

Name: \_\_\_\_\_

Knowledge Assessment Sample Test

Form: 0

Version: 0

1. JA's daughter reports that her 86-year-old, 50 kg, mother has been experiencing continuous nausea and her memory/dementia has not improved in the 2 months that she has been on donepezil (Aricept) 5 mg. She asks you for advice on what to do. You would:

- A. Consult with the physician to add vitamin E to her therapy
- B. Consult with the physician to discontinue donepezil (Aricept) therapy
- C. Consult with the physician to increase the dose of donepezil (Aricept) to 10mg daily
- D. Tell JA's daughter to leave her mother on the same dose for another 2 months then reassess
- E. Tell JA's daughter to leave her mother on the same dose for another 2 months, then reassess and to take dimenhydrinate (Gravol) for the nausea

2. CD, a 17-year-old, presents with a purpuric skin rash. She wonders if she is having another flare-up of her eczema but this rash looks different. Her patient record is as follows:

**Allergies:** penicillin

**History:** eczema x 2.5 years  
epilepsy x 1 month

**Current Medications:** betamethasone (Betnovate) Cr 0.05% bid prn x 2.5 years  
ethinyl estradiol/levonorgestrel (Min-Ovral) x 10 months  
phenytoin (Dilantin) 200mg qhs x 1 month

What is the most probable cause of her skin rash?

- A. An acute flare up of her eczema
- B. A reaction to phenytoin
- C. A reaction to oral contraceptives
- D. An interaction between ethinyl estradiol/levonorgestrel (Min-Ovral) and phenytoin (Dilantin)

3. KA presents the following prescription for her 8-year-old daughter, who weighs 30 kg and has an acute urinary tract infection:

ciprofloxacin (Cipro) 500 mg  
Sig: i po bid until finished  
M: 14

You would:

- A. Call the doctor to clarify the dosage.
- B. Call the doctor and recommend sulfamethoxazole/trimethoprim (Septra) suspension, 2.5 mL po bid
- C. Call the doctor regarding the appropriateness of the medication for this patient.
- D. Dispense the prescription as written, instructing the mother to give the drug with meals to reduce stomach upset.

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4. JL approaches you confidentially stating that she has had a "problem" every month for the last 5 months and has tried miconazole (Monistat-3) and clotrimazole (Canesten) ovules, 3 day therapy. Both were effective but the problem recurs. This time her symptoms include frequent urination and thirst. She had her menstrual period ten days ago, but it is unpredictable. She has not been to her doctor for almost a year.

Based on this information, you would be most concerned that she could be:

- A. Diabetic and the sugar spilling into her urine may be causing the recurrent yeast infections
  - B. Diabetic but the yeast infections could not be associated with the sugar in her urine
  - C. Using the incorrect product. Recurrent infections respond better to 6-day therapy
  - D. Undergoing pre-menopausal symptoms and the fluctuation in vaginal pH is contributing to her recurrent yeast infections
  - E. Overusing non-prescription antifungals and the subsequent bacterial overgrowth is contributing to her recurrent bacterial infections
5. JA, a 90-year-old, 40 kg patient wishes to purchase the following five products. Which would you **NOT** sell based on the following patient record information?

**Allergies:** No known allergies

**Current Medications:** warfarin (Coumadin) 2.5 mg daily x 2 years  
donepezil (Aricept) 5 mg daily x 2 months

- A. Ginkgo biloba
  - B. Evening primrose oil
  - C. Vitamin B complex
  - D. Aloe vera
6. Which of the following medications may require dose adjustment if being taken by a patient just starting on thyroid hormone for hypothyroidism?
- A. Cholestyramine (Questran)
  - B. Digoxin (Lanoxin)
  - C. Phenobarbital
  - D. Insulin
  - E. B and D above

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### 7. Case Study next two questions

**Patient Name:** EF

**Age:** 58-years-old

**Allergies:** No known allergies

**History:** Asthma  
Hypercholesterolemia

**Current Medications:** salbutamol (Ventolin) 100mcg/puff HFA inhaler 2 puffs qid prn  
fluticasone (Flovent) 125mcg/puff HFA inhaler 2 puffs bid  
atorvastatin (Lipitor) 20 mg once daily  
alprazolam (Xanax) 0.25 mg bid and hs prn

According to his record, which of the following antihypertensive medications should EF **NOT** take?

- A. Losartan (Cozaar)
  - B. Ramipril (Altace)
  - C. Diltiazem (Cardizem)
  - D. Hydrochlorothiazide
  - E. Atenolol (Tenormin)
8. EF's doctor wants to prescribe an antibiotic for an upper respiratory tract infection. Based on his patient record, any of the following antibiotics could be recommended **EXCEPT**:
- A. Amoxicillin 250mg tid x 10 days
  - B. Ciprofloxacin (Cipro) 500mg bid x 10 days
  - C. Doxycycline (Vibra-Tabs) 100mg 2 tablets on the first day then 1 tablet daily x 10 days
  - D. Erythromycin (EryC) 333mg tid x 10 days
  - E. Sulfamethoxazole/trimethoprim (Septra DS) bid x 10 days

## Knowledge Assessment Sample Test

### 9. Case Study next two questions

**Patient Name:** JB

**Age:** 60-years-old

**Allergies:** Sulfonamides

**History:** Deep Vein Thrombosis (DVT)  
Urinary Tract Infection (UTI)

**Lab reports:** CrCl 19mL/min (normal CrCl = 100 mL/min)  
Culture and Sensitivity Test:  
\* Resistant to ampicillin  
\* Sensitive to sulfa, ciprofloxacin, cephalosporins  
INR 2.5 (normal range 2-3)

**Current Medications:** warfarin (Coumadin) 1mg daily

JB presents a new prescription for ciprofloxacin (Cipro) 500mg bid x 7 days for recurrent urinary tract infections. The patient record is as follows:

You would:

- A. Dispense the ciprofloxacin as ordered with a note to monitor INRs
  - B. Call the physician and recommend decreasing ciprofloxacin (Cipro) dose to 250 mg bid x 7 days with a note to monitor INRs
  - C. Call the physician and recommend sulfamethoxazole/trimethoprim (Septra) i bid x 7 days with a note to monitor INRs
  - D. Call the doctor and recommend ampicillin 250mg qid x 7 days with a note to monitor INRs
  - E. Do B, C, or D above
10. 2 weeks later JB complains of heart burn especially at night. JB has already tried antacids and wonders if there is anything else that would help. Which of the following drugs would you **NOT** recommend?
- A. Alginate acid/aluminum hydroxide (Gaviscon)
  - B. Cimetidine (Tagamet)
  - C. Famotidine (Pepcid AC)
  - D. Ranitidine (Zantac)
  - E. B, C and D
11. A patient of yours, CE asks what she could do to decrease her risk of osteoporosis. You would suggest all of the following options **EXCEPT**:
- A. Elemental calcium 1000 - 1500 mg per day
  - B. Vitamin D 400 IU daily
  - C. Regular swimming
  - D. Regular weight lifting
  - E. Drinking milk

