

Pemantauan Terapi Obat pada Pasien Hypertensive Heart Disease (HHD) dengan Chronic Kidney Disease (CKD) Stage V on Haemodialysis (HD) di Ruang Rawat Inap Kemuning = Therapeutic Drug Monitoring in Hypertensive Heart Disease (HHD) Patient with Chronic Kidney Disease (CKD) Stage V on Haemodialysis (HD) in the Kemuning Inpatient Room

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Abstrak

Hypertensive Heart Disease (HHD) merupakan penyebab utama penyakit dan kematian akibat hipertensi. Gagal ginjal kronis atau Chronic Kidney Disease (CKD) adalah kondisi penurunan fungsi ginjal. CKD dapat terjadi karena kerusakan progresif akibat tekanan darah tinggi pada kapiler-kapiler ginjal. CKD dan penyakit kardiovaskular saling terkait. Dilakukan pengambilan data pada pasien dengan cara observasi dengan melakukan visite. Selanjutnya dilakukan studi literatur melalui data rekam medis pasien, e-book, peraturan pemerintah, maupun sumber lain. Diperoleh hasil bahwa pasien memiliki diagnosis Hypertensive Heart Disease (HHD), Chronic Kidney Disease (CKD) stage V, Diabetes Melitus (DM), anemia, efusi pleura, pneumonia dan terdapat interaksi obat kategori major antara clonidine dan bisoprolol yang menyebabkan bradikardia dan hipotensi sehingga perlu dilakukan pemantauan tekanan darah serta terdapat potensi interaksi obat kategori major antara candesartan dan spironolactone yang menyebabkan hiperkalemia sehingga perlu dilakukan pemantauan nilai kalium. Hasil analisis DRP disajikan dalam SOAP sebagai komunikasi tertulis untuk menyampaikan rekomendasi kepada dokter penanggung jawab (DPJP).

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Hypertensive heart disease (HHD) is the leading cause of illness and death from hypertension. Chronic Kidney Disease (CKD) is a condition of decreased kidney function. CKD can occur due to progressive damage caused by high blood pressure to the renal capillaries. CKD and cardiovascular disease are interrelated. Data was collected from the patient by observation by conducting a visit. Furthermore, a literature study was conducted through patient medical record data, e-books, government regulations, and other sources. The results showed that the patient had a diagnosis of Hypertensive Heart Disease (HHD), Chronic Kidney Disease (CKD) stage V, Diabetes Mellitus (DM), anemia, pleural effusion, pneumonia and there was a major category drug interaction between clonidine and bisoprolol which caused bradycardia and hypotension so it was necessary to monitor blood pressure and there was a potential major category drug interaction between candesartan and spironolactone which caused hyperkalemia so it was necessary to monitor potassium values. The results of the DRP analysis are presented in SOAP as written communication to convey recommendations to the doctor in charge (DPJP).