Clinical Support Services

Questions and Answers from

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Questions and Answers

BUMEDINST 4010.3 – Precious Metals Recovery Program

1) BUMEDINST 4010.3 covers what material?
Precious Metals Recovery Program

2) Precious Metals Recovery Program is what instruction?
BUMEDINST 4010.3

3) The program is designed to?
Save DoD money by recycling precious metals and using those funds to offset the cost of supplies for DoD activities and saves money by reducing the amount of disposed hazardous waste

4) Who has the responsibility for the Precious Metals Recovery Program?
Defense Logistics Agency (DLA)

5) Who is the coordinator for the Precious Metals Recovery Program?
Defense Reutilization and Marketing Service (DRMS)

6) The DLA Coordinator does what for all programs?
Collection, Recovery and Processing

7) Which are precious metals per BUMEDINST 4010.3?
Silver, Gold, Platinum, Palladium, Iridium, Rhodium, Osmium, and Ruthenium

8) Who is responsible for the procurement, major maintenance and repair of recovery equipment?
Defense Reutilization and Marketing Service

9) Who coordinates the precious metal recovery program for the Navy?
Naval Supply Systems Command (COMNAVSUPSYSCOM)

10) Who is the designated precious metals recovery program coordinator for BUMED?
Naval Medical Logistics Command (NAVMEDLOGCOM)

11) Who implements, monitors, and coordinates a formal precious metal recovery program?
Precious Metal Recovery Program Coordinator

12) How frequently is a Recovery of Precious Metal Report submitted?
Quarterly

13) Who receives the Recovery of Precious Metal Report?
Naval Medical Logistics Command (NAVMEDLOGCOM) and Healthcare Support Office (HLTHCARE SUPPO)

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14) True or False: Negative reports are required.
   True

15) Collection of all precious metal items which are, for turn-in to the servicing Defense Reutilization Marketing Office (DRMO)?
   Exposed or outdated x-ray film, photographic film, dental scrap, and recovered silver from fixing or stabilizing solutions

16) A precious metal recovery program audit board to review the internal control procedures for recoverable precious metals meets?
   At least semiannually

17) How are precious metals packaged?
   Polyethylene bags

18) Where is the Precious Metals Recovery Facility?
   Naval Weapons Station, Earle, Colts Neck, NJ 07722-5000

19) Where does the HM request precious metal recovery program supplies?
   Precious Metals Recovery Facility

20) Who is the BUMED Precious Metal Recovery Program coordinator and program manager?
   Naval Medical Logistics Command (NAVMEDLOGCOM)
Questions and Answers

NAVEDTRA 14295B, Chapter 17, Radiology

1) Hospital corpsmen performing diagnostic imaging are called?
Radiology technologists or X-ray technician

2) Who interprets the radiographic images of patients?
Radiologist

3) Who says “Radiologic technologists often specialize in a particular diagnostic imaging area”?
American Society of Radiologic Technologists

4) How many sub specialties are there?
Eight; General “Diagnostic” Radiographer; Computed Tomography Technologists; Magnetic Resonance Technologists; Cardiovascular-Interventional Technologist; Nuclear Medicine Technologists; Sonographers; Mammographers; Oral radiography

5) What is the most common type of x-ray exam?
Chest radiograph

6) Who “use radiation (x-rays) to produce black-and-white images of anatomy…”?
General Diagnostic Radiographers

7) How are x-ray images captured?
Film, Computer, Videotape

8) X-rays may be used to detect?
Bone fractures, Find foreign objects in the body, and Demonstrate the relationship between bone and soft tissue

9) Who “use a rotating x-ray unit to obtain “slices” of anatomy at different levels within the body…”?
Computed Tomography Technologists

10) With Computed Tomography technology, physicians can view what, which is a feat not possible with general radiography?
The inside of organs

11) Which x-ray technology “slices” the anatomy at different levels?
Computed Tomography

12) Who “are specially trained to operate magnetic resonance equipment…”?
Magnetic Resonance Technologist
13) During a magnetic resonance imaging scan, _____ in the patient’s body are exposed to strong magnetic field.
   Atoms

14) What is applied to the field, which knocks the patient’s atoms out of alignment?
   Radiofrequency pulse

15) What happens when the technologist turns the pulse off?
   The atoms return to original position

16) Who “use sophisticated imaging techniques such as biplane fluoroscopy to help guide catheters, vena cava filters, stents or other tools through the body...”?
   Cardiovascular-Interventional Technologists

17) Use of cardiovascular-interventional imaging allows disease to be treated without?
   Open surgery

18) Who “administer trace amounts of radiopharmaceuticals to a patient to obtain functional information about organs, tissues and bone...”?
   Nuclear Medicine Technologists

19) Nuclear medicine technologists uses a special camera to detect _____ emitted by the radiopharmaceuticals and create an image of the body part under study.
   Gamma rays

20) To obtain functional information about organs, tissues and bone which radiology subspecialty would be used?
   Nuclear medicine

21) Who “use sound waves to obtain images of organs and tissues in the body...”?
   Sonographers

22) The ultrasound transducer emits _____ frequency sound waves that pass through the body, sending back “echoes” as they bounce off organs and tissues.
   High

23) Who “produce diagnostic images of breast tissue using special x-ray equipment...”?
   Mammographers

24) Who requires mammographers meet stringent educational and experience criteria in order to perform mammographic procedures?
   Federal law – Mammography Quality Standards Act

25) The Mammography Quality Standards Act requires?
   Stringent educational and experience criteria in order to perform mammographic procedures
26) Which art is recording images of a patient’s oral structures on film by using x-rays?
Oral radiography

27) True or False: In cases of death, oral radiographs can be used to aid in identification.
True

28) Who is provided the dental x-ray films to be used as valuable diagnostic aid?
Dental Officer

29) In what year were rays discovered?
1895

30) Who discovered the rays?
Wilhelm Conrad Roentgen

31) Crooke’s tube generates?
Cathode rays

32) What does the “x” in x-ray mean?
Symbol for unknown in mathematics

33) When was the first dental radiograph taken?
1895

34) Who took the first dental radiograph?
Dr. Otto Walkoff

35) Within how many years of the first discovery of x-ray, radiographs were being used for diagnosis of medical and dental conditions?
10

36) True or False: X-radiation can be harmful.
True

37) What is a metal case with a back-lighted screen?
Film viewer

38) The viewer is used to?
Mount and Examine radiographs

39) Electromagnetic rays that traveling in a wave motion are called?
X-rays

40) X-rays are _____ than other electromagnetic rays in their waveform?
Shorter
41) The shorter wavelength enables them to ____ matter that usually absorbs or reflects light.  
Penetrate  
17-3, left column, last paragraph

42) True or False: X-ray travel in straight line at the speed of sound.  
False; Speed of light  
17-3, right column, 1st bullet

43) True or False: X-rays affect photographic film by producing a hidden image made visible by processing.  
True  
17-3, right column, 2nd bullet

44) True or False: X-rays cause certain substances to fluoresce.  
True  
17-3, right column, 3rd bullet