## Knowledge Assessment Sample Test

### 12. Case Study next two questions

**Patient Name:** FJ  
**Age:** 40-years-old  
**Allergies:** No known allergies  
**History:** Smoker  
**Current Medications:** zopiclone (Imovane) 7.5 mg qhs prn x 30

FJ presents the following new prescriptions:

clarithromycin (Biaxin) 500 mg bid x 7 days  
metronidazole (Flagyl) 500 mg bid x 7 days  
bismuth subsalicylate (Pepto Bismol) ii tabs qid x 7 days

What is the most likely diagnosis according to this new prescription drug regimen?

- A. Escherichia coli intestinal infection
- B. Helicobacter pylori infection induced peptic ulcer
- C. Salmonella intestinal infection
- D. Intestinal amoebiasis
- E. Gardnerella vaginitis

### 13. You would include the following recommendations in counselling FJ about the medication **EXCEPT**:

- A. Take with food or milk
- B. Avoid alcohol
- C. Bismuth subsalicylate (Pepto Bismol) must be taken 2 hours after clarithromycin and metronidazole
- D. Bismuth subsalicylate (Pepto Bismol) may make the tongue and stool black

### 14. Case Study next four questions

**Patient Name:** FG  
**Age:** 54-year-old male  
**Past medical history:** Non-insulin-dependent (Type 2) diabetes x 5 years  
**Allergies:** No known allergies  
**Current Medications:** glyburide (Diabeta) 10mg daily

FG comes into the pharmacy to pick up some over the counter medications for his medicine cabinet. Which of the following medications should **NOT** be recommended because they may adversely affect FG's blood glucose levels?

- A. Pseudoephedrine
- B. Acetaminophen
- C. Diphenhydramine
- D. Dextromethorphan

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15. FG asks you what the most common side effects of his glyburide (DiaBeta) are, in particular he is wondering if it can cause a dry cough. You advise him that the most common side effect of his glyburide (DiaBeta) is:
- A. Lactic acidosis
  - B. Hyperglycemia
  - C. Cough
  - D. Hypoglycemia
16. FG tells you he has a current fasting blood glucose reading of 10 mmol/L. He is wondering if it is too low. The most appropriate advice for FG is that his blood glucose level is:
- A. Within normal range - his diabetes appears well controlled
  - B. High - refer patient to his physician
  - C. Low - recommend carrying glucose tablets to prevent hypoglycemia
  - D. High - suggest switching to insulin
17. FG is concerned about his alcohol use because he has diabetes. You counsel FG that individuals with diabetes should limit alcohol consumption for a number of reasons. All of the following are appropriate reasons, **EXCEPT**:
- A. Alcohol may interact with certain oral hypoglycemic agents
  - B. Alcohol may impair the body's ability to recover from hypoglycemia
  - C. Alcohol may cause weight loss
  - D. Alcohol may aggravate peripheral neuropathy

### 18. Case Study next four questions

**Patient Name:** PK

**Age:** 69-year-old

**Gender:** Male

**Allergies:** No known allergies

**Past Medical History:** Parkinson's disease x 3 years  
Benign prostatic hypertrophy  
Non insulin dependent (Type 2) diabetes - diet controlled

**Current Medications:** levodopa/carbidopa (Sinemet100/25)

**Presentation:** Dyskinesia, sudden periods of "freezing"

PK approaches you complaining about his "freezing" episodes. He is wondering if there is something he can take to get rid of them. You will recommend that his doctor:

- A. Switch his levodopa/carbidopa (Sinemet) to the sustained-release formulation
- B. Restrict the protein in his diet
- C. Add selegiline (Eldepryl) to Sinemet
- D. Initiate a drug holiday

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19. PK wants to purchase some diphenhydramine (Nytol) as he is having trouble sleeping at night. You advise him that he should not use diphenhydramine (Nytol) because of his:
- A. Calorie restricted diet
  - B. Benign prostatic hypertrophy
  - C. Diabetic nephropathy
  - D. Rigidity
20. PK approaches you wondering why he isn't on levodopa. You explain that he is on a levodopa/carbidopa (Sinemet 100/25) combination which is better than taking levodopa alone. You go on to explain that carbidopa:
- A. Prevents peripheral neuropathy
  - B. Delays the progression of the disease
  - C. Controls symptoms of hypertension
  - D. Reduces the levodopa dose requirement
21. What is the best advice you can give PK regarding how he should take his levodopa/carbidopa (Sinemet 100/25)?
- A. Discontinue the drug for one week to avoid "on-off" phenomenon
  - B. Crush the tablets and dissolve in soft food or fruit juice
  - C. Supplement with vitamin B6 100mg po daily
  - D. Take with a light snack
  - E. Take with a high protein snack

### 22. Case Study next three questions

**Patient Name:** TR

**Age:** 75-year-old, nursing home patient

**Past Medical History:** Alzheimers's disease  
Raynauds disease  
Stroke at age 70, partial disability on left side  
Hypercholesterolemia

**Allergies:** Penicillin

**Current Medications:** donepezil (Aricept) 5 mg daily  
nifedipine (Adalat XL) 30 mg daily  
ASA 325 mg daily  
lorazepam (Ativan) 1 mg qhs prn  
pravastatin (Pravachol) 20mg qhs

You participate in the bimonthly review of TR's medical progress and medication review with the physician, nurse, nutritionist, and physiotherapist. The physiotherapist asks you how donepezil (Aricept) works. You reply that donepezil's (Aricept's) main pharmacological action is to:

- A. Inhibit the breakdown of serotonin in the brain
- B. Increase acetylcholine levels in the brain
- C. Decrease dopamine levels in the CNS
- D. Act as a gamma aminobutyric acid agonist

### Knowledge Assessment Sample Test

23. The nutritionist reports that grapefruit juice or orange juice is a regular breakfast beverage for TR. You advise the nutritionist that grapefruit juice should be avoided because it interacts with TR's:

