



COMPREHENSIVE PHARMACY REVIEW PROGRAM



**OSPE - QUALIFYING EXAM 2
FOR PHARMACY TECHNICIANS**

OSPE PREPARATION GUIDE



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This book is not reviewed by Pharmacy Examining Board of Canada or any other organization. The book is not recommended by Pharmacy Examining Board of Canada or any regulatory body.

The purpose of the book is to provide orientation towards the Qualifying Exam 2 (OSPE) conducted by Pharmacy Examining Board of Canada. The exam structure or assessment criteria may be changed by Board and hence the same information and orientation provided in this book may not be relevant in future. However, this book has been updated November 2018.

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The Role of Pharmacy Technician

- Apart from the usual role that the pharmacy technician performs in assisting the pharmacist, now they have additional role to play. This expanded scope will allow them to use their knowledge and experience even more and make significant contribution to the healthcare.
- Pharmacy technicians possess authority to perform the technical aspects of the controlled act of dispensing. They may release the final product, after completing a final check prior to release for all (new, repeat, narcotic) prescriptions. They will also ensure collaboration with the pharmacist in order to confirm that review of the therapeutic appropriateness of every prescription (new and repeat) has occurred.
- Pharmacy technicians are expected to participate in compounding practices up to required standards.
- Pharmacy technicians are able to accept verbal prescriptions with the exception of Narcotics and Controlled substances.
- Pharmacy technicians are also able to complete transfers for medications except narcotics between pharmacies.
- Pharmacy technician are able to gather and provide drug and health information to assist the pharmacist or other health care professional. Example: a pharmacy technician could assist a patient to calculate the correct dose of a non-prescription medication that the patient has selected. Beyond this, the pharmacy technician must ask enough questions to determine whether or not a referral for additional advice is needed. Pharmacy technician should warn the patient not to use a product if it may be unsafe (ex. allergy) without the need to consult the pharmacist or physician for advice regarding what would be safe and effective for the patient. Pharmacy Technicians would not provide therapeutic advice, such as counselling, on their own.

Brief Introduction to OSPE

Exam Stations

The examination consists of ten scored stations. In addition to these scored examination stations, there will be at least two rest stations and two pretest stations that will not be scored. You may start the examination at an examination station, a rest station or a pretest station, then you will follow through all stations in numeric order.

Each station is set up in a different room or behind a privacy screen in a large room. Each station is furnished with a table or desk, chairs, and the materials and references required to complete the task, e.g. a patient record, prescription, medications or devices.

Medication packages may not have any actual drug product in them, unless the station task requires that the product be checked. Disregard all expiry dates on station medication materials.

Each station consists of one (or more) short task(s) or problem(s). For example, you may be instructed to perform only specific components of the prescription processing or dispensing process (e.g. take a medication history, evaluate the appropriateness of the prescription, check dispensed medication, respond to a patient's questions and determine if the patient needs to be referred to the pharmacist).

Instructions for each station are posted outside the station, to read as you wait for the signal to enter and begin (the same instructions are also provided inside the station.)

Part 2 of the Qualifying Exam for Pharmacy Technicians or the Objective Structured Performance Exam (OSPE) tests candidates on the following competencies:

1. Ethical, Legal and Professional Responsibilities
2. Patient Care
3. Product Distribution
4. Practice Setting
5. Health Promotion
6. Knowledge and Research Application
7. Communication and Education
8. Intra and Inter-Professional Collaboration
9. Quality and Safety

Competencies are significant job-related knowledge, skills, abilities, attitudes and judgments required for competent performance, meaning safe and effective practice. They describe what a pharmacy technician must be able to do at entry to practice, without supervision, when the need arises. Review the document entitled 'Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice' from NAPRA accessible on the PEBC website.

Standards of practice describe "good practice" that must be upheld by pharmacy technicians. They provide some detail about how to perform many of the tasks required to provide safe and effective pharmacy services. To meet standards of practice, technicians need to effectively apply the competencies listed above. Review

the document entitled 'Models of Standards of Practice for Canadian Pharmacy Technicians' from NAPRA accessible on the PEBC website.

Candidates are required to demonstrate that they have these competencies and can uphold to the Standards of Practice to successfully complete Qualifying Examination.

About the Examining Board:

The exam is conducted by a national body called the Pharmacy Examining Board of Canada (PEBC). This is a federal exam. Irrespective of the province you are in, you have to appear for the exam conducted by Pharmacy Examining Board of Canada to become or remain as a pharmacy technician. Various centres are offered across the country. You can choose any centre that is most convenient to you.

Different Types of Stations

There are two broad categories of stations: Interactive & Non-Interactive. Both are 6 minutes in duration.

Each station will require that you complete one or more short tasks such as:

- interacting with a “Standardized Patient” or “Standardized Client” or “Standardized Health Professional” to gather information and resolve a drug-related problem or ethical dilemma
- responding to questions from a “Standardized Patient” or “Standardized Client” or “Standardized Health Professional” and making a referral when appropriate
- documenting or updating information gathered in a patient record
- screening / evaluating new prescriptions
- checking patient records and prepared medications for accuracy
- compounding a product or checking compounded products and compounding techniques

NOTE: In all situations, use your professional and/or ethical judgement, and act in the best interests of the patient, in order to provide safe and effective patient care. In most instances, you are required to assist the client, **NOT** simply refer the client to another health professional or indicate that you will call them back later with your response.

Interactive Stations

The interactive stations last 6 minutes each, and will involve one of the following types of actors:

- a “Standardized Patient” (SP)
- a “Standardized Client” (SC), [e.g., a parent or caregiver]
- a “Standardized Health Professional” (SHP) [e.g., a physician or nurse]

The SP or SC or SHP are trained to present a typical problem or request.

An assessor is present to observe and record your responses. In some stations, there may be more than one assessor for examination quality assurance purposes.

What to do in the Interactive station:

Before entering the station, read the door note and unpeel one of the barcodes to save time.

Upon entering the station, hand one of your bar code labels to the assessor (or to each one if there are two assessors present).

Within the first 30 seconds, look at the patient profile, materials and references available quickly. Try to turn to any pages within the reference that you think will be helpful for you and keep those pages available for quick access.

After 30 seconds, the actor will enter and seek your assistance. Sit or stand as you feel appropriate. Do not shake hands with the actor as they will not shake your hand to prevent virus transmission. Respond as you would in practice. When the interaction is finished, the actor will leave the station, even if it is before the 6-minute signal. Once that happens, the actor **CANNOT** be asked to return. If you require the full 6 minutes, the actor will leave at the 6-minute mark, even if you have not finished. The 6 minutes is the time for the whole

interaction, including the 30 seconds at the beginning, reviewing the references, and completing the interaction.

Standardized Patients/Clients (SP/SCs)

These actors are lay persons who are trained to follow a written script, present station scenarios, and to respond to candidates' questions or advice in a consistent way.

Standardized Health Professionals (SHPs)

These actors are health professionals who follow a written script and trained to present a scenario and/or respond to any concerns/questions you may have about a prescription or a patient.

Assessors

Assessors are pharmacists or PEBC certified pharmacy technicians who are trained to observe and evaluate your responses. They use standardized scoring criteria and evaluation forms. There will usually be one assessor in each station, some stations will have two assessors. Do not interact with assessors as they are told not to interact with candidates. If you have any questions, you must direct them to examination staff, **NOT** to the assessors.

Four stations are interactive, lasting 6 minutes each, and will involve one of the following:

- "Standardized Patient" (SP)
- "Standardized Client" (SC), [e.g., a parent or caregiver]
- "Standardized Health Professional" (SHP) [e.g., a physician or nurse]
-

The interactive stations can also be broadly classified as below:

1. Rx station: Drop off counter
2. Rx station: Pick up counter
3. Rx station: Device demonstration
4. OTC station: Handling OTC queries
5. Management Stations
6. Healthcare station: Taking a verbal prescription order
7. Healthcare station: Retrieving information for a Healthcare professional
8. Station based on Hospital setting

An assessor is present to observe and record your responses.

In some stations, there may be more than one assessor for exam quality assurance purposes.

When you enter the station, you will need to handover one of your bar code labels to the assessor(s). Take a moment and look at the references supplied to ensure that it is all there.

Thirty seconds after you enter the station, the SP/SC will enter and seek your assistance, or you may begin to interact with the SHP right away.

The interaction must end at the 6-minute signal, even if you have not finished the task. Nothing you say or do after the final buzzer will be taken into consideration.

You may choose to sit or stand when interacting, it is your choice.

You may use the references provided at any time during the interaction. Using the references provided doesn't affect your scoring negatively. Remember that you only have 6 minutes in total for each interactive station, including any time that you spend using the references; no additional time will be given.

Non-interactive Stations

These stations do not involve an actor. They require a written response (examples: drug information request, identifying errors on a prescription). One of these stations will involve completion of a technical procedure commonly completed by pharmacy technicians.

Outside of the non-interactive stations (except for the non-interactive station requiring you to perform a technical procedure) there will be a folder containing candidate answer sheets.

What to do in Non-interactive Station:

- Before entering the station, take one answer sheet from the folder outside of the station. Attach a bar code label in the space provided on the sheet
- When the start buzzer sounds enter the station and begin immediately.
- Review materials and references on the work surface.
- Write answers clearly on your answer sheet.
- When you hear the final buzzer, stop writing, leave the answer sheet on the table and leave the station.

Video Stations

These stations include a video-taped demonstration of various technical procedures such as compounding. You will view the video clip(s), evaluate what you are seeing and record your answers on answer sheets.

Ensure to attach bar code label to the answer sheet prior to entering the station. An invigilator will give instructions for these stations. There may be written or verbal questions about the videotaped procedures.

There will be several stations of varying length that do not involve an SP/SC or SHP.