45) True or False: X-rays cause irritation of living cell.  
True  
17-3, right column, 4th bullet

46) True or False: In small amounts X-rays can cause necrosis of cells.  
False; Large amounts  
17-3, right column, 4th bullet

47) Which metal is bombarded by a stream of electrons to produce x-rays?  
Tungsten  
17-3, right column, 2nd paragraph

48) What is the purpose of the x-ray cassette?  
Holds the film  
17-3, right column, 2nd paragraph

49) How many factors control the density of the x-ray image?  
Four; Kilo-voltage, Exposure time, Milli-amperage and Target-film distance  
17-3, right column, 3rd paragraph

50) True or False: All factors controlling the density of the x-ray are preset and fixed.  
False; All of these factors are interrelated and may be varied by the operator  
17-3, right column, 3rd paragraph

51) True or False: X-rays have been used for foot size and heads for hats sizes.  
True  
17-3, right column, last paragraph

52) Radiation protection is sub-divided into how many protections?  
Three  
17-4, left column, 1st paragraph

53) What type of protection is protection of workers?  
Occupational radiation protection  
17-4, left column, 1st paragraph

54) What type of protection is protection of patients?  
Medical radiation protection  
17-4, left column, 1st paragraph

55) What type of protection is protection of individual members of the public population?  
Public radiation protection  
17-4, left column, 1st paragraph
56) How many factors affect the amount of exposure (dose) a patient receives from the source?
   Three; Time, Distance, Shielding  
57) What does MAS stand for?  
   Milliapere per second  
58) What term, controls the exposure time to the patient?  
   Milliapere per second  
59) Increasing the distance, _____ the effective dose proportionally.
   Reduces  
60) Which law states, increasing distance reduces dose?  
   Inverse Square law  
61) Walls of x-ray rooms are lined with what to provide an element of shielding to people outside the room?  
   Lead  
62) The x-ray machine operator is shielded when standing behind _____ glass window and can wear a lead apron.
   Leaded  
63) Adding shielding will _____ radiation dose to the patient.
   Reduce  
64) What is/are the best methods of shielding?  
   Lead aprons and Lead vests  
65) What does ALARA mean?  
   As Low As Reasonably Achievable  
66) True or False: The rule of ALARA is based on the principle that any amount of radiation exposure, no matter how small, can increase the chance of negative biological effects such as cancer.  
   True  
67) True or False: ALARA is based on the principle that the probability of the occurrence of negative effects of radiation exposure increases with the total lifetime dose.  
   True  
68) How many major ways are there to reduce radiation exposure to patients and workers?  
   Four; Shielding, Time, Distance and Amount
69) As a good rule, during radiation exposures, the radiation worker should be a minimum distance of _____ from the source.
   6 feet

70) Who has Standard Operating Procedures for the operation of radiographic (X-ray) units and equipment?
   The facility

71) What should be shielded when x-rays are being taken unless the shielding would block part of the image needed?
   Thyroid gland and Reproductive organs

72) What type of x-ray requires no shielding of the thyroid?
   Panorex radiograph

73) If a patient is pregnant what should be done?
   Consult a provider

74) What is done prior to taking radiographs on a female?
   Always ask whether or not she is pregnant or if pregnancy is questionable

75) True or False: X-ray machines that have built-in safeguard that filter out harmful radiation and restrict the central x-ray to the smallest possible area.
   True

76) Film badges are used to monitor?
   Scatter (stray) radiation

77) True or False: Film badges are kept in direct line of radiation during exposure.
   False

78) Film badges are placed?
   At least 6 feet from the tube head or Behind the technician’s protective lead-lined barrier

79) If a HM is assigned to the Radiology department they will be issued?
   An environmental dosimetry radiation film badge

80) What is contained within the film badges?
   X-ray sensitive film in a light-tight packet

81) How often is the film badges collected?
   Every 6-7 weeks

82) Who collects the film badges for processing and evaluation?
   Radiation health technician

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83) After collection where are the badges sent?  
Radiation detection laboratory

84) What does REM mean, in regards to radiology?  
Radiological Equivalent Man or Radiological Equivalent Mammal

85) If a film badge result comes back greater than 0.010 REM (Radiological Equivalent Man) what should be done?  
Referred to the Radiation Health Office for investigation

86) What result from testing of film badges warrant an investigation by the Radiation Health Office?  
Greater than 0.010 REM

87) Radioactive material shall not be used in such a manner to cause any non-radiation worker to exceed a total effective dose equivalent of ____ per year considering occupancy factors and source usage.  
500 mRem or 5 mSv

88) When taking radiographs on a patient, observe how many precautions to avoid unnecessary exposure to radiation?  
Four; Never stand in the path of the central x-ray beam during exposure; Never hold the x-ray film packet in the patient’s mouth during a dental exposure; Never hold the tube head or tube head cylinder of the x-ray machine during exposure and Always stand behind a lead-lined window during an exposure

89) True or False: X-ray film log is maintained in all x-ray rooms.  
True

90) What information is contained on the X-ray log?  
Patient’s name, Rank, SSN, Unit assigned, Reason for x-ray retake (if applicable), number of exposures taken, and the settings (if possible)

91) True or False: When stating the reason for an x-ray retake, be specific on the nature of the retake.  
True

92) What is the annual total effective radiation dose limit for the entire body?  
5,000 mRem or 5 Rem

93) Who set the annual total effective radiation dose limit for the entire body?  
The Nuclear Regulatory Commission (NRC)

94) If the HM needed to find more information regarding the total whole body doses for radiation workers which reference should they use?  
Title 10, Part 20, of the Code of Federal Regulations (10 CFR Part 20), “Standards for Protection Against Radiation”
95) True or False: The Navy has trained Radiation Health professionals to monitor medical radiation doses only.
   False; To monitor medical and non-medical radiation doses
   17-6, left column, 1st paragraph

96) If the HM needs further guidance they should be referred to?
   Local Radiation Health department or P-5055, Radiation Health Protection Manual
   17-6, left column, 1st paragraph

97) Prolonged exposure to radiation may result in?
   Loss of hair; Redness and inflammation of the skin; Blood count change; Cell atrophy; Ulcerations; Sterility; Genetic damage; Cancer; Leukemia; and Death
   17-6, left column, 2nd paragraph

98) Which precious metal(s) are found in all x-ray departments?
   Lead and Silver
   17-6, left column, 3rd paragraph

99) Lead is found in?
   X-ray tube packets, Floor coverings, Wall shielding, Patient shields, and X-ray packets
   17-6, left column, 3rd paragraph

100) Silver is found in?
    Fixer solutions and medical/dental films
    17-6, left column, 3rd paragraph

101) Precious metals are saved and turned into?
    Supply Department
    17-6, left column, 3rd paragraph

102) Precious Metals Recovery Program is which instruction?
    BUMEDINST 4010.3
    17-6, left column, 3rd paragraph

103) BUMEDINST 4010.3 covers which program?
    Precious Metals Recovery Program
    17-6, left column, 3rd paragraph

