



المعهد اليمني للدراسات والبحوث
وزارة التعليم العالي والبحث العلمي
جامعة الرازي
كلية الطب والعلوم الصحية
قسم الصيدلة

PHARMACY BACHELOR

Field training Booklet

PART I: Training in community pharmacies

By

Dr. Anes Abdulwahid Thabit

Contributors

**Members of Academic Staff of Pharmacy Department –Medical
sciences college-Al-Razi University, Yemen**



Name of Trainee

Academic year

Supervisor Name/ Sig.



Contents

| | |
|--|-----------|
| Preface | 2 |
| I. Introduction | 3 |
| II. Details of field of training | 8 |
| III. OTC medications | 9 |
| IV. Prescription only medications | 28 |
| V. Prescriptions checking | 36 |
| VI. Pharmaceutical agents/manufacturers | 46 |



PREFACE

Filed training, together with theoretical and practical parts, are the fundamental parts of the pharmacy bachelor program adopted by the pharmacy department –medical sciences college, Al-Razi university.

The filed-training booklet is prepared with the intention to provide orientation to trainees and supervisors about various tasks to be performed and/or observed in different disciplines during the training period. The main goal of the training is to acquire necessary practical skills different pharmacy profession fields.

Dr. Anes Abdulwahid Thabit

I. INTRODUCTION

Pharmacy Bachelor Program

| General information | |
|--|---|
| The profession for which the program prepares the students | Pharmacy |
| Program name & scientific degree awarded | Pharmacy Bachelor |
| The entity awarding the degree | Medical sciences college |
| The academic department responsible for the program | Pharmacy department |
| Other departments participating in the program | Medical sciences College (Medical laboratory dept., applied medical sciences dept.), Computer sciences & IT College (Computer sciences dept.,) |
| Language of the study | English |
| Attendnace | Compulsory attendance (minimum 75 %) |
| Facility of program execution | The university |
| Study type | Semester type - Credit hours |
| Study duration | 5 academic years consisting of 10 academic semesters |
| Program Coordinator | Dr/ Anes Thabit |

| Program mission & aims |
|--|
| Mission |
| The program intends to offer remarkable curriculum in pharmacy characterized with modernity and comprehension and focusing on development of both the knowledge and skill aspects of students in order to ensure graduation of highly qualified pharmacists who are able to provide high pharmaceutical services to their communities. |
| Aims |
| 1. To Provide the students with scientific knowledge in basic sciences and pharmaceutical sciences including the modern ones that are essential to realize their duties and activities as pharmacists . |
| 2. To develop the intellectual, professional and practical skills of the students to make them able to perform all types of pharmacy-related works. |
| 3. Enhancing the transferable skills of the students to perform pharmacy profession with respect to their colleagues, patients and community and in compliance to the profession ethics and laws |



Field-training Specifications

Introduction

The field training in pharmacy is considered as essential part in modern pharmacy academic educational programs. This part together with the theoretical and practical parts are indispensable in pharmacy programs. It is designed to provide the student with an opportunity to integrate and apply previously acquired knowledge and technical skills in actual pharmacy field settings. With collaboration of experienced pharmacy Professionals and under supervision of the pharmacy department, the student can learn more about various tasks related to pharmacist carriers.

The field-training provides applied learning experiences and skills which make the student able to practice and acquire the following skills

A- Professional skills

1. community-pharmacy skills such pharmacy organization, documentation and OTC drug selection.
2. hospital -pharmacy skills such drug distribution, prescription checking, medical store management and handling of controlled drugs.
3. Clinical -pharmacy skills such sharing in medical rotation, understanding patient medical files, case studies , therapy designing and monitoring.
4. Industrial pharmacy skills such as storage and quality control assessment of raw materials and finished products, research and development of dosage forms and safe and effective large- scale production of drug products.

B- Transferable Skills

1. Creative problem-solving
2. Intimate team work
3. Precise reporting

Training Specifications

I- Trainee eligibility criteria

The training starts at the second semester of the 4th academic year. Therefore, to be eligible as trainee, the pharmacy BC student should have successfully passed all prerequisite courses of the program.

II- Filed –training plan

The period for the filed-training is composed of 182 actual field hours. These hours are divided into 2 courses: pharmacy training I (120 hours) and pharmacy training II (72 hours). The first course starts at the 4th week of the 2nd semester/4th academic year and lasts till the 13th week of that semester. The second course starts at the 3rd week of 1st semester/5th academic year and lasts till the 11th week of that semester. The plan of training is illustrated in the following table.

| Table 1. Plan of pharmacy filed-training | | | | | | | |
|--|-------------|---|-------------|---------------------------|-------------|---|--|
| Course | Field hours | Semester/Year | Weeks due | Period specified (Months) | Hours/ week | Fields | Disciplines |
| Pharmacy training I | 120 | 2 nd /4 th year | Weeks 4-13 | 2.5 | 12 | Community pharmacies | Pharmacy practice skills |
| Pharmacy training II | 20 | 1 st / 5 th years | Weeks 3- 6 | 1 | 5 | Hospitals | Hospital pharmacy |
| | 30 | | Weeks 7- 11 | 1 | 6 | | Pharmaceutical clinical care |
| | 12 | | Weeks 6-9 | 1 | 4 | Yemeni drug plants (at least 2 drug factories) | Industrial pharmacy, Pharmaceutics , Pharmaceutical analysis, pharmaceutical quality control |
| Total | 182 | | | | | | |



III- Trainee' responsibilities

During training period, every trainee has to demonstrate following responsibilities:

1. Demonstrate good behavior during and after practicing the training.
2. Complete all tasks of training.
3. Commit to instructions of the training supervisor.
4. Nerve commit cheating or lying by utilizing his/her colleague works
5. Adhere to the times of training.
6. Keep the integrity and calmness of the training field
7. Obey the directions of the field principle
8. Respect rules and policies of the field
9. Establish good working relationships with his/her colleagues and other personnel in the field.

Any trainee who fails to demonstrate any of those responsibilities as judged by the supervisor shall considered failed in the training.

