

1. A hospital is called large if it has beds

(a) >500

(b) 400-1000

(c) 500-1000

(d) >1000

1. A hospital is called large if it has beds

(a) >500

(b) 400-1000

(c) 500-1000

(d) >1000

CLASSIFICATION OF HOSPITALS

Type I. On Clinical Basis

CLINICAL-BASIS			NON-CLINICAL-BASIS	
Medicine	Surgery	Maternity	Governmental	Non-Governmental
1. Paediatrics 2. Psychiatric and Nervous diseases 3. T.B. 4. General medicine	1. Orthopaedic 2. Gyanaecology 3. ENT	1. Short-term 2. Long-term	-Army hospital -Navy hospital City hospital -Civil hospital -Big hospitals -AIIMS/PGI etc.	Private Hospitals for Profit Non-Profit Church hospital Community hospital Missionary hospital Charitable hospital

Type II – On size basis

Large hospitals	beds 1000 and above
Medium hospitals	beds between 500 – 1000
Small hospitals	beds between 100 – 500
Very small hospitals	beds less than 100



**2. How many pharmacists are required for a
100 bed hospital**

- (a) 10
- (b) 06
- (c) 05
- (d) 02



**2. How many pharmacists are required for a
100 bed hospital**

(a) 10

(b) 06

(c) 05

(d) 02

PHARMACIST REQUIREMENT

BED STRENGTH	NO. OF PHARMACISTS REQUIRED
Upto 50 beds	3
Upto 100 beds	5
Upto 200 beds	8
Upto 300 beds	10
Upto 500 beds	15

3. The hospital pharmacy requires a minimum of floor space according to the norms laid down by drugs and Cosmetics Act, 1940

- (a) 100 sq. ft.
- (b) 150 Sq. ft.
- (c) 250 Sq. ft.
- (d) 200 Sq. ft.

3. The hospital pharmacy requires a minimum of floor space according to the norms laid down by drugs and Cosmetics Act, 1940

(a) 100 sq. ft.

(b) 150 Sq. ft.

(c) 250 Sq. ft.

(d) 200 Sq. ft.

FLOOR SPACE REQUIREMENT

- A Pharmacy requires a minimum of 250 sq. feet for any sized hospital.
- Floor of hospital pharmacy departments should be smooth, easily washable and acid resistant.
- In manufacturing drains should be provided; walls should be smooth and painted in light color.
- The wooden cabinets are laminated.
- Fluorescents lamp are placed immediately above the prescription counter.

4. Choose the hospital classified based on the cost

- (a) Budget hospital
- (b) Small hospital
- (c) Medium hospital
- (d) Large hospital

4. Choose the hospital classified based on the cost

(a) Budget hospital

(b) Small hospital

(c) Medium hospital

(d) Large hospital

CLASSIFICATION OF HOSPITALS

Type III – On cost basis

Large hospitals	Costly and Elite Hospitals
Medium hospitals	Low budget hospitals
Small hospitals	Free Hospitals
Very small hospitals	

5. Which among the following is not a role of community pharmacist

- (a) Nutrition counselling
- (b) Individualization of drug
- (c) Rationale use of drugs
- (d) Drug promotion to physicians

5. Which among the following is not a role of community pharmacist

- (a) Nutrition counselling**
- (b) Individualization of drug
- (c) Rationale use of drugs
- (d) Drug promotion to physicians

ROLE OF COMMUNITY PHARMACIST

- **Care of patient and clinical pharmacy.**
- **Health promotion and rational use of drugs.**
- **Drug promotion to physician.**
- **Individualization of drug therapy.**
- **Responding to minor ailments.**

6. Community pharmacies that are individually owned by local pharmacies are termed as

- (a) Food store pharmacies
- (b) Mass merchandiser pharmacies
- (c) Chain pharmacies
- (d) Independent pharmacies

6. Community pharmacies that are individually owned by local pharmacies are termed as

- (a) Food store pharmacies
- (b) Mass merchandiser pharmacies
- (c) Chain pharmacies
- (d) Independent pharmacies**

