

DISPENSING OF DRUGS BY
PUBLIC HEALTH REGISTERED
NURSES

POST TRAINING TEST

June 2015

Introduction

This is part three of a three-step educational program approved by the North Carolina Board of Pharmacy. Part one, entitled “Dispensing of Drugs by Public Health Registered Nurses- Background Information”, serves as an initial reference for review. The second part consists of approximately two hours of classroom training in accordance with the rules of the North Carolina Board of Pharmacy. “Dispensing of Drugs by Public Health Registered Nurses- The Post Training Assessment, is to be completed post training by the RN’s and evaluated by the pharmacist.

Together, the components are designed to instruct participants in the various aspects of the requirements for the dispensing of drugs by registered nurses in local health departments. The manual and the class work are to be completed by registered nurses who will be dispensing in the local health department. The manual may also serve as a reference for pharmacist-managers who work with the local health department. All classroom training must be provided by a registered pharmacist in good standing with the NC Board of Pharmacy and must be documented. RN Dispensing Training records must be maintained in the pharmacy, as well as in the RN’s training record.

Objectives

Upon completion of all three components of the program, participants will be able to:

- Demonstrate knowledge of the components of the laws and rules pertaining to the dispensing of drugs and devices by registered nurses in public health departments.
- Understand the legal differences between prescription and non-prescription drugs and devices.
- State the legal requirements for a prescription order.
- State the legal requirements for the packaging and labeling of drugs and devices.
- State the legal requirements for records of drug and device dispensing.
- Discuss the implications of failure to adhere to legal requirements for dispensing.
- List the requirements for obtaining a pharmacy permit.
- Discuss the relationship between the pharmacist-manager, the health department nurses, health department administration, and the North Carolina Board of Pharmacy.
- Demonstrate proper packaging, labeling, and dispensing techniques.
- Describe the legal requirements and the documentation required for the training of registered nurses in local health departments.

SECTION ONE

1. A designation of “prn” refills on a prescription order in North Carolina means:

- A. Refill for a period of one year from the date it is written unless otherwise specified
- B. Refill for an indefinite period of time
- C. Refill until the prescriber instructs otherwise
- D. Refill for six months

2. Which item(s) is (are) not a required component of a prescription label?

- A. Patient address
- B. Prescriber name
- C. Drug name and strength
- D. Pharmacy name and address
- E. The discard date of the prescription medication if dispensed in a container other than the manufacturer’s original container.

3. In order to meet the requirements for child-resistance a container must:

- A. Be easy enough to open that all adults can open
- B. Be difficult enough to open that all children cannot open it
- C. Significantly difficult for children under 5 years old to open or obtain a toxic or harmful amount of the substance contained therein within a reasonable time.
- D. Not be difficult for “normal adults” to use properly
- E. A and C
- F. C and D

4. Which of the following medications can NOT be dispensed by an appropriately trained RN?

- A. Prenatal vitamins
- B. Ortho Tri-Cyclen Lo to prevent pregnancy
- C. Metronidazole to treat colitis
- D. Rifampin to treat tuberculosis
- E. All of the above

5. A dispensed prescription is considered to be a misbranded drug under which of the following circumstances:

- A. It is not packaged according to the requirements of the Poison Prevention Packaging Act.
- B. The label bears the name of a drug other than that which was dispensed.
- C. The label bears the name of a manufacturer other than the one that was actually dispensed.
- D. It is not labeled and packaged in a manner to prevent deterioration
- E. All of the above

6. Which requirement(s) do not apply prior to registered nurse dispensing in local health department clinics?

- A. RN's must complete training approved by the NC Board of Pharmacy
- B. RN's must complete training approved by the NC Medical Board
- C. The local health department must secure the services of a pharmacist manager
- D. The pharmacist manager and local health department must obtain a pharmacy permit
- E. The local health department must provide the required equipment and facilities

7. Which statements apply to a pharmacy permit?

- A. A permit will not be issued until the Board of Pharmacy is satisfied that proper facilities and personnel are available
- B. It must be renewed annually
- C. A pharmacist manager must be designated on the permit
- D. The pharmacist manager must sign the permit
- E. The permit must be conspicuously displayed at all times in the facility
- F. All of the above
- G. All except D

8. According to the laws governing registered nurse dispensing in local health departments, the pharmacist manager is responsible for all of the following except:

- A. Auditing records of dispensing activity
- B. Establishing a dispensing control and accountability system
- C. Providing monthly in-service education to the nursing staff
- D. Compliance with statutes and rules governing dispensing and the practice of pharmacy

9. In regard to prescription and dispensing records, all of the following are true except:

- A. The prescription order must be kept on file for a minimum of five years in health departments
- B. The prescription order must be written on a special form
- C. The identification of who dispensed the prescription must be written on the prescription order
- D. Each prescription order must be assigned a serial number
- E. The name of the manufacturer (if using a generic product) must be written on the prescription order.

