

**THE OPEN UNIVERSITY OF SRI LANKA**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF PHARMACY**  
**ACADEMIC YEAR 2020/2021 – SEMESTER I**



**BACHELOR OF PHARMACY HONOURS**  
**FMU6303 – CLINICAL PHARMACY– LEVEL 6**  
**FINAL EXAMINATION**  
**DURATION: THREE (03) HOURS**

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DATE: 04<sup>TH</sup> MARCH 2022

TIME: 9.30 A.M. – 12.30 P.M.

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**Part B – Short Answer Questions (20 marks)**

1.

1.1. Define medication reconciliation.

(04 marks)

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1.2. State the four (04) key steps in the process of medication reconciliation. (04 marks)

i. ....

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ii. ....

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iii. ....

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iv. ....

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1.3. A woman diagnosed with diabetes mellitus was admitted to the hospital, unconscious due to low blood sugar. The patient was on gliclazide 40 mg/bd and losartan 50 mg/m. Discharge drug list included only metformin 1 g/bd. List the non-reconciled drug/s? (02 marks)

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2.

2.1. List three (03) biochemicals that can be used to assess the renal function. (03 marks)

i.....

ii.....

iii.....

2.2. State two (02) limitations of the Cockcroft-Gault equation. (02 marks)

i.....

ii.....

2.3. List five (05) medicines you would see in a typical prescription of a patient with chronic renal failure. (05 marks)

i.....

ii.....

iii.....

iv.....

v.....

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**Part C –Structured Essay Questions- 60 marks**

1.

1.1. List six (06) roles/activities of a ward-based clinical pharmacist. (03 marks)

1.2. Briefly explain the factors that contribute to the increasing demand of clinical pharmacy services. (08 marks)

1.3. Briefly describe the process of pharmaceutical care. (04 marks)

2.

2.1. State four (04) sources of information you would use when taking the medication history from a patient. (04 marks)

2.2. Briefly describe the process of medication history taking including the information you would collect from the patient. (06 marks)

2.3. Explain why it is important to take the medication history from a patient on admission by a pharmacist? (05 marks)

3. Mr. SB is 67 years old and is a known asthmatic patient for last 8 years. He was admitted to the general hospital last night due to nausea, vomiting, difficulty in breathing, fatigue, ankle oedema, abdominal distention and yellow discoloration of eyes. He was diagnosed with severe liver impairment and is treated with the following medications. He was also advised to use his inhalers as usual.

Propranolol 20 mg/bd

Norfloxacin 400 mg/m

Spironolactone 100 mg/m

Lactulose 10 ml daily

Frusemide 40 mg/n

3.1. Review the appropriateness of each newly prescribed medicine. Justify your answers.

(Copy the table below to your answer sheet and fill for each medicine) (10 marks)

Medicine	Mention whether <b>Appropriate</b> or <b>Not appropriate</b>	Justification
Propranolol 40 mg/bd		
Norfloxacin 400 mg/m		
Spironolactone 100 mg/m		
Lactulose 10 ml daily		
Frusemide 40 mg/n		

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3.2. Write three (03) laboratory investigations that need to be monitored in Mr.SB . (03 marks)

3.3.The patient complains of backache. Write the first line drug of choice giving reasons?  
(02 marks)

4. Mrs. HJ (78 years old) is admitted to the ward with severe dyspnea and pitting bilateral oedema. She also has a leg ulcer suggestive of cellulitis.

Past medical history - Chronic Heart Failure, Ischemic Heart Disease, ST Elevated Myocardial Infarction (5 years ago), Gout

Medication history;

Carvedilol 12.5 mg/bd

Enalapril 10 mg bd

Furosemide 40 mg/m

Aspirin 150 mg/n

Atorvastatin 20 mg/ n

Allopurinol 150mg

Ibuprofen 400mg tds for leg pain

Current drug chart is also the same as the doctors are waiting for the laboratory investigations.

4.1.What are the changes you would suggest in the medication list of Mrs. HJ? (08 marks)

4.2.Mrs. HJ is found to have Atrial Fibrillation. The doctor wants to assess the need of anticoagulation to avoid thromboembolism and asks your opinion. Comment on this using the CHADS<sub>2</sub> score given below. (04 marks)

CHADS <sub>2</sub> Components	Points
History of congestive heart failure	1
History of hypertension	1
History of diabetes mellitus	1
Aged 75 or older	1
Previous stroke or transient ischemic attack	1
Treatment Recommendation	
Score of 2 or greater: high risk of stroke; oral anticoagulant recommended	
Score of 1: moderate risk of stroke; oral anticoagulant considered	
Score of 0 : low risk of stroke; oral anticoagulant not recommended	

4.3.List three (03) adherence enhancing aids that can be used for Mrs. HJ. (03 marks)

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