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Administrative and Pharmaceutical Screening of Prescriptions Served at Pharmacies X and Y, Banyuwangi Regency

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ABSTRACT

Introduction: *Prescription screening remains a problem, both at the administrative, pharmaceutical, and clinical levels. Prescription screening is one aspect that can prevent medication errors. Medication errors can occur due to unclear or missing information regarding the route of administration, dosage, frequency of administration, dosage form, patient identity, and prescriber identity. Based on the technical guidelines for pharmaceutical service standards in pharmacies, by reviewing prescriptions, clinical, financial and legal risks will be minimized and the potential for problems related to drugs will be analyzed. This study aims to assess the completeness of prescriptions that still do not meet pharmaceutical service standards. It is hoped that this incomplete prescription writing can be improved to prevent drug-related problems and medication errors, ultimately ensuring optimal patient care.*
Methods: *This research was a non-experimental descriptive study with retrospective data at Pharmacies X and Y. The number of samples was determined by calculating the number of prescription populations received and taken randomly. A total of 240 prescription sheets were used from Pharmacy X and 94 sheets from Pharmacy Y. Each prescription was screened for completeness of its contents must be 100% in accordance with the standards of pharmacy services in pharmacies both administratively and pharmaceutically. Prescriptions must be written administratively complete including 10 components of contents and pharmaceutically complete including 6 components of contents. A prescription is said to be in accordance with standards if all components are filled out completely administratively and pharmaceutically.*
Results: *The completeness of prescriptions administratively for Pharmacy X was 60.67% and Pharmacy Y was 69.04%. Administrative screening that was often incomplete was the completeness of prescriptions related to body weight, only 2.08% for Pharmacy X and 0% for Pharmacy Y. The physician's initials or signature also had a completeness of prescriptions of 11.67% for Pharmacy X and 25.53% for Pharmacy Y. Pharmaceutical screening in general was 81.82% for Pharmacy X and 93.44% for Pharmacy Y. Incomplete pharmaceutical screening in both pharmacies was drug strength, namely 50.83% at Pharmacy X and 31.91% at Pharmacy Y. At Pharmacy X, incomplete prescriptions were also found in the writing of dosage forms of 52.03%. The completeness of prescription administration at pharmacies X and Y is not yet complete according to pharmaceutical standards at the pharmacy.*
Conclusions: *The administrative and pharmaceutical completeness of prescriptions from both pharmacies still does not meet the standards of pharmaceutical services in pharmacies.*

Introduction

Pharmacy is a place for pharmaceutical team to provide pharmaceutical services. Pharmaceutical services consist of pharmaceutical preparation management and clinical pharmacy services. One of the clinical pharmacy services carried out is prescription assessment or screening. The screening or review of prescriptions carried out consist of three parts, namely administration, pharmaceutical and clinical. This prescription screening is carried out to ensure that the prescription written by the physician is suitable for service and to prevent medication error (Permenkes 73 Tahun 2016, 2016). Medication error in prescribing writing that often occur

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are the route of drug administration, dose, frequency of administration, dosage form, amount of drug, writing the patient's name, age, identity of the prescriber, initial of prescriber and drug interaction (Mistry et al., 2023).

Until now, the completeness of prescriptions is still a problem in prescription. Because incomplete prescriptions received by pharmacies cause pharmaceutical services to be hampered, such as having to ask about the patient's age, weight or the potency of the drug. In a study conducted by Rauf at CS Farma Pharmacy, it was found that body weight, practice permit, and physician's telephone number were not listed. Furthermore, during pharmaceutical screening, only 69.6% of prescription were complete with dosage forms and 57.7% with potency (Rauf et al., 2020). The results of research conducted by Silvi at the Mranggen Demak Pharmacy, stated that 12.15% of prescriptions fulfilled the completeness of administrative aspects, 47.74% of prescriptions fulfilled the completeness of pharmaceutical aspects and only 9.32% of prescriptions fulfilled the completeness of administrative and pharmaceutical aspects (Silvi et al., 2024). Research from Kumalasari also stated that there were incomplete administrative and pharmaceutical components in the prescriptions received by K-24 Pharmacy in Jatilawang, Banyumas (Kumalasari & Yunarti, 2024). In relation to this, the completeness of prescriptions in terms of administration and pharmaceuticals is still a problem in pharmaceutical services. Based on the technical guidelines for pharmaceutical service standards in pharmacies, by reviewing prescriptions, clinical, financial and legal risks will be minimized and the potential for problems related to medicines will be analyzed. Drug-related problems will be related to the occurrence of medication errors. This study provides an overview of the prescription writing patterns of physicians in Banyuwangi. This study aims to determine the completeness of prescriptions at Pharmacy X and Pharmacy Y in accordance with Pharmaceutical Service Standards in Pharmacies. The research was conducted at both pharmacies because they have similar management. It is hoped that the incompleteness of prescription writing can be improved so that drug-related problems and medication errors do not occur, ultimately ensuring that patients receive optimal health services. Writing a drug prescription must be complete in accordance with the Minister of Health Regulation Number 73 of 2016 concerning Pharmaceutical Service Standards in Pharmacies.

