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Question: 1

Which of the following may be covered under Part A of Medicare?

- A. blood glucose strips
- B. hospital stay
- C. insulin
- D. heparin for home dialysis

Answer: B

Explanation:

Medicare Part A, often referred to as hospital insurance, primarily covers inpatient care in hospitals, skilled nursing facility care, hospice care, and limited home health services. Understanding what each part of Medicare covers can help beneficiaries make informed decisions about their health care needs. When considering the options listed: blood glucose strips, hospital stay, insulin, and heparin for home dialysis, it's clear that "hospital stay" is the correct answer regarding coverage under Part A of Medicare. Part A specifically addresses costs incurred during an inpatient hospital stay, which may include a semi-private room, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies. This is in contrast to outpatient or prescription drug coverage, which are typically covered under Medicare Part B and Part D, respectively.

For example, blood glucose strips and insulin are generally considered to be part of outpatient care or prescription drug coverage, used daily by individuals with diabetes to manage their condition. These items are not covered under Part A; instead, they would be covered under Medicare Part B (for the strips as durable medical equipment) and Part D for insulin, unless the insulin is used with an insulin pump, which might then be covered under Part B.

Similarly, heparin used for home dialysis would not be covered under Part A, as Part A only covers institutional settings. However, Medicare Part B could cover external durable medical equipment and supplies needed for home dialysis, and certain necessary medications like heparin could be covered under Part B as well.

In conclusion, while Medicare covers a wide array of health care services, it's important to understand the distinctions between parts of Medicare and what they cover to ensure proper usage and to avoid unexpected expenses. Part A is primarily focused on covering costs associated with hospital stays and is the correct answer to the question about coverage.

Question: 2

Subtract the following: $23.02 - 0.0044$. What is the result?

- A. 23.0156
- B. 22.06
- C. 22.062

D. 22.088

Answer: A

Explanation:

To solve the subtraction problem $23.02 - 0.0044$, we start by correctly aligning the decimal points of both numbers. It's important to make sure that each digit from both numbers falls into the correct place value. To do this, we can add placeholder zeros to the number 23.02 so that it matches the number of decimal places in 0.0044. This transforms 23.02 into 23.0200.

Next, we perform the subtraction: - We write down the larger number, 23.0200, on top. - Below it, we align 0.0044 with the decimal points matching. - We subtract each column starting from the rightmost digit moving to the left. If necessary, we borrow from the next left column, just as in traditional subtraction.

The subtraction process looks like this: $23.0200 - 0.0044 = 23.0156$

We subtract 4 from 0 in the last place of the decimal, which requires borrowing from the 2 in the third place, turning it into 1 and turning the 0 into 10. Then 4 from 10 leaves 6. We repeat a similar process for the next column, resulting in 23.0156, which is the final answer.

Therefore, the result of subtracting 0.0044 from 23.02 is 23.0156. This example illustrates the importance of aligning decimal points and using placeholder zeros to accurately perform decimal subtraction.

Question: 3

All of the following information should be recorded in the unit dose record log sheet EXCEPT:

- A. date that the drug is made
- B. dosage form
- C. pharmacy beyond-use date
- D. patient's name and condition

Answer: D

Explanation:

In the context of pharmacy operations, particularly in unit dose systems, the unit dose record log sheet serves as a critical tool for ensuring the quality and traceability of medications prepared for administration to patients. This log sheet is primarily used to document specific details about the preparation and dispensation of medication in unit dose form. The objective is to maintain a clear record that supports quality control, regulatory compliance, and safety measures.

Essential information typically recorded on a unit dose record log sheet includes the date the drug is made, drug name, dosage form, manufacturer, manufacturer's lot number, manufacturer's expiration date, pharmacy beyond-use date, pharmacy lot number, technician's initials, and pharmacist's approval. These details help in tracking the medication from preparation to delivery, ensuring that each unit dose is prepared correctly and is safe for patient use.

