



**TECHNICAL UNIVERSITY OF MOMBASA**

**FACULTY OF APPLIED AND HEALTH SCIENCES**

**DEPARTMENT OF MEDICAL SCIENCES**

**UNIVERSITY EXAMINATION FOR:**

**DIPLOMA IN PHARMACEUTICAL TECHNOLOGY**

**APM 2304: PHARMACY PRACTICE III**

**END OF SEMESTER EXAMINATION**

**SERIES: AUGUST 2019**

**TIME: 4 HOURS**

**DATE: Pick Date Aug 2019**

**Instructions to Candidates**

You should have the following for this examination

-Answer Booklet, examination pass and student ID

This paper consists of **TWO** Section(s). Attempt **ALL** questions.

**For examiners use only**

<b>Questions / Sections</b>		<b>Maximum score</b>	<b>Candidate score</b>
<b>Section A</b>	<b>Laboratory procedures and practice</b>	<b>5 Marks</b>	
	<b>Actual practical tasks</b>	<b>35 Marks</b>	
	<b>Sub- Total</b>	<b>40 Marks</b>	
<b>Section B</b>	<b>Actual practical tasks</b>	<b>20 Marks</b>	
	<b>Reference notes</b>	<b>20 Marks</b>	
	<b>Total</b>	<b>80 Marks</b>	

**This paper consist of 5 PRINTED pages**

**SECTION A (35 marks)**

1. Prepare and dispense the following prescription of Liquid Paraffin Emulsion BP

Patient: Mrs Daisy Koech, 72 Mosoriot, Nandi

Age: 50

Prescription: Liquid Paraffin Emulsion BP

Directions: 10 ml tds

Mitte: 100 ml

<b>COPY OF PRESCRIPTION</b>	<b>CALCULATIONS</b>
1 mark	3 marks
<b>LEGAL ERRORS AND OMISSIONS</b>	
1 mark	
<b>METHOD</b>	
4 marks	
<b>UTILITY (QUALITY CONTROL)</b>	<b>COPY OF LABEL</b>
1 mark	

	5 marks
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**ACTION AND USES**

**(2 marks)**

1. Prepare and dispense the following prescription of Salicylic Acid and Sulphur Cream BP

Patient: Mr Abel Katana, 14 Ribe, Kilifi  
 Age: 34  
 Prescription: Salicylic Acid and Sulphur Cream BP  
 Directions: Apply mdu  
 Mitte: 20 g

COPY OF PRESCRIPTION	CALCULATIONS
1 mark	5 marks
LEGAL ERRORS AND OMISSIONS	
	2 mark
METHOD	
	5 marks
UTILITY (QUALITY CONTROL)	COPY OF LABEL

**Section B (40 Marks)**      Answer **ALL** questions in this section

**QUESTION THREE**

a) Dispense the prescription below:-

Mr. David Onyango

P.O Box 875, Yala

Rx

Tabs Cimetidine 400mg Bd x1/12

Tabs. Metronidazole 800mg stat, 400mg Bd x1/52

Signed:      Dr. Mwaludha B.M

P.O Box 326, Taveta.

<b>COPY OF PRESCRIPTION</b>	<b>CALCULATIONS</b>
1 mark	3 marks
<b>LEGAL ERRORS AND OMISSIONS</b>	
2 marks	
<b>METHOD</b>	
5 marks	
<b>UTILITY (QUALITY CONTROL)</b>	<b>COPY OF LABEL</b>
2 mark	6 marks

**ACTION AND USES****(1 mark)****b) Reference notes: -****20 marks**

	<b>Cimetidine</b>	<b>Metronidazole</b>
<b>INDICATIONS</b>		
	(3 mark)	(1 marks)
<b>DOSE RANGE</b>		
	(4 mark)	(2 marks)
<b>INTERACTIONS</b>		
	(2 marks)	(1 marks)
<b>CONTRAINDICATIONS</b>		
	(2 marks)	(2 marks)
<b>CAUTIONARY / ADVISORY LABELS</b>		

	(2 marks)	(1 marks)
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