IV- Training supervision , monitoring and assessment

The trainee works will be supervised by the “**training supervisor**” who is a member of pharmacy department staff. The supervisor has the right to monitor and visit training sites regularly and to meet the trainee and the principle in the training field to discuss the progress of training. The supervisor should assess the attendance and attitude of the trainee during those visits. The trainee assessment is demonstrated in the following table

Table 3. Assessment of trainee in pharmacy filed-training

| No. | Assessment Method | Mark | Weight % n of Total course Assessment |
|--------------|--|------------|---------------------------------------|
| 1 | Trainee attendance (by the supervisor) | 10 | 10% |
| 2 | Filed-training tasks (by the supervisor) | 60 | 30 % |
| 3 | Final oral exam (By the committee) | 30 | 60% |
| Total | | 100 | 100% |



- **Attendance**

The cut off of attendance is 75% of the credit hours of training. Any trainee who doesn't attain the cut off marks shall FAIL in the training whatever the excuses he/she present

- **Filed training tasks**

- All tasks should be completed by the trainee within the specified time of training
- The supervisor shall assess those tasks for every trainee.
- For training in community pharmacy and hospitals, after completion the training, The trainee should provide signed and stamped certificates from those field . The certificate should clearly mention the name and owner/manager of the site and duration of training which should be in accordance to the period specified.

- **Final oral exam (By the committee)**

- The committee is composed on the supervisor and one of the academic staff of the department.
- Assessment is as flows
 - ❖ Supervisor 10 %
 - ❖ Academic member 20 %
- The exam is of Oral pattern.



II. DETAILS OF THE FIELD OF TRAINING

Details of the Community pharmacy where the training has been accomplished.

Name of pharmacy :

Address of pharmacy : City.....

Telephone.....

Pharmacy Principle.....; Mobile



III. OTC MEDICATIONS

Note : for injectable medications , write IM, IV, SC near to the adult dose

A. OTC analgesics

Task 1: Complete the following table of OTC analgesics with different generic names

M.OA: Inhibit prostaglandin synthesis

(i) Tablet or capsules OTC analgesics

| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | adult Dose (e.g. 1 x3) | Black box or Contraindications |
|---------------|-------------------------------------|-------------------|------------------------|-------------------------|---|
| | Original | other | | | |
| 1 Paracetamol | Panadol of GSK, UK | Amol Shifaco, YEM | 500 mg tab. | 1x3 | Hypersensitivity Sever active liver diseases |
| 2..... | | | | | |
| 3..... | | | | | |
| 4..... | | | | | |
| 5..... | | | | | |
| 6..... | | | | | |
| 7..... | | | | | |
| 8..... | | | | | |
| 9..... | | | | | |
| 10..... | | | | | |

(ii) I.M. adult OTC analgesic

| | | | | | |
|--------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| 3..... | ..... | ..... | ..... | ..... | ..... |

(iii) I.V. adult OTC analgesic

| | | | | | |
|--------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| 2..... | ..... | ..... | ..... | ..... | ..... |



| (iv) Adult rectal OTC analgesic | | | | | |
|---|--|--------------------------------------|-----------------------------------|------------------------------|---|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | other | | | |
| 1 diclofenac Na | Voltarene Novartis, SWZ | Declophen Pharco, EGY | 100 mg Suppose. | 1x1 | CVS (M.I), GITR (PU), hypersensitivity |
| 2..... | | | | | |
| 3..... | | | | | |
| (v) Oral pediatric OTC analgesic | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| (vi) Rectal pediatric OTC analgesic | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| (vii) injectable pediatric OTC analgesic | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| (viii) Topical OTC analgesic | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| 4..... | | | | | |
| 5..... | | | | | |
| 6..... | | | | | |



Task 2: Select OTC analgesics Specific group of patients (Write TWO different generic names, if any)

| Pediatric (Child) | Peptic ulcer | Pregnant women | Lactating (breastfeeding) women | Renal failure or Hemodialysis | Hepatic failure | CVS (M.I) | Old people (Geriatric) |
|----------------------------|--------------|----------------|---------------------------------|---|-----------------|---------------|-------------------------------|
| 1..... ... age | 1..... | 1..... | 1..... | 1..... Dose adjustment ----- ----- | 1..... | 1..... | 1..... Dose adjustment |
| 2..... ... age | 2..... | 2..... | 2..... ... | 2..... Dose adjustment | 2..... ... | 2..... ... | 2..... Dose adjustment |

Task 3: OTC analgesics : Answer the question.

1. What is the generic name of paracetamol in USA ?
.....
2. Are NSAIDs contraindicated in bronchial asthma or should be used cautiously ?
.....
3. Can aspirin be used for children who have fever ? Why ?
.....
4. Other than paracetamol, Which is better OTC analgesic for a lactating woman ?
.....
5. In children, at what age diclofenac sodium can be used for children?
.....
6. For a patient with sever toothache , what do you recommend ? Why ?
(paracetamol - ketoprofen - paracetamol +caffeine)
because.....
7. Is Solpadeine® an OTC analgesic ? why ?
.....
8. A patient comes to the pharmacy suffering from myalgia ? what do you recommend ?
.....
9. What is the best OTC analgesic for renal colic e.g. due to renal stone ?
.....