However, the patient's name and condition are not recorded on the unit dose record log sheet. This exclusion is primarily due to privacy and confidentiality reasons. Patient-specific information is usually managed separately within the patient's health records to maintain confidentiality and to comply with

regulations such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States. Recording such information on a unit dose log could risk unauthorized disclosure of personal health information.

Furthermore, the unit dose system is designed to ensure that medications are prepared in advance in a standardized dosage and form, separate from specific patient information. When these unit doses are administered, they are then matched with individual patient needs based on separate medication administration records, where patient-specific data is appropriately managed and protected.

In summary, while the unit dose record log sheet includes comprehensive details about the drug and its preparation to ensure safety and compliance, it deliberately excludes patient-specific information to protect privacy and to focus on the medication's production and quality control aspects.

Question: 4

A solution contains 25 mg/mL. What is the percentage of drug in the solution?

- A. 1%
- B. 2.5%
- C. 10%
- D. 25%

Answer: B

Explanation:

To determine the percentage of a drug in a solution, you first need to understand what the given concentration value means. In this case, the solution has a concentration of 25 mg/mL. This means that for every milliliter of this solution, there are 25 milligrams of the drug.

The percentage concentration of a solution is often expressed in terms of grams of solute per 100 milliliters of solution (g/100 mL). To find the percentage concentration from a concentration given in mg/mL, you need to convert the concentration into g/100 mL.

First, let's convert the concentration from mg/mL to g/100 mL. Since there are 1000 milligrams in a gram, 25 mg is equal to 0.025 grams. Therefore, if you have 0.025 grams in 1 mL, in 100 mL you would have 0.025 grams/mL multiplied by 100 mL, which equals 2.5 grams per 100 mL.

Now, to express this as a percentage, you simply regard the grams per 100 milliliters as a direct percentage. Thus, 2.5 grams per 100 milliliters is the same as 2.5%.

Therefore, a solution with a concentration of 25 mg/mL is equivalent to a 2.5% solution. The key steps include converting the milligrams to grams and understanding the relationship between the concentration in grams per 100 milliliters and the percentage concentration.

Question: 5

If a patient is to receive a 120 mg dose of a medication that is available in a 40 mg/mL vial, how many milliliters should the patient receive?

- A. 4 mL
- B. 30 mL
- C. 40 mL

D. 3 mL

Answer: D

Explanation:

To determine how many milliliters of medication a patient should receive, we can use a simple proportion based on the concentration of the medication provided in the vial.

First, we identify the concentration of the medication from the information given: the vial contains 40 mg of medication per 1 mL of liquid. This relationship sets the basis for our calculation.

Next, we know that the required dose for the patient is 120 mg. We want to find out how many milliliters this 120 mg corresponds to, given the concentration of the medication.

We set up a proportion to solve for the unknown volume (let's call it X mL). The proportion compares the amount of medication in milligrams to the volume in milliliters, both for the known concentration and the desired dose:

$$\frac{40 \text{ mg}}{1 \text{ mL}} = \frac{120 \text{ mg}}{X \text{ mL}}$$

To find X , we perform cross-multiplication:

$$\begin{aligned} 40 \text{ mg} \times X \text{ mL} &= 120 \text{ mg} \times 1 \text{ mL} \\ 40X &= 120 \end{aligned}$$

Next, we solve for X by dividing both sides of the equation by 40:

$$X = \frac{120}{40} = 3 \text{ mL}$$

This calculation shows that to administer a dose of 120 mg, the patient should receive 3 mL of the medication. This is because each milliliter of the medication contains 40 mg, and three milliliters will thus contain 120 mg, precisely matching the required dose.

Question: 6

The heart condition characterized by severe, often constricting pain affecting the pectoral region caused by lack of oxygen to heart cells is which of the following?

- A. arrhythmia
- B. arteriosclerosis
- C. atherosclerosis
- D. angina

Answer: D

Explanation:

Angina, correctly identified as the heart condition in the provided question, is primarily characterized by severe and often constricting chest pain. This pain, typically felt in the pectoral or chest region, is medically referred to as angina pectoris. The fundamental cause of this pain is the insufficient supply of oxygen to the heart muscle cells (myocardium). When the heart muscle doesn't receive enough oxygenated blood, it leads to the characteristic pain or discomfort of angina.