TYPES OF COMMUNITY PHARMACIES

Community Pharmacies	Examples
Independent Pharmacies	individually owned local pharmacies
Food Store Pharmacies	A&P, Giant Eagle, Kroger, Pathmark and others
Chain Pharmacies	CVS, Walgreens, Rite-Aid and others
Mass Merchandiser Pharmacies	Wal-Mart, Kmart, Costco, Target and others

7. Which one of the following is NOT a salient feature of a Hospital Pharmacy

- (a) Design of a new drug
- (b) Supply of Pharmaceutical Drugs
- (c) Dispensing of Narcotic Products
- (d) Supply and storage of ancillary products

7. Which one of the following is NOT a salient feature of a Hospital Pharmacy

(a) Design of a new drug

(b) Supply of Pharmaceutical Drugs

(c) Dispensing of Narcotic Products

(d) Supply and storage of ancillary products

Features of Hospital Pharmacy

- 1) It attains supply of drugs, chemicals, biological and pharmaceutical formulations only from licensed vendors and manufacturers.
- 2) It inspects the received items and maintains an inventory for the same.
- 3) It dispenses drugs, chemicals, and pharmaceutical preparations to the patients. The pharmacist repack the medicament in appropriate containers and label them.
- 4) It keeps a record of all the narcotic drugs and alcohol received and issued.
- 5) It predicts the demand for drugs, chemicals, antibiotics, biologicals, radio pharmaceuticals, etc. and takes suitable steps to fulfil the demand.
- 6) It keeps a record of each supply dispensed.
- 7) It manufactures large volume parenterals and other drug preparations in case of unavailability, high cost, or lack of authentic vendors or cautious.
- 8) It implements strict control on the quality of the supplies received, manufactured, and dispensed.
- 9) It discusses about the drug related information with the medical staff, residents nurses, health care team, and the patients.
- 10) It participates in minimising the incidence of illness, and improves the general health of the population.

8. What is minimum space requirement for Manufacturing

- (a) 1200 sq. ft.
- (b) 1600 sq. ft.
- (c) 1800 sq. ft.
- (d) 1300 Sq. ft.

8. What is minimum space requirement for Manufacturing

- (a) 1200 sq. ft.**
- (b) 1600 sq. ft.
- (c) 1800 sq. ft.
- (d) 1300 Sq. ft.

FLOOR SPACE REQUIREMENT

- As per drug and cosmetics act, schedule M, a minimum 250 sq feet area is essential for a Hospital pharmacy.
- It increased 10 sq. m. per bed for 100 beds, 6sq. m. per bed for 200 beds and 5 sq. m. for more than 200 beds Hospital
- Minimum space required for manufacturing ASU drug is 1200 sq. ft.

9. Ambulatory patients are

- (a) Required to admit in the ward for treatment
- (b) Required to go home after taking treatment in OPD
- (c) Require emergency treatment
- (d) None of these

9. Ambulatory patients are

(a) Required to admit in the ward for treatment

(b) Required to go home after taking treatment in OPD

(c) Require emergency treatment

(d) None of these

OUT PATIENT

- Outpatient refers to the patients that do not occupy beds in a hospital or in clinics, health centres and other places.
- The patient with minor and common illness goes to OPD.
 - **Emergency** - Person given emergency or accidental care for conditions which require immediate medical attention.
 - **Referred out patient** - He is referred directly to outpatient department by his attending medical practitioner for specific treatment.
 - **Primary care** - It describes range of services adequate for meeting the great majority.
 - **Ambulatory patient** - Patients who are not dependent upon others for assistance to travel to safety in an emergency they are wrongly called ambulatory patients, majority of the outpatients are ambulatory, they required to go home after taking the treatment in OPD.