B. OTC for GIT disorders

Task 4: Complete the following table of GIT OTC with different generic names

| (i) Neutralizing antacids for simple hyperacidity M.O.A: | | | | | |
|--|-------------------------------------|-------|------------------------|-----------------------|-------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | other | | | |
| 1....sodium bicarbonate | | | | | |
| 2...Aluminum hydroxide + magnesium hydroxide | | | | | |
| 3...Aluminum hydroxide + magnesium hydroxide + simethicone | | | | | |
| 4 antacid + sodium alginate | | | | | |
| (ii) Oral H2 blockers for gastritis and gastro esophageal reflux (GERD) M.O.A: | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| (iii) Injectable H2 blockers for gastritis and gastro esophageal reflux (GERD) | | | | | |
| 1..... | | | | | |
| (iv) Oral Proton pump inhibitors (PPIs) for Peptic ulcer and GERD | | | | | |
| 1..... | | | | | |



| | | | | |
|--------|-------|-------|-------|-------|
| | | | | |
| 2..... | ..... | ..... | ..... | ..... |
| | | | | |
| 3..... | ..... | ..... | ..... | ..... |
| | | | | |
| 4..... | ..... | ..... | ..... | ..... |
| | | | | |
| 5..... | ..... | ..... | ..... | ..... |
| | | | | |

(v) Injectable Proton pump inhibitors (PPIs) for Peptic ulcer and GERD

| | | | | |
|--------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... |
| | | | | |
| 2..... | ..... | ..... | ..... | ..... |
| | | | | |
| 3..... | ..... | ..... | ..... | ..... |
| | | | | |
| 4..... | ..... | ..... | ..... | ..... |
| | | | | |



(vi) Oral adult Antiemetics antihistamine (used as Anti-motion sickness; M.O.A:

| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
|-------------------------|-------------------------------------|----------------------------|------------------------|--|--|
| | original | other | | | |
| 1 Dimenhydrinate | Dramamine | Dizinil Julphar, UAE | 50 mg Tab. | 1 x 30 min. before trip Then 1 x 3 | Hypersensitivity, asthma, neonates, nursing women |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |

(vii) Oral adult Antiemetics (for vomiting not due to motion sickness) : dopamine antagonists M.O.A:

| | | | | | |
|---------------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |

(viii) Oral adult Antiemetics (for vomiting not due to motion sickness): serotonin antagonists M.O.A:

| | | | | | |
|---------------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |

(ix) Pediatric antiemetics

| | | | | | |
|---------------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |

(x) Injectable antiemetics

| | | | | | |
|---------------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |



(xi) Antispasmodics (Spasmolytics) for colic of GIT and urinary system 1: Anticholinergics
M.O.A.:

| | | | | | |
|--------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 3..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |

(xii) Antispasmodics (Spasmolytics) for colic of GIT and urinary system 1: Non-Anticholinergics
M.O.A.:

| | | | | | |
|--------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 3..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |



(xiii) Antispasmodic + digestive enzyme M.O.A:
.....
.....

| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
|--------------|-------------------------------------|----------------|------------------------|-----------------------|-------------------------|
| | original | other | | | |
| 1..... | | | | | |
| 2..... | | | | | |

(xiv) Antispasmodics + analgesics M.O.A:
.....
.....

| | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |

(xv) Antidiarrheals : symptomatic relief of diarrhea : Opiates M.O.A:
.....

| | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |

(xvi) Antidiarrheals : symptomatic relief of diarrhea : Adsorbent M.O.A:
.....

| | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|
| 1..... | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|

(xvii) Laxatives: for constipation : Purgatives

| | | | | | |
|--------|----------------|----------------|----------------|----------------|----------------|
| 1..... | | | | | |
|--------|----------------|----------------|----------------|----------------|----------------|



| | | | | | |
|--------|----------------|----------------|----------------|----------------|----------------------------------|
| | | | | | |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 3..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 4..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |

(xviii) Laxatives: for constipation : osmotic agents
M.OA.:

| | | | | | |
|--------|----------------|----------------|----------------|----------------|----------------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 3..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |

(i) Laxatives: for constipation : stool softener
M.OA.:

| | | | | | |
|--------|----------------|----------------|----------------|----------------|----------------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |



| (xix) Laxative : bulk forming | | | | | |
|--------------------------------------|--|--------------|-----------------------------------|------------------------------|--------------------------|
| M.O.A: | | | | | |
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | other | | | |
| 1..... | | | | | |
| | | | | | |

| (xx) OTC for hemorrhoids : Topical M.O.A: | | | | | |
|--|-------|-------|-------|-------|-------|
| | | | | | |
| | | | | | |
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| 3..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |

| (xxi) OTC for hemorrhoids: oral M.O.A: | | | | | |
|---|-------|-------|-------|-------|-------|
| | | | | | |
| | | | | | |
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |

Task 5: OTC for GIT answer the questions

1. Is (Gaviscon®) or (Gaviscon advance®) safe or both safe in pregnancy ? why ?
.....
2. Medications containing sodium bicarbonate can cause 2 serious adverse effects . What are these effects?
3. A patient comes to the pharmacy and tell you that he had been suffering from heart burn (epigastric pain) for more than 15 days . What groups you recommend for that patient, a neutralizing antacid, H2 blocker or PPI ? Why
.....
4. What are the main differences between drugs of PPIs ?
.....
5. Is (domperidone) approved by FDA ?
.....
6. Cortigen-B6® is neither approved in USA nor in Europe. What is the problem of this



- medication?
.....
7. Is (metronidazole) an antidiarrhoeal ? Is it OTC ?
.....
8. (Regulate®) is a chocolate chewable tablets used for constipation. What is the generic name of this product ? Is it a (medication) or (a poison) ?
.....
9. What are the drugs in (Epirax®) ? what type of disease it is used for ? Is it OTC? Why ? Give another medication that can be used as alternative for that Epirax ?
.....
10. Drotaverine (Nospa)® is a very commonly prescribed antispasmodic in Yemen but considered illegal in USA and Europe. Why ?
.....
11. Enumerate 4 laxatives that can cause severe intestinal colic
.....
-



Task 6: GIT OTC for Specific group of patients (Write generic names)

| OTC for GIT | Pediatric (Children) | Pregnant women | Lactating (breastfeeding) women | Renal failure | Hepatic failure | CVS disease | Old people (Geriatric) |
|-----------------------------|----------------------------|-------------------|---------------------------------|--------------------------------|-----------------|-------------|-------------------------------|
| Neutralizing Antacid | age ..... | ..... ... . | ..... | ..... ..... Dose adjustment | ..... | ..... | ..... .... Dose adjustment |
| H2 blockers | age ..... | ..... ... . | ..... | ..... ..... Dose adjustment | ..... | ..... | ..... .... Dose adjustment |
| PPIs | age ..... | ..... ... . | ..... | ..... .... Dose adjustment | ..... | ..... | ..... .... Dose adjustment |
| Antiemetic | age ..... | ..... ... . | ..... | ..... .... Dose adjustment | ..... | ..... | ..... .... Dose adjustment |
| Anti-motion sickness | age ..... | ..... ... . | ..... | ..... .... Dose adjustment | ..... | ..... | ..... .... Dose adjustment |
| Antispasmodic | age ..... | ..... ... . | ..... | ..... ..... Dose adjustment | ..... | ..... | ..... .... Dose adjustment |



| | | | | | | |
|----------------------|----------------------------|-------------------|-------|--------------------------------------|-------|--------------------------------------|
| Antidiarrheal | age ..... | ..... ... . | ..... | ..... .... Dose adjustm ent | ..... | ..... .... Dose adjustm ent |
| Laxative | age ..... | ..... ... . | ..... | ..... .... Dose adjustm ent | ..... | ..... .... Dose adjustm ent |