104) BUMEDINST 6220.9 series covers what topic?
    Nosocomial Infection Control Program
    17-6, left column, 3rd paragraph

105) BUMEDINST 6600.10 series covers what topic?
    Dental Infection Control Program
    17-6, left column, last paragraph

106) If a HM needs information to prevent infection in the radiology area what instruction(s) should they use?
    BUMEDINST 6220.9 series, Nosocomial Infection Control Program and BUMEDINST 6600.10 series, Dental Infection Control Program
    17-6, left column, last paragraph

107) Disinfection of the dark room should be done how frequently?
    Daily
    17-6, right column, 2nd paragraph
108) If supply of oral film positioning devices are in short quantity, the HM may disinfect the film positioning devices by?
Immersion in an EPA-registered chemical disinfection such as 2% Glutaraldehyde solution
17-6, right column, 3rd paragraph

109) Film positioning devices should be _____ or steam sterilized between patient.
Disposable (Single Use)
17-6, right column, 3rd paragraph

110) If using durable (multi patient) oral film positioning device, how is it cleaned between patients?
Steam sterilized
17-6, right column, 3rd paragraph

111) Whose instructions are followed for high-level disinfection?
The manufacturer’s
17-6, right column, 3rd paragraph

112) What PPE should be worn when placing intra-oral films and handling contaminated film packets?
Gloves
17-6, right column, 3rd paragraph

113) True or False: Panoramic unit bite-block may be disinfected the same manner as the oral film holding devices?
True
17-6, right column, 4th paragraph

114) Prior to an x-ray procedure the HM should ensure a?
Provider’s order for the examination
17-7, left column, 1

115) Who may order x-ray examinations?
Medical Officer, Dental Officer, Nurse Practitioner, Physician Assistant, and Independent Duty Corpsmen
17-7, left column, a

116) Radiology orders may be electronic entered into what system?
Composite Health Computer System (CHCS)
17-7, left column, b

117) What form may a provider order an x-ray examination on?
SF-519, Radiologic Consultation Request/Report
17-7, left column, b

118) If in an operational environment or area not within close proximity of a radiologist who makes the first impression of the findings prior to forwarding the films to a radiologist?
Provider
17-7, left column, note

119) True or False: The HM should ask the patient to remove any object in the area of the examination, such as eyeglasses or jewelry.
True
17-7, right column, 4

120) Drape the patient with a lead apron ensuring what is covered, unless the area of examination will preclude covering?
Reproductive organs
17-7, right column, 5
121) What does the abbreviation PA mean in regards to positioning in radiology? 
Posterior Anterior

122) What film size(s) should be used for hand x-rays? 
8x10 or 10x12

123) What does the abbreviation SID mean in regards to radiology? 
Source to image distance

124) How far from the x-ray tube should the film be for a hand x-ray? 
40 inches

125) The central ray should be directly above which joint? 
The third metacarpophalangeal (MCP) joint

126) A posterior anterior projection will show which following structures? 
Carpals, Metacarpals, Phalanges, Thumb will be oblique to 45 degrees, Interarticulations of the hand, Distal radius and ulna

127) Oblique projection of the hand, should have the metacarpophalangeal joint at what angle to the cassette? 
45 degrees

128) What is the rationale for an oblique projection of the hand? 
To determine possibility of fracture

129) True or False: X-rays of the wrist use the same positions as hand x-rays. 
True

130) Lateral projection x-rays are indicated to show? 
Phalangeal fracture

131) What film size(s) is used for posterior anterior projections of the chest? 
14x17

132) How far from the x-ray tube should the film be for a chest x-ray? 
72 inches

133) The upper border of the film should be how far above the relaxed shoulders? 
1 ½ inches

134) True or False: If a woman’s breasts are large enough to superimpose over the lower part of the lung field, have the patient pull them upward and laterally. 
True
135) The central ray should be centered to the level of?
   T-7 (Inferior Scapula Angle)  
   17-11, right column, 4b

136) Exposure should be made following full inhalation on the _____ breath.
   Second  
   17-11, right column, 5a

137) True or False: For certain conditions a chest x-ray may require an additional exposure is taken following exhalation.
   True  
   17-11, right column, 5b

138) Which shoulder is preferred against the grid device for a lateral projection of the chest?
   Left Lateral  
   17-12, right column, 3b

139) The upper border of the film should be how high above the shoulders for a lateral view of the chest?
   1-2 inches  
   17-12, right column, 3d

140) How should the arms be placed for a lateral view of the chest?
   Extended over head  
   17-12, right column, 3f

141) What structures are seen on a lateral view of the chest?
   Lateral projection of the heart and aorta, Pulmonary lesions of the side closest to the film, Interlobular fissures, The lobes are differentiated  
   17-12, right column, 6a-d

142) The correct film size(s) for KUB (Kidney Ureter, Bladder) Anterior Posterior projection is?
   14x17  
   17-13, right column, 1

143) How far from the x-ray tube should the film be for a KUB (Kidney Ureter, Bladder) Anterior Posterior projection?
   40 inches  
   17-13, right column, 2

144) True or False: KUB (Kidney Ureter, Bladder) Anterior Posterior projection is done with the patient supine only.
   False; Supine or standing  
   17-13, right column, 3a

145) The central ray should be centered to the level of what structure when the patient is in the supine position?
   Iliac crest  
   17-13, right column, 4b

146) The central ray should be centered to the level of what structure when the patient is in the standing position?
   2 inches above Iliac crest  
   17-13, right column, 4c

147) Costophrenic angle refers to what part of the body?
   Inferior aspect of the lungs  
   17-13, right column, note
148) What is the film size(s) for Cervical Spine Anterior Posterior axial projection?
8x10 or 10x12
17-14, right column, 1

149) How far from the x-ray tube should the film be for a Cervical Spine Anterior Posterior axial projection?
40 inches
17-14, right column, 2

150) The patient should be in what position(s) for a Cervical Spine Anterior Posterior axial projection?
Supine or Upright
17-14, right column, 3a

151) The cassette should be centered at what landmark for a Cervical Spine Anterior Posterior axial projection?
C4 or ½ inch above Adam’s apple
17-14, right column, 3e

152) How should the central ray be positioned for a Cervical Spine Anterior Posterior axial projection?
Angled 15-20 degrees cephalic
17-14, right column, 4a

153) For a Cervical Spine Anterior Posterior axial projection the central ray should be angled (a) at what degree and (b) pointed toward?
(a) 15-20 degrees, (b) The head
17-14, right column, 4a

154) The structures shown on a Cervical Spine Anterior Posterior axial projection are?
C3 to T1
17-14, right column, 6a

155) How far from the x-ray tube should the film be for a Lateral projection of the Cervical Spine?
72 inches
17-15, right column, 2

156) The chin should be _____ to prevent superimposition of the mandibular rami over the cervical spine.
Elevated
17-15, right column, 3f

157) What structure of the chin could superimpose over the view of the lateral cervical spine?
Mandibular rami
17-15, right column, 3f