- A. ASA
- B. Donepezil
- C. Lorazepam
- D. Nifedipine

24. Which recommendation would you suggest to best manage the grapefruit juice?

- A. Space apart the grapefruit juice and the interacting medication by at least 2 hours
- B. Discontinue the interacting medication since risks outweigh the benefits
- C. Monitor for increased levels and response of the interacting medication
- D. Discontinue the grapefruit juice

25. One month later you receive the following prescription for TR for community acquired pneumonia:

Amoxicillin 500 mg tid x 10 days

Upon review of the patient record you determine the prescription is inappropriate. When calling the doctor, he asks you to recommend the best alternative for this patient. You would recommend:

- A. clarithromycin (Biaxin) 500 mg bid x 10 days
- B. erythromycin (Eryc) 333 mg tid x 10 days
- C. cefuroxime (Ceftin) 500 mg bid x 10 days
- D. doxycycline (Vibra Tabs) 100 mg tid x 10 days
- E. sulfamethoxazole/trimethoprim DS (Septra DS) i bid x 10 days

## Knowledge Assessment Sample Test

### 26. Case Study next three questions

**Patient Name:** VJ

**Age:** 56-year-old

**Gender:** Female

**Past Medical History:** Gastroesophageal reflux disease  
Atrial fibrillation

**Allergies:** No known allergies

**Current Medications:** rabeprazole (Pariet) 10 mg daily  
ramipril (Altace) 10 mg daily  
amiodarone (Cordarone) 200 mg daily

Midsummer, VJ appears at the dispensary counter to refill her rabeprazole (Pariet) prescription and is also looking for a cold preparation to relieve her cold symptoms. After interviewing VJ, you decide she has allergic rhinitis not a cold. Which of the following symptoms is more characteristic of seasonal allergic rhinitis?

- A. Congestion
- B. Nasal discharge
- C. Sore throat
- D. Itchy eyes

### 27. VJ presents the following prescription:

erythromycin base (Eryc) 333mg tid x 10 days

What are your concerns?

- A. Amiodarone and erythromycin interaction
- B. Decreased gastric acidity reduces erythromycin absorption
- C. Erythromycin aggravates gastroesophageal reflux disease
- D. Erythromycin inhibits metabolism of ramipril
- E. Erythromycin and rabeprazole interaction

### 28. VJ returns to the pharmacy two weeks later with a prescription for an intranasal corticosteroid.

fluticasone (Flonase) 50 mcg i puff each nostril bid

Which of the following statements would you include when counselling VJ?

- A. Therapy should only be used for three months
- B. Beneficial effects require regular usage
- C. Discontinue a few days after symptoms resolve
- D. Therapy should be initiated at the maximum recommended dose
- E. See your physician if no relief within 3 days

## Knowledge Assessment Sample Test

### 29. Case Study next two questions

**Patient Name:** NE

**Age:** 72-year-old

**Gender:** Male

**Past Medical History:** Non-insulin-dependent (Type 2) diabetes x 20 years

**Allergies:** No known allergies

**Current Medications:** enteric Coated ASA (Entrophen) 325 mg daily  
nitroglycerin patch (Nitro-Dur) 0.2 mg Apply in the morning, remove at night  
glyburide (Diabeta) 10 mg daily  
nitroglycerin (Nitrolingual Pumpspray) prn

NE'S angina has been poorly controlled. He is using the nitroglycerin spray 3 to 4 times a day. What advice would you give NE regarding his nitroglycerin spray?

- A. Shake the nitroglycerin pumpspray prior to use
  - B. See your doctor immediately to reevaluate your nitroglycerin therapy
  - C. It is necessary to prime the spray prior to each use
  - D. Doses may be repeated as many times as needed until complete relief is achieved
30. On further questioning, you discover that NE has been having angina at night, so he has been leaving the patch on for 24 hours. You tell him that he can prevent or lessen the degree of nitrate tolerance from developing by having a daily nitrate free interval of at least:
- A. 6 hours
  - B. 8 hours
  - C. 10 hours
  - D. 24 hours

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### 31. Case Study next two questions

**Patient Name:** JT

**Age:** 41-year-old

**Gender:** Male

**Allergies:** No known allergies

**Past Medical History:** Anxiety  
Difficulty sleeping (starting 3 years ago)

**Current Medications:** triazolam (Halcion) 0.5 mg qhs x 3 years  
acetaminophen/caffeine/codeine (Tylenol #1) - ii prn headache

You notice that JT has been coming in early for refills for triazolam and has received extra prescriptions for this medication from many walk-in-clinics.

JT approaches you and states that he is concerned about his triazolam (Halcion) usage, so he stopped using it 24-hours ago. He asks you what the most common withdrawal symptoms will be:

- A. Diarrhea, shakes and chills
- B. Insomnia, muscle spasms and irritability
- C. Increased headache, fatigue and nausea
- D. Seizures, delirium and hallucinations

### 32. You offer to call JT's doctor to suggest an effective triazolam withdrawal strategy. You would recommend:

- A. Giving the equivalent dose of diazepam, then gradually decrease the dose over several months
- B. Go to the hospital emergency department for a flumazenil (Anexate) injection
- C. Gradually tapering (25% per day) triazolam (Halcion) dose over one week
- D. Giving an equivalent dose of lorazepam (Ativan)

## Knowledge Assessment Sample Test

### 33. Case Study next four questions

**Patient Name:** MT

**Age:** 23-year-old

**Gender:** Male

**Past Medical History:** Hepatitis C with liver dysfunction

**Allergies:** No known allergies

**Current Medications:** None

MT was diagnosed with a fungal infection of the fingernail for which he was prescribed terbinafine (Lamisil) 250mg daily orally. Which of the following statements would you include when counselling MT?

- A. Do not take with food as this reduces drug bioavailability
- B. Contact doctor to decrease the terbinafine prescribed dose
- C. Limit sun exposure as terbinafine causes photosensitivity
- D. Terbinafine is not effective against dermatophyte fungi

34. MT should continue taking his terbinafine for:

- A. 2 weeks
- B. 4 weeks
- C. 3 months
- D. 12 months

35. Another effective treatment for MT's fingernail infection would be:

- A. Oral itraconazole (Sporanox)
- B. Topical clotrimazole (Canesten)
- C. Topical terbinafine (Lamisil)
- D. Oral nystatin (Nilstat)

36. Which of the following is least likely to contribute to fungal fingernail infections?

- A. HIV infection
- B. Cancer chemotherapy
- C. Systemic corticosteroids
- D. Oral antibiotic therapy

## Knowledge Assessment Sample Test

37.