C. OTC for Respiratory disorders

Task 7: Complete the following table of respiratory OTC with different generic names

| (i) OTC for sore throat : Lozenges M.O.A: | | | | | |
|--|-------------------------------------|-------|------------------------|-----------------------|-------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| (ii) OTC for sore throat: buccal spray M.O.A: | | | | | |
| 1..... | | | | | |
| (iii) OTC for sore throat: Gargles M.O.A: | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| (iv) Antihistamine 1 : sedative oral M.O.A: | | | | | |
| | | | | | |
| | | | | | |



| (v) Antihistamine 1 : Non-sedative ; oral | | | | | |
|--|----------------|----------------|----------------|----------------|----------------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 3..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 4..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| (vi) Injectable antihistamine 1 | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| (vii) Nasal decongestant: Topical (nasal drop or nasal spray) M.O.A: | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| (viii) Nasal decongestant +_ antihistamine 1t: Topical (nasal drop or nasal spray) | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |



| (ix) Nasal decongestant + antihistamine 1 ; oral | | | | | |
|---|--|--------------|-----------------------------------|------------------------------|--------------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| (x) antihistamine 1 + analgesic ; oral | | | | | |
| 1..... | | | | | |
| (xi) antihistamine 1 + analgesic + nasal decongestant ; oral | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| (xii) Pediatric antihistamine 1 + nasal decongestant | | | | | |
| 1..... | | | | | |
| (xiii) Pediatric antihistamine 1 + nasal decongestant | | | | | |
| 1..... | | | | | |
| (xiv) Medications for wet cough ; Mucolytic plain M.O.A: | | | | | |
| 1..... | | | | | |



| | | | | | |
|--------|-------|-------|-------|-------|-------|
| | | | | | |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| | | | | | |

(xv) Medications for wet cough ; Expectorants + bronchodilators M.O.A:

.....

| | | | | | |
|--------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| | | | | | |

(xvi) Medications for wet cough ; Expectorants + bronchodilators + antihistamine 1

| | | | | | |
|--------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| | | | | | |

(xvii) Medications for wet cough ; Herbal

| | | | | | |
|--------|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| | | | | | |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| | | | | | |
| | | | | | |



(xviii) Antitussives (for dry cough) ; containing codeine M.O.A:
.....

| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
|--------------|-------------------------------------|----------------|------------------------|-----------------------|-------------------------|
| | original | Other | | | |
| 1..... | | | | | |
| 2..... | | | | | |

(xix) Antitussives (for dry cough) ; opoids M.O.A:
.....
...

| | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |
| 3..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |

(xx) Antitussives (for dry cough) ; antihistamine 1 M.O.A:
.....

| | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... |

(xxi) Pediatric medications for wet cough

| | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|
| 1..... | | | | | |
|--------|----------------|----------------|----------------|----------------|-------------------------|



| | | | | | |
|---|-------|-------|-------|-------|-------|
| 2..... | ..... | ..... | ..... | ..... | ..... |
| (xxii) Pediatric medications for wet cough | | | | | |
| 1..... | ..... | ..... | ..... | ..... | ..... |
| 2..... | ..... | ..... | ..... | ..... | ..... |

Task8: Answer the questions

1. **Mention 2 medications for cough that are Elixirs ? Are they safe for pregnant or children ?**
.....
2. **A patient has (sneezing) + (nasal redness)+ (rhinorrhea; flu) . Recommend one appropriate OTC medication (One trade name + generic names) for that patient**
.....
3. **Some pharmacists recommend Vitamin C with medications of cold . Is that correct ? why ?**
.....
4. **A medication containing (dextromethorphan) + (Guaifenesin). Is it indicated for dry cough, wet cough, or both ?**
5. **Why are oral nasal decongestants not recommended in patient having a CVS disease?**
.....
6. **What are the drugs for dry cough and wet cough that are not approved by FDA ?**
.....



Task 9: Respiratory OTC for Specific group of patients (Write generic names)

| OTC for GIT | Pediatric (Child) | Pregnant women | Lactating (breastfeeding) women | Renal failure | Hepatic failure | CVS disease | Old people (Geriatric) |
|----------------------------|--------------------------|-----------------------|--|-----------------------------------|------------------------|--------------------|-----------------------------------|
| Sore throat | age ..... | ..... | ..... | ..... Dose adjustment ..... | ..... | ..... | ..... Dose adjustment |
| Antihistamine | age ..... | ..... | ..... | ..... Dose adjustment ..... | ..... | ..... | ..... Dose adjustment |
| Nasal decongestant | age ..... | ..... | ..... | ..... Dose adjustment ..... | ..... | ..... | ..... Dose adjustment |
| Anticough | age ..... | ..... | ..... | ..... Dose adjustment ..... | ..... | ..... | ..... Dose adjustment |
| Expectorant | age ..... | ..... | ..... | ..... Dose adjustment ..... | ..... | ..... | ..... Dose adjustment |
| Mucolytic | age ..... | ..... | ..... | ..... Dose adjustment ..... | ..... | ..... | ..... Dose adjustment |
| For cough + bronchodilator | age ..... | ..... | ..... | ..... Dose adjustment ..... | ..... | ..... | ..... Dose adjustment |



