

Pharmacy Science - Sample Skill Scenario

Scenario #1:

You are working as a pharmacy technician at the HOSA Hospital Pharmacy. You are to prepare an oral suspension of Zonisamide for the pediatric unit for a patient who has a seizure disorder. You are to use the completed Master Formula Sheet to complete the skill.

Skill to be performed:

Skill IV: Non-Sterile Compounding: Preparing an Oral Suspension

Time allowed: 15 minutes

Skill IV - MASTER FORMULA SHEET: NON-STERILE COMPOUNDING

PRODUCT:

Zonisamide

Date Prepared: 6.21.19

FINAL PRODUCT CHECKED BY: _____

EXPIRATION DATE: Shelf Life: 90 days

INGREDIENT	MANUFACTURER	Lot #	MFR EXPIRATION DATE	FORMULA QUANTITY REQUIRED	QUANTITY USED	PREPARED BY	CHK BY
Zonisamide 100 mg tablets Ora-Blend (or Ora-Sweet)					10 tablets 100 mL		

EQUIPMENT:

Mortar, pestle,
graduate and brown
container

PRESCRIPTION LABEL

Zonisamide
10mg/mL

AUXILIARY LABELS

Shake
well/Refrigerate
(preferred)

COMPOUNDING DIRECTIONS

1. Crush tablet(s) & triturate to fine powder.
2. Wet powder with minimal amount of water & levigate to form a viscous, but smooth & uniform paste.
3. Continue adding vehicle, geometrically, mixing well after each addition.
4. Transfer to graduate.
4. Rinse mortar with vehicle, adding rinse to graduate, until almost final volume.
5. QS to final volume with vehicle. Stir Well.

DATE PREPARED:

EXPIRATION DATE: 9.19.19

Nahata MC, Morosco RS, Boster EA. Stability of Zonisamide in Two Extemporaneously Prepared Oral Dosage Forms Stored in Plastic Prescription Bottles at Two Temperatures (poster). ASHP Midyear Meeting. 8 DEC 2004.

Judge Script:

#3 Judge will verify accuracy of tablets obtained. Competitor to proceed either way. Points awarded at the end.

#14 Judge verified accuracy of the label.

#15 Judge verified accuracy of appropriate auxiliary label selected.

Scenario #2:

You are working as a pharmacy technician at the HOSA Local Pharmacy. The first patient today is M. Darling. M. Darling is 60 years old and presents with a prescription for Flomax. You are to fill the prescription.

Dr. Potato Head 500 Osceola Parkway Orlando, Florida Office # 800-555-1234	
Name: M. Darling 555 Disneyworld	Date: 6-26-19 DOB: 3-21-59
Rx Flomax 0.4 mg Take one tablet po qd. #30	
Refills: 2 refills DAW	Potato Head M.D. DEA # AH1234563

Skill to be performed:

Skill VI: Filling a Prescription

Time allowed: 5 minutes

Judge Script:

The competitor will be verifying the prescription, and then filling the prescription (counting tablets, selecting container and labels, etc.) following the steps on the rating sheet.

In Step #3 of the rating sheet: *The competitor will review the original medication order with the judge for verification correct dosage form and correct strength.*

When the prescription is completed the competitor will submit to judge for final check.

Patient Script:

You are Mark/Mary Darling. You are 60 year old and are presenting a prescription for filling from your physician. The competitor will verify your name. They will also verify your address which is 555 Disneyworld. Your birthday is 3.21.1959. You are cooperative and able to answer the competitor's questions.

Answer all questions appropriately.