10. Following are the role of modern community pharmacy

- (a) Care of patients or clinical pharmacy
- (b) Small scale manufacture of medicines
- (c) Responding to minor ailments
- (d) Health promotion

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(a) Care of patients or clinical pharmacy

(b) Small scale manufacture of medicines

(c) Responding to minor ailments

(d) Health promotion

ROLE OF COMMUNITY PHARMACY

- Providing health information to patients and public
- Prescription handlings
- Patient counselling
- Patient medication record
- Pharmacy administration
- Compounding
- Small-scale manufacturing of medicines

11. The minimum training hours required for pharmacy registration is _____ hours

(a) 800

(b) 100

(c) 500

(d) 300

11. The minimum training hours required for pharmacy registration is _____ hours

(a) 800

(b) 100

(c) 500

(d) 300

Minimum training Hours for Pharmacy Registration

- The duration of the course shall be for two academic years with each academic year spread over a period of not less than one hundred and eighty working days in addition to 500 hours practical training spread over a period of not less than 3 months.

12. There are various factors affecting the economy of a hospital. One of the factors is manufacturing capacity. Manufacturing capacity depends on

- (a) Calculation of consumption rate and the size of equipment
- (b) Direct cost and indirect cost of the hospital
- (c) Number of technically incompetent and partially qualified pharmacists
- (d) Availability of equipment and economy of a hospital to fulfil the requirement

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- (a) Calculation of consumption rate and the size of equipment
- (b) Direct cost and indirect cost of the hospital
- (c) Number of technically incompetent and partially qualified pharmacists
- (d) Availability of equipment and economy of a hospital to fulfill the requirement

Factors affecting the economy of the Hospital:

- Manufacturing requirement
- Material Requirement
- Operating cost
- Manufacturing Staff
- Manufacturing Capacity

13. Which of the following is NOT an example of a hospital classified based on clinical orientation

- (a) TB Hospitals
- (b) Pediatric Hospitals
- (c) Allopathic Hospitals
- (d) Elite Hospitals

13. Which of the following is NOT an example of a hospital classified based on clinical orientation

- (a) TB Hospitals
- (b) Pediatric Hospitals
- (c) Allopathic Hospitals
- (d) Elite Hospitals**

CLASSIFICATION OF HOSPITALS

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Large hospitals	beds 1000 and above
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14. The intake of a minimum of 4 to 10 drugs at the same time on a regular therapeutic basis is called

- (a) Drug overdose
- (b) Drug abuse
- (c) Polypharmacy
- (d) Drug overuse

14. The intake of a minimum of 4 to 10 drugs at the same time on a regular therapeutic basis is called

- (a) Drug overdose
- (b) Drug abuse
- (c) Polypharmacy**
- (d) Drug overuse

- **Polypharmacy** - Polypharmacy, defined as the regular use of 5 or more medications at the same time, is common in older adults and at-risk younger individuals.
- **Overdose** - A drug overdose is the ingestion or application of a drug or other substance in quantities much greater than are recommended.
- **Drug Abuse** - The use of illegal drugs or the use of prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in excessive amounts.
- **Drug Overuse** - Drug overuse is defined as the use of a substance for a purpose not consistent with legal or medical guidelines.

15. Pharmacist is the link between the

- (a) Doctor and nurse
- (b) Medical profession and public
- (c) Medical practitioner and pharmaceutical industry
- (d) Medical practitioner and medical profession

15. Pharmacist is the link between the

(a) Doctor and nurse

(b) Medical profession and public

(c) Medical practitioner and pharmaceutical industry

(d) Medical practitioner and medical profession

- **Pharmacists** form a vital link between the doctors, nurses and the patients. They are an important component of the health care team - the ultimate goal of which is patient welfare.

16. Formulary is

- (a) A list of medications selected and approval for use in a hospital
- (b) List of essential drugs for the hospital
- (c) Any drug prescribed by the prescriber in the hospital
- (d) None of these

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(a) A list of medications selected and approval for use in a hospital

(b) List of essential drugs for the hospital

(c) Any drug prescribed by the prescriber in the hospital

(d) None of these

Formulary

- A drug formulary, or preferred drug list, is a continually updated list of medications and related products supported by current evidence-based medicine, judgment of physicians, pharmacists and other experts in the diagnosis and treatment of disease and preservation of health.