D. OTC for Dermatologic disorders

Task 10: Complete the following table of TOPICAL dermatologic OTC with different generic names

| (i) Topical corticosteroids (PLAIN) for eczema (allergic dermatitis) M.O.A: | | | | | |
|---|--|-------|---------------------------|--------------------------|-----------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindic ations |
| | original | Other | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| 4..... | | | | | |
| (ii) Topical antibacterial (PLAIN) for topical bacterial infections M.O.A: | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| 4..... | | | | | |
| (iii) Topical antifungal (PLAIN) for topical fungal infections M.O.A: | | | | | |



| | | | | | |
|---|----------------|----------------|----------------|----------------|----------------------------------|
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 3..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| (iv) Topical corticosteroid + antibacterial | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| (v) Topical corticosteroid + antifungal | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| (vi) Topical corticosteroid + antifungal + antibacterial | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |



| (ix) Topical preparations for Burn (other than corticosteroids and antibacterials) M.O.A: | | | | | |
|---|-------------------------------------|-------|------------------------|-----------------------|-------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |

| (x) Topical preparations for Scabies M.O.A: | | | | | |
|--|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| 2..... | ..... | ..... | ..... | ..... | ..... |

| (xi) Topical preparations for Acne (other than antibacterials) M.O.A: | | | | | |
|---|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |
| 2..... | ..... | ..... | ..... | ..... | ..... |
| 3..... | ..... | ..... | ..... | ..... | ..... |

| (xii) Topical preparations for Warts | | | | | |
|---|-------|-------|-------|-------|-------|
| 1..... | ..... | ..... | ..... | ..... | ..... |



| | | | | | |
|---|----------------|----------------|----------------|----------------|----------------------------------|
| | | | | | |
| (xiii) Medicated Soaps | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| (xiv) Antiseptics /disinfectants solutions | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 3..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |



E. OTC for Ear disorders (Ear drops/washes)

Task 11: Complete the following table of TOPICAL Otic OTC with different generic names

| (i) Ear drop antibacterial (plain) | | | | | |
|---|-------------------------------------|-------|------------------------|-----------------------|-------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| (ii) Ear drop antifungal (plain) | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| 4..... | | | | | |
| (iii) Ear drop : corticosteroid +_antibacterial | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |



| | | | | | |
|----------------------|----------------|----------------|----------------|----------------|----------------------------------|
| | | | | | .. |
| (iv) Ear wash | | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |



F. OTC for Eye disorders (Ear drops, ointments, creams, gels)

Task 12: Complete the following table of TOPICAL Ophthalmic OTC with different generic names

| (i) Ophthalmic preparations; antibacterial (plain) | | | | | |
|--|-------------------------------------|-------|------------------------|-----------------------|-------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| (ii) Ophthalmic preparations; corticosteroid (plain) | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |
| 4..... | | | | | |
| (iii) Ophthalmic preparations; corticosteroid + antibacterial (plain) | | | | | |
| 1..... | | | | | |
| 2..... | | | | | |
| 3..... | | | | | |



| | | | | |
|---|----------------|----------------|----------------|----------------------------------|
| | | | | |
| (iv) Ophthalmic preparations; for dryness of Eye | | | | |
| 1..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |



G. Nutrients (vitamins & minerals)

Task 13: Complete the following table of Nutrient OTC with different generic names

| (i) Single Plain Vitamins ; (No Minerals) | | | | | |
|---|-------------------------------------|----------------|------------------------|-----------------------|-------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| 1 Vitamin C oral | | | | | |
| 2 Vitamin C injection | | | | | |
| 3 Vitamin A oral | | | | | |
| 4 Vitamin E oral | | | | | |
| 5 Vitamin D oral | | | | | |
| 6 Vitamin D injection | | | | | |
| 7 Vitamin B12 oral | | | | | |
| 8 vitamin B12 injection | | | | | |
| (ii) Combination of vitamins (no minerals) | | | | | |
| 1 Vitamin A + E oral | | | | | |
| 2 Vitamin B1 +B6 + B12 Oral | | | | | |
| 3 Vitamin B1 +B6 + B12 injection | | | | | |
| 4 Vitamin B complex oral | | | | | |
| 5 Vitamin B complex injection | | | | | |
| 6 | | | | | |



| | | | | |
|---------------------------|----------------|----------------|----------------|----------------|
| Multivitamins oral |  |  |  | ..... |
| | | | | |
| | | | | |
| | | | | |



| (iii) Minerals Plain (No vitamins) | | | | | |
|--|--|----------------|-----------------------------------|------------------------------|--------------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| 1 Calcium salts oral | | | | | |
| 2 Calcium salts injection | | | | | |
| (iv) Minerals with few vitamins | | | | | |
| 1 Vitamin C + Calcium oral | | | | | |
| 2 Vitamin C + calcium injection | | | | | |
| 3 Vitamin A + zinc | | | | | |
| (v) Multivitamins + minerals | | | | | |
| Multivitamins + minerals | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (vi) Royal jelly ± vitamins | | | | | |
| Royal jelly ± vitamins | | | | | |



| | | | | | |
|--|----------------|----------------|----------------|----------------|----------------------------------|
| | | | | | |
| (vii) Ginseng ± vitamins | | | | | |
| Ginseng ± vitamins | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| | | | | | |
| (viii) Ginseng + Royal jelly ± vitamins | | | | | |
| Ginseng + Royal jelly ± vitamins | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| | | | | | |



| (ix) Antanemics preparations (Folic acid plain) | | | | | |
|--|--|----------------|-----------------------------------|------------------------------|----------------------------------|
| Generic name | Trade name, Manuf. Company, country | | Strength & dosage form | Adult dose e.g. (1x3) | Contraindications |
| | original | Other | | | |
| Folic acid oral | | | | | |
| Folic acid injectable | | | | | |

| (x) Antanemics preparations (iron plain) | | | | | |
|--|----------------|----------------|----------------|----------------|----------------------------------|
| 1 iron oral | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| 2 Iron injectable | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |

| (xi) Antanemics preparations (iron + folic acid) | | | | | |
|--|----------------|----------------|----------------|----------------|----------------------------------|
| Iron + folic acid | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| | | | | | |
| | | | | | |
| Iron + folic acid + vitamin C | ..... ..... | ..... ..... | ..... ..... | ..... ..... | ..... ..... ..... ..... |
| | | | | | |

.....
.....