Methods

The research conducted is a descriptive, non-experimental type of research, with retrospective data collection. Data were taken from prescriptions at Pharmacies X and Y, totaling 334 prescriptions, 240 prescriptions from Pharmacy X and 94 prescriptions from Pharmacy Y. Then all prescriptions were checked for completeness of their contents in accordance with administrative requirements that must meet 10 prescription filling components including the doctor's name, doctor's SIP, doctor's address, doctor's telephone number, doctor's initials or signature, patient's name, patient's age, patient's gender, prescription weight and prescription date. Meanwhile, for pharmaceutical requirements, the prescription must be complete containing the contents of the drug name, dosage form, drug strength, drug amount, rules of use and how to use and drug stability. If one of the components is not written then the prescription can be categorized as incomplete.

Results

This research was conducted in Sumberberas and Jajag villages, Banyuwangi district. Sumberberas and Jajag villages are areas that are quite far from the city of Banyuwangi. This study was conducted to determine the prescription screening received by both pharmacies.

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received by the two pharmacies. The research data was collected retrospectively during 2022. The data obtained from Pharmacy X was 240 prescription sheets and from Pharmacy Y was 94 prescription sheets. The results of administrative and pharmaceutical screening are presented in tables I and II.

Table 1 Prescription Administration Screening

Screening	X Pharmacy (240 prescription)		Y Pharmacy (94 prescription)	
	Amount	Percentage	Amount	Percentage
Physician's name	232	96,67	94	100
Physician's practice permit	209	87,08	94	100
Physician's address	237	98,75	94	100
Physician's phone number	117	48,75	94	100
Physician's sign	28	11,67	24	25,53
Patient's name	238	99,17	94	100
Patient's age	130	54,17	77	81,91
Patient's gender	25	10,42	94	100
Patient's weight	5	2,08	0	0
Prescription's date	235	97,97	78	82,98
Total		60,67		69,04

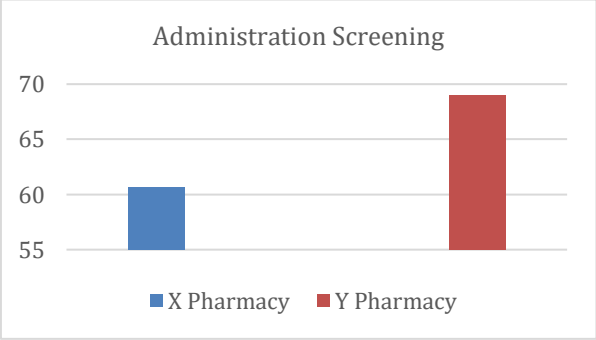

Figure 2 Administrative Screening of Total Prescriptions of Pharmacies X and Y

Table 2 Pharmaceutical Screening of Prescriptions

Screening	X Pharmacy (240 prescription)		Y Pharmacy (94 prescription)	
	Amount	Percentage	Jumlah	Amount
Drug's name	240	100	94	100
Pharmaceutical preparations	115	47,97	94	100
Medicinal strength	118	49,17	64	68,09
Number of drugs	234	97,5	94	100
Instructions for use and how to use	231	96,25	87	92,55
Drug stability	240	100	94	100