17. Which of the following is an important document of the hospital containing a collective list of drugs

- (a) Drug information bulletin
- (b) Hospital register
- (c) Pharmacopoeia
- (d) Hospital formulary

17. Which of the following is an important document of the hospital containing a collective list of drugs

- (a) Drug information bulletin
- (b) Hospital register
- (c) Pharmacopoeia
- (d) Hospital formulary**

Formulary

- A hospital's formulary is a constantly updated list of the pharmaceuticals and medications that the medical team uses there, along with some crucial ancillary data that represents their most recent clinical judgement.

Guiding principles of Hospital Formulary System

- Drug should be included in formulary by their non-proprietary name.
- System should be sponsored by medical staff based upon recommendation of pharmacy and therapeutic committee.
- Medical staff should adopt written policies and procedures of formulary system.



18. Name the Hospital, in which the first Hospital Formulary for a Government teaching Hospital in India is published in 1997

- (a) CME Vellore
- (b) Govt. Medical College, Thiruvandrum
- (c) Kasturba Medical College, Manipal, Karnataka
- (d) Govt. Medical College, Chennai

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(d) Govt. Medical College, Chennai

Hospital Formulary

- Govt Medical College, Thiruvananthapuram is the govt. teaching hospital where the first hospital formulary was published in 1997.
- The fundamental goal of creating a hospital formulary is to establish best practices, encourage high-quality, evidence-based prescribing, and limit variation in the level of care given to patients while also managing drug costs.

19. Who will acts as the Chairman in PTC

- (a) Pharmacist
- (b) Nurse
- (c) Lab technician
- (d) Physician

19. Who will acts as the Chairman in PTC

- (a) Pharmacist
- (b) Nurse
- (c) Lab technician
- (d) Physician**

Pharmacy & Therapeutic Committee Composition

Staff	Designation	Number
Physician	Chairman of PTC (1 out of 3)	3
Pharmacist	Secretary of PTC	1
Administrator	Member	1
Nurse	Member	1



20. Who is the secretary of the Pharmacy and Therapeutics Committee (PTC)

- (a) The Chief Physician
- (b) The Chief Pharmacist
- (c) The Hospital Administrator
- (d) The representative from nursing staff



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Nurse	Member	1

21. Which of the following criteria should be taken into consideration for entry or deletion of drugs in the Hospital formulary

- (a) The manufacturer of drug should have the license under Drug and Cosmetic Rules
- (b) The drug must recognized by Pharmacopoeia
- (c) The drug should not have secret composition
- (d) All of these

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- (b) The drug must recognized by Pharmacopoeia
- (c) The drug should not have secret composition
- (d) All of these**

Hospital Formulary

- The following criteria should be considered while adding into or removing drugs from the formulary:
 - 1) The medical staff should have approved the drug to be added in the formulary.
 - 2) The drug should be recognized by the Pharmacopoeias and Formularies approved under Drugs and Cosmetic Act and Rules.
 - 3) The drug manufacturer should hold a license issued under the Drugs and Cosmetic Rules. Also he should not have been punished for any serious offence under any law of Drugs and Medicines.
 - 4) The drug or preparation of secret composition should not be added in the formulary.
 - 5) The drug or preparation containing multiple ingredients should not be added if the same therapeutic effect can be obtained by using a preparation with single ingredient.

22. The guidelines for inclusion or non- Inclusion of drugs in the hospital formulary are framed by

- (a) Pharmacy and therapeutic
- (b) Staff committee
- (c) Medical audit committee
- (d) Infection control committee

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- (a) Pharmacy and therapeutic**
- (b) Staff committee
- (c) Medical audit committee
- (d) Infection control committee

Revision of Hospital Formulary

- The procedure to add a new drug in the formulary is complex.
- The members are not skilled enough to evaluate each therapeutic agent; thus the PTC takes help from other experts for addition of selected special drugs.
- Some policy guidelines for adding or removing drugs in the formulary have been framed by the PTC in consultation with the medical staff.