.....
.....



Task 14: Nutrient OTC for Specific group of patients (Write generic name)

| OTC for GIT | Pediatric (Child) | Pregnant women | Lactating (breastfeeding) women | Renal failure | Hepatic failure | CVS disease | Old people (Geriatric) |
|-------------|--------------------|----------------|---------------------------------|--------------------------|-----------------|-------------|--------------------------|
| Vitamin A | age ..... | ..... | ..... | ..... Dose adjustment | ..... | ..... | ..... Dose adjustment |
| Vitamin D | age ..... | ..... | ..... | ..... Dose adjustment | ..... | ..... | ..... Dose adjustment |
| Ginseng | age ..... | ..... | ..... | ..... Dose adjustment | ..... | ..... | ..... Dose adjustment |
| Iron | age ..... | ..... | ..... | ..... Dose adjustment | ..... | ..... | ..... Dose adjustment |



IV. PRESCRIPTION-ONLY MEDICATIONS (POMs)

Task 15 : Complete the following tables of POMs for CNS diseases

| 1. Narcotic analgesics | | | | |
|-------------------------------------|------------|-----------------------|-------------------------|-------------------------|
| Generic name | Trade name | Strength/ dosage form | adult Dose (e.g. 1 x3) | Manuf. Company, country |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |
| 2. Antidepressants | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |
| 4..... | | | | |
| 5..... | | | | |
| 3. Antipsychotics | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |
| 4. Antidepressants + antipsychotics | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |
| 5. Sedatives / hypnotics | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |
| 4..... | | | | |
| 6. Antiepileptics | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |

Task 16: Complete the following tables of POMs for CVS diseases

| 1. Diuretics | | | | |
|---|------------|-----------------------|-------------------------|-------------------------|
| Generic name | Trade name | Strength/ dosage form | adult Dose (e.g. 1 x3) | Manuf. Company, country |
| 1.Hydrochlorothiazide | | | | |
| 2 amiodarone | | | | |
| 3 furosemide | | | | |
| 4 Toresemide | | | | |
| 2. Antihypertensives | | | | |
| (i) Centrally acting | | | | |
| Methyldopa | | | | |
| (i) Alpha-blockers | | | | |
| 1 Prazosin | | | | |
| 2 Doxazosin | | | | |
| (ii) Beta blockers | | | | |
| 1 Propranolol | | | | |
| 2 Atenolol | | | | |
| 3 metoprolol | | | | |
| 4 Bisoprolol | | | | |
| 5 Carvidolol | | | | |
| (iii) ACE inhibitors | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |
| (iv) Angiotensin II blockers | | | | |
| 1..... | | | | |
| 2..... | | | | |
| (v) Direct vasodilators | | | | |
| 1 hydralazine | | | | |
| 3. Antihypertensives + diuretics | | | | |
| 1....., | | | | |
| 2....., | | | | |
| 3....., | | | | |
| 4. Antiarrhythmic drugs | | | | |
| 1..... | | | | |
| 5. Calcium channel blockers (Antihypertensives, antiarrhythmics, antianginals) | | | | |
| 1..Nifedipine | | | | |
| 2 Amlodipine | | | | |
| 3 Dilitiazem | | | | |
| 4 verapamil | | | | |



6. Cardiac stimulants for CHF and cardiac arrest

(i) Digitalis

| Generic name | Trade name | Strength/ dosage form | adult Dose (e.g. 1 x3) | Manuf. Company, country |
|------------------|------------|-----------------------|-------------------------|-------------------------|
| 1 Digoxin | | | | |

(ii) Sympathomimetics and dopaminergic agonists

| | | | | |
|-------------------|-------|-------|-------|-------|
| Adrenaline | ..... | ..... | ..... | ..... |
| Dopamine | ..... | ..... | ..... | ..... |
| Dobutamine | ..... | ..... | ..... | ..... |

7. Antianginals (Coronary vasodilators)

| | | | | |
|------------------------|-------|-------|-------|-------|
| 1 Nitroglycerin | ..... | ..... | ..... | ..... |
| 2 Isosobide | ..... | ..... | ..... | ..... |

Task 17 : Answer the following questions

Q1. Which of the CVS drugs are available as injection ?

Q2. Mention three CVS diseases in which amlodipine can be used ?

.....

Q3. For pregnant women, which of the above enumerate the CVS drugs that can be used safely ?

Q4. Mention other drugs used as prophylactic for angina ?

Task 18: Complete the following tables of POMs for Blood disorders

| 1. Antihemorrhage (Hemostatics) | | | | |
|--|------------|--------------------------|----------------------------|-------------------------------|
| Generic name | Trade name | Strength/ dosage Form | adult Dose (e.g. 1 x3) | Manuf. Company, country |
| 1..... | | | | |
| 2 | | | | |
| 2. Oral Anticoagulants | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |
| 3. Injectable anticoagulants | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3....., | | | | |

Task 19 : Complete the following tables of POMs for Bronchial asthma

| 1. Acute asthma | | | | |
|---------------------------------|------------|--------------------------|----------------------------|-------------------------------|
| Generic name | Trade name | Strength/ dosage form | adult Dose (e.g. 1 x3) | Manuf. Company, country |
| 1..... | | | | |
| 2 | | | | |
| 2. Prophylaxis of asthma | | | | |
| 1..... | | | | |
| 2..... | | | | |
| 3..... | | | | |

Task 20 : Complete the following tables of POMs for Bacterial infections

1. SYSTEMIC ANTIBACTERIALS

(i) Sulfonamides +

| Generic name | Trade name | Strength/ dosage form | adult Dose (e.g. 1 x3) | Manuf. Company, country |
|-----------------------------------|------------|-----------------------|-------------------------|-------------------------|
| 1 sulfamethoxazole + trimethoprim | | | | |