158) The central ray is positioned how for lateral view of the cervical spine?
Perpendicular to the film
17-15, right column, 3f

159) What structures are shown on a lateral view of the cervical spine?
C1-T1
17-15, right column, 4b

160) What is the film size(s) for a Thoracic Spine Anterior Posterior projection?
14x17
17-16, right column, 1

161) How far from the x-ray tube should the film be for a Thoracic Spine Anterior Posterior projection?
40 inches
17-16, right column, 2
162) The film for a Thoracic Spine Anterior Posterior projection should be centered at the _____ level.
T-7

163) The hips should be (a) in what position and the knees should be (b) in what position for a Lateral projection of the Thoracic Spine?
(a) Flexed, (b) Flexed

164) True or False: Adjust the arms at right angles to the long axis of the body.
True

165) The central ray should utilize an angulation of _____ degrees for women for a Thoracic Spine Lateral projection.
10

166) The central ray should utilize an angulation of _____ degrees for men for a Thoracic Spine Lateral projection.
15

167) What is the film size(s) for a Lumbar Spine Anterior Posterior projection?
11x14

168) How far from the x-ray tube should the film be for a Lumbar Spine Anterior Posterior projection?
40 inches

169) The patient should be placed in which position(s) for a Lumbar Spine Anterior Posterior projection?
Supine or Upright

170) If the patient is in the supine position for a Lumbar Spine Anterior Posterior projection, the patient’s knees should be?
Flexed

171) Flexing the knees when in the supine position for a Lumbar Spine Anterior Posterior projection does what?
Flatten the natural lordotic curve of the spine

172) Where should the hands of the patient be placed for a Lumbar Spine Anterior Posterior projection?
On the upper chest

173) The film for a Lumbar Spine Anterior Posterior projection should be centered on the patient at what level?
L-3

174) What film size(s) should be used for a Pelvis Anterior Posterior projection?
14x17

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175) How far from the x-ray tube should the film be for a Pelvis Anterior Posterior projection?
   40 inches
   17-20, right column, 2

176) What position(s) should the patient be placed in for a Pelvis Anterior Posterior projection?
   Supine
   17-20, right column, 3a

177) Unless contraindicated the feet and lower limbs should be (a) in which position (b) by how many degrees to place the femoral necks parallel with the plane of the cassette.
   (a) Medially rotated, (b) 15-20 degrees
   17-20, right column, 4d

178) How far apart should the heels be for a Pelvis Anterior Posterior projection, unless contraindicated?
   8-10 inches apart
   17-20, right column, 4e

179) The film border should be placed?
   1 ½ inches above the iliac crest
   17-20, right column, 4g

180) What film size(s) should a HM use for a Foot Anterior Posterior projection?
   8x10 or 10x12
   17-21, right column, 1

181) How far from the x-ray tube should the film be placed for a Foot Anterior Posterior projection?
   40 inches
   17-21, right column, 2

182) The knee of the affected side should be _____ for a Foot Anterior Posterior projection.
   Flexed
   17-21, right column, 3b

183) The cassette should be centered under the foot at which landmark location?
   Third metatarsal
   17-21, right column, 4b

184) The central ray should be angled (a) toward which structure and (b) how many degrees angle for a foot anterior posterior?
   (a) Toward the heel, (b) 10
   17-21, right column, 5c

185) Anterior Posterior view of the foot is also known as?
   Dorsoplantar
   17-21, right column, 7a

186) What film size(s) should a HM use for a Foot Oblique projection?
   8x10 or 10x12
   17-22, right column, 1

187) How far from the x-ray tube should the film be placed for a Foot Oblique projection?
   40 inches
   17-22, right column, 2

188) The foot should be rotated (a) which direction and (b) how many degrees from the plane of the cassette for a Foot Oblique projection.
   (a) Medially, (b) 30 degrees
   17-22, right column, 4d
189) **What film size(s) should a HM use for a Foot Lateral projection?**
8x10 or 10x12

190) **How far from the x-ray tube should the film be placed for a Foot Lateral projection?**
40 inches

191) **True or False: For a Lateral Foot projection the patient should be placed on the uninjured side.**
False

192) **The patient should be positioned so their patella is _____ to the horizontal plane.**
Perpendicular

193) **The foot to be x-rayed should form a?**
90-degree angle with the lower leg

194) **True or False: The x-rayed foot should be dorsiflex to form a 90-degree angle.**
True

195) **What film size(s) should a HM use for an Ankle Anterior Posterior projection?**
8x10 or 10x12

196) **How far from the x-ray tube should the film be placed for an Ankle Anterior Posterior projection?**
40 inches

197) **The central ray should be centered where for a Ankle Anterior Posterior projection?**
Midway point between the Malleoli

198) **What film size(s) should a HM use for an Ankle Oblique projection?**
8x10 or 10x12

199) **How far from the x-ray tube should the film be placed for an Ankle Oblique projection?**
40 inches

200) **The patient should have their foot (a) which direction rotate until the entire leg and foot together are in a (b) _____ degree position is achieved**
(a) Internally, (b) 45

201) **What film size(s) should a HM use for an Ankle Lateral projection?**
8x10 or 10x12

202) **How far from the x-ray tube should the film be placed for an Ankle Lateral projection?**
40 inches

203) **Who may is/are authorized to order and diagnostically interpret dental radiographs?**
Dental Officers only

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204) For dental exams the patient should remove which of the following object(s) about the head and neck?
Eyeglasses, Complete dentures, Partial dentures, Earrings, and/or Any other objects about the head and neck

205) The patient once seated should then be?
Draped with lead apron and thyroid collar

206) The kVp for a normal bone size is?
87

207) The kVp for a thick bone and density should use which setting?
90

208) If the patient gags while the HM is placing the film packet, the HM should suggest to the patient?
To breathe through their nose

209) After the procedure, the lead apron and thyroid collar are?
Returned to the storage device to avoid damage

210) Periapical examination is conducted to obtain radiographs of the?
Crowns, Roots, and Supporting structures of the teeth

211) How many techniques are available to take periapical radiographs?
Two; Paralleling and Bisecting-Angle

212) What are the two techniques available to take periapical radiographs?
Paralleling and Bisecting-Angle

213) Which technique(s) use the long axis of the tooth as a focal point for periapical radiographs?
Both; Paralleling and Bisecting-Angle

214) Which technique is the preferred method for periapical radiographs?
Paralleling

215) When using the paralleling technique for periapical radiographs, center the x-ray film packet (a) where, and (b) how, with the long axis of the tooth being x-rayed.
(a) Behind, (b) Parallel

216) For a periapical radiograph using the paralleling technique the tube head with a _____ x-ray source to cylinder end distance should be used.
16 inches

217) What type of x-ray source should be used?
Long cone
218) The x-ray beam is projected _____ to the tooth and the film packet.
   Perpendicular

219) To properly position the film and the tube head, use?
   Paralleling devices

220) How many type(s) of paralleling devices are there?
   Two; One for radiographs of anterior teeth and One for the radiographs of posterior teeth