23. Pharmacy and Therapeutic Committee has role

EXCEPT in

- (a) ADR monitoring and reporting
- (b) Preparation of drug list and emergency supplies
- (c) Medical record services
- (d) Drug utilization review

23. Pharmacy and Therapeutic Committee has role

EXCEPT in

- (a) ADR monitoring and reporting
- (b) Preparation of drug list and emergency supplies
- (c) Medical record services**
- (d) Drug utilization review

Role of PTC

1) Information on Drug Products: It provides information on PTC-approved drug products and their therapeutic use. This section includes descriptive entries for each item to facilitate its use like:

i) Entries in Formulary

- a) Generic name of drug,
- b) Common names (the brand names)
- c) Dosage forms, strength, and packaging
- d) Formulation (name of the active ingredient and formulation of the product),
- e) Dose for adults and pediatrics
- f) Administration route, and
- g) Cost

ii) Indexes to the Drug Product Listing: There are two ways of making the indexes included either at the beginning or at the end of the section to facilitate the use of formulary:

a) Generic Name/Brand Name: Proper page number should be given for reference to a particular product.

b) Therapeutic or Pharmacological Index: This index is based on the therapeutic category, e.g., antihistaminic drugs, anti- infective drugs, etc.

2) Information on Hospital Policies: The formulary provides the following information regarding the hospital policies and procedures for drug usage:

- i) Various policies and procedures for drug usage and restrictions on drug usage.**
- ii) PTC and its membership responsibilities.**
- iii) Hospital regulations governing the prescribing, dispensing, administration of drugs, generic names, drug orders, investigational drug policies, rules to be followed by medical representatives, emergency drug products, etc.**
- iv) Operating procedures (such as hours of services, out-patient prescription policies, prescription labelling, packaging and practice, inpatient drug distribution procedure, patient education program, etc.).**
- v) Information on the use of formulary, like the procedure for entry of a drug, the manner of arranging the entries, etc.**

24. Which of the following indexes contains the list of all formulary items within each therapeutic category

- (a) Generic name brand index
- (b) Generic name synonym index
- (c) Economic index
- (d) Pharmacological index

24. Which of the following indexes contains the list of all formulary items within each therapeutic category

- (a) Generic name brand index**
- (b) Generic name synonym index
- (c) Economic index
- (d) Pharmacological index

- **A "Generic Name Brand Index" typically refers to a system or list that matches generic (non-brand) product names to their branded equivalents.**
- **A "Generic Name Synonym Index" is a reference tool that lists various synonyms or equivalent terms for generic names. This type of index can serve several purposes, particularly in fields where the same product, substance, or concept might be known by different names.**
- **A "Pharmacological Index" is a comprehensive reference tool used primarily in the fields of medicine and pharmacology. It provides detailed information about drugs and their pharmacological properties.**

25. In a hospital set up PTC stand for

- (a) Pharmacy Teacher Committee
- (b) Pharmaceutical Technical Committee
- (c) Pharmacy Therapeutic Committee
- (d) None of these

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- (a) Pharmacy Teacher Committee
- (b) Pharmaceutical Technical Committee
- (c) Pharmacy Therapeutic Committee**
- (d) None of these

Pharmacy & Therapeutic Committee Composition

- It is an advisory group of medical staff and serves as the organizational line of communication between the medical staff and pharmacy department.
- WHO formed a committee in the hospital setting is responsible for overall pharmaceutical care is termed as Pharmacy and therapeutics committee (PTC).
- Minimum 6 meeting should be held yearly.
- The guidelines for inclusion and non-inclusion of drugs in the hospital formulary are framed by PTC.
- Advisory the Committee recommends policies for drug evaluation, selection, and therapeutic use.