(ii) Fluroquinolones

| | | | | |
|-----------------|-------|-------|-------|-------|
| 1 Ciprofloxacin | ..... | ..... | ..... | ..... |
| 2 Norfloxacin | ..... | ..... | ..... | ..... |
| 3 Ofloxacin | ..... | ..... | ..... | ..... |
| 4 Levofloxacin | ..... | ..... | ..... | ..... |
| 5 Lomefloxacin | ..... | ..... | ..... | ..... |

(iii) Glycopeptides

| | | | | |
|--------------|-------|-------|-------|-------|
| 1 Vancomycin | | | | |
|--------------|-------|-------|-------|-------|

(vi) Metronidazoles : anerobic e.g. clostridium , anerobic GIT , H. pylori, bacterial vaginosis (also are used for amoeba, giardia and trichomonas)

| | | | | |
|-----------------|-------|-------|-------|-------|
| 1 Metronidazole | ..... | ..... | ..... | ..... |
| 2 Tinidazole | ..... | ..... | ..... | ..... |
| 3 Scendiazole | ..... | ..... | ..... | ..... |

(iv) Semisynthetic antibiotics

BETALACTAM (Penicillins, cephalosporins)

• Penicillins narrow spectrum

| | | | | |
|----------------------------|-------|-------|-------|-------|
| 1 Crystalline Pn (Pn G) | ..... | ..... | ..... | ..... |
| 2 Procaine Pn | ..... | ..... | ..... | ..... |
| 3 benzathin Pn | ..... | ..... | ..... | ..... |
| 4 Phenoxymethyl Pn (Pn V) | ..... | ..... | ..... | ..... |

• Penicillins (broad spectrum)

| | | | | |
|---------------|-------|-------|-------|-------|
| 1 Ampicillin | ..... | ..... | ..... | ..... |
| 2 Amoxicillin | ..... | ..... | ..... | ..... |

• Penicillins (Broad + resistant to betalactmase)

| | | | | |
|--------------------------------|-------|-------|-------|-------|
| 1 Ampicillin + cloxacillin | ..... | ..... | ..... | ..... |
| 2 Amoxicillin + flucloxacillin | ..... | ..... | ..... | ..... |

• Penicillins (Extended-spectrum resistant to betalactmase)



| | | | | |
|--|-------|-------|-------|-------|
| 1 amoxicillin + clavulenic acid | ..... | ..... | ..... | ..... |
| Piperacilli n + tazobacta m | ..... | ..... | ..... | ..... |
| Ampicillin + sulbactam | ..... | ..... | ..... | ..... |



| • Cephalosporins (1 st generation) | | | | |
|---|-------|-------|-------|-------|
| Cefadroxyl | ..... | ..... | ..... | ..... |
| Cefazoline | ..... | ..... | ..... | ..... |
| Cefradine | ..... | ..... | ..... | ..... |
| Cefalexin | ..... | ..... | ..... | ..... |
| • Cephalosporins (2 nd generation) | | | | |
| Cefuroxime | ..... | ..... | ..... | ..... |
| Cefprozil | ..... | ..... | ..... | ..... |
| Cefaclor | ..... | ..... | ..... | ..... |
| • Cephalosporins (3 rd generation) | | | | |
| Cefpodoxime | ..... | ..... | ..... | ..... |
| Cefixime | ..... | ..... | ..... | ..... |
| Ceftriaxone | ..... | ..... | ..... | ..... |
| Cefotaxime | ..... | ..... | ..... | ..... |
| Ceftazidime | ..... | ..... | ..... | ..... |
| MACROLIDES | | | | |
| Erythromycin | ..... | ..... | ..... | ..... |
| Clarithromycin | ..... | ..... | ..... | ..... |
| Azithromycin | ..... | ..... | ..... | ..... |
| Roxithromycin | ..... | ..... | ..... | ..... |
| Spiramycin | ..... | ..... | ..... | ..... |
| AMINOGLYCOSIDES | | | | |
| Gentamicin | ..... | ..... | ..... | ..... |
| Amikacin | ..... | ..... | ..... | ..... |
| Tobramycin | ..... | ..... | ..... | ..... |
| LINCOSAMIDES | | | | |
| Lincomycin | ..... | ..... | ..... | ..... |
| Clindamycin | ..... | ..... | ..... | ..... |
| TETRACYCLINS | | | | |
| Tetracyclin | ..... | ..... | ..... | ..... |
| Doxycyclin | ..... | ..... | ..... | ..... |

Task 21: Complete the following table

| | Put √ | | | Put t √ | | |
|--------------------------|--------------|------------------|--------------|----------------|-------------------------|--|
| Antibacterials | G +v e | G - v e | Bactericidal | Bacteriostatic | Main indications | |
| Sulfonamides + | ○ | ○ | ○ | ○ | ----- -- | |



| | | | | | |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------|
| Fluroquinolones | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Vancomycin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Narrow Pn | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Broad Pn | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Broad + resistant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |



| Pn | | | | | |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------|
| Extended-resistant Pn | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| 1 st cephalosporins | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| 2 nd cephalosporins | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| 3 rd cephalosporins | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Aminoglycoside | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Macrolides | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Lincosamides | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |
| Tetracyclins | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ----- -- |

Task 22: Complete the following tables of POMs for Other infections

| 2. SYSTEMIC ANTIFUNGALS | | | | |
|--|------------|-----------------------|-------------------------|-------------------------|
| Generic name | Trade name | Strength/ dosage form | adult Dose (e.g. 1 x3) | Manuf. Company, country |
| Fluconazole | | | | |
| Itraconazole | | | | |
| Ketoconazole | | | | |
| 3. SYSTEMIC ANTIVIRALS | | | | |
| Acyclovir | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. SYSTEMIC ANTIAMOEBIALS, ANTIGIARDIALS, ANTITRICHOMONALS | | | | |
| | | | | |

