <50 kg dan gangguan fungsi ginjal : 10 mg, kemudian 10 mg setiap 4-6 jam	40 mg
2	Ketorolak perenteral	Dewasa : 10 mg, kemudian 10-30 mg setiap 4-6 jam	90 mg
		Lansia : dosis efektif terendah dengan durasi sesingkat mungkin	60 mg
		BB <50 kg dan gangguan fungsi ginjal : kurangi dosis	60 mg

PENGKAJIAN RESEP AUTOMATIC STOP ORDER (ASO) DAN POTENSI INTERAKSI OBAT KETOROLAK DI RUMAH SAKIT

ORIGINALITY REPORT

22%	21%	1%	7%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	journal.piksi.ac.id Internet Source	10%
2	www.gov.pe.ca Internet Source	3%
3	123dok.com Internet Source	2%
4	ejournal-s1.undip.ac.id Internet Source	2%
5	scholar.unand.ac.id Internet Source	1%
6	eprints.undip.ac.id Internet Source	1%
7	repository.bku.ac.id Internet Source	1%
8	eprints.ums.ac.id Internet Source	1%
9	Submitted to Bentley College Student Paper	1%