26. Minimum numbers of PTC meetings which should be held yearly are

- (a) 2
- (b) 4
- (c) 6
- (d) 8

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(a) 2

(b) 4

(c) 6

(d) 8

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**27. There should be minimum of pharmacists in
Primary Health Care Centre**

- (a) 1
- (b) 2
- (c) 3
- (d) 4

**27. There should be minimum of pharmacists in
Primary Health Care Centre**

(a) 1

(b) 2

(c) 3

(d) 4

Total staff in PHC

Staff	Type A		Type B	
	Essential	Desirable	Essential	Desirable
Medical Officer- MBBS	1		1	1 [#]
Medical Officer –AYUSH		1 [^]		1 [^]
Accountant cum Data Entry Operator	1		1	
Pharmacist	1		1	
Pharmacist AYUSH		1		1
Nurse-midwife (Staff-Nurse)	3	+1	4	+1
Health worker (Female)	1 [*]		1 [*]	
Health Assistant. (Male)	1		1	
Health Assistant. (Female)/Lady Health Visitor	1		1	
Health Educator		1		1
Laboratory Technician	1		1	
Cold Chain & Vaccine Logistic Assistant		1		1
Multi-skilled Group D worker	2		2	
Sanitary worker cum watchman	1		1	+1
Total	13	18	14	21

28. The minimum number of physicians required in the Pharmacy and Therapeutics Committee is

- (a) 2
- (b) 3
- (c) 5
- (d) 4

28. The minimum number of physicians required in the Pharmacy and Therapeutics Committee is

(a) 2

(b) 3

(c) 5

(d) 4

Pharmacy & Therapeutic Committee Composition

Staff	Designation	Number
Physician	Chairman of PTC (1 out of 3)	3
Pharmacist	Secretary of PTC	1
Administrator	Member	1
Nurse	Member	1

29. The Pharmacy and Therapeutic Committee is composed of

- (a) At least three physicians, two nurses and a pharmacist
- (b) At least three physicians, three pharmacists and two nurse representatives
- (c) At least three pharmacists, two physicians and a nurse representative
- (d) At least three physicians, a pharmacist and nurse representative

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- (b) At least three physicians, three pharmacists and two nurse representatives
- (c) At least three pharmacists, two physicians and a nurse representative
- (d) At least three physicians, a pharmacist and nurse representative**

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Physician	Chairman of PTC (1 out of 3)	3
Pharmacist	Secretary of PTC	1
Administrator	Member	1
Nurse	Member	1

30. The committee formed in hospital settings that is responsible for overall pharmaceutical care is termed by

- (a) PTC
- (b) DIC
- (c) DTC
- (d) DIF

30. The committee formed in hospital settings that is responsible for overall pharmaceutical care is termed by

(a) PTC

(b) DIC

(c) DTC

(d) DIF

Pharmacy & Therapeutic Committee Composition

- It is an advisory group of medical staff and serves as the organizational line of communication between the medical staff and pharmacy department.
- WHO formed a committee in the hospital setting is responsible for overall pharmaceutical care is termed as Pharmacy and therapeutics committee (PTC).
- Minimum 6 meeting should be held yearly.
- The guidelines for inclusion and non-inclusion of drugs in the hospital formulary are framed by PTC.
- Advisory the Committee recommends policies for drug evaluation, selection, and therapeutic use.

31. FIFO stands for

- (a) First in First Out
- (b) Free in First Out
- (c) First in Figure Out
- (d) Free in Figure Out

31. FIFO stands for

(a) First in First Out

(b) Free in First Out

(c) First in Figure Out

(d) Free in Figure Out

FIFO Method (First In, First Out)

- The FIFO method means you aim to sell the products that arrive first in your store.
- Slightly older products are placed at the front of the shelf, newer products near the back.
- You would expect items in front will be the first items out.
- That's especially true if customers are in a rush and want to grab the first product off the shelf.
- A well displayed shelf goes a long way to persuading your shoppers that all of your products are worth buying.

32. First in First Out Method is a Method associated with

- (a) Purchase procedures
- (b) Codification of items
- (c) Inventory control techniques
- (d) Pricing of materials

32. First in First Out Method is a Method associated with

- (a) Purchase procedures
- (b) Codification of items
- (c) Inventory control techniques**
- (d) Pricing of materials

Benefits of FIFO Method

- By using a FIFO method, you avoid the problem by selling inventory that arrives first. As you arrange it accordingly on your shelf, you shouldn't need to worry about facing dead stock.
- FIFO reduces the impact because you're selling your oldest items first. If you assume that inflation is constant, the purchase price of older inventory is lower than that of the stock you bring in later.