221) How many parts are on a paralleling device?
   Three; Bite-block, Indicator rod and Locator ring

222) Which part of the paralleling devices has a slot and a film backing support to hold the x-ray film packet?
   Bite-block

223) When assembling the anterior paralleling device, the printed surface of the film packet should be facing?
   Toward the HM and the side with the raised dot should be in the film positioning slot

224) If the bite-block and film are centered in the _____ the device is properly assembled and ready for positioning in the patient’s mouth.
   Locator ring

225) Which paralleling device must be reconfigured for Left Maxillary or Right Mandibular Quadrants from the Right Maxillary or Left Mandibular Quadrants?
   Posterior device

226) After positioning the film packet what is slid down and placed so it almost touches the surface of the patient’s face?
   Locator ring

227) A full mouth periapical examination consists of how many radiographs for the parallel technique?
   14; 7 maxillary and 7 mandibular

228) How many mandibular radiographs make up a full mouth periapical examination?
   7

229) How many maxillary radiographs make up a full mouth periapical examination?
   7

230) The full mouth periapical examination, the series of films start sequencing with (a) _____ and proceeding to the (b)______.
   (a) Maxillary arch, (b) Mandibular arch

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231) Which areas are seen in a full mouth periapical radiographic examination?
   Incisor area, Left cuspid area, Left bicuspid area, Left molar, Right cuspid area, Right bicuspid area and
   Right molar

232) What technique for dental radiographs is used when the paralleling devices are not available, or when a
   patient finds it painful or impossible to close on the bite-block or when an X-ray is needed when a
   rubber dam is in place?
   Bisecting-angle technique

233) This technique incorporates the use of a tube head with an x-ray source to cylinder end distance of how
   many inches?
   8

234) True or False: The bisecting-angle technique is recommended for routine use.
   False; The bisecting-angle technique is not recommended for routine use

235) True or False: Paralleling devices are used with the bisecting-angle technique.
   False; Paralleling devices are not used with the bisecting-angle technique

236) The ala of the nose is known as what?
   The outer portion of the nostril

237) The outer portion of the nostril is known as?
   The ala

238) The tragus of the ear is known as what?
   A projection of the cartilage on the front center of the ear

239) The projection of cartilage on the front center of the ear is known as?
   The tragus

240) For maxillary periapical radiographs, the ala-tragus line should be _____ with the floor.
   Parallel

241) For maxillary periapical radiographs, the midsagittal plane should be compared to the floor?
   Perpendicular

242) For mandibular periapical radiographs the headrest should be?
   Lowered

243) For proper head alignment for mandibular periapical radiographs there should be a parallel to the
   ground line between (a) and (b).
   (a) Corner of the patient’s mouth, (b) The tragus
244) True or False: Once the patient’s head is in position, the HM should slide the packet into the patient’s mouth.
False; Never slide the packet in; this might irritate the oral mucosa or cause the patient to gag
17-30, right column, paragraph

245) True or False: The HM may shape the film packet for dental radiographs.
True
17-30, right column, paragraph

246) True or False: When custom forming the film packet, the HM may crease the packet for better placement.
False; Do not crease the packet
17-30, right column, paragraph

247) True or False: The film packet is held as close to the tooth as possible.
True
17-30, right column, paragraph

248) If the anterior curvature of the patient’s arch is narrow, what should be done to prevent the film from bending excessively and producing a distorted image?
Insert a cotton roll between the packet and the teeth
17-30, right column, paragraph

249) True or False: The assistant should hold the film packet in position during exposure to prevent the film packet from moving.
False; The assistant should never hold the film packet in position during exposure
17-31, left column, warning

250) A 0 degree vertical angulation means the tube head is what compared to the floor?
Parallel
17-31, left column, 4th paragraph

251) Vertical angulation is the _____ positioning of the tube head.
Up-and-down
17-31, left column, 4th paragraph

252) Angling the tube head so the cylinder points upward from the 0 degree mark (parallel to the floor) will give a?
Minus degree of vertical angulation
17-31, left column, 4th paragraph

253) Angling the tube head so the cylinder points downward from the 0 degree mark (parallel to the floor) will give a?
Plus degree of vertical angulation
17-31, left column, 4th paragraph

254) All maxillary radiographs should be shot with a _____ vertical angulation.
Plus degree
17-31, left column, last paragraph

255) Which mandibular radiograph may be shot at a 0 degree vertical angulation?
Molar
17-31, left column, last paragraph

256) What happens to the radiograph if it is taken with the wrong angulation?
The image is distorted
17-31, right column, 1st paragraph
257) Too little vertical angulation _____ the radiographic image.  
Elongates  
17-31, right column, 1st paragraph

258) Too much vertical angulation _____ the radiographic image.  
Foreshortens  
17-31, right column, 1st paragraph

259) What adjustment(s) would a HM need to make for a patient with an unusually high maxillary vault or an unusually deep palatal vault?  
Decrease the standard vertical angulation by about 5 degrees  
17-31, right column, 2nd paragraph

260) What adjustment(s) would a HM need to make for a patient with an unusually shallow vault?  
Increase the standard vertical angulation by about 5 degrees  
17-31, right column, 2nd paragraph

261) True or False: The cylinder should almost touch the surface of the patient’s skin.  
True  
17-31, right column, last paragraph

262) The side-to-side positioning of the tube head is known as?  
Horizontal angulation  
17-32, left column, 1st paragraph

263) If the horizontal angulation is faulty, the radiograph will have images of teeth?  
Overlapping one another  
17-32, left column, 1st paragraph

264) A full mouth periapical examination consists of how many radiographs for the bisecting-angle technique?  
14; 7 maxillary and 7 mandibular  
17-32, left column, last paragraph

265) When programming the mA and kVp settings on the x-ray machine refer to what instruction(s) for correct time/impulse settings?  
Film manufacturer’s instructions  
17-32, left column, 1

266) What term is used for the condition of being toothless to at least some degree?  
Edentulous  
17-32, left column, 1

267) Edentulous means what?  
The condition of being toothless to at least some degree  
17-32, left column, 1

268) If a patient is edentulous, the HM should adjust the settings how?  
Reduce the kVp by 5  
17-32, left column, 1

269) The correct setting for kVp for children is?  
70  
17-32, left column, 1

270) The correct landmark(s) for horizontal angulation for the maxillary incisor area is?  
Tip of the nose  
17-32, right column, 4a
271) **The correct landmark(s) for horizontal angulation for the maxillary cuspid area is?**

Beside the ala of the nose

17-32, right column, 4b

272) **The correct landmark(s) for horizontal angulation for the maxillary bicuspid area is?**

Below the pupil of the eye

17-32, right column, 4c

273) **The correct landmark(s) for horizontal angulation for the maxillary molar area is?**

Below the outer angle of the eye and Below the zygomatic bone

17-32, right column, 4d

274) **The correct landmark(s) for horizontal angulation for the mandibular incisor area is?**

Tip of the chin

17-32, right column, 4e

275) **The correct landmark(s) for horizontal angulation for the mandibular cuspid area is?**