**Patient Name:** MJ  
**Age:** 50-years-old  
**Allergies:** No known allergies  
**History:** Severe gastrointestinal cramps when on acetaminophen/codeine (Emtec-30)  
**Current Medications:** ibuprofen (Motrin) 400 mg qid

You receive the following prescription for MJ:

Tylenol #3  
Sig: i - ii q4h prn pain  
Mitte: 24

Upon review of the patient record, you would:

- A. Call the doctor and discuss the possible intolerance to codeine
- B. Call the doctor regarding duplicate therapy; recommend discontinuing the ibuprofen (Motrin)
- C. Call the doctor to discuss the potential interaction between Tylenol #3 and ibuprofen (Motrin)
- D. Dispense 24 Tylenol #3 and counsel the patient to be aware of drowsiness
- E. Dispense 24 Tylenol #3 and counsel patient to discontinue ibuprofen while on Tylenol #3

38.

**Patient Name:** HR  
**Age:** 79-years-old  
**Allergies:** Allopurinol  
**Current Medications:** zopiclone (Imovane) 7.5 mg hs prn  
hydrochlorothiazide 25 mg daily  
potassium chloride 600 mg (Slow K) ii bid  
digoxin (Lanoxin) 0.25 mg daily

HR presents with a prescription for:

verapamil SR (Isoptin SR) 240 mg daily

Upon reviewing the patient record, you would:

- A. Call the doctor regarding a potential digoxin (Lanoxin) interaction
- B. Call the doctor regarding a potential verapamil (Isoptin) hypersensitivity
- C. Call the doctor regarding a possible hydrochlorothiazide interaction
- D. Dispense as written; warn the patient to notify you of any new gastrointestinal symptoms
- E. Call the doctor to decrease the dose of verapamil (Isoptin)

## Knowledge Assessment Sample Test

39.

**Patient Name:** JB  
**Age:** 62-years-old  
**Allergies:** Sulfonamides, Ciprofloxacin (rash)  
**Current Medications:** naproxen 250mg tid  
**Medical Conditions:** Urinary tract infection  
Arthritis

You receive the following prescription for JB:

norfloxacin (Noroxin) 400 mg  
Sig: i bid x 10 days

Upon review of the patient record, you would:

- A. Call the doctor and recommend the prescription be changed to nitrofurantoin (MacroBID) 100mg bid
- B. Call the doctor to recommend a 5-day course of therapy and dispense 10 norfloxacin (Noroxin) 400 mg tablets
- C. Call the doctor and recommend the prescription be changed to sulfamethoxazole/trimethoprim (Septra) ii bid
- D. Dispense 20 norfloxacin (Noroxin) 400 mg tablets as prescribed

40.

**Patient Name:** DF  
**Age:** 51-years-old  
**Allergies:** Penicillin  
**History:** Epilepsy  
**Current Medications:** carbamazepine CR (Tegretol CR) 400 mg bid  
oxazepam (Serax) 15 mg qhs prn insomnia

You receive a prescription for DF for:

erythromycin 250 mg  
Sig: i q6h  
Mitte: 40

Upon review of the patient record, you would:

- A. Call the doctor about a possible drug-drug interaction
- B. Call the doctor about a possible drug-disease interaction
- C. Call the doctor about a possible intolerance to erythromycin
- D. Dispense 40 erythromycin base (EryC) 250 mg capsules and instruct the patient to take one capsule four times daily

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41. The patient record indicates the following:

**Patient Name:** AJ  
**Age:** 58-year-old male  
**Gender:** Male  
**Allergies:** Sulfamethoxazole/trimethoprim (Septra)  
Cephalosporins  
**Current Medications:** salbutamol (Ventolin) HFA 100 mcg/puff inhaler 1-2 puffs qid prn  
salmeterol/fluticasone (Advair-250) diskus 1 puff bid

You receive the following prescription for AJ:

silver sulfadiazine (Flamazine) Cream Apply qid x 7 days to the burn

Upon review of the patient record you would:

- A. Call the doctor and recommend one application per day.
  - B. Call the doctor and recommend mupirocin (Bactroban) topical cream
  - C. Call the doctor to recommend nystatin (Nyaderm) topical cream
  - D. Dispense silver sulfadiazine as ordered
42. JS's doctor instructed him to start taking niacin tablets 500 mg tid. He asks you what this therapy is used to treat? You would tell him that it is used to treat:
- A. Hypercholesterolemia
  - B. Coronary insufficiency
  - C. Gout
  - D. Anemia
  - E. Alcoholism
43. Two months later JS approaches you to purchase a box of nicotine (Nicoderm) patches and asks, "Where is the best place on the body to apply the patch?"

You would indicate:

- A. Upper arm
- B. Back
- C. Lower rib cage
- D. A and B
- E. A, B and C

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44. A young woman purchases loperamide (Imodium) 2 mg to take to Mexico and asks what dose she should take.

You would recommend:

- A. One caplet three times daily prophylactically starting on the day of arrival in Mexico
- B. One caplet after each loose bowel movement to a maximum of 6 caplets daily
- C. One caplet every 4 hours after diarrhea starts and continue until stools are formed
- D. Two caplets at onset of diarrhea, then one after each loose bowel movement, up to a maximum of 8 caplets daily
- E. Two caplets after each loose bowel movement, to a maximum of 4 caplets daily

45.

**Patient Name:** JF  
**Age:** 70-years-old  
**Allergies:** Sulfonamides  
**History:** Congestive heart failure  
**Current Medications:** digoxin (Lanoxin) 0.25 mg qam  
Maalox 15 mL qid pc & hs

You receive the following prescription for JF:

sucralfate (Sulcrate) 1 g  
Sig: i qid ac and hs  
Mitte: 30 days

Upon review of the patient record, you would:

- A. Dispense as written, instructing the patient to take the digoxin (Lanoxin) two hours after the morning dose of sucralfate (Sulcrate)
  - B. Dispense as written, instructing the patient to take the digoxin (Lanoxin) with his noon meal
  - C. Dispense as written, instructing the patient to take the digoxin (Lanoxin) before one of his meals
  - D. Call the doctor to discuss a potential cross-sensitivity and recommend sucralfate (Sulcrate) be changed to ranitidine (Zantac) 150 mg bid
  - E. Call the doctor to discuss a potential cross-sensitivity and recommend sucralfate (Sulcrate) be changed to misoprostol (Cytotec) 200 mcg qid
46. A woman tells you that her friend told her she should be taking potassium chloride (Slow K) because she is on blood pressure medications. The medications she takes are spironolactone (Aldactone) 100 mg daily and captopril (Capoten) 25 mg bid. You would:
- A. Sell her 100 potassium chloride (Slow-K) tablets
  - B. Sell her 100 slow release potassium chloride tablets of a generic brand
  - C. Sell her potassium chloride in the brand of her choice and instruct her to see her doctor for a potassium blood level check
  - D. Not sell her anything and instruct her to consult her doctor first
  - E. Not sell her anything and instruct her to supplement her diet with potassium rich foods such as orange juice, bananas, etc.