PHARMACY BACHELOR
Field training Booklet



| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |



5. SYSTEMIC ANTI-TB

| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. SYSTEMIC LEPROTIC

| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |

7. SYSTEMIC ANTI-TOXOPLASMOSES

| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |

8. ANTHELMINTICS (COMMON WORMS)

| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

9. ANTI-TEANIA

| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

10. ANTI-BILHARIZIALS (ANTISCHISTOSOMA)

| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |



V. PRESCRIPTIONS CHECKING

Task 23: Attach 5 prescriptions you encounter in the pharmacy

Attach prescription 1 here



Provide the following information of the prescription

Prescription 1

| Patient data | | | | | | |
|--------------|-------|--|--|--|--|--|
| Age | ----- | | | | | |
| Sex | ----- | | | | | |

| Medications | | | | | | |
|-------------|------------|--------------|-------------|-------------|-------------|-------------|
| No. | Trade Name | Generic name | Dosage form | Dose | quantity | Price YR |
| 1 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 2 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 3 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 4 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 5 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |

Check dose and Drug interaction (Use Medscape)

-

-

-

-

PHARMACY BACHELOR
Field training Booklet



Attach prescription 2 here

A large, empty rectangular box with a thin blue border, intended for attaching a prescription.



Provide the following information of the prescription

Prescription 2

| Patient data | |
|--------------|-------|
| Age | ----- |
| Sex | ----- |

| Medications | | | | | | |
|-------------|------------|--------------|-------------|-------------|-------------|-------------|
| No. | Trade Name | Generic name | Dosage form | Dose | quantity | Price YR |
| 1 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 2 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 3 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 4 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 5 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |

Check dose and Drug interaction (Use Medscape)

-

-

-

-

PHARMACY BACHELOR
Field training Booklet



Attach prescription 3 here

A large empty rectangular box with a blue border, intended for attaching a prescription.



Provide the following information of the prescription

Prescription 3

| Patient data | | | | | | |
|---|------------|--------------|-------------|-------|----------|----------|
| Age | ----- | | | | | |
| Sex | ----- | | | | | |
| Medications | | | | | | |
| No. | Trade Name | Generic name | Dosage form | Dose | quantity | Price YR |
| 1 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 2 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 3 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 4 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 5 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| Check dose and Drug interaction (Use Medscape) | | | | | | |
| ----- | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |

PHARMACY BACHELOR
Field training Booklet



Attach prescription 4 here

A large empty rectangular box with a blue border, intended for attaching a prescription.



Provide the following information of the prescription

Prescription 4

| Patient data | | | | | | |
|---|------------|--------------|-------------|-------|----------|----------|
| Age | ----- | | | | | |
| Sex | ----- | | | | | |
| Medications | | | | | | |
| No. | Trade Name | Generic name | Dosage form | Dose | quantity | Price YR |
| 1 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 2 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 3 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 4 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| 5 | ----- | ----- | ----- | ----- | ----- | ----- |
| | | | -- | -- | -- | -- |
| Check dose and Drug interaction (Use Medscape) | | | | | | |
| ----- | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |
| - | | | | | | |
| ----- | | | | | | |

PHARMACY BACHELOR
Field training Booklet



Attach prescription 5 here

A large, empty rectangular box with a dark blue border, intended for attaching a prescription.



Provide the following information of the prescription

Prescription 5

| Patient data | |
|--------------|-------|
| Age | ----- |
| Sex | ----- |

| Medications | | | | | | |
|-------------|------------|--------------|-------------|-------------|-------------|-------------|
| No. | Trade Name | Generic name | Dosage form | Dose | quantity | Price YR |
| 1 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 2 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 3 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 4 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |
| 5 | ----- | ----- | ----- -- | ----- -- | ----- -- | ----- -- |

Check dose and Drug interaction (Use Medscape)

-

-

-

-

VI. PHARMACEUTICAL AGENTS/MANUFACTURERS

Task 25: complete the following table of pharmaceutical manufacturer and agents in Yemen

| م | اسم الوكيل | عنوان - تلفون | الشركات الوكلاء للاصناف | الاصناف |
|---|-------------------|----------------------------------|----------------------------------|--|
| 1 | نانكو (هايل سعيد) | ..... ..... ..... ..... | ..... ..... ..... ..... | 1..... 2..... 3..... 4..... 5..... |
| 2 | الفتح | ..... ..... ..... ..... | ..... ..... ..... ..... | 1..... 2..... 3..... 4..... 5..... |
| 3 | الرشيد | ..... ..... ..... ..... | ..... ..... ..... ..... | 1..... 2..... 3..... 4..... 5..... |
| 4 | الجبل | ..... ..... ..... ..... | ..... ..... ..... ..... | 1..... 2..... 3..... 4..... 5..... |
| 5 | الغزالي | ..... ..... ..... ..... | ..... ..... ..... ..... | 1..... 2..... 3..... 4..... 5..... |
| 6 | العربي | ..... ..... ..... | ..... ..... ..... | 1..... 2..... 3..... |

وكلاء اخرين

| م | اسم الوكيل | عنوان - تلفون | الشركات الوكييلة | أهم الاصناف |
|---|------------|---------------|------------------|----------------|
| 1 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 2 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 3 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 4 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |

مصانع الادوية اليمنية:

| م | اسم المصنع | عنوان - تلفون | أهم الشركات الوكيلة | أهم الاصناف |
|---|------------|----------------|------------------------|-----------------|
| 1 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 2 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 3 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 4 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 5 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |
| | | | | 5..... |
| 6 | | | | 1..... |
| | | | | 2..... |
| | | | | 3..... |
| | | | | 4..... |



| | | | | |
|----------------|-------|---------------|--|---|
| 5..... | | | | |
| 1..... | ..... | ..... .... |  | 7 |
| 2..... | ..... |  |  |  |
| 3..... | ..... |  |  |  |
| 4..... | ..... |  |  |  |
| 5..... | | | | |
| 1..... | ..... | ..... .... |  | 8 |
| 2..... | ..... |  |  |  |
| 3..... | ..... |  |  |  |
| 4..... | ..... |  |  |  |
| 5..... | | | | |

END OF TRAINING



صنعاء - شارع الرباط - خنفس البنك اليمني للإنشاء والتعمير
+967-774440012 - +967-1-216923
alraziuni.edu.ye
alraziuni.edu.ye
www.alraziuni.edu.ye