33. Which category of ABC analysis consists of approximately 70% of expenditure and 10% of drugs

- (a) A
- (b) B
- (c) C
- (d) D

33. Which category of ABC analysis consists of approximately 70% of expenditure and 10% of drugs

(a) A

(b) B

(c) C

(d) D

ABC Analysis

TOOLS & TECHNIQUES	COMMENT	
A.B.C analysis	Basic tool with selective approach for concentration upon item according to this items classified into 3 category	
Class	% of Item	% of Annual Expenditure
A	10-15	70-80
B	20-25	15-20
C	60-70	5-15

34. Extra precautions are to be taken while dispensing the following drugs

- (a) Sound alike and look alike drugs
- (b) Narcotic drugs
- (c) Scheduled drugs
- (d) All of the above

34. Extra precautions are to be taken while dispensing the following drugs

- (a) Sound alike and look alike drugs
- (b) Narcotic drugs
- (c) Scheduled drugs
- (d) All of the above**

Extra precautions are to be taken while dispensing the following drugs

- Sound alike and look alike drugs
- Narcotic drugs
- Scheduled drugs
- Patient details like name, age and sex.
- Medicine strength

35. Which of the following is NOT a method of inventory control

- (a) Systematic want book method
- (b) ABC analysis
- (c) AMZ analysis
- (d) Economic order quantity

35. Which of the following is NOT a method of inventory control

(a) Systematic want book method

(b) ABC analysis

(c) AMZ analysis

(d) Economic order quantity

Methods of Inventory Control are:

- ABC analysis
- VED analysis
- EOQ
- Lead time
- Buffer stock
- Systematic wantbook method

36. Satellite pharmacy a mode of drug distribution system under

- (a) Charge floor stock system
- (b) Centralized unit dose dispensing system
- (c) Decentralized unit dose dispensing system
- (d) Individual prescription system

36. Satellite pharmacy a mode of drug distribution system under

- (a) Charge floor stock system
- (b) Centralized unit dose dispensing system
- (c) Decentralized unit dose dispensing system**
- (d) Individual prescription system

Types of Services Provided to In-patients

1. **Individual Prescription order system** – The doctors write a prescription and ask the patient to get the medicines from licensed medical store.
2. **Floor Ward Stock System** – The drugs are stored in Pharmacy Stores, supplied to the wards when ordered and are supervised by the registered nurse at the nursing station.
 - **Charge drugs** – cost of the drugs is billed in the patients account.
 - **Non-charge drugs** – cost is not directly entered in the patients account but included into the per day cost of hospital ward.
3. **Combination of Individual drug order & floor stock system** – The drugs in this method are mostly dispensed on an individual prescription basis, while the remaining drugs are obtained via limited floor stock. The nursing personnel prepare individual doses, reconstitute injectable medications and order floor stock.
4. **Unit Dose System** –
 - **Centralized unit dose dispensing (CUDD)**
 - **Satellite pharmacy service for decentralized unit dose dispensing (CUDD)**

37. The word "Ambulatory care" means

- (a) Emergency care
- (b) Outpatient care
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- (d) Both (a) and (b)

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Ambulatory Care

Ambulatory care refers to medical services performed on an outpatient basis, without admission to a hospital or other facility. It is provided in settings such as:

- **Offices of physicians and other health care professionals**
- **Hospital outpatient departments.**
- **Ambulatory surgical centers.**

38. Example for inpatient Drug distribution system

- (a) CUDD
- (b) PTC
- (c) DIB
- (d) CSSD

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Types of Services Provided to In-patients

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39. OPD refers to

- (a) Other Patient Department
- (b) Out Patient Department
- (c) Other Pharmacy Department
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- (a) Other Patient Department
- (b) Out Patient Department**
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OPD

An outpatient department or outpatient clinic is the part of a hospital designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at this time require a bed or to be admitted for overnight care.

40. Which among the following method is associated with drug distribution

- (a) Individual prescription Order Method
- (b) Unit Dose Drug Distribution Method
- (c) Drug Basket Method
- (d) All of these

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