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47. TL, a 70-year-old patient is currently taking phenytoin (Dilantin) 100 mg, three capsules daily at bedtime. TL can no longer swallow these capsules so the doctor requests an equivalent dose of Dilantin Suspension 125mg/5mL.

In order to maintain similar blood levels you would give:

- A. 5.5 mL in the morning and at bedtime
- B. 6 mL in the morning and at bedtime
- C. 7.5 mL in the morning and at bedtime
- D. 11 mL daily at bedtime
- E. 12 mL daily at bedtime

#### 48. Case Study next two questions

**Patient Name:** AB

**Age:** 50-year-old

**Gender:** Female

**Past Medical History:** Borderline hypertension, diet controlled x 4 years  
Lactose intolerant

**Allergies:** Codeine  
Penicillin  
Peanuts

**Medications:** Calcium 500 mg bid  
Vitamin D 1000 IU daily

AB calls you for some information about menopause and hormone replacement therapy (HRT). In response to her complaints of irritability, hot flashes, and difficulty sleeping, her doctor has told her that she is in menopause and needs an estrogen supplement. When discussing the benefits of estrogen with AB, you include that it:

- A. Increases calcium resorption from bone
- B. Decreases vasomotor flushing within 2 weeks
- C. Decreases risk of hypertension
- D. Decreases frequency of migraine headache

49. AB calls you several days later, after doing some research on her own. She has decided to give HRT a try. She does not wish to resume her menses. Which regimen is most suitable for AB?

- A. Conjugated estrogen (Premarin) 0.625 mg daily & medroxyprogesterone (Provera) 2.5 mg daily
- B. Estradiol (Estrace) 1 mg daily and medroxyprogesterone (Provera) 5 mg days on days 14-25 of each month
- C. Conjugated estrogen (Premarin) 0.625 mg daily & micronized progesterone (Prometrium) 100 mg daily
- D. Estradiol (Estrace) 1 mg daily and micronized progesterone (Prometrium) 100 mg daily

## Knowledge Assessment Sample Test

50.

**Patient Name:** LT  
**Age:** 43-year-old  
**Gender:** Male  
**Allergies:** polymixin sulfate/neomycin/gramicidin (Neosporin)  
**History:** Ileostomy  
**Medications:** loperamide (Imodium) 2 mg bid  
attapulgate (Kaopectate) 10 mL qid

You receive the following prescription for LT:

mupirocin (Bactroban) Ointment  
Sig: Apply to stomal area bid for fungal infection  
Mitte: 15 g

Upon review of the patient record, you would:

- A. Dispense mupirocin (Bactroban) counselling the patient to apply very thinly bid
- B. Instruct the patient to apply the Bactroban more frequently if removed with washing
- C. Recommend clotrimazole (Canesten) topical cream
- D. Call the doctor and recommend fusidic acid (Fucidin) ointment
- E. Call the doctor regarding a possible cross-sensitivity between Bactroban and Neosporin ointment

### 51. Case Study next three questions

**Patient Name:** SK  
**Age:** 32-year-old  
**Gender:** Female  
**Past Medical History:** Hyperthyroidism (Graves' Disease)  
Migraines  
**Allergies:** Sulfonamides  
**Medications:** propylthiouracil (Propyl-Thyracil) 100 mg tid  
propranolol (Inderal) 40 mg bid  
acetaminophen/codeine/caffeine (Tylenol No. 2), 1-2 tid prn

SK arrives at your pharmacy after being discharged from hospital with the diagnosis of Graves' disease. Which of the following is **NOT** a symptom of Graves Disease?

- A. Sweating, palpitations
- B. Insomnia, palpitations
- C. Diarrhea, palpitations
- D. Constipation, palpitations

## Knowledge Assessment Sample Test

52. Which of the following statements concerning propylthiouracil (Propyl-Thyracil) is true?
- A. It decreases the thyroid's ability to synthesize thyroid hormone
  - B. It is contraindicated in pregnancy
  - C. It is used to control symptoms until spontaneous remission occurs
  - D. The most frequent adverse effect is osteoporosis
53. With regard to the use of a beta blocker in the management of hyperthyroidism, which one of the following is TRUE?
- A. Aggravates migraine
  - B. Controls tremor
  - C. Causes neutropenia
  - D. Synergistic with iodide

### 54. Case Study next four questions

**Patient Name:** RB

**Age:** 81-year-old

**Gender:** Female

**Weight:** 100 kg

**Past Medical History:** Osteoarthritis in fingers & legs x 10 years  
Mild leg edema

**Allergies:** No known allergies

**Current Medications:** fluticasone (Flovent) 125 mcg/puff HFA inhaler 1 puff bid  
hydrochlorothiazide 25 mg daily for ankle swelling  
docusate sodium (Colace) 100 mg daily  
acetaminophen/codeine/caffeine (Tylenol No. 2) 1 q4h prn

RB was admitted to hospital with complaint of increased swelling in ankles and severe pain in her left leg. She was diagnosed with deep vein thrombosis (DVT). What factor most likely aggravated RB's condition leading to her admission to the hospital?

- A. Obesity
  - B. Laxative abuse
  - C. Insufficient diuretic therapy
  - D. Gender
55. Which of the following drugs would most often be used as initial therapy for acute treatment of deep vein thrombosis in the hospital?
- A. Heparin
  - B. ASA
  - C. Streptokinase
  - D. Warfarin

## Knowledge Assessment Sample Test

56. What would be the best prophylaxis for RB's deep vein thrombosis when she is discharged from the hospital?
- A. Heparin
  - B. ASA
  - C. Streptokinase
  - D. Warfarin

57. RB's hematologic status is best monitored by:

- A. Measuring international normalized ratio (INR)
- B. Measuring prothrombin time (PT)
- C. Measuring Factor III and X
- D. No monitoring required

**58. Case Study next three questions**

While dispensing HIV/AIDS medications for RH, who is dating your best friend, you begin to worry that your friend isn't aware of RH's diagnosis. You are also aware that it is a breach of confidentiality to inform your friend about RH's condition and you are wondering how to handle this situation.

Which three (3) of the following actions would be most appropriate?