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Total		81,82		93,44

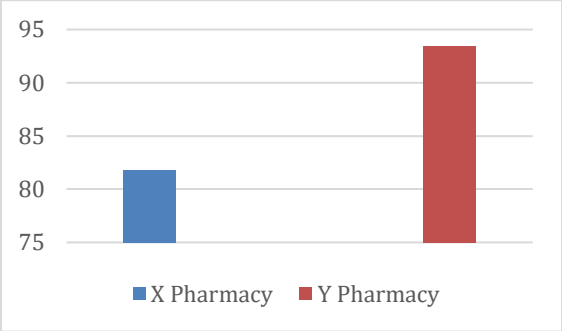

Figure 2 Pharmaceutical Screening of Total Prescriptions of Pharmacies X and Y

Discussion

Table 1 shows the results of prescription administration screening from both Pharmacies X and Y, which shows that administration screening has not reached 100% for all aspects studied. In relation to the results of the study, in general it can be said that the average administrative screening of Pharmacy Y is better than that of Pharmacy X, where only 60.67% of the administrative completeness for Pharmacy X and 69.04% for Pharmacy Y is met. At Pharmacy X, the incompleteness included the physician's name (3.33%), the physician's practice permit (12.92%), the physician's address (1.25%), the physician's telephone number (51.25%) and the physician's initials (88.33%). The name, practice permit, address and telephone number of the physician are part of the inscription of the prescription, which is the identity of the prescriber. Completeness of the prescription writer's identity to prove the responsibility and legality of the prescription writer (Armayanti et al., 2025). The physician's initials or signature are important because they show the doctor's identity, because the form of a person's initials or signature is a unique characteristic that can guarantee the authenticity of the prescription (Firdayanti & Rumi A, 2020). The results of research conducted by Yusuf stated that in the prescriptions it was found that doctors only added their signatures or initials on 57.13% of the prescriptions they wrote (Yusuf et al., 2020). Research conducted by Aryzki also only found 31.40% of cases containing a physician's initials or signature (Aryzki et al., 2021). However, in contrast, research conducted by Pratiwi stated that 98% of physicians put their signature or initials on the prescriptions they wrote (Pratiwi et al., 2023). At Pharmacy X, there were 2 prescriptions that did not include the patient's name, amounting to 0.83%. According to research conducted by Silvi, there were prescriptions that also did not include the patient's name. The percentage of incomplete patient names was not large in this study, however, patient identity, especially patient name, is very important. When taking medication, the patient's name is absolutely essential to be clear, as this can lead to errors in the patient receiving the medication. The incompleteness found in both pharmacies was that the patient's weight was 97.92% in Pharmacy X and 100% in Pharmacy Y. Research conducted by Rauf found that the patient's weight was also not written on the prescription (Rauf et al., 2020). In Silvi's study, the patient's weight was only met by 14.21% (Silvi et al., 2024). Patient weight data is very much needed by pharmaceutical personnel regarding drugs that have a dose calculation of mg/kgBW and also dose calculations for children, because errors in administering the dose can have fatal consequences.

The results of the pharmaceutical screening also found that not all aspects of screening were fulfilled, however, at Pharmacy Y, more aspects of pharmaceutical screening were fulfilled than at Pharmacy X. The aspect that was least fulfilled for both was drug strength, where at Pharmacy

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X it was only 49.17% and Pharmacy Y it was 68.09%. In line with Dewi's research, incompleteness in writing the strength of the drug was 46% (Iva Rinia Dewi et al., 2024). The strength of a drug indicates the amount of active ingredient in a unit dose. In some drugs there are several different strengths of the drug, such as codeine, captopril, salbutamol, ibuprofen. Generally, if the strength of the drug is not stated on the prescription, then the smallest strength of the drug can be given. However, this may result in the dose given to the patient being smaller than the prescriber intended. In this study, the writing of drug dosage forms was only 47.97% at Pharmacy X. Research conducted by Kumalasari also stated that only 66.8% of prescriptions stated the desired dosage form of the drug (Kumalasari & Yunarti, 2024). Aripin's research found that 98% of complete prescriptions were related to the writing of dosage forms (Aripin, Honey Iskandar, Vonny Nofrika, 2024). Dosage form is the result of drug formulation into a certain form that is adjusted to the therapeutic purpose, and contains active ingredients and additional ingredients that are intended for internal and external use. If based on the research results, the administrative screening of prescription completeness is not in accordance with the Minister of Health Regulation No. 73 of 2016, where all aspects of prescription screening must be fulfilled.

Conclusion

Based on the research that has been conducted, it can be concluded that the prescription writing received at Pharmacies X and Y is not complete in accordance with the Regulation of the Minister of Health Number 73 of 2016 concerning Pharmaceutical Service Standards in Pharmacies.

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