10 Every pharmacist manager's license, every permit, and every current license renewal must be conspicuously posted in the place of business owned by or employing the person to whom it is issued.

- A. True
- B. False

11. Which of the following medications is not included in the approved formulary for registered nurse dispensing in NC?

- A. Prenatal vitamins
- B. OrthoTriCyclen®
- C. Isoniazid
- D. Metronidazole
- E. Permethrin 5% cream
- F. Valium®

12. The Director of Nursing shall maintain complete authority and control over any and all keys to the pharmacy and shall be responsible for the ultimate security of the pharmacy.

- A. True
- B. False

13. A prescription label must include a discard date (when dispensed in a container other than the manufacturer's original container) which shall be the earlier of one year from the date dispensed or the manufacturer's expiration date, whichever is earlier.

- A. True
- B. False

14. The pharmacy copy of every prescription shall include the name of the manufacturer of the product dispensed when a generic medication is dispensed.

- A. True
- B. False

15. A patient may request that non-safety packaging be used for their medication and give a blanket waiver regarding all of his/her prescriptions.

- A. True
- B. False

16. According to the State of NC Record Retention and Destruction Schedule, most local health department pharmacy records must be retained for a minimum of 5 years. Medicare Part D Prescription Drug Program records must be retained for 10 years.

- A. True
- B. False

Section Two

10 Main Street

Local Health Department

(919)-404-8888

Mytown, NC

Amy Bunn, M.D.

Name: Mary Jones Date: 4-8-15

Address: _____ Age: 30

Rx

Metronidazole 500mg

14

i po bid x 7 days

Refill 1 2 3 4 5 PRN

A. Bunn M.D. _____ M.D.

Product Selection Permitted

Dispense As Written

Patient Medication Record

Patient Name: Mary Jones Age: 30 Sex: F

Allergies NKA Height 5'7" Weight 135

Medications:	Date
Ortho-TriCyclen Lo® 28, Take 1 tablet daily as directed	4/06/15
Levothyroxine 88mcg, 1 tab daily	10/04/14
Tetracycline 500mg, 1 cap bid x 7 days	9/04/14

10 Main Street Local Health Department (919)-404-8888
Mytown, NC Amy, Bunn, M.D.

Name: Mary Jones Date: 4-6-15

Address: _____ Age: 30

Rx

Ortho Tri Cyclen Lo #28
1 daily ud

Refill 1 2 3 4 5 PRN

A. Bunn M.D. _____ M.D.

Product Selection Permitted

Dispense As Written

The following exercises pertain to the prescription and medication record for Mary Jones shown on the previous pages:

Circle the correct answer.

1. Which medication(s) may not be dispensed by an appropriately trained public health nurse?

- A. Azithromycin
- B. Tetracycline
- C. Ortho-TriCyclen Lo®
- D. Levothyroxine

2. The “established” name of a drug is which of the following?

- A. The official name
- B. The name listed in a compendium of drugs, e.g. the USP or NF
- C. The commonly recognized or “generic” name
- D. A, B, and C
- E. A and C

3. What is the “established” or “generic” name for Flagyl®?

- A. Cephalosporin
- B. Ceftriaxone
- C. Metronidazole
- D. Cefaclor

4. Which of the following medications have an undesirable side effect that may cause an exaggerated response to sunlight and a subsequent sunburn?

- A. Levothyroxine
- B. Cefaclor
- C. Tetracycline
- D. Diazepam

5. Patient counseling should also include which of the following:

- A. Name, description, and purpose of each medication
- B. Route, dosage, administration, and continuity of therapy
- C. Proper storage
- D. Action to be taken in the event of a missed dose
- E. All of the above.

6. Which medication is (are) not included in the current CDC STD Treatment Guidelines?

- A. Cefpodoxime
- B. Metronidazole
- C. Doxycycline
- D. Azithromycin
- E. Cephalexin

7. The health department may apply for and/or obtain a pharmacy permit without the services of a pharmacist.

- A. True
- B. False.