- A. Call RH's doctor to discuss your concerns and ask her/him to follow-up with RH
- B. Counsel RH on preventive measures to prevent the spread of the virus and to inform all sexual partners about his condition
- C. Disclose to RH that you are a friend of the woman he is dating and urge him to inform her about his diagnosis
- D. Disclose to your friend that RH is being treated for HIV/AIDS and urge her to see her doctor if they have had unprotected sex
- E. Refrain from telling your friend about RH's condition but urge her to always use safe sex measures and to be checked for HIV/AIDS if she has had unprotected sex

59. Based on the case above regarding RH, which action (of the above same responses) would you take first?

- A. Call RH's doctor to discuss your concerns and ask her/him to follow-up with RH and your friend
- B. Counsel RH on preventive measures to prevent the spread of the virus and to inform all sexual partners about his condition
- C. Disclose to RH that you are a friend of the woman he is dating and urge him to inform her about his diagnosis
- D. Disclose to your friend that RH is being treated for HIV/AIDS and urge her to see her doctor if they have had unprotected sex
- E. Refrain from telling your friend about RH's condition but urge her to always use safe sex measures and to be checked for HIV/AIDS if she has had unprotected sex

## Knowledge Assessment Sample Test

60. Which of the following statements BEST guides you in resolving this dilemma?

(Note: A copy of the Code of Ethics will be provided)

- A. A pharmacist is obliged to protect the patient's right of confidentiality, if the patient is capable of making rational decisions.
- B. A pharmacist may breach confidentiality when the failure to disclose information will place other persons in serious danger.
- C. The onus is on RH to tell all his sexual partners. He will probably do the responsible thing and tell your friend, because he is a professional person.
- D. The onus is on the doctor to ensure the patient understands the importance of preventing the spread of the disease. If he spoke with the patient then you don't have to worry about it.

61.

**Patient Name:** JS

**Age:** 6 years old

**Gender:** Male

**Weight:** 27 kg

**Allergies:** No known allergies

**Medications:** Gentamicin (Garamycin) ear drops 3 drops in affected ear  
TID - initiated 3 days ago

After 3 days of gentamicin ear drops, JS's mother presents a new prescription for JS for:  
Amoxicillin 250mg TID x 5 days

She states that his ear infection has worsened and he now has a perforated eardrum. She asks if she should continue to give JS the gentamicin ear drops.

How would you respond?

- A. Continue the gentamicin ear drops along with the amoxicillin suspension
- B. Stop the gentamicin ear drops and start the amoxicillin prescription
- C. Call Doctor to decrease dose of gentamicin (Garamycin) ear drops to 2 drops TID
- D. Call Doctor to change ear drops to Ciprofloxacin/Hydrocortisone(Cipro HC) Otic 2 drops TID

## Knowledge Assessment Sample Test

62.

**Patient:** KG  
**Age:** 55 years old  
**Gender:** Female  
**Allergies:** No known allergies  
**Medical Conditions:** Migraine headaches  
**Medications:** ASA/butalbital/caffeine/codeine (Fiorinal C ½) 1 q3-4h prn - filled 1 week ago  
Ergotamine/caffeine (Cafergot) 2 stat then 1 q30min up to 6 per day

A family member presents the following prescription for KG who is at home with an acute migraine:  
Sumatriptan (Imitrex DF) 100mg  
Sig: 1 stat for migraine, to maximum of 1 per attack or 2 per day

Based on the patient record (above) you would:

- A. Fill the prescription and caution the patient not to start taking Sumatriptan (Imitrex DF) within 24 hours of taking ergotamine/caffeine(Cafergot)
- B. Fill the prescription and caution the patient not to start taking Sumatriptan (Imitrex DF) within 24 hours of taking Fiorinal C 1/2
- C. Fill the prescription and counsel the patient about appropriate dosing of Sumatriptan (Imitrex DF)
- D. Call the physician about a possible drug interaction between Sumatriptan (Imitrex DF) and Fiorinal C 1/2
- E. Call the physician about a possible drug interaction between Sumatriptan (Imitrex DF) and ergotamine/caffeine(Cafergot)

63.

**Patient Name:** JC  
**Age:** 30 years old  
**Gender:** Male  
**Allergies:** Penicillin  
ASA

JC wants to know how to prevent or treat diarrhea while in Mexico. You would recommend all of the following EXCEPT:

- A. Drink only bottled water/ soft drinks without ice
- B. Eat food from reliable sources
- C. Eat only fruit cut and peeled by yourself
- D. Take bismuth subsalicylate (Pepto-Bismol), 2 tablets every 30 minutes (max 8 doses per day)
- E. Take loperamide (Imodium) 2mg, 2 tablets at onset of diarrhea, then 1 tablet after each loose bowel movement (maximum 8 tablets per day)
- F. See your doctor for a prescription for ciprofloxacin, to take if severe diarrhea occurs

## Knowledge Assessment Sample Test

64.

**Patient Name:** PS  
**Age:** 55 years old  
**Gender:** Male  
**Allergies:** Sulfonamides (no allergy to glyburide)  
**Medical Conditions:** Type 2 Diabetes  
**Medications:** Glyburide (Diabeta) 10mg daily x 3 years

PS comes into your pharmacy with a prescription for atenolol (Tenormin) 50mg daily.

You are most concerned that atenolol (Tenormin) may:

- A. mask signs of hypoglycemia
  - B. increase blood sugar
  - C. increase glyburide level
  - D. decrease glyburide level
65. Which of the following counselling points is NOT appropriate when counselling, genetic a patient on emergency contraceptive pills (ECP)?
- A. Take dimenhydrinate (Gravol) 50mg 1 hour before ECP to decrease nausea and vomiting
  - B. Taking ECP can result in transient side effects such as abdominal cramps, headaches, and breast tenderness
  - C. If you do not experience withdrawal bleeding within 3 weeks after taking ECP, you should see your family doctor
  - D. Once ECP is taken it provides protection against pregnancy for 6-7 days

## Knowledge Assessment Sample Test

66.

**Patient:** EM  
**Age:** 59 years old  
**Gender:** Male  
**Allergies:** Sulfonamides  
Molds  
Pollen  
**Medical Conditions:** Arthritis x 2 years  
Asthma x 1 year  
**Medications:** Salbutamol (Ventolin) 100 mcg HFA inhaler 2 puffs QID prn -initiated 1 year ago  
Fluticasone (Flovent) 125mcg HFA inhaler 2 puffs BID -initiated 1 year ago  
Naproxen (Naprosyn) 500mg BID - initiated 2 years ago

EM presents a prescription for celecoxib (Celebrex) 100mg BID x 60 capsules. He tells you his doctor wants to stop the naproxen because he has been taking his naproxen on an empty stomach and has developed an upset stomach.

