

Exam Question for Hospital Pharmacy Courser (PHCL 471) :

1. Describe the Floor stock system (FSS):

Interpretation of physician's orders mostly by nurses
Transcription to medication administration record (MAR) by nurses.
Distribution of drug from pharmacy is in bulk form.
Compounding I.V admixture mostly by nurses.

2. Mention the advantages of the floor stock system:

Availability of medicine at nursing site.
Reduction in the number of pharmacy personnel .
Reduction in the number of orders received in the pharmacy.

3. Mention the disadvantages of the floor stock system:

Increased medication errors .
Increased drug inventory on the pavilions.
Greater opportunity for pilferage.
Increased hazards associated with drug deterioration.
Lack of proper storage facilities.
Greater nurses time is spent on drug dispensing.
Minimal pharmacy doctors contact.
Pharmacist can not make drug monitoring.

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4. Describe the Unit Dose System?

Definition : In 1975, ASHP issued a statement of unit distribution
Medications are contained in single dose packages.
Medications are dispensed in a ready to administer form as possible.
For most medications, not more than 24 hours supply of doses are delivered to or available for each patient care area at any time.
That a patient profile is maintained in the pharmacy.

5. Mention the advantages of the Unite Dose System:

Reduction of medication errors.
Reduction in total cost of medication.
More efficient usage of pharmacy and nursing personnel.
Improved overall drug control and drug use monitoring.
More accurate patient billing for drugs.
Great control over pharmacy workload pattern and staff Scheduling.
Reduction in the size of drug inventories located in patient care Areas.
Greater adaptability to computerized and automated procedures.

6. List the types of the drug information centers :

They are three types:

- Hospital-Base drug information center
- Industry-Based drug information center

3. Community-Based Drug Information Center

7. Mention the function of the Drug Information Center:

Answering health care professionals' questions
Pharmacy and Therapeutic committee (P&T)
Drug Use Review (DUE) / Evaluation
Adverse Drug Reaction Reporting (ADR Program)
Investigational Drug Program
Education and Training
Publications (Newsletter, Bulletins, Journal, Column)
Community Services

8. List the function of the Poison Control Center:

Assess and treatment recommendations during poisoning via 24-hour emergency telephone services
Provide public and professional educational programs
To collect data on poisonings
To perform research
Assist the public and health care providers during hazardous material spills

9. Discuss the client and call volume in Poison Control Center:

Clientele :

Public vs. health care professionals
Eighty eight percent of PCC calls came from public
Nine to 10 percent of DIC calls came from public

Call Volume :

Extremely large from public versus health care professionals.
Average is 103 calls per day (human exposure only)
Range is 33 to 213 calls per day

10. Discuss the staffing need in poison control Center:

PCC relies not only on pharmacist but also on other health care professionals (nurses, physicians, technicians)
Nurses worked 52% of the total phone hours in 993
Pharmacists and physicians worked 36% and 3% of the total hours, respectively

11. Compare the response time in DIC and PCC:

All PCC calls require an immediate response
Time is related to the efficacy of the therapeutic interventions
The average response time is 5 min. in PCC vs. 15 - 30 min DIC

12. Which one is more complex DIC calls or PCC calls:

PCC calls are less complex than DIC calls

Most poisoning patients rarely have complex medical history
Poisoning agents re-occur constantly from year-to-year
PCC is the first point of contact by public and health professionals

13. Which need more references DIC or PCC:

PCC assess and make treatment recommendation for any potential poison (medication, chemical, household, biological, natural toxin). But DIC handle medication- and pharmacy-related inquiries
PCC will often have a broader base reference collection

14. What kind of documentations are need for a poison call:

Documentation helps in developing a data system (TESS)
General Epidemiological Data (date & time of call, reason of exposure)
Caller characteristics (site of call)
Patient characteristics (age, gender, pregnancy status)
Exposure characteristics (substance, route and site of exposure)
Clinical course (Clinical manifestation, medical outcomes)
Medical management characteristics (Therapeutic intervention)

15. Mention the resources that needed to be available in a PCC.

Micromedex's Poisindex (a database of more than 800,000 household products, chemicals, and medications)
Clinical Toxicology of Commercial Products
General clinical toxicology texts
Specialized toxicology texts
Internal protocol for handling certain poisons
Primary literature (case report)
On-call medical support and experts in the area