Directly below the ala of the nose and 1/4 inch above the lower border of the mandible

17-32, right column, 4f

276) **The correct landmark(s) for horizontal angulation for the mandibular bicuspid area is?**

Below the pupil of the eye and 1/4 inch above the lower border of the mandible

17-32, right column, 4g

277) **The correct landmark(s) for horizontal angulation for the mandibular molar area is?**

Below the outer angle of the eye and Below the zygomatic bone and 1/4 inch above the lower border of the mandible

17-32, right column, 4h

278) **Where should the disposable container be placed before making the next exposure?**

In a lead container or Behind a protective screen

17-32, right column, 4h

279) **Interproximal examination reveals what?**

Presence of interproximal caries, Certain pulp conditions, Overhanging restorations, Improperly fitting crowns, Recurrent caries beneath restorations, and Resorption of the alveolar bone

17-33, left column, last paragraph

280) **Another name for a interproximal examination is?**

Bitewing examination

17-33, left column, last paragraph

281) **True or False: A typical interproximal radiograph records in a single exposure the coronal and cervical portions of both maxillary and mandibular teeth, along with the alveolar bone of the region.**

True

17-33, left column, last paragraph

282) **True or False: The interproximal radiographs can be made only using the paralleling technique.**

False; Interproximal radiographs can be made using either the parallel technique or the bisecting angle technique

17-33, right column, 1st paragraph

283) **True or False: The interproximal radiographs can be made only using the bisecting-angle technique.**

False; Interproximal radiographs can be made using either the parallel technique or the bisecting-angle technique

17-33, right column, 1st paragraph
284) **The bitewing film packet has a paper tab that the patient bites on to hold the packet in place during exposure, this tab is called?**
   - The wing

   **17-33, right column, 1st paragraph**

285) **The vertical angulation of the tube head for an interproximal radiograph using the bisecting-angle technique should be?**
   - +5 to +10 degrees

   **17-34, right column, 4th paragraph**

286) **When is an occlusal examination conducted?**
   - Fracture of the jaw or Gross pathological conditions are suspected

   **17-35, left column, last paragraph**

287) **How many x-ray films are in a periapical packet?**
   - One

   **17-35, left column, last paragraph**

288) **How many x-ray films are in a bitewing packet?**
   - One

   **17-35, left column, last paragraph**

289) **How many x-ray films are in an occlusal packet?**
   - Two

   **17-35, left column, last paragraph**

290) **What is the difference(s) between periapical and occlusal film packets?**
   - Size (periapical is smaller/occlusal is larger) and Number of films (periapical only has one film/occlusal has two films)

   **17-35, left column, last paragraph**

291) **Occlusal radiographs are exposed using which technique?**
   - Bisecting-angle technique

   **17-35, left column, last paragraph**

292) **True or False: The correct setting for a maxillary occlusal radiograph is 10mA, 90kVp, and 60 impulses (1 second).**
   - True

   **17-35, right column, 1st paragraph**

293) **True or False: The correct settings for a maxillary occlusal radiograph with a patient having edentulous condition is 10mA, 85kVp, and 60 impulses (1 second).**
   - True

   **17-35, right column, 1a**

294) **True or False: The correct settings for a maxillary occlusal radiograph for a child is 10mA, 70kVp, and 60 impulses (1 second).**
   - True

   **17-35, right column, 1b**

295) **For maxillary anterior occlusal radiographs, set the vertical angulation of the tube head at?**
   - +65 degrees

   **17-36, left column, 5th paragraph**

296) **The tube head cylinder should be centered on what part of the body?**
   - Bridge of the nose

   **17-36, left column, 5th paragraph**
297) For maxillary posterior occlusal radiographs the vertical angulation of the tube head should be set at?
+75 degree

298) True or False: The correct setting for a mandibular occlusal radiograph is 10mA, 90kVp, and 60 impulses (1 second).
True

299) True or False: The correct settings for a mandibular occlusal radiograph with a patient having edentulous condition is 10mA, 85kVp, and 60 impulses (1 second).
True

300) True or False: The correct settings for a mandibular occlusal radiograph for a child is 10mA, 70kVp, and 60 impulses (1 second).
True

301) For mandibular anterior occlusal radiographs the patients’s ala-tragus line should be at what angle to the floor?
45 degrees

302) For mandibular posterior occlusal radiographs the patient’s ala-tragus line should be in what position to the floor?
Perpendicular

303) For mandibular anterior occlusal radiographs the vertical angulation of the tube head should be set at?
-10 degrees

304) For mandibular posterior occlusal radiographs set the vertical angulation of the tube head to?
0 degrees (Parallel to the floor)

305) The term latent means what in regards to the image?
Invisible

306) The term manifest means what in regards to the image?
Visible

307) How many type(s) of processing of film are there?
Two; Manual and Automatic film processor

308) How many type(s) of conversion are there to manifest a radiograph?
Two; Chemical or Digital

309) What is the fastest advancing technology in healthcare imaging?
Digital imaging
310) Digital imaging process may appear in how many capabilities?
   Two; Computed Radiography (CR) or Direct Digital Radiography (DR)

311) For digital imaging which capability is a cassette based system that utilizes digital film screen technology?
   Computed Radiography

312) Which digital system requires the film screen to be placed on a separate plate reader for digital conversion?
   Computed Radiography

313) Which digital imaging system is the imaging plate fixed to the x-ray table?
   Direct Digital Radiography

314) Which digital system is the most economical based on current technologies?
   Computed Radiography

315) Dental digital radiography uses ____ and computerized imaging system that produces x-ray images almost instantly on a computer monitor.
   Electronic sensor

316) True or False: The x-ray beam for a dental digital radiography emits an x-ray beam from the tube head and is aimed to strike the sensor.
   True

317) True or False: Once the x-ray beam has been sent to the electronic sensor, the sensor must be retrieved and plugged in to download the image(s).
   False; The digital sensor in turn transmits the information to a computer

318) Which image(s) may be obtained with digital dental radiography?
   Intraoral images, Panoramic and Cephalometric images

319) Processing non-digital images which system is most commonly used?
   Automatic film processors

320) How many basic steps are involved in processing x-ray films?
   Five; Developing, Rinsing, Fixing, Washing, and Drying

321) How many sources of light are found in dark rooms?
   Two; White light and Safelight

322) Unprocessed x-ray film that is exposed to white light is?
   Useless
323) A safelight is a (a) _____ watt bulb with a special filter, usually (b) what color?  
(a) 15, (b) Red  
17-38, left column, last paragraph

324) The safelight must be located not less than how many feet from the work surface?  
4  
17-38, right column, 1st paragraph

325) The maximum length of exposure of undeveloped imaging film to the safelight is for no more than?  
2 minutes  
17-38, right column, 1st paragraph

326) Films not stored in protective coverings exceeding the 2 minutes may have what type of image?  
Fogged  
17-38, right column, 1st paragraph

327) To check for light leakage in the dark room the HM will place a penny on a piece of unexposed x-ray film for how long before processing?  
5 minutes  
17-38, right column, 2