You would be concerned that celecoxib:

- A. has not been proven to be as effective as naproxen in arthritis
- B. is contraindicated in patients with asthma
- C. is contraindicated in patients with a sulfonamide allergy
- D. is expensive; adding misoprostol (Cytotec) to naproxen is cheaper

67.

**Patient Name:** DC  
**Age:** 46 years old  
**Gender:** Male  
**Allergies:** Penicillin (anaphylaxis)  
**Medical Conditions:** Hypertension x 18 months  
**Medications:** Hydrochlorothiazide (Apo-Hydro) 12.5mg qam x 18 months  
Multivitamins (Centrum forte) one daily x 6 months

Upon picking up his prescriptions DC asks if you can recommend some other eye drops for his extremely itchy/watery eyes. He has used tetrahydrozoline (Visine Original Formula) for 1 week and it is not working.

Your recommendation would be:

- A. naphazoline (Albalon) 2 drops each eye QID
- B. naphazoline/antazoline (Vasocon A) 2 drops each eye QID
- C. sodium cromoglycate (Opticrom) 2 drops each eye QID
- D. tetrahydrozoline/zinc sulphate (Visine allergy) 1-2 drops each eye TID-QID
- E. any of the above

## Knowledge Assessment Sample Test

68.

**Patient Name:** JS  
**Age:** 67 years old  
**Gender:** Female  
**Allergies:** Diclofenac  
**Medical Conditions:** Insomnia  
Nerve pain  
**Medications :** Tryptophan (Tryptan) 500mg 2 qhs for sleep x 6 months  
Amitriptyline 50 mg 1-2 qhs nerve pain x 3 days

JS's daughter asks you to recommend something for her mother's flu. She explains that her mother is extremely agitated and tremulous, is sweating a lot, has a high fever and is really confused. She's in bed with muscle spasms.

What would you recommend?

- A. Methocarbamol/ASA (Robaxisal) 2 QID with food and see her doctor if symptoms don't improve in 48 hours
- B. Methocarbamol/acetaminophen (Robaxacet) 2 tablets QID and see her doctor if symptoms don't improve in 48 hours
- C. Discontinue amitriptyline and see her doctor within 48 hours
- D. Discontinue amitriptyline and tryptophan and see her doctor within 48 hours
- E. Take JS to the closest emergency department as soon as possible

69.

**Patient Name:** WB  
**Age:** 28 years old  
**Gender:** Female  
**Allergies:** No known allergies  
**Medical Conditions:** Acne  
**Medications:** Minocycline (Minocin) 100 mg daily x 2 weeks  
Benzoyl peroxide/erythromycin (Benzamycin) Gel Apply qhs x 2 weeks  
Benzoyl peroxide (PanOxyl) 5% Gel Apply qhs x 6 months – now discontinued

WB's doctor calls you for advice. WB has been on minocycline (Minocin) and benzoyl peroxide/erythromycin (Benzamycin) for 2 weeks now, but has not seen any improvement in her acne.

What would you recommend?

- A. Continue minocycline (Minocin) and benzoyl peroxide/erythromycin (Benzamycin) for 2 months
- B. Start tazarotene (Tazorac), discontinue other medications
- C. Start cyproterone/ethinyl estradiol (Diane 35), discontinue other medications
- D. Start isotretinoin (Accutane), discontinue other medications
- E. Start norgestimate/ethinyl estradiol (Tricyclen), discontinue other medications

## Knowledge Assessment Sample Test

70.

**Patient Name:** SE

**Age:** 55 years old

**Gender:** Male

**Allergies:** Penicillin  
ASA

**Medical Conditions:** Arrhythmia  
Hypertension  
Hypercholesterolemia

**Medications:** Digoxin (Lanoxin) 0.125mg daily x 1 year  
Nitroglycerin (Nitro-Dur) 0.4mg patch Apply at 8 am, remove at 8 pm daily x 1 year  
Ramipril (Altace) 5mg daily x 1 year  
Furosemide (Lasix) 40mg daily x 1 year  
Simvastatin (Zocor) 20mg daily x 1 year

You receive the following prescription for SE for community acquired pneumonia:  
Amoxicillin 500mg TID x 10 days

When calling the doctor to change the prescription, which alternate antibiotic would you recommend?

- A. amoxicillin/clavulanate (Clavulin 500 F) 500mg TID
- B. cefixime (Suprax) 400mg daily
- C. clarithromycin (Biaxin) 500mg BID
- D. doxycycline (VibraTabs) 100mg BID
- E. norfloxacin (Noroxin) 400mg BID

## Knowledge Assessment Sample Test

71.

**Patient Name:** MN

**Age:** 8 years old

**Weight:** 50 kg

**Gender:** Male

**Allergies:** Captopril  
Codeine  
Metoclopramide  
Penicillin

**Medical Conditions:** Displastic multicystic kidneys; paraplegic, unable to communicate

**Other:** CrCl 110mL/min (Normal CrCl = 125mL/min)

**Medications:** Sulfamethoxazole/trimethoprim (Septra) Susp 5mL daily  
for UTI Prophylaxis x 2 months  
Salbutamol (Ventolin) 1mg/mL nebulas 2.5mL QID prn x 2 years  
Budesonide (Pulmicort) 250 mcg nebulas BID x 2 yrs

MN has been coughing up yellowish-green sputum. The doctor calls you with a prescription for amoxicillin/clavulanate (Clavulin 250 F) 250mg TID x 10 days.

What would you do?

- A. Fill the prescription as written
- B. Suggest reducing the dose to amoxicillin/clavulanate (Clavulin 125 F) 125mg TID x 10 days
- C. Suggest changing to doxycycline (Vibra Tabs) 100mg daily x 10 days
- D. Suggest changing to erythromycin 250mg QID x 10 days
- E. Suggest changing to erythromycin 125mg QID x 10 days

## Knowledge Assessment Sample Test

72.