The main mechanism behind the reduction in blood and oxygen supply to the heart in cases of angina is usually the narrowing of the coronary arteries due to atherosclerosis. Atherosclerosis involves the build-up of fatty deposits, or plaques, inside the walls of the arteries, which can reduce or block the flow of

blood. Besides atherosclerosis, other risk factors such as hypertension (high blood pressure), diabetes, high cholesterol, and smoking can exacerbate the condition by further impairing arterial health and heart function.

Angina is often triggered by physical exertion, emotional stress, or any other factors that increase the heart's demand for oxygen. It can manifest as a pressure, heaviness, tightness, or squeezing sensation in the chest. The discomfort may also radiate to the shoulders, arms, neck, jaw, or back. Typically, angina is relieved by rest or medication such as nitroglycerin, which helps to widen the blood vessels and improve blood flow to the heart muscle.

Angina is a symptom of coronary artery disease (CAD), the most common type of heart disease. It serves as a warning sign that a person is at increased risk of more serious heart problems, such as heart attacks. Therefore, it is crucial for individuals experiencing symptoms of angina to seek medical evaluation and treatment to manage the underlying causes and reduce the risk of heart attack or other complications. Treatment strategies may include lifestyle changes, medications, and possibly procedures like angioplasty or surgery to restore adequate blood flow to the heart.

In summary, angina is a significant medical condition indicating compromised heart health due to reduced blood flow and oxygen to the heart, primarily caused by atherosclerosis and other cardiovascular risk factors. Prompt diagnosis and management are essential to prevent more severe heart-related events.

Question: 7

The condition in which a person hears well with one ear but does not hear well with the other ear is known as which of the following?

- A. deafness
- B. unilateral hearing loss
- C. bilateral hearing loss
- D. being hard of hearing

Answer: B

Explanation:

The condition in which a person has significantly better hearing in one ear compared to the other is known as unilateral hearing loss. This type of hearing impairment affects only one ear, leaving the other ear with normal or near-normal hearing capabilities. The disparity in hearing ability between the two ears can lead to challenges in locating the origin of sounds, understanding speech in noisy environments, and maintaining balance in some cases.

Unilateral hearing loss can be caused by a variety of factors including genetic predispositions, illnesses, injuries, or exposure to loud noises affecting only one ear. It can occur suddenly or develop gradually over time. The severity of hearing loss can range from mild to profound, and it may affect different frequencies of sound differently.

Diagnosis of unilateral hearing loss typically involves a series of hearing tests conducted by an audiologist. These tests help to quantify the degree of hearing loss in each ear and to identify the frequencies that are most affected. Treatment options vary depending on the underlying cause and the severity of the condition. They may include the use of hearing aids, medical interventions, or in some cases, surgical procedures to improve hearing function in the affected ear.

It is important to distinguish unilateral hearing loss from other types of hearing impairments, such as bilateral hearing loss, where both ears are affected, or being hard of hearing, which generally refers to a mild to moderate hearing loss in both ears. Understanding the specific type of hearing loss is crucial for effective management and treatment to enhance the individual's quality of life and communication abilities.

Question: 8

Which of the following medications is a urinary incontinence agent?

- A. Detrol
- B. Floxin
- C. Keflex
- D. Vibramycin

Answer: A

Explanation:

Detrol, the trade name for tolterodine, is specifically designed to treat symptoms of urinary incontinence. Urinary incontinence, the involuntary leakage of urine, can be highly disruptive to daily activities and can occur for various reasons, including muscle problems and nerve damage. Tolterodine belongs to a class of medications known as antimuscarinics or anticholinergics, which work by relaxing the bladder muscle. This relaxation helps decrease urinary urgency, frequency, and the incidence of incontinence episodes.