1. Rx dispense checking
2. Rx dispense checking - Blisters
3. Information Retrieval from reference
4. Video station
5. Non-sterile compounding

You will find the materials and references present on the table. Write your answers on the answer sheet provided. When you hear the final buzzer, stop writing, leave the answer sheet on the table and leave the station.

Other important points that you need to know about the OSPE exam:

- The exam is made up of two different sittings in one day. Each sitting is 90 minutes long with 15-20 minutes break in between each sitting.
- Each station starts with a buzzer/bell.
- If there is a standardized actor, he/she will enter after 30 seconds.
- There will be an alarm at 4½ minutes to give you time to wrap up.
- A final buzzer will go off at 6 minutes marking the end of the station.
- Nothing you say or do after the final buzzer will be taken into count.
- You can always refer to the reference supplied at any time.

Scoring of the stations

Positive marking

Non-interactive stations are computer-marked.

Interactive stations are marked by assessors. They mark based on a checklist and rate the performance of the candidate based on their performance in three areas: Communications, Outcome, and Overall Performance.

In the OSPE exam, the station scoring is based on three global ratings, each of which is on a scale of 1 to 4:

- Communications
 - Outcome
 - Overall Performance
-
- The interactive stations include all three ratings.
 - Non-interactive stations however, include only outcome and overall performance ratings. Assessors are trained to follow standardized criteria specific to the station task in providing these ratings. This ensures that the results are objective and rated against set criteria.
 - Communication ratings for all interactive stations are based on standard criteria, including:
 - Attending to standardized patient's (ACTOR) needs and feelings (including rapport, respect, empathy, listening).
 - Using a focused, organized approach that is flexible and attuned to the standardized patient.
 - Effectively using non-verbal communication
 - Using appropriate language and verbal expression
 - Outcome ratings are station-specific, but follow standard guidelines, including:
 - Adequacy of information gathered or adequacy of counselling
 - Identification of a drug therapy problem and/or patient's needs
 - Safety and effectiveness of recommended therapy or degree of misinformation provided and/or degree of risk to the patient
 - Overall Performance ratings (used for all stations) are based on standard criteria, including:
 - The degree to which the problem is resolved or accuracy of task performed
 - The quality of communications
 - The clarity and accuracy of documentation, when required
 - The accuracy and thoroughness of information provided by the candidate
 - The likelihood of effective outcome for the patient
 - Whether or not the performance would result in any risk to the patient
 - the extent of services based on relevant competencies

The total score is a sum of your scores for Communication, Outcome, and Overall Performance in all scored stations. The passing score and all candidate scores are transformed to a standardized score scale to account

for changes in difficulty from exam to exam. This ensures that scores and pass-fail standards will be comparable from exam to exam.

Negative marking:

Negative marking refers to words or actions during the exam that are incorrect and affect the results or the outcomes of the station. Negative marking is categorized into two main categories.

- **Misinformation:**

Example: Informing a patient who requested information about sunscreen, that it should be applied 5 minutes prior to sunlight exposure, and that it needs to be applied once for a full day protection.

The correct answer would have been: it requires to be applied 30 minutes prior to exposure to sunlight. It also requires frequent application especially after sweating or swimming.

- **Putting patient at risk:**

Example: Recommending baby aspirin to a child to treat fever.

Common reasons for unsuccessful attempts

- Lack of time management:

You have only 6 minutes to complete the station. No additional time is given to resolve the problem. Inability to use the time effectively due poor preparation, inability to quickly retrieve information from references, or irrelevant/inappropriate questioning can result in running out of time before resolving the main purpose of the station.

- Lack of preparation:

This could be due to missing practical or professional experience, not studying enough, or lack of practice. In many cases, there is a ~~misplaced~~ some degree of over-confidence by candidates with several years of experience. Regardless of your level of experience, preparation is required.

- Underperformance due to pressure:

Several candidates can be highly qualified and knowledgeable. However, the exam pressure is so immense that it can lead to poor/underperformance under pressure.

The practical aspect of the exam is not common and sudden exposure can make you nervous. ~~Also,~~ There is time pressure and pressure of being ~~pressure of time (6 minutes) and the pressure of being~~ closely watched by the assessor.

- Lack of communication skills:

Communication is one of the benchmarks that candidates are measured against. Candidates who have a language barrier, or for those whom English is not their first language, it can be quite difficult to successfully complete the station.

- Lack of understanding of expectations:

What we may do in practice may be determined by the time we have for the task. Since, the exam provides you limited time i.e. 6 minutes, the expectations of your performance are higher. It is therefore very important to understand what is expected from you. You may have the knowledge but if you lack the understanding of expectations, you may end up with partially solved or marginally solved stations.

Common Myths busted about OSPE

Myth	Fact
The board has preference for candidates who have had formal education to be a Pharmacy Technician compared to people trained on the job.	NOT TRUE. A very common message floating around. Don't believe this. The OSPE is a standardized, objective test. If you meet the objectives set out by the board, you pass.
The Board has a set quota on how many they want to pass. Only so many people can pass because of that.	NOT TRUE. Prepare and meet the objectives set out by the board and you will see a big PASS in front of your name.
Choosing a particular center makes a difference between pass and fail.	NOT TRUE. Remember, it is an objective, standardized test. The stations are same, the patients are standardized and passing criteria are same everywhere.
If you are not a native Canadian then you will flunk the OSPE.	NOT TRUE. What matters is clarity of speech, good communication and as long as you are audible and you communicate effectively, it does not matter whether you sound like a Canadian or not.
Patients knowingly try to confuse you so that you can get the station wrong.	NOT TRUE. The actors are well trained to act their part. Rarely, patients who are actually actors could make a mistake in answering. Sometimes, our questions could confuse them. They will never do it knowingly.
If you fail one station you fail the OSPE.	NOT TRUE. Not many can solve all the stations. Like any other competitive exam, you are expected to score a certain amount to pass the exam and if you succeed, then you pass.

The FACT remains that OSPE is a standardized, objective exam. There are certain objectives set out to be fulfilled to pass the exam. As long as the candidate meets or exceeds the expectations set out by the board, they should qualify irrespective of their country of origin or country of graduation.

So, remember not to get distracted by such claims and focus on studying and practicing. This is the only thing that will help you pass. Keep your distance from people who do not approach OSPE with positive attitude and always blame others or circumstances for their failure. It is not a winning formula; that is a recipe for disaster.

Getting Started with Basic Preparation



Communication

- Communication is one of the three criteria against which candidates will be rated.
- OSPE is NOT only about your knowledge, but about application of knowledge in health care setting to ensure appropriate patient care during interactions.
- Interactions require communication written and/or verbal.

So, what is communication....?

▪ Verbal

It's all about what you say and how you say it

▪ Speaking:

It's very important to pay very special attention when you communicate with your patients. Sometimes things you state may come off as appropriate, however, the patient may feel they are offensive, or simply wrong.

Key points you need to keep in mind while speaking:

- Be loud and clear
- Use lay language with patients
- Use medical terminology with health care provider
- Be crisp, Do not be repetitive
- BE CONFIDENT!

▪ Listening:

- Key component to the SUCCESS on passing each individual station
- Pay special attention to the opening statement – it will give you the THEME of the station
- If you did not hear anything or if you are not sure, ask politely to repeat it and do not make assumptions!

▪ Non-Verbal

About 70% of our communication is through non-verbal clues. The non-verbal aspect of communication includes:

- Posture and Mannerisms
- Space (how far you are away from patient)
- Facial expression: be pleasant and ~~used to~~ express empathy
- Eye contact (60-70% of time you should maintain eye contact)

- Empathy
 - Ability to put oneself in other person's shoes
 - It must be GENUINE
 - It must be APPROPRIATE

EMPATHY is the intellectual identification with what the patient is experiencing.

SYMPATHY is experiencing what the patient is experiencing. (This is inappropriate).

Do not say that you "understand" instead use words like "appreciate" or "imagine"

Eg. 1:

A patient walk in the pharmacy complaining about pain

- "I can see that it is really bothering you"
- "I will definitely try to help relieve your pain"
- "I will surely help you with that"

Eg. 2:

A patient walk in complaining of lack of sleep

- "I can see that you look tired today"
- "It must be hard for you"
- "I hope this medication gives you the restful sleep you deserve"

- Less is more:

In communication, less is more. Listening is as important part of communication as speaking. Even while you speak, remind yourself to be as precise as possible. Do not keep repeating yourself.

- Open ended versus close ended Questions

Both types of questions have their importance. Usual way of starting communication is to ask open ended questions to gather information and then follow up with close ended question to come to a conclusion.

Eg: Patient comes in for recommendation on cough and cold

You start with open ended questions: Tell me more about your problem.
What else should I know? Anything else?

After basic information gathering, you can quickly reach a conclusion by asking close ended questions like:
Do you have any fever? Do you have any allergies? etc.

- Following the template

It is important to follow a template to ensure your success in the exam. The template allows you to gather all relevant information quickly and completely. It also allows you to communicate in an organized way in interactive stations.

The template allows you to

- Not to miss out on important points supplied by the patient
- Avoid repeating your questions
- Stay organized
- Stay focused

You will find more about templates in the coming section.

Information gathering and counseling: Basic template

Information gathering could be very tricky, especially if you have never practiced in pharmacies in Canada. Without noticing, you can be repetitive and ask the same question more than once. You may also miss out on very crucial information that the patient won't share with you unless you ask them directly.

The best way to avoid missing out or being repetitive is to have a template or a format. This format should help guide you with the information gathering. This way you won't miss out on any important information and at the same time you will not have to ask the same question twice.

Keep in mind that according to the person you are dealing with (Patient, Doctor, Nurse, Student) the format will need to change a little in order to ~~suit~~ match the situation.