328) The light leak test film once processed should show what if there is no light leakage into the dark room?  
No image  
17-38, right column, 4

329) Which method is most commonly used to process medical and dental radiographs in the Navy?  
Automatic processing  
17-38, right column, last paragraph

330) How long should a HM wait to load the next patient’s films into the automatic film processor?  
15 seconds  
17-39, left column, 1st paragraph

331) The identification flasher machine, used to stamp the films with the patient’s information is located?  
Inside the darkroom or Outside the darkroom  
17-39, left column, 2nd paragraph

332) What is the correct sequence to secure the processor at the end of the day?  
Depress the on/off switch, Turn off the water supply, Unplug the power supply cable, Wipe the cover and housing of the processor with a damp sponge or cloth, and Open the lid to allow ventilation  
17-39, left column, 1-5

333) The developer and fixer on an automatic film processor should be changed at a minimum of?  
Every 3 to 4 weeks  
17-39, left column, 4th paragraph

334) True or False: The solutions used for automatic processing are the same as those used for manual processing.  
False; The solutions used for automatic processing are not the same as those used for manual processing  
17-39, left column, note

335) What may occur if developer and/or fixer solutions come in contact with skin, eyes, and mouth of the HM?  
Minor chemical irritation or Burns  
17-39, right column, 1st paragraph

336) The appropriate safety gear a HM should wear when stirring or mixing solutions are?  
Rubber gloves, Protective eye wear or protective face shield and An apron  
17-39, right column, 1st paragraph

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337) If the skin comes in direct contact with the developer and/or fixer solutions what should be done?
Flush the area with large amounts of water
17-39, right column, 1st paragraph

338) If the eyes or mouth gets splashed with developer and/or fixer flush with large amounts of water and
what else needs to be done?
Seek medical attention
17-39, right column, 1st paragraph

339) Which solution(s) can stain and discolor clothing?
Fixer
17-39, right column, 1st paragraph

340) Equipment repairs on the Automatic Film Processor is the responsibility of?
Dental Equipment Repair Technician
17-39, right column, 1st paragraph

341) How frequently should the roller transports and solution tanks be cleaned?
Monthly
17-39, right column, 2nd paragraph

342) Weekly maintenance consists of soaking the transport rollers, solution agitators and other removable
internal part for how long with a processor cleaner?
5 to 10 minutes
17-39, right column, 3rd paragraph

343) Anytime the processor cover is lifted and maintenance is being performed the HM must wear?
Safety face shield, Apron, and Protective gloves
17-39, right column, note

344) The cause of faulty radiographs are due to?
Incorrect positioning of the film packet or tube head; Incorrect kVp, mA, and/or time setting; or By
incorrect processing procedures
17-39, right column, last paragraph

345) If the film was immersed in the fixer before the developer what would happen to the image?
No image
17-40, left column, 1st bullet

346) If the film is completely clear what happened?
It was never exposed
17-40, left column, 1st bullet

347) What type of image occurs when the film was underexposed?
Very light image
17-40, left column, last bullet

348) Too low kilo-voltage produces what kind of image?
Very light image
17-40, left column, last bullet

349) If the developer is weak what kind of image is processed?
Very light image
17-40, left column, last bullet

350) If the film was not left in the developer long enough the image will be?
Very light
17-40, left column, last bullet
351) What type of image occurs when the film was overexposed?
Very dark image

352) Too high kilo-voltage produces what kind of image?
Very dark image

353) If the developer is too warm the image will be?
Very dark image

354) If the film is left in the developer too long the image will be?
Very dark

355) If the film is not completely immersed in the developer, what will happen to the image?
Partial image will be developed

356) If a film comes into contact with another film or the side of the tank while in the developer what type of image will the HM get?
Partial image

357) If the film or tube head was incorrectly positioned (cone cutting) what type of image would the HM get?
Partial image

358) A blurred image is caused by?
The patient moved during exposure or The tube head moved during the exposure

359) If outdated film was used what type of image would a HM see?
Fogged

360) If the film was contaminated or overexposed by being held too close to the safelight the film would be?
Fogged

361) If the film was exposed to stray radiation, excessive heat, chemical fumes or light leaks in the darkroom the film will be?
Fogged

362) If the developer was improperly mixed, contaminated or too hot the film will be?
Fogged

363) If the film was insufficiently washed or fixed the image would be?
Streaked or stained

364) If the processing solutions are dirty the image would be?
Streaked or stained
365) If the film hanger was dirty the image may be?
Streaked or Stained

17-41, left column, 3rd bullet

366) If there was a too rapid change in the temperature during the processing what will happen to the film?
Reticulation

17-41, left column, 4th bullet

367) If the film packet was creased or bent there may be?
Crescent-shaped lines

17-41, left column, last bullet

368) If the wrong side of the film packet was facing the source of the x-ray beam during exposure causing the embossing pattern form the lead backing to appear on the film the image will have a?
Herringbone image

17-41, right column, 1st bullet

369) If the film was pulled too rapidly from its black paper wrapping, causing a discharge of static electricity will have what effect on the film?
Black areas

17-41, right column, 2nd bullet

370) If the developer failed to work on areas of the film because of dirt or air bubbles, the HM will see?
White spot on the film

17-41, right column, 3rd bullet

371) True or False: Dentures or other objects were in the patient’s mouth during the exposure will create faulty radiographs.
True

17-41, right column, last bullet

372) Finished radiographs are mounted in?
Cardboard holders or Plastic holders

17-42, left column, 1st paragraph

373) What does mounting dental radiographs do?
Easy to view, Keep them in chronological order, and Protect them from damage

17-42, left column, 1st paragraph

374) True or False: Mounted radiographs may be viewed from the front of the mount only.
False; Mounted radiographs may be viewed from either the front or back of the mount

17-42, left column, 2nd paragraph

375) The x-rays should be mounted in what order?
Anatomical order

17-42, left column, 2nd paragraph

376) Where are the mounted dental x-rays filed?
In the patient’s dental record

17-42, left column, 2nd paragraph

377) Dental radiographs being retained for diagnostic purposes are?
Placed in a drug envelope, Labeled and Dated, and Placed in the dental record

17-42, left column, 2nd paragraph

378) True or False: Medical x-rays are mounted.
False; Medical x-rays are not mounted

17-42, left column, 3rd paragraph
379) How are multiple types of medical x-rays filed?
   Sub-folders

380) Bite-wing or Interproximal mount contains slots for mounting how many pairs of interproximal radiographs?
   5 pairs

381) What information is contained on the front of the interproximal mount?
   Patient’s name, SSN, Mount number and Date of each exposure

382) The “dimple” of the radiograph faces ______ the observer.
   Toward

383) When the mounted interproximal radiographs are correctly mounted they should form a?
   Smile

384) A full mouth periapical film mount contains how many slots for periapical radiographs?
   14 slots

385) A full mouth periapical film mount contains how many slots for interproximal radiographs?
   2 slots