8. The pharmacist manager shall assure that all prescription legend drugs are secure within the pharmacy.

- A. True
- B. False

9. Who may legally conduct the Dispensing of Drugs by Public Health Registered Nurses training?

- A. Previously trained Nursing Supervisor
- B. Previously trained Director of Nursing
- C. Registered Pharmacist manager of local health department or pharmacist designated
- D. State pharmacist consultant
- E. B and C only
- F. C and D only

- 10. Complete the label below for the prescription order for Mary Jones for Metronidazole as you would when dispensing this medication.**

Local Health Department	
10 Main Street, Mytown, NC (919) 404-8888	
Rx Number	Pr.

- 11. Attach (or write in) below any auxiliary labels that should be included on the prescription container or label.**
- 12. In a health department where the medications to be dispensed are pre-packaged and pre-labeled by the pharmacist, what must the dispensing registered nurse write on the label before dispensing?**
- A. The patient's name
 - B. The dispensing nurses initials
 - C. A and B
 - D. None of the above
- 13. The Medication Distribution Record must be filled out completely before dispensing the prescription to the patient.**
- A. True
 - B. False

10 Main Street

Local Health Department

(919)-404-8888

Mytown, NC

Amy, Bunn, M.D.

Name Sally Smith Date 4-6-05

Address _____ Age 24

Rx

Metronidazole 500mg

4

iv tabs po after largest meal of the day

Refill 1 2 3 4 5 PRN

A. Bunn M.D. _____, M.D.

Product Selection Permitted

Dispense As Written

SECTION THREE

1. Which of the following statements are true about Metronidazole?

- A. The regimen prescribed above is acceptable for the treatment of trichomonal vaginalis.
- B. This is an acceptable regimen for a pregnant woman
- C. Both A and B

2. Which of the following points should be used when counseling this patient:

- A. Avoid the use of alcoholic beverages or other alcohol-containing preparations while taking and for at least 3 days after discontinuing this medication
- B. Should be taken with meals or a snack to avoid gastrointestinal irritation
- C. May cause a dry mouth and/or metallic taste
- D. May darken urine
- E. All of the above

3. Enter on the above prescription order (previous page) any additional information that is needed for the dispensing process.

4. Complete the label below for the prescription order for Sally Smith for Metronidazole as you would when dispensing this medication

Local Health Department	
10 Main Street, Mytown, NC (919) 404-8888	
Rx Number	Pr.

5. Attach (or write in) below any auxiliary labels that should be included on the prescription container or label.

10 Main Street Mytown, NC	Local Health Department	(919)-404-8888 Amy, Bunn, M.D.
Name: <u>Bob Jones</u>		Date: <u>4-5-15</u>
Address: _____		Age: <u>31</u>
Rx		
Isoniazid 300mg 30 i qd po		
Refill <input type="checkbox"/> 1 2 3 4 5 PRN		
_____ A. Bunn M.D.		_____ M.D.
Product Selection Permitted		Dispense As Written

Section Four

Patient Medication Record

Patient Name: Bob Jones Age: 29 Sex: M
 Allergies: None Known Height: 6'1" Weight: 185lb.

Medications	Date
Doxycycline 100mg, 1 tab bid x 7 days	10/4/14
Fioricet®, 1 tab q6h prn headache	8/6/14

The following questions refer to the prescription order and medication record above for Bob Jones.

1. Patient counseling for Bob Jones should include which of the following:

- A. To avoid antacids while taking this medication, or take medication at least one hour prior to taking antacids, if necessary.
- B. To continue medication for the full course of treatment
- C. To notify clinic if signs or symptoms of peripheral neuritis (numbness, tingling, burning, or pains in hands and feet)

- D. To avoid alcoholic beverages
- E. A and B only
- F. All of the above

2. Proper dispensing techniques include which of the following:

- A. Checking the prescription order for accuracy and legality
- B. Checking the prescription order for completeness
- C. Checking the patient record for pertinent information and verify that the prescription order is appropriate for the patient
- D. All of the above

3. The source (manufacturer) of the medication dispensed should be written on the prescription order.

- A. True
- B. False

4. With dispensing privileges registered nurses also assume certain obligations to their patients, such as the evaluation of the medication prescribed for appropriate use and appropriate length of therapy.

- A. True
- B. False

5. When reviewing a patient's medication history and currently prescribed therapy for potential drug interactions, it would be best to consult:

- A. Another nurse; or
- B. Your pharmacist

6. Fill out the Medication Dispensing Record (attachment) for the four prescriptions included in this manual.