Bullet point template for entry/processing stations

- **INTRODUCTION**
 - I. Introduce yourself
 - II. Identify the Patient
 - III. Offer Privacy and Confidentiality
 - **INFORMATION GATHERING**
 - I. Demographic information:
 - 1. Has the patient been here before
 - 2. Name
 - 3. Gender
 - 4. Age
 - 5. Weight (If for a child)
 - II. Medical information:
 - 1. Reason for visiting the doctor
 - 2. Has this medication been used before
 - 3. Medical Conditions
 - 4. Allergies, if yes, Severity of allergy
 - 5. Rx Medications
 - 6. Herbal, OTC Medications
 - 7. Pregnancy and breastfeeding if women 18 -48
 - **CHECKING REFERENCE**
 - Ask permission to look at reference and get back to the patient
 - **CLOSING**
 - If there is a problem; explain and call the Pharmacist
 - If there is no problem; explain that it will be ready shortly and if pharmacist has any questions, we will call you.
-

Detailed template for entry/processing stations

▪ **INTRODUCTION**

I. Introduce yourself

Hello. My name is _____ I am the pharmacy technician on duty today. How may I help you?

II. Identify the Patient

Is this prescription for you?

Are you Mr. (Last Name)? Is it ok if I address you as (First Name)?

III. Offer privacy and confidentiality

To ensure the accuracy of this prescription, I need to ask you few questions. Is that okay with you? Please be seated in our private counseling area and whatever we discuss will be confidential. Please feel free to ask me any questions you may have.

▪ **INFORMATION GATHERING**

I. Demographic information:

1. Has the patient been here before:

Have you been here before or is it your first time?

2. Name

Can you tell me your name please?

Can you tell me the patient's name please?

3. Gender

If the patient is a third party and you are not familiar if the name is for a male or female, simply ask. Is the patient male or female?

4. Age

How old is the patient?

How old are you?

5. Weight (if for a child)

How much does he/she weight?

II. Medical Information

1. Reason for visiting the doctor

What made you see the doctor?

2. Has this medication been used before

Have you ever tried this medication before?

Have you tried anything else to treat this condition before?

3. Medical Conditions

Do you have any medical conditions that I should know?

Besides this, do you have any other medical condition? (continue until patient runs out of all his conditions)

4. Allergies, Severity of allergy

Do you have any known drug allergies? Any environmental or food allergies?

(If yes) So what happened when you have the allergic reaction? (distinguish between true allergy and intolerance/side effect)

5. Rx Medications

Are you taking any prescription medications?

(If yes) How are you doing with them?

(Continue till they run out of medications)

6. Herbal, OTC Medications

Are you taking any over the counter medications like Tylenol or Advil?

Are you taking any herbals, vitamins or mineral supplements?

7. Pregnancy and breastfeeding if women 18 -48

Some medications may not be indicated in pregnancy or breastfeeding. So, can you let me know if you are pregnant or breastfeeding.

- **CHECKING REFERENCE**

NOTE: Ask permission to look at reference and get back to the patient

Is it okay, if I check my reference and come back to you?

- **CLOSING**

- If there is a problem; explain and call the Pharmacist
 - Everything seems perfectly fine, your medication will be ready shortly. The pharmacists may call you if he/she has any questions. We will call you once it is ready.
 - It seems like there is a problem with (inform the patient about the problem). Let me call the pharmacist for you.
-

Bullet point template for pick up stations

- **INTRODUCTION**
 - I. Introduce yourself
 - II. Identify the Patient
 - III. Offer privacy and confidentiality
 - **CHECKING REFERENCE**
 - Ask permission to look at reference and get back to the patient
 - **PICK UP OF THE DRUG**
 - Check if the patient has been counselled by the pharmacist
 - Demonstrate the device and explain any storage conditions
 - **FOLLOW UP**
 - Call us if you have any questions
-

Detailed template for pick up stations

- **INTRODUCTION**
 - I. Introduce yourself
Hello. My name is _____ I am the pharmacy technician on duty today. How may I help you?
 - II. Identify the Patient
Is this prescription for you?
Are you Mr. (Last Name)? Is it ok if I address you as (First name)
 - III. Offer privacy and confidentiality
To ensure the accuracy of this prescription, I need to ask you few questions. Is that okay with you? Please be seated in our private counseling area and whatever we discuss will be confidential. Please feel free to ask me any questions you may have.
 - **CHECKING REFERENCE**
 - NOTE: Ask permission to look at reference and get back to the patient*
Is it okay, if I check my reference and come back to you?
 - **PICKING UP OF THE DRUG**
 - Check if the patient has been counselled by the pharmacist
Did the pharmacist explain to you everything you need to know about your medication(s)?
 - Demonstrate the device and explain any storage conditions
Let me explain to you how you can use the (Device name)
 - **FOLLOW UP**
 - If you have any questions or concerns don't hesitate to call us back at the pharmacy and we will be happy to help you.
-

Bullet point template for Healthcare professional

- **INTRODUCTION**

- I. Introduce yourself
- II. Identify the Healthcare professional
- III. Offer privacy and confidentiality

- **ATTEND TO THEIR MAIN CONCERN**

- **CHECKING REFERENCE**

Ask permission to look at reference and get back to the patient

Detailed template for Healthcare professional

- **INTRODUCTION**

- I. Introduce yourself

Hello. My name is _____ I am the pharmacy technician on duty today. How may I help you?

- II. Offer privacy and confidentiality

Please be seated in our private counseling area and whatever we discuss will be confidential.

Please feel free to ask me any questions you may have.

- **ATTEND TO THEIR MAIN CONCERN:**

How can I help you?

Identify the patient and main concern of healthcare professional and try to address that

- **CHECKING REFERENCE**

NOTE: Ask permission to look at reference and get back to the healthcare professional

Is it okay, if I check my reference and come back to you?

Bullet point template for OTC stations

- **INTRODUCTION**

- I. Introduce yourself
- II. Identify the Patient
- III. Offer privacy and confidentiality

- **INFORMATION GATHERING**

- I. MEDICAL INFORMATION

1. Ask about the symptoms in detail

Follow up with:

- Is this the first time you are experiencing this
- Have you tried anything for it
- Have you talked to your doctor about it

2. Medical condition:

3. Allergies, Severity of allergy

4. Rx Medications

5. Herbal, OTC Medications

6. Pregnancy and breastfeeding if women 18 -48

Some medications may not be indicated in pregnancy or breastfeeding. So, can you let me know if you are pregnant or breastfeeding

- **CHECKING REFERENCE**

Ask permission to look at reference and get back to the patient

- **CLOSING**

Suggest self-care measures and suggest few products that may be useful and bring for counseling to pharmacist

OR

If patient is suggesting a product which is not appropriate, explain why it is not appropriate, provide alternatives and bring to pharmacist.

Detailed template OTC stations:

- **INTRODUCTION**

- I. Introduce yourself

Hello. My name is _____ I am the pharmacy technician on duty today. How may I help you?

- II. Identify the Patient

Is it for you or someone else?

- III. Offer privacy and confidentiality

To ensure proper recommendation, I need to ask you few questions. Is that okay with you?

Please be seated in our private counseling area and whatever we discuss will be confidential.

Please feel free to ask me any questions you may have.

- **INFORMATION GATHERING**

- I. Demographic information:

1. Has the patient been here before?

Have you been here before or is it your first time?

2. Name

Can you tell me your name please?

Can you tell me the patient's name please?

3. Gender

If the patient is a third party and you are not familiar if the name is for a male or female, simply ask. Is the patient male or female?

4. Age

How old is the patient?

How old are you?

5. Weight (if for a child)

How much does he/she weight?

II. Medical Information

1. Ask about the symptoms in detail and rule out red flags

- Tell me more about your problem. Probe further if need be: what else?
- Is this the first time you are experiencing this
- Have you tried anything for it
- Have you talked to your doctor about it

2. Medical Conditions

Do you have any medical conditions that I should know?

Besides this, do you have any other medical condition?(continue till patient runs out of all his conditions)

3. Allergies, Severity of allergy

Do you have any known drug allergies? Any environmental or food allergies?

(If yes) So what happened when you got the allergic reaction? (distinguish between true allergy and Intolerance/side effect)

4. Rx Medications

Are you taking any prescription medications?

(If yes) How are you doing with them?

(Continue till they run out of medications)

5. Herbal, OTC Medications

Are you taking any over the counter medications like Tylenol or Advil?

Are you taking any herbals, vitamins or mineral supplements?

6. Pregnancy and breastfeeding if women 18 -48

Some medications may not be indicated in pregnancy or breastfeeding. So, can you let me know if you are pregnant or breastfeeding.

▪ **CHECKING REFERENCE**

NOTE: Ask permission to look at reference and get back to the patient

Is it okay, if I check my reference and come back to you?

▪ **CLOSING**

If there is a problem; explain and call the Pharmacist

I will call the pharmacist for you to help you choose between those products. On top of that there are few non-drug measures that you can perform to help with your condition such as.....

HOW OTC FORMAT DIFFERS FROM RX FORMAT

Essentially format remains like the prescription drugs with few exceptions:

- You need to ask in detail about the symptoms
- You need to ask three essential questions:
 - Is this the first time you are experiencing it? If no, how did you manage it previously?
 - Have you tried anything for it?
 - Have you talked to your doctor about it? If yes, what did he tell you?
- Finally, offer choices where available. E.g.: tablets VS. liquid, different flavour.
Ask if patient has a certain preference for a certain product or brand.

Brand and generic name of Common Prescription drugs

In this section, you will find a list of some of the very common medications that you come across in practice. It is recommended that you orient yourself with those medications and to learn which category they belong to. This will help you immensely in various stations.