386) The anatomical landmark for the maxillary incisor area is?
   A large white region caused by the bone of the nasal septum

387) The anatomical landmark for the mandibular incisor area is?
   A network of tiny white lines around and below the roots

388) The anatomical landmark for the maxillary cuspid and bicuspid areas are?
   A distinct wavy white line above or near the apices of the teeth, the wavy line identifies the floor of the maxillary sinus

389) The anatomical landmark for the mandibular cuspid and bicuspid areas are?
   A fine network of tiny white lines around and below the roots and a dark area in the cuspid area representing the mental foramen which is one of the two holes located on the anterior surface of the mandible

390) The anatomical landmark for the maxillary molar area is?
   The maxillary arch and the roots of the maxillary molars curving slightly toward the rear of the mouth, Maxillary molars have three roots, Usually show a distinct wavy white line above or near the apexes of the teeth
391) The anatomical landmark for the mandibular molar area is?
Shows two roots that are distinct on radiographs, The mandibular nerve canal frequently shows as a dark, narrow band running horizontally under the apexes of the mandibular molars, The mandibular arch and roots of the molars curve slightly toward the rear of the mouth

17-42, right column, last paragraph

392) The information on the front side of the film mount for a full mouth periapical series is?
Patient’s name, SSN, Rank/rate, and The name of the dental treatment facility

17-43, left column, paragraph

393) To load the full mouth periapical mount, the mount front side should be?
Face down

17-43, left column, paragraph

394) The maxillary radiographs are inserted where?
Across the top

17-45, left column, 3

395) The mandibular radiographs are inserted where?
Across the bottom

17-45, left column, 3

396) The film radiographs are inserted in the slots with the dimple of the film in what position?
Facing the HM

17-45, left column, 3

397) The films should be loaded in which sequence?
Central incisor, Cuspid, Bicuspid, and Molar

17-45, left column, 4

398) After inserting all the radiographs, then what should be done?
Double check to see that each radiograph is mounted correctly

17-45, left column, 5

399) The panoramic x-ray machine is used to produce an extraoral radiograph that shows?
Dental arches and The temporomandibular joint

17-45, right column, last paragraph

400) When performing an operation check on the panoramic x-ray machine what safety measure is required?
Keep the collimator covered with the lead cap

17-46, right column, warning

401) The cassette is labeled for what purpose(s)?
Patient identification and Orientation

17-47, left column, 2nd paragraph

402) Labeling panoramic x-ray films must have what information?
Patient’s name, family member prefix code, SSN, and date of the exposure

17-47, left column, 3rd paragraph

403) Frankfurt plane means what?
Anatomical position of the human skull

17-47, left column, 3rd bullet

404) The anatomical position of the human skull is known as?
The Frankfurt plane

17-47, left column, 3rd bullet
405)   How long should the HM wait between exposures with the panoramic x-ray machine?
       5 minutes

406)   Who is responsible for all repairs on the panoramic x-ray machine?
       Biomedical repair technician
Questions and Answers
NAVEDTRA 14295B, Chapter 18, Pharmacy

1) **What is the science dealing with the origin, nature, chemistry, effects, and uses of medications?**
   Pharmacology  
   18-1, left column, 2nd paragraph

2) **How many sub-sciences of pharmacology are there?**
   Seven; Pharmacognosy, Pharmacy, Posology, Pharmacodynamics, Pharmacotherapeutics, Toxicology, and Therapeutics.  
   18-1, bullets

3) **Which text deals with pharmaceutical preparations, which sets standards for the quality, purity, strength, and consistency and provides standards for medications of therapeutic usefulness and pharmaceutical necessity?**
   United States Pharmacopeia and National Formulary, (USP-NF)  
   18-1, right column, 1st paragraph

4) **Who designates the, United States Pharmacopeia and National Formulary, (USP-NF) as the official reference for medications marketed in the United States?**
   The United States Federal Food, Medication, and Cosmetics Act  
   18-1, right column, 1st paragraph

5) **Which text is a comprehensive medication information reference that is organized by therapeutic medication class?**
   Drug Facts and Comparisons  
   18-1, right column, last paragraph

6) **Which text is an easy to use reference for clinicians and healthcare providers seeking quick and concise medication information?**
   Drug Information Handbook  
   18-2, left column, 2nd paragraph

7) **Which text/reference is the most widely used in American pharmacies?**
   Remington: The Science and Practice of Pharmacy  
   18-2, left column, 3rd paragraph

8) **The amount of medication to be administered is referred to as the?**
   Dose  
   18-2, left column, 5th paragraph

9) **The study of dosage and the criteria that influence it is called?**
   Posology  
   18-2, left column, 5th paragraph

10) **What term is the range between the minimum and maximum amounts of a given medication required to produce the desired effect?**
    Dosage Range  
    18-2, left column, last paragraph

11) **What dose is the least amount of medication required to produce a therapeutic effect?**
    Minimum Dose  
    18-2, right column, 1st paragraph

Created by: Richard Duggan, LPN <richard.w.duggan.civ@mail.mil>
Created on: 20161113
12) What dose is the largest amount of medication that can be given without reaching the toxic effect?
Maximum Dose

13) What dose is the least amount of medication that will produce symptoms of poisoning?
Toxic Dose

14) What dose is referred to as the normal adult dose, the usual dose, or average dose?
Therapeutic Dose

15) Therapeutic dose is calculated on an average (1) gender, (2) age, and (3) weight?
(1) Male
(2) 24 years old
(3) 150 pounds

16) What dose is the least amount of medication that can produce death?
Minimum Lethal Dose

17) How many primary factors are there, that determine or influence the dosage of a medication?
Two; Age and Weight

18) What is the most common factor that influences the amount of medication to be given?
Age

19) An age rule governing calculation of pediatric doses is?
Young’s Rule

20) Whose rule is: (Age in years) divided by (Age in years PLUS 12) multiplied by (Adult Dose) to equal the (Child’s Dose)?
Young’s Rule, (Young deals with Age, or Young begins with Y just like years)

21) Which factor has a more direct bearing on the dose than any other factor?
Weight

22) Which rule governing calculation of pediatric doses is based on weight?
Clark’s Rule

23) Whose rule is: (Weight in pounds) divided by (150) multiplied by (Adult Dose) equals the (Child’s Dose)?
Clark’s Rule

24) We know AGE and WEIGHT are the two primary factors that influence dosage. How many other factors are there that influence dosage?
Seven; Sex, Race, Occupation, Habitual Use, Time of Administration, Frequency of Administration, Mode of Administration
25) Which gender requires smaller doses?
   Females

26) Which race usually requires larger dose of medication?
   Black (African-American)

27) Which race usually require smaller dose of medication?
   Asian

28) A person in a strenuous job may require what size dose compared to those who sit a desk all day?
   Larger

29) True or False: Habitual use is when patients must take medications continuously, causing their bodies to build up a tolerance to the medication. This tolerance may require larger doses than their initial doses to obtain the same therapeutic effect.
   True

30) True or False: Time of administration factor is defined as therapeutic