**Patient Name:** DA  
**Age:** 60 years old  
**Gender:** Male  
**Allergies:** No known allergies  
**Medical Conditions:** Type 2 Diabetes  
Hypercholesterolemia  
Occasional angina  
**Other:** Half-marathon walker, eats grapefruit  
**Medications:** Atorvastatin (Lipitor) 20mg qhs - initiated 2 years ago  
Metformin (Glucophage) 500mg TID - initiated 2 years ago  
Sildenafil (Viagra) 100mg hs prn - initiated 2 months ago  
Nitroglycerin (Nitrolingual) 0.4mg Spray 1-2 sprays sl prn - initiated 3 weeks ago

DA requests a refill of his sildenafil (Viagra) prescription. You would be concerned about all of the following EXCEPT:

- A. Atorvastatin with grapefruit
- B. Metformin with atorvastatin
- C. Sildenafil with nitroglycerin
- D. Sildenafil with grapefruit

73. Case Study next two questions

DC brings in a prescription for triamcinolone (Nasacort Aqueous) 1 spray in each nostril TID PRN.

- A. call the doctor to change the directions to 1 spray in each nostril three times daily
- B. call the doctor to change the directions to 2 sprays in each nostril once daily
- C. dispense as written and explain that the patient may not see results for at least 3 weeks
- D. dispense as written but explain that the medication should be used regularly, not prn, to receive the maximum benefit

74. When counseling on the triamcinolone (Nasocort Aqueous) you would include all of the following EXCEPT:

- A. blow your nose if necessary prior to use and avoid blowing your nose after use
- B. contact your doctor if you experience severe nose bleeds
- C. contact your doctor if you are experiencing yellow or green discharge
- D. do not take OTC antihistamines while on triamcinolone (Nasocort Aqueous)
- E. do not use decongestant nasal sprays while on triamcinolone (Nasocort Aqueous)

## Knowledge Assessment Sample Test

### 75. Case Study next two questions

**Patient Name:** RK  
**Age:** 9 years old  
**Weight:** 30 kg  
**Gender:** Male  
**Allergies:** Peanuts (anaphylaxis)  
**Medical Conditions:** Shortness of breath on exertion (asthma)  
**Medications:** EpiPen (filled every year)

RK has just been diagnosed with asthma. His mother brings in a new prescription for:  
ipratropium/salbutamol(Combivent) inhaler 2 puffs before exercising and  
2 puffs 3-4 times daily prn shortness of breath

What would you do?

- A. Recommend adding theophylline syrup to the ipratropium/salbutamol(Combivent) therapy
  - B. Recommend adding a corticosteroid to the ipratropium/salbutamol(Combivent) therapy
  - C. Recommend adding salbutamol (Ventolin) inhaler to the ipratropium therapy
  - D. Recommend changing the prescription to salbutamol (Ventolin) inhaler
  - E. Dispense the prescription as written and counsel the mother on its proper use, asking that the son bring the inhaler in for a review of how to use it
76. Two weeks later RK's mother returns stating that RK is frequently waking up at night with shortness of breath. She asks you if there is anything that can help.
- You would advise RK's mother to take RK to see the doctor to get a prescription for:
- A. cromoglycate (Intal) inhaler
  - B. ipratropium/salbutamol (Combivent) inhaler
  - C. fluticasone (Flovent) inhaler
  - D. either B or C
  - E. A plus B or C
77. JZ has purchased a blood glucose-testing machine. What is the range of normal fasting blood glucose values that he should try to achieve?
- A. 1-3 mmol/L
  - B. 4-6 mmol/L
  - C. 8-12 mmol/L
  - D. 12-18 mmol/L
78. What is the mechanism of action of etidronate (Didronel) in the treatment of osteoporosis?
- A. Inhibits bone resorption
  - B. Stimulates bone formation
  - C. Does both A and B

## Knowledge Assessment Sample Test

79. BX has collapsed on the sidewalk outside your pharmacy. He is unconscious and his breathing is shallow. A paramedic comes in with BX's wallet containing his identification and health card, and asks you to check BX's patient profile because the hospital emergency department is unable to respond immediately to his request for information.

Which of the following options is your BEST course of action?

- A. Check your local computer system and provide the information if BX is a patient in your system.
- B. Check the PharmaNet profile, provide the information and document the request.
- C. Obtain authorization to release the information from the College of Pharmacists of British Columbia, then provide the information
- D. Refuse the request because you need to protect BX's right to confidentiality; inform the paramedic that you could provide the information to him if he were to obtain a court order
- E. Refuse the request because you need to protect BX's right to confidentiality; inform the paramedic that you can only provide this information to a doctor or emergency department staff

80.

**Patient Name:** JC  
**Age:** 54 years old  
**Gender:** Male  
**Allergies:** No known allergies  
**Medical Conditions:** Bone cancer, severe pain  
**Other:** Low income patient  
**Medications:** Hydromorphone (Dilaudid) 2mg TID x 3 months  
Tylenol No. 3, 2 QID prn pain x 5 months

In the past JC has trouble paying for his medications and sometimes has not picked them up because of their high cost. His condition is deteriorating and he is in intense pain.

Today JC presents a new prescription for hydromorphone (HydromorphContin) 6mg BID x 100 capsules.

JC shows your pharmacy intern a vial of medication, labeled for a deceased patient, which he received from the doctor. He wants to know if it is the same as what was prescribed for him. The pharmacy intern confirms that the vial contains hydromorphone 3mg capsules. The pharmacy intern tells JC it is the same medication as the doctor prescribed but to take 2 of the capsules twice daily to get the right dose.

What are the three (3) most important factors to be considered in this case?

- A. JC's PharmaNet record would be incomplete
- B. Dosing information on the vial is inaccurate for JC
- C. The other patient's right to confidentiality has been breached
- D. The integrity (storage, expiry, tampering) of the medication is unknown
- E. JC needs pain medication
- F. The doctor is dispensing and not following appropriate dispensing procedures
- G. JC's relationship with the doctor should be respected
- H. The pharmacy intern should respect the doctor's professional judgment

**You have completed the test!**

# ANSWER KEY REPORT

For Knowledge Assessment Sample Test Form: 0

#	Answer	#	Answer
1	B	41	B
2	B	42	A
3	C	43	E
4	A	44	D
5	A	45	A
6	E	46	D
7	E	47	A
8	D	48	B
9	B	49	A
10	B	50	C
11	C	51	D
12	B	52	A
13	C	53	B
14	A	54	A
15	D	55	A
16	B	56	D
17	C	57	A
18	A	58	A, B, E
19	B	59	B
20	D	60	A
21	D	61	B
22	B	62	A
23	D	63	D
24	D	64	A
25	E	65	D
26	D	66	C
27	A	67	C
28	B	68	E
29	B	69	A
30	C	70	D
31	B	71	D
32	A	72	B
33	B	73	B
34	C	74	D
35	A	75	D
36	D	76	C
37	A	77	B
38	A	78	A
39	A	79	B
40	A	80	B, D, E