Antiepileptic Therapy:

Lamictal	Lamotrigine
Dilantin	Phenytoin
Tegretol	Carbamazepine
Depakene	Valproate
Keppra	Levetiracetam
Vimpat	Lacosamide
Zarontin	Ethosuximide

Migraine Therapy:

Amerge	Naratriptan
Imitrex	Sumatriptan
Zomig	Zolmitriptan
Migranal	Dihydroergotamine
Inderal	Propranolol
Elavil	Amitriptyline

Neuropathic Pain Therapy:

Lyrica	Pregabalin

Cymbalta	Duloxetine
Aventyl	Nortriptyline
Duragesic MAT	Fentanyl Transdermal

Antidepressants:

Paxil	Paroxetine
Prozac	Fluoxetine
Zoloft	Sertraline
Cipralext	Escitalopram
Celexa	Citalopram
Luvox	Fluvoxamine
Effexor XR	Venlafaxine
Wellbutrin	Bupropion
Remeron	Mirtazapine
Trazodone	Trazodone HCl
Manerix	Moclobemide

Antipsychotic Therapy:

Abilify	Aripiprazole
Invega	Paliperidone
Inspra	Eplerenone
Risperdal	Risperidone
Lithium	Lithium
Zyprexa	Olanzapine

Seroquel	Quetiapine
Haloperidol/Haloperidol decanoate	
Zeldox	Ziprasidone

Parkinson's Therapy:

Prolopa	Levodopa – Benserazide
Sinemet/Sinemet CR	Levodopa - Carbidopa

Alzheimer's Therapy:

Ebixa	Memantine
Reminyl ER	Galantamine
Exelon	Rivastigmine
Aricept	Donepezil

Anxiolytics:

Valium	Diazepam
Xanax	Alprazolam
Ativan	Lorazepam

ADHD Therapy:

Strattera	Atomoxetine
Concerta	Methylphenidate
Foquest	Methylphenidate

Ritalin	Methylphenidate
Vyvanse	Lisdexamfetamine
Adderall XR	Amphetamine Mixed Salt (Dextroamphetamine: levoamphetamine) 1:3
Dexedrine/Dexedrine Spansule	Lisdexamfetamine

Smoking Cessation Therapy:

Champix	Varenicline
Wellbutrin	Bupropion *listed above under Antidepressant

Asthma, COPD and Seasonal Allergy Therapy:

Pulmicort	Budesonide
Flovent HFA	Fluticasone
Ventolin	Salbutamol
Nasonex	Mometasone
Singulair	Montelukast
Advair Diskus	Salmeterol – Fluticasone
Omnaris or Alvesco	Ciclesonide
Atrovent	Ipratropium
Uniphyll	Theophylline
Avamys	Fluticasone
Symbicort	Budesonide – Formoterol
Oxeze	Formoterol

Foradil	Formoterol
Serevent	Salbutamol
Zenhale	Formoterol - Mometasone
Breo Ellipta	Vilanterol - Fluticasone
Sprivia	Tiotropium
Turdorza	Acridinium
Seebri	Glycopyrronium
Striverdi	Olodaterol
Duaklir	Acridinium- Formoterol

Anti-hyperglycemic Therapy:

Januvia	Sitagliptin
Glucophage	Metformin
Gluconorm	Repaglinide
Diamicron MR	Gliclazide
Glucagen	Glucagon
Humalog	Insulin Lispro
Humalin	Insulin NPH
Lantus	Insulin Glargine 100U/mL
Toujeo	Insulin Glargine 300U/mL
Levemir	Insulin Detemir
Trajenta	Linagliptin
Byetta	Exenatide
Victoza	Liraglutide
Trulicity	Dulaglutide

Jardiance	Empagliflozin
Invokana	Canagliflozin
Forxiga	Dapagliflozin
Steglatro	Ertugliflozin
Diabeta	Glyburide
Glucobay	Acarbose

Dyslipidemia Therapy:

Crestor	Rosuvastatin
Lipitor	Atorvastatin
Ezetrol	Ezetimibe
	Gemfibrozil
	Fenofibrate
	Bezafibrate
	Niacin

Antihypertensive Therapy:

Lasix	Furosemide
Hydrochlorothiazide	Hydrochlorothiazide
Altace	Ramipril
Rasilez	Aliskiren
Tenormin	Atenolol
Lopressor	Metoprolol
Monacor	Bisoprolol

Diovan	Valsartan
Avapro	Irbesartan
Cozaar	Losartan
Norvasc	Amlodipine
Apresoline	Hydralazine
Trandate	Labetasol

Antianginal & Cardiotonic Medications:

Lanoxin	Digoxin
Nitro Dur	Nitroglycerin
Nitrolingual Pumpspray	Nitroglycerin
Tiazac	Diltiazem
Isoptin	Verapamil
Lancora	Ivabradine

Anticoagulant:

Coumadin	Warfarin
Plavix	Clopidogrel
Eliquis	Apixaban
Pradaxa	Dabigatran
Xarelto	Rivaroxaban
Avixtra	Fondaparinux Sodium

Antiemetic Therapy:

Emend	Aprepitant
Diclectin	Doxylamine – Pyridoxine
Zofran	Ondansetron
Maxeran	Metoclopramide
Motilium	Domperidone
Sandostatin	Octreotide
Stemetil	Prochlorperazine
	Dexamethasone
Haloperidol*see above in antipsychotics	

Peptic Ulcers & GERD Therapy:

Dexilant	Dexlansoprazole
HP Pac	Lansoprazole – Clarithromycin – Amoxicillin
Losec 1-2-3-M	Omeprazole Magnesium – Metronidazole – Clarithromycin
Losec 1-2-3-A	Omeprazole Magnesium – Amoxicillin – Clarithromycin
Pariet	Rabeprazole
Tecta	Pantoprazole Magnesium
Nexium	Esomeprazole

IBD & Crohn's:

Asacol	5-ASA

Remicade	Infliximab
Salazopyrin	Sulfasalazine
Pentasa	5-ASA (Mesalamine)
Entocort	Budesonide
Imuran	Azathioprine

Obesity Therapy:

Xenical	Orlistat
Saxenda	Liraglutide
Contrave	Bupropion + naltrexone

Contraceptives & Hormonal therapy:

Evra	Norelgestromin - Ethinyl Estradiol
Yaz	Drospirenone - Ethinyl Estradiol
Seasonale	Levonorgestrel - Ethinyl Estradiol
Tricyclen	Norgestimate - Ethinyl Estradiol
LoLo	Norethindrone - Ethinyl Estradiol
Marvelon	Desogestrel - Ethinyl Estradiol
NuvaRing	Etonogestrel - Ethinyl Estradiol
Alesse	Levonorgestrel - Ethinyl Estradiol
Estrogel	Estradiol-17 β
Premarin	Conjugated Estrogens
Provera	Medroxyprogesterone acetate
Depo-Provera	Progesterone Injection
Androderm	Testosterone

AndroGel	Testosterone
Depo-testosterone	Testosterone cypionate
Plan B	Levonorgestrel
Ella	Ullipristal
Lupron/Lupron Depot	Leuprolide Acetate
Vaniqa	Eflornithine

Acne Therapy:

Accutane, Clarus, Epuris	Isotretinoin
Clindoxyl	Clindamycin – Benzoyl peroxide
Dalacin T	Clindamycin
Tactupump	Adapalene – Benzyl peroxide
Apprilon	Doxycycline

Osteoporosis Therapy:

Actonel	Risedronate
Didrocal	Etidronate – Calcium Carbonate
Fosamax	Alendronate
Evista	Raloxifene
Aclasta	Zoledronic Acid
Forteo	Teriparatide
Prolia	Denosumab

BPH Therapy:

Flomax	Tamsulosin
Proscar	Finasteride
Xatral	Alfuzosin
Rapaflo	Silodosin
Avodart	Dutasteride

Erectile Dysfunction Therapy:

Cialis	Tadalafil
Viagra	Sildenafil
Levitra	Vardenafil
Caverject	Alprostadil

Antibacterials , Antivirals & Antifungals:

Amoxicillin	Amoxicillin
Avelox	Moxifloxacin
Biaxin / Biaxin XL	Clarithromycin
Cipro / Cipro XL	Ciprofloxacin
Clindamycin	Clindamycin
Clavulin	Amoxicillin-Clavulanate
Keflex	Cephalexin
Lamisil	Terbinafine
Levaquin	Levofloxacin
Metronidazole	Metronidazole

MacroBID	Nitrofurantoin
Septra	Sulfamethazole-Trimethoprim
Suprax	Cefixime
Vancocin	Vancomycin
Zithromax	Azithromycin
Zyvoxam	Linezolid
Fucithalmic (viscous eye drop)	Fusidic Acid
Ciprodex	Ciprofloxacin – Dexamethasone
Cancidas	Caspofungin Acetate
Fungizone	Amphotericin B
Mycamine	Micafungin Sodium
	Nystatin
Sporanox	Itraconazole
Posanol	Posaconazole
Vfend	Voriconazole
Lamisil	Terbinafine
Tamiflu	Oseltamivir
Penlac	Ciclopirox
Nizoral	Ketoconazole

Antimalarial:

Lariam	Mefloquine
Malarone	Atovaquone/Proguanil
Chloroquine	Chloroquine phosphate
Primaquine	Primaquine phosphate

Plaquenil	Hydroxychloroquine
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Vitamins and Minerals:

Slow K	Potassium Chloride
Palafer	Ferrous Fumarate
Pregvit Folic 5	Multiple vitamins and minerals
Feramax	Iron Polysaccharide
Dex4	Glucose
Proferrin	Heme Iron Polypeptide

Opioids and opioid agonists:

Duragesic	Fentanyl
Codeine	Codeine
Dilaudid	Hydromorphone
Demerol	Meperidine
OxyNEO	Oxycodone
Metadol	Methadone
MS-IR/MS-Contin	Morphine
Suboxone	Buprenorphine – Naloxone
ReVia	Naltrexone
Tylenol #3	Acetaminophen –Codeine-Caffeine
Zytram XL	Tramadol

Anorectal & Wart Therapy:

Aldara or Vyloma	Imiquimod
Podofilm	Podophyllin
Condyline	Podophyllotoxin
Proctofoam – HC	Hydrocortisone - Pramoxine
Wartec	Podofilox

HIV Therapy:

3TC	Lamivudine
Kaletra	Lopinavir – Ritonavir
Ziagen	Abacavir
Zerit	Stavudine
Reyataz	Atanzavir
Celsentri	Maraviroc
Trivicay	Dolutegravir
Trizivir	Abacavir-Lamivudine-Zidovudine

Glaucoma Medication:

Xalatan	Latanoprost
Travatan	Travoprost
Lumigan	Bimatoprost
Betaoptic S	Betaxolol
Timoptic	Timolol

Iopidine	Apraclonidine
Alphagan	Brimonidine
Azopt	Brinzolamide
Trusopt	Dorzolamide

Gout Medication:

	Colchicine
Zyloprim	Allopurinol
Uloric	Febuxostat

Vaccines:

Hepatitis A Vaccines	Avaxim, Avaxim Pediatric Havrix, Havrix Jr. Vaqta
Combination Hepatitis Vaccines (Hepatitis A and B)	Twinrix, Twinrix Jr
Dukoral	Oral inactivated travellers' diarrhea and cholera vaccine
Hepatitis A and typhoid	Vivaxim
Hepatitis B	EngerixB, EngerixB Pediatric Recombivax, Recombivax pediatric
Herpes Zoster (shingles)	Shingrix (non-live, recombinant zoster vaccine) Zostavax II (live zoster vaccine)
Human Papillomavirus	Cervarix (bivalent) Gardasil-9 (9-valent)
Influenza	Flulaval Tetra

	FluMist Quadrivalent
	Fluviral
	Fluzone High-Dose
	Fluzone Quadrivalent
	Influvac
Japanese Encephalitis Vaccine	Ixiaro
Meningococcal Disease (various strains)	Menactra
	Menveo
	Bexsero
	Menjugate
Pneumococcal Vaccine	Synflorix
	Pneumova 23
Rabies	IMOVAX Rabies
	RabAvert
Tuberculosis	BCG (Bacillus Calmetter-Guerin)
Haemophilus Influenzae type B	Act-HIB
	Hiberix

Pneumococcal Vaccine	Synflorix
	Pneumovax 23
Typhoid Vaccine	Typhim Vi (injectable)
	Vivotif (oral)
Varicella (chickenpox)	Varivax III
	Varilrix
Yellow Fever	YF-Vax

Others:

DDAVP melt	Desmopressin
Detrol LA	Tolterodine
Cellcept	Mycophenolate mofetil
Methotrexate	Methotrexate
Propecia	Finasteride
Serc	Betahistine
Prednisone	Prednisone
Peridex	Chlorhexidine
Epipen	Epinephrine
Patanol	Olopatadine
Prograf	Tacrolimus
Celebrex	Celecoxib
Synthroid	Levothyroxine
Humira	Adalimumab
Enbrel	Etanercept
Arava	Leflunomide
Imovane	Zopiclone
Eprex	Epoetin Alfa
Aranep	Darbepoetin Alfa
Neurontin	Gabapentin
Enablex	Darifenacin
Sublinox	Zolpidem

Brand and generic name of most commonly used OTC drugs

The following is a list of over the counter medications that you need to be aware of. They are scheduled according to different medical conditions in which they are recommended for. Review common points to remember for each group.

Cold & Flu	
Generic Name	Brand Name
Acetaminophen 80mg/ml	Tempra drops (Infants)
Acetaminophen 160/ml	Tylenol Susp. (2-11 years)
Acetaminophen Suppositories 160mg, 325mg, 120mg	Acet
Ibuprofen Suspension 100mg/5ml	Advil Susp. (2-12 years)
Ibuprofen Pediatric Drops 200mg/5mL	Advil Pediatric Drops
Ibuprofen 200mg	Advil Junior Strength Chewable Tablet
Dextromethorphan & Guaifenesin	Robitussin DM
Others	Benylin, Buckley's, Neocitran, Nyquil, Tylenol, Advil*

Keep in mind:

- Do not recommend NSAIDs to patients with high blood pressure or lung conditions
- Accurate dose is usually derived based on weight rather than age
- Advil (NSAID) is usually taken with food to reduce any gastric irritation
- NSAIDs are to be avoided in children having asthma
- Aspirin is not recommended for the treatment of fever in children
- Self-care measures include: drinking plenty of fluids, rest and avoid exertion, avoid over-bundling the child with too many clothes, tepid compresses on forehead to release heat

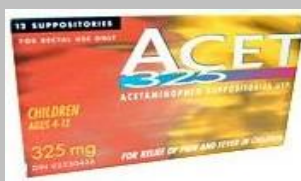
Sample products: Next page



Acetaminophen 80mg/1 mL



Acetaminophen 160mg Chewable tablet

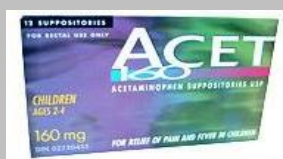


Acetaminophen 325 mg Suppositories

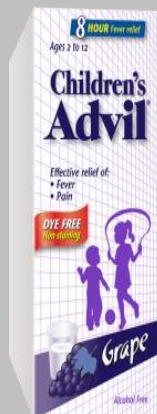


Acetaminophen

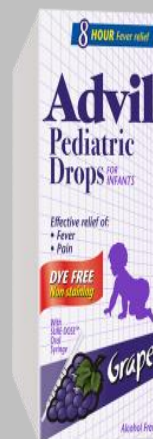
120 mg Suppositories



Acetaminophen 120 mg Suppositories



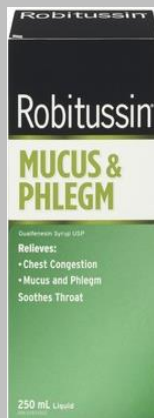
Ibuprofen Suspension 100mg/5mL



Ibuprofen Pediatric Drops 200mg/5mL



Ibuprofen 200mg Chewable Tablet



Guaifenesin 100mg/5mL



Dextromethorphan 15mg/5mL



Active Ingredients: Analgesic: Acetaminophen (ultra strength) 1000 mg, Antihistamine: Chlorpheniramine maleate 4 mg, Decongestant: Pseudoephedrine hydrochloride 60 mg, Cough Suppressant: Dextromethorphan hydrobromide 20 mg



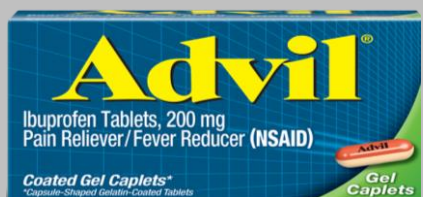
Each teaspoonful (5 mL) contains: 153 mg ammonium carbonate, 267 mg potassium bicarbonate, 22 mg menthol, and 2.2 mg camphor



Acetaminophen Extra Strength 500mg



Acetaminophen Regular Strength 325mg



Ibuprofen 200mg Regular Strength tablet



Ibuprofen 400mg Regular Strength tablet

Basic references and how to use them effectively

In this section you will learn about the different common references, their main purpose, and layout. It's very important to practice using those references in order to become learn their get used to their layout and how to retrieve different kind of information.



■ **CPS: Compendium of Pharmaceuticals and Specialties**

- It is the main reference that you will refer to in Canadian pharmacy practice for various types of information. It is very important to understand the different sections in the CPS and the general layout of the book. It's divided into:

i. The Green Pages:

An alphabetical, cross-referenced index of brand and generic names of products available in Canada including references to CPhA monographs. Also integrated in this section are products which were discontinued.

ii. The Pink Pages:

A listing of diseases/conditions and the generic names of drugs used to treat them.

iii. The Lilac Pages:

Valuable clinical information and practice tools to assist health care professionals use drugs safely and effectively. Be sure to view these pages to familiarize yourself with the various tools available.

iv. The Yellow Pages:

Contact information for:

- Poison control centers.
- Pharmaceutical manufacturers (includes product listings)
- Health organizations published in e-CPS only

v. The White Pages:

They are divided into 4 categories:

1. Monographs:

The monographs are divided into either one of two:

a. Product Monographs:

The monographs are prepared by the manufacturers and approved by the Therapeutic Product Directorate, Health Canada. It also include information to the patient, this is only in the e-CPS.

b. CPhA Monographs:

These individual drug or drug classes monographs are written by editorial staff and reviewed by expert physicians and pharmacists.

2. Product Identification:

Full-color reproductions pictures of products tablets/capsules selected by manufacturers whose monographs appear in the Product Monograph section. This is an essential tool for accurate identification of pharmaceutical products.

3. Appendices:

Health Canada drug regulatory and monitoring programs' reporting and request forms can be found in the Appendices.

4. Glossaries:

Glossaries of medical, Latin and microorganism abbreviations are located after the Appendices.

Searching Tips in the CPS/e-CPS

TIP1: Keep in mind that when you look up a certain medication in the Green Pages, it will not refer you to a page number, but it will refer you to the name you can find the medication under (whether brand name or generic name). Then you will need to go to the corresponding letters within the CPS and to find your product of interest. On the top of the page you will find the first few letters, this way you know where you are looking.

TIP 2: If you are using e-CPS, it will be easier for you to retrieve information since on the leftmost side of the page in the top of the page you will find all the different sections mentioned in the page according to order.

▪ **Compendium of Therapeutics for Minor Ailments**

- Provides understanding of minor ailments, its diagnosis and treatment including self-care measures.
- Key points: algorithms, red flags, self-care measures, monitoring parameters.

▪ **Articles**

- There might be an article about a certain subject that you will be required to read through and understand properly in order to answer questions or concerns.

▪ **Natural Medicines Comprehensive Database**

- The Natural Medicines Comprehensive Database provides scientifically reliable answers to questions about dietary supplements, herbs, homeopathic remedies, natural products and alternative therapies. It has information on supplements such as safety, benefits, side effects, drug interactions and more. It is organized in an alphabetical order according to product name.

Overcoming Common Objections

In this Section:

- Overcoming common objections of patients
- Overcoming common objections of Healthcare Professionals
- Practice Pearls

Objection of any form can dramatically affect the quality of interaction and hence affect the outcome. It is therefore very important for pharmacy technician to recognize explicit / implicit objections the other person has and try to address them right away. Ignoring an objection is unlikely going to make the conversation any better, but it will negatively impact the conversation and thereby the outcome.

Common objections of patients and how to overcome them

Case 1: Lack of time

"I am in a rush; I do not have time for all such details"

Ideal Response: I see that you are in a rush. However, it is very important that I have all the relevant information, so the pharmacist ensure an appropriate medication is selected and you are counselled properly. For this, I need to ask you a few questions. Is it okay with you? I will try to make it as quick as possible.

(Underlying message: acknowledge that patient is in a hurry. Explain why you need to spend that time – it is in the best interest of the patient)

Case 2: Patient unable to understand the why gathering of information and counselling is-necessary-

"I don't know why I have to answer so many questions. Can't you just give me my medication/ process this prescription"

Ideal response: I can see how you feel. However, when we know more about your condition, we can determine the appropriateness of the medication and also identify drug related problems and suggest ways to avoid them.

(Underlying message: acknowledge how patient feels. Explain why you need to ask those questions – it is in the best interest of the patient)

Common objections of Health Care Professionals and how to overcome them

Case 1: Lack of time

"I am in a rush, can you quickly answer my concern"

Ideal Response: I see that you are in a rush. I will try to be quick. How can I help you?

(Underlying message: acknowledge that the doctor is in hurry. Assure that you will be as fast as possible)

"I don't have time to answer so many questions. Just provide me with the answer to my concern"

Ideal Response: I see that you do not have time. However, in order for me to effectively address your concern, I need to know a bit more about patient's condition and medical history. In order to provide the best possible patient care, I need to ask few more questions. Is that okay with you? (Underlying message: acknowledge that the doctor is in hurry. Inform doctor that reason for so many questions is to ensure proper patient care)

Practice Pearls

- Always acknowledge the objection. Never ignore it.
- Never link any of your process to your needs, only to the care of your patient.
- Always ask open ended questions to truly understand the reason behind the objection.
- Never knowingly misinform a patient. Patient has the right to information and the right to make an informed decision about his/her care. Our responsibility is to facilitate the process of making informed decision.

Sterile preparations





Interactive stations

Types of Interactive Stations

1. Rx station: Drop off counter
2. Rx station: Demonstration of devices
3. OTC station: Handling OTC inquiries
4. Management Stations
5. Healthcare station: Taking a verbal Rx order
6. Healthcare station: Retrieving information for Healthcare Professionals

1. Rx station: Drop off counter

In this Section, you will

- Review current practice for pharmacy technicians in terms of their responsibility for OTCs
- Learn ~~Understand~~ what more should be done to assist patients and pharmacists
- Learn therapeutic tips from real world practice

Reviewing Current Practice

Candidates that have worked in retail/community are familiar with the protocol for prescription drop off. The usual protocol involved is:

1. Getting patient information including:

- a. Name
- b. Date of birth
- c. Address
- d. Allergy
- e. Insurance details

2. Learning to get complete information

What more needs to be done? (Which is probably not practiced at most places)

- a. **Allergy:** When you ask about allergy, identify if it is a true anaphylactic allergy, intolerance, or ~~just~~ a side effect. It is important to determine what type of reaction to the medication occurs upon exposure. See below to understand this statement further:
- If someone ~~says~~ states I have allergy to codeine. I experience severe constipation because of that. This is a side effect, not an allergy.
 - If someone states: I have allergy to lactose. When I take it, I get diarrhea. This is an intolerance.
 - If someone says: I have allergy to penicillin. When I take it, I develop swollen lips and difficulty breathing. This is a true allergy

b. Gather complete medical history

It is important that we gather complete medical history including medical conditions and medications.

Why is it so important? It helps to identify any drug related problems and this way we can avoid any harm to the patient.

Examples:

- For example: Pioglitazone is a medication prescribed for diabetics but is contraindicated if someone has heart failure. Gathering the history properly will allow us to detect patients that have heart failure, so that the pharmacist can identify this drug related problem. It is left for the pharmacist to check with patient at counselling and then it could be identified.

- For example, Medications: Patient may not be taking all medications from one pharmacy and there is a potential for duplication of therapy or drug interactions. Therefore, list of all medications consumed must be gathered by a technician at drop off counter.
- Pregnancy and breast feeding: Some medications may or may not be indicated in pregnancy and breastfeeding. It is therefore important to ask all females in child bearing age i.e. 18 years – 48 years if they are pregnant or nursing a baby.

3. Prescription related information

- a. When dealing with antibiotic prescription, make sure you ask: why did the doctor prescribe you this medication. It is an important piece of information for the pharmacist to make sure if it is the right indication or not.

For example: Bactrim is prescribed for Acute Otitis Media. When you note this information, it allows the pharmacist to check if Bactrim is effective in treatment of AOM. (It is usually not effective and not recommended unless there is a special situation that warrants its use)

- b. Dealing with prescriptions related to children

It is very important that you check the weight and age of child. Some medications are based on age (Singulair – comes in 4 mg, 5mg and 10 mg and the dose is based on age)

The weight of the child allows one to calculate if the dose prescribed is within the range or not. Is the patient being under dosed or over dosed?

For example: If the prescription reads

“Amoxicillin 250mg TID for 10 days i.e 750mg per day”

If the child’s weight is only 5 kg, the dose would be 150mg/kg/day but the maximum dose is 90mg/kg/day in Acute Otitis media. Here the child is clearly over dosed. However, it is possible to identify this drug related problem only when we know the weight of the child. Therefore, weight should be asked for children under 12 years of age.

Therapeutic tips from real world practice

- Learn to gather complete information including medical conditions, allergies (True allergy or not), medications used.
- Pregnancy and breastfeeding in females in age of 18-48 years
- Reason for this prescription / Why did the doctor prescribe this medication
- Age and weight – cases where you are dealing with a prescription of a child
- It is important that you know various references listed above and on the PEBC website.

Detailed template for entry/processing stations

▪ INTRODUCTION

I. Introduce yourself

Hello. My name is ____ I am the pharmacy technician on duty today. How may I help you?

II. Identify the Patient

Is this prescription for you?

Are you Mr./Mrs. (Last Name)? Is it ok if I address you as (First name)

III. Offer privacy and confidentiality

To ensure the accuracy of this prescription, I need to ask you few questions. Is that okay with you?

Please be seated in our private counseling area and whatever we discuss will be confidential. Please feel free to ask me any questions you may have.

▪ INFORMATION GATHERING

I. Demographic information:

1. *Has the patient been here before:*

Have you been here before or is it your first time?

2. *Name*

Can you tell me your name please?

Can you tell me the patient's name please?

3. *Gender*

If the patient is a third party and you are not familiar if the name is for a male or female, simply ask. Is the patient male or female?

4. *Age*

How old is the patient?

How old are you?

5. *Weight (if for a child)*

How much does he/she weight?

II. MEDICAL INFORMATION

1. *Reason for visiting the doctor*

What made you see the doctor?

2. *Has this medication been used before*

Have you ever tried this medication before?

3. *Allergies, Severity of allergy*

Do you have any known drug allergies? Do you have any environmental or food allergies?

If yes, ~~So~~ what happens upon exposure? ~~when you got the allergic reaction?~~ (Distinguish between true allergy and Intolerance/side effect)

4. *Medical Conditions*

Do you have any medical conditions that I should know?

Besides this, do you have any other medical condition?

(Continue until patient runs out of all his conditions)

5. *Rx Medications*

Are you taking any prescription medications?

If yes, how are you ~~doing~~ using with them?

(Continue until they run out of medications)

6. *Herbal, OTC Medications*

Are you taking any over the counter medications like Tylenol or Advil?

Are you taking any herbals, vitamins or mineral supplements?

7. *Pregnancy and breastfeeding if women 18 -48*

Some medications may not be indicated in pregnancy or breastfeeding. So, can you let me know if you are pregnant or breastfeeding.

▪ **CHECKING REFERENCE**

NOTE: Ask permission to look at reference and get back to the patient
Is it okay, if I check my reference and come back to you?

▪ **CLOSING**

If there is a problem, explain it to the patient and call the Pharmacist.

OR

Everything seems perfectly fine. Your medication will be ready shortly. The pharmacists may call you if he/she has any questions. We will call you once it is ready.

Example Case 1

- Note on the door. It briefly gives you a general idea of the situation coming ahead.
- Standardized patient. He is trained to demonstrate a certain concern and your job is to investigate and solve the concern appropriately.
- An Assessor who is monitoring and scoring the whole interaction.

Read the following examples for better understanding of your role and what is expected out of you.

Prescription station: Drop off counter

- Note on the door: A concerned father is coming to drop off the prescription. Proceed as you would in regular practice. References are CPS & Patient record
- **Opening statement**: Can you fill this prescription for me? My son has asthma which is not in control
- **Actual Rx**: Singulair (Montelukast) 4mg
 - Patient's record:
 - Asthma
 - Allergic to penicillin (only if asked for severity of allergy, the patient will say DIARRHEA, only upon you prompting them)
 - Using blue and orange puffers
 - Age : 7 years (Weight 55 lbs only when asked)
 - Solution:
 - Introduce yourself
 - Express empathy
 - Confirm identity of the patient and father
 - Identify what kind of allergy does the patient have
 - Ask about the weight and age of child

- Identify medication condition, medications used both prescription and OTC
- Check appropriate reference
- Use CPS to recognise that for 7 years of age, Singulair 4mg is a low dose
- Offer to get help from the pharmacist

2. Demonstration of Devices

In this section, you will review:

- How to take the guesswork out of the exam
- How to effectively demonstrate a device
- How to use Therapeutic Tips from Real world Practice
- A list of common demonstration devices and further readings

Demonstration of Devices

It is expected for a pharmacy technician to be able to demonstrate how to use a device to the patient. The correct usage of the device can make a difference to patient's health and may determine the success or failure of therapy.

It is an important aspect of practice and candidates must try to acquire significant proficiency in this area.

Taking the guesswork out of exam

A lot of times, the question is thrown: What kind of demonstration can one expect in the exam? It is not prudent to make a guess. The best way is to try to eliminate guesswork. How many common devices are there which may need demonstration? Just prepare all of them. Finally, be prepared to deal with a situation where you are not familiar with that device.

How to effectively demonstrate a device

There are 2 techniques to demonstrate devices. If implemented can make your demonstration highly effective, organized, and easy to understand for the patient.

Technique #1: Start with explaining different parts of the device

Before you start demonstrating a device, explain to the patient different parts of the device.

For example: If you are explaining Ventolin inhaler, first explain different parts of the inhaler. See below:

I am now going to show you how to use the Ventolin inhaler. Before I explain, let me first show you the different parts of this device. Is that okay?

- This part is the canister which has the actual medication in it
- This part is called the mouth piece which you put in your mouth and seal with your lips around it
- This part is the cover for the mouthpiece.

Why is this technique useful?

When you explain the device, patient is not confused when you refer to different parts and hence you do not have to digress to explain different parts while showing how to use.

Technique #2: Break the demonstration in 3-4 easy steps

Breaking down the demonstration into few simple steps makes it easier for the patient to understand. Also it allows you to pause and ask the patient if he/she is following what you are saying.

For example, if you are demonstrating blood glucose monitor, it can be broken down into 4 parts for ease of understanding

I will now explain you how to use blood glucose monitor in 4 easy steps:

- a. Preparing yourself to inject & get blood
- b. Preparing blood glucose monitor for reading
- c. Injecting yourself and getting a reading
- d. Safe disposal

Then you can explain each component in detail.

Therapeutic Tips from Real world Practice

- If you have never seen the device before, do not panic. Ask the patient to give you a moment and read the leaflet. If you can easily demonstrate it, great. If not, just break the demonstration into few simple steps. Read one step at a time and then explain to the patient.
- At end of each step, ask patient: Are you with me? Are you following? Do you have any questions until now?

List of common demonstration devices and further reading

Below is a list of common devices that you should know how to demonstrate. It is not complete but covers major devices. Add your own to the list. YouTube® carries demonstration videos for several devices. Use Google® to print monographs and graphical depiction of usage for different products.

Product Number	Product Name	Product Number	Product Name
1	Aerochamber	34	Condyline
2	Epipen	35	Estrogel
3	Nicotine Inhaler	36	Androgel
4	Turbuhaler	37	Evra Patch
5	Diskus	38	Estradot
6	Metered Dose Inhaler	39	Climara & Climara-Pro
7	Spiriva Handihaler	40	Estring
8	Ultibro & Seebri Breezhaler	41	Jublia
9	Aerolizer	42	Vagifem
10	Enemas	43	Premarin
11	Eye Drops	44	Nicotine Patch
12	Eye Ointments	45	Nitroglycerin Transdermal Patch
13	Ear Drops	46	Fentanyl Patch
14	Nasal Droppers/Inhalers	47	Nitrolingual Pump
15	Resipmat		
16	Duaklir		
17	Turdorza		
18	Ellipta		
19	Peak Expiratory Flow Meter		
20	Proctofoam-HC		
21	Toujeo Solostar		
22	Victoza		
23	Byetta		
24	Trulicity		
25	Repatha		
26	Saxenda		
27	FlexTouch		
28	NuvaRing		
29	Pennsaid		
30	Penlac		
31	Vyloma		
32	Benzaclin		
33	Benzamycin		

Aero-chamber



- Aero-chamber is a transparent tube which has two open ends
- Check the device for foreign particles before using it
- Remove mouthpiece from Aero-chamber as well as inhaler.
- Shake the inhaler vigorously.
- Attached mouthpiece of inhaler to the rubber end side of Aero-chamber.
- Put mouth piece of Aero-chamber in your mouth and cover it with lips OR place mask on face.
- Breathe normally thorough aero chamber as air from breathing into aerochamber does NOT enter aerochamber. Aerochamber has a one-way valve so only air comes out from the aerochamber.
- Depress canister once to release 1 puff into aero chamber.
- Let the patient inhale 4-6 times to take the full dose.
- Continue breathing in and out through the mouthpiece without removing Aero-chamber mouth piece from your mouth.
- If the patient is breathing too fast the device will make a whistling sound, ~~this means~~ therefore slow down breathing.
- Wait for a minute between each dose if there are multiple doses. Once ready, and shake inhaler before each dose.
- Cleaning:
 - Dismantle rubber ring and cap of aerochamber. Move gently from one-side to another within a warm bucket of water. Clean aero chamber once in a week.
 - Never run water through aero chamber vertically.



Non-interactive Cases



Case 1

VERIFY PRESCRIPTION INFORMATION ON PATIENT RECORDS

PATIENT RECORD

PATIENT: Smith, Jaqueline

ADDRESS: 100 East Street, Toronto, Ontario

PHONE: 416-416-4164

PHYSICIAN: Dr. F. Brown

ADDRESS: 999 West Street, Toronto, Ontario

PHONE: 905-905-9059

AGE: 35 years old

GENDER: Female

ALLERGIES: Penicillin

COMMENTS:

OTCs:

Rx#	Medications - Directions	Qty	Physician	Repeats Authorized	Repeats Remaining	Original Qty	Refill Frequency	Last Filled
1	Cephalexin 500mg: One tablet four times daily for 7 days	28	Dr. Brown	Zero	Zero	Today		Today

WRITTEN PRESCRIPTIONS

SolRx Medical Centre
999 West Street
Toronto, Ontario
905-905-9059

For Smith, Jaqueline

100 East Street, Toronto, Ontario

Current Date

Rx 1 Cephalexin 500mg:
One tablet four times daily for 10 days

Dr. F. Brown (Assume original signature)

For each patient record:

Review the patient record to identify errors or problems if any, with the new prescription information entered. If there are no errors or problems, fill in the bubble beside “No errors or problems” OR If there are error(s) or problem(s), select ALL that apply from the choices given below and fill in the corresponding bubble(s).

Identify who should resolve the error(s) or problem(s), if any, before the prescription is handed over for processing by pharmacy assistant. Fill in the bubble that corresponds to the ONE best answer.

What error(s) or problem(s) need to be resolved, if any: Select ALL that apply	PATIENT RECORD
NO error or problem	<input type="radio"/>
Error(s) or problem(s) – Select ALL that apply	
a) Patient name	<input type="radio"/>
b) Patient address	<input type="radio"/>
c) Physician name	<input type="radio"/>
d) Drug name	<input type="radio"/>
e) Drug strength	<input type="radio"/>
f) Directions	<input checked="" type="radio"/>
g) Quantity	<input checked="" type="radio"/>
h) Repeats	<input type="radio"/>
i) Allergies	<input checked="" type="radio"/>

Who should resolve the error(s) or problem(s), if any: Select the ONE best answer	PATIENT RECORD
Not applicable – No error(s) or problem(s)	<input type="radio"/>
a) Pharmacist only	<input type="radio"/>
b) Pharmacy technician OR Pharmacist	<input checked="" type="radio"/>

Explanation

Rx if of Cephalexin 500mg: One tablet four times daily for 10 days So 1) Direction is wrong and quantity (Should be 40) and Patient is allergic to Penicillin so Cephalexin has chance of cross allergy.

And need to resolve by both: First RPh will call Dr for allergy and then Direction and quantity by PT

Case 2

CHECKING PRESCRIPTIONS, MAR AND BLISTER PACK

For	Jacklyn Ho 444 South Street, Toronto, Ontario	Current Date
Rx 1	Ramipril 5mg Sig: 1 capsule qam	
Rx 2	Bisoprolol 10mg Sig: take ss tablet BID	
Dr. R. Rodman (Assume original signature)		

MEDICATION ADMINISTRATION RECORD (MAR)

PATIENT: Nguyen, HO

DOB: Dec. 22, 1984

ADDRESS: 444 South Street, Toronto, Ontario

GENDER: Female

PHONE: 416-416-4164

ALLERGIES: NKDA

PHYSICIAN: Dr. R. Rodman

ADDRESS: 999 West Street, Toronto, Ontario

PHONE: 905-905-9059

DRUG	DESCRIPTION/DOSAGE FORM	DIRECTIONS	6 AM	NOON	6 PM	HS
Ramipril 5mg	Capsule, blue & yellow	1 capsule QAM		1		
Bisoprolol 10mg	Tablet, round white	1 tablet BID	0.5		0.5	

Your pharmacy prepares weekly supplies of blister packed medications for patients upon request. The written prescriptions, corresponding MAR and the prepared blister pack for a patient are provided on the desk/table. Check both MAR and prepared blister pack against the prescriptions for accuracy and then answer the questions below by filling the corresponding bubble(s).

If there are any error(s) or omission(s) on **MAR** related to the prescriptions, select all that apply from the choices given below and fill in the corresponding bubble(s).

Error(s) or Omission(s)	Drug 1	Drug 2
a) NO error or omission	<input type="radio"/>	<input type="radio"/>
b) Drug	<input type="radio"/>	<input type="radio"/>
c) Strength	<input type="radio"/>	<input type="radio"/>
d) Directions	<input type="radio"/>	<input checked="" type="radio"/>
e) Schedule	<input checked="" type="radio"/>	<input type="radio"/>






















Explanation

Ramipril 5mg in MAR should be in AM slot and that's why: Error: Fill bubble in Schedule

Bisoprolol 10mg: Direction should be Take SS tablet BID: So Fill bubble in Direction

Prepared Blister Pack

Jacklyn Ho, 444 South Street, Toronto, Ontario

	Breakfast	Lunch	Supper	Bedtime
Mon	 White	 Blue / Yellow	 White	
Tues	 White	 Blue / Yellow	 White	
Wed	 White	 Blue / Yellow	 White	
Thu	 White	 Blue / Yellow	 White	
Fri	 White	 Blue / Yellow	 White	
Sat	 White	 Blue / Yellow	 White	
Sun	 White	 Blue / Yellow	 White	

Answer

If there are any error(s) or omission(s) that need to be corrected before the **blister pack** can be released to the patient, fill in the bubble(s) corresponding to EACH error or omission in the table below.