The mechanism of action of Detrol involves blocking the muscarinic receptors in the bladder. These receptors typically respond to the neurotransmitter acetylcholine, which, when bound, causes the bladder to contract. By inhibiting this action, tolterodine decreases the bladder's involuntary contractions, thus managing the symptoms of overactive bladder (OAB), including urgency, frequency, and leakage.

On the other hand, the other medications listed—Floxin (ofloxacin), Keflex (cephalexin), and Vibramycin (doxycycline)—are antibiotics used to treat bacterial infections. Floxin and Keflex are primarily used to target a variety of bacterial infections including those affecting the urinary tract, but their main function is to eliminate bacteria, not to control muscle contractions of the bladder. Vibramycin is also an antibiotic, widely used to treat infections like bacterial urinary tract infections, respiratory infections, and others, but again, it does not address the underlying issues of urinary incontinence.

Therefore, when comparing these medications, Detrol is uniquely suited for and directly indicated in the management of symptoms associated with urinary incontinence and overactive bladder, making it the correct answer to the question about which medication is a urinary incontinence agent. The other medications, while important for treating infections, do not have the properties to manage or treat urinary incontinence directly.

Question: 9

If the markup of a bottle medication that cost the pharmacy \$1.60 per bottle is 250%, what will the consumer pay for one bottle of this medication?

- A. \$2.00
- B. \$2.40
- C. \$5.60
- D. \$10.00

Answer: C

Explanation:

To understand how much a consumer will pay for a bottle of medication, it's essential to comprehend how markup is calculated in retail pricing. Markup refers to the percentage added to the cost price of goods to cover overhead and profit. In this scenario, the pharmacy has a markup of 250% on a medication that costs them \$1.60 per bottle.

First, to find the amount added as markup, multiply the cost price by the markup percentage. Here, the cost is \$1.60 per bottle, and the markup is 250%. Calculating this, we have:

Markup amount = Cost Price \times Markup Percentage

$$\text{Markup amount} = \$1.60 \times 250\%$$

$$\text{Markup amount} = \$1.60 \times 2.5$$

$$\text{Markup amount} = \$4.00$$

This \$4.00 is the additional amount added to the original cost of the bottle to arrive at the final selling price. To find the selling price, add the markup amount to the original cost price:

Selling Price = Cost Price + Markup Amount

$$\text{Selling Price} = \$1.60 + \$4.00$$

$$\text{Selling Price} = \$5.60$$

Therefore, a consumer will pay \$5.60 for one bottle of this medication. This price includes the original cost of the bottle to the pharmacy and the added markup to cover overhead and profit, ensuring the pharmacy's operational sustainability.

Question: 10

The compendium of monographs setting official national standards for drug substances and dosage forms and standards for pharmaceutical ingredients is which of the following?

- A. United States Pharmacopeia - NF
- B. Drug Facts and Comparisons
- C. Physicians' Desk Reference
- D. Basic Concepts in Pharmacology

Answer: A

Explanation:

The correct answer is the United States Pharmacopeia-National Formulary (USP-NF). The USP-NF is a critical publication that defines the standards for drugs, drug ingredients, and other related compounds. It is a dual compendium, consisting of two main parts: the United States Pharmacopeia (USP) and the National Formulary (NF).

The USP section primarily focuses on setting the quality standards for drugs and their dosage forms. This includes specifications on the strength, quality, and purity of drug substances, which are crucial for ensuring safety and efficacy. The standards outlined in the USP are legally recognized under the Federal Food, Drug, and Cosmetic Act, making them enforceable by the United States Food and Drug Administration (FDA).

On the other hand, the NF provides standards for excipients, which are substances used in drug formulation to aid the processing of the drug and its final dosage form. These ingredients play critical roles in the manufacturing process, affecting everything from the product's stability to its overall effectiveness. Like the USP, standards in the NF are also recognized and enforced by the FDA. Together, the USP and NF form a comprehensive guide for the pharmaceutical industry, healthcare providers, and regulatory bodies, ensuring that medications are both safe and effective for public use. This compendium is updated regularly to reflect scientific advancements and changes in regulatory requirements, thus maintaining its relevance and critical role in the pharmaceutical sciences.

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