	DRUG 1				DRUG 2			
	AM	NOON	PM	HS	AM	NOON	PM	HS
MON	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TUE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WED	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THU	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FRI	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAT	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUN	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explanation

Since we need to fill bubble in error and omissions:

- 1) Ramipril 5mg should be in AM(Breakfast): They are not there so Bubble all (Omissions).
It should not be in 12PM (Lunch) slot so you should bubble all(Error)
- 2) Bisoprolol 10mg: There is no omissions and no errors so: Not filling bubbles anywhere in Drug 2

Case 3

CHECKING DISPENSED PRESCRIPTIONS

Sample
Rx1

Dr. A Lannister
SolRx Medical Center
200 North Street
Toronto, Ontario
416-416-4164

For Mary Simmonds
345 Northwest Drive
Toronto, Ontario

Current Date

Prednisone 50mg
Sig: 1 tablet once daily for 5 days
Mitte: 5 tablets

Dr. R. White (Assume original signature)

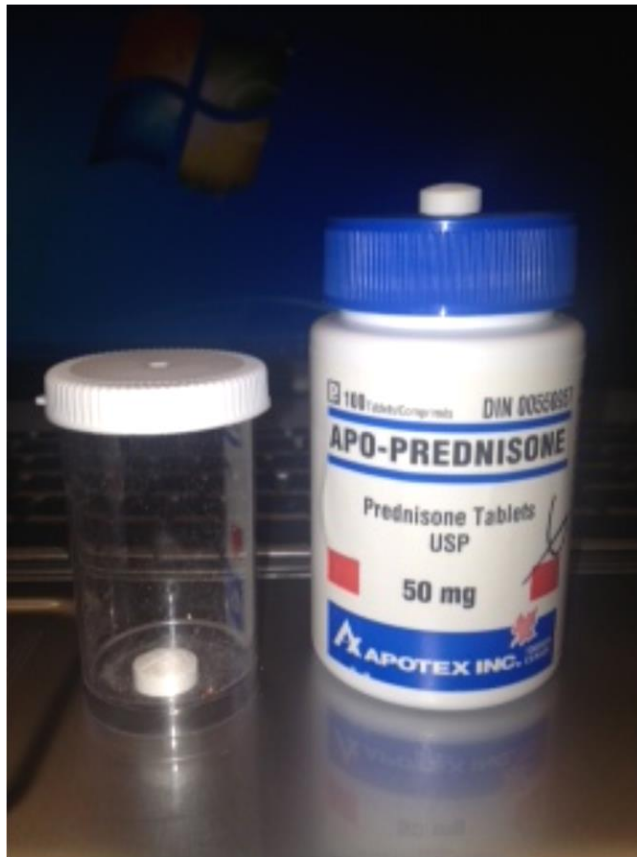
Sample
Label

Rx 1

Dr. R. White

Mary Simmons
Current Date

Apo-Prednisone 50mg
Take one tablet once daily
Quantity: 5 tablets



The following dispensed products have been left to you to check before releasing them to the patient. The written prescriptions and corresponding dispensed products are provided on the desk/table. Assume the quantity dispensed is as shown on the label. You are not required to recount the tablets.

For each prescription, your tasks are to:

1. Check the dispensed products to identify problem(s), if any, to be resolved. Select all that apply and fill in the corresponding bubble(s).
2. Check the prescription labels to identify the problem(s), if any, to be corrected. Select all that apply and fill in the corresponding bubble(s).
3. If there are no problems, fill in the bubble(s) for “No Problem(s)”.

Product Problem(s) Select all that apply	Product Rx 1	Product Rx 2	Product Rx 3	Product Rx 4
a) Medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Dosage form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Packaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) No problem(s) Product is correct	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Label Problem(s): Select all that apply	Label Rx 1	Label Rx 2	Label Rx 3	Label Rx 4
--	---------------	---------------	---------------	---------------

a) Patient name	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Physician name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drug name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Drug strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Drug dosage form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Drug quantity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Directions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) No problem(s) Label is correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explanation: **First look at product**

Product Problem(s) Select all that apply
a) Medication: Is right: Apo-prednisone 50mg
b) Strength: Is it 50mg: Yes
c) Dosage form: Is it tablet: Yes
d) Packaging : Is specific packing needed: Is it child poof: Yes

So need to fill in bubble in:

a) No problem(s) Product is correct	<input checked="" type="radio"/>
--	----------------------------------

Now let's look at Product label

Label Problem(s): Select all that apply
a) Patient name: It is wrong: Should be" Mary Simmonds"
b) Physician name: Right
c) Drug name: Right
d) Drug strength: Right
e) Drug dosage form: Right
f) Drug quantity: Right
g) Directions: Wrong: Should be" Take 1 tablet once daily for 5 days"
h) No problem(s) Label is correct: There are 2 correction needed.

Answer: Need to fill in bubble in a) and g)

Case 4

Simple calculation: May be needed for non-sterile Compounding

1) 20% liquid for Item A in alcohol 70% mitte 90 ml

Liquid Item A: ----- ml, Alcohol 70%: ----- ml

2). 2% each of powder A & B in cream A and Cream B in equal parts, mitte 60g

Powder A: -----, Powder B: -----

Cream A: -----, Cream B: -----

3). 5% Powder of A in ointment, mitte 40g

A: -----g, Ointment: ----- g

4) . Cream A + cream B 1:5, mitte 30g

Cream A: ----- g, Cream B: ----- g

5) Lotion A+ lotion B 1:4, mitte 50mL

Lotion A: ----- ml , Lotion B : ----- ml

Answers

- 1) Liquid: 18 ml, Alcohol 70%: 72 ml
- 2) Powder A: 1.2 g, Powder B: 1.2 g , Cream A: 28.80g , Cream B : 28.80 g
- 3) A: 2.5 g, Ointment: 37.5 g
- 4) Cream A: 5 g, Cream B: 25 g
- 5) Lotion A: 10 ml, Lotion B: 40 ml

Case 5

CPS Reference Checking Practice Exercise 1

- 1) What is the name of active ingredient in "Ocuflox"
- 2) Does use of 'Elidel' cr under 2 years recommended?.....(Yes/No)
- 3) What is the toll free no for "Breast Cancer Foundation, Canadian.....
- 4) What is the maximum strength of Duragesic Mat available.....?
- 5) What does sig.(Latin) "Oculent mean?.....?

CPS Reference Checking Practice Exercise 1 Answers

- 1) Ofloxacin
- 2) No
- 3) 1-800-387-9816
- 4) 100mcg/h
- 5) Eye ointment

Case 6

VERIFY PRESCRIPTION INFORMATION ON PATIENT RECORDS

PATIENT RECORD

PATIENT: Smith, Jaqueline

ADDRESS: 100 East Street, Toronto, Ontario

PHONE: 416-416-4164

PHYSICIAN: Dr. F. Brother

ADDRESS: 999 West Street, Toronto, Ontario

PHONE: 905-905-9059

AGE: 35 years old

GENDER: Female

ALLERGIES: NKA

COMMENTS:

OTCs:

Rx#	Medications - Directions	Qty	Physician	Repeats Authorized	Repeats Remaining	Original Qty	Refill Frequency	Last Filled
1	Cephalexin 250mg: One tablet four times daily for 10 days	40	Dr. Brown	Zero	Zero	Today		Today

WRITTEN PRESCRIPTIONS

SolRx Medical Centre
999 West Street
Toronto, Ontario
905-905-9059

For Smith, Jaqueline

100 East Street, Toronto, Ontario

Current Date

Rx 1 Cephalexin 500mg:
One tablet four times daily for 10 days

Dr. F. Brown (Assume original signature)

For each patient record:

Review the patient record to identify errors or problems if any, with the new prescription information entered. If there are no errors or problems, fill in the bubble beside “No errors or problems” OR If there are error(s) or problem(s), select ALL that apply from the choices given below and fill in the corresponding bubble(s).

Identify who should resolve the error(s) or problem(s), if any, before the prescription is handed over for processing by pharmacy assistant. Fill in the bubble that corresponds to the ONE best answer.

What error(s) or problem(s) need to be resolved, if any: Select ALL that apply	PATIENT RECORD
NO error or problem	<input type="radio"/>
Error(s) or problem(s) – Select ALL that apply	
a) Patient name	<input type="radio"/>
b) Patient address	<input type="radio"/>
c) Physician name	<input checked="" type="radio"/>
d) Drug name	<input type="radio"/>
e) Drug strength	<input checked="" type="radio"/>
f) Directions	<input type="radio"/>
g) Quantity	<input type="radio"/>
h) Repeats	<input type="radio"/>
i) Allergies	<input type="radio"/>

Who should resolve the error(s) or problem(s), if any: Select the ONE best answer	PATIENT RECORD
Not applicable – No error(s) or problem(s)	<input type="radio"/>
c) Pharmacist only	<input type="radio"/>
d) Pharmacy technician OR Pharmacist	<input checked="" type="radio"/>

Explanation:

Rx if of Cephalexin 500mg: Strength should be 250mg and Dr's name:
So fill in bubble c & e

And need to Resolve: PT so fill bubble:

a) Pharmacy technician OR Pharmacist	<input checked="" type="radio"/>
---	----------------------------------

Non-Sterile Compounding



Non-sterile compounding

There are few basics that you need to be familiar with when it comes to compounding:

- Different elements of compounds types
 - Levigating agents
 - Geometric Dilution
 - Good manufacturing practices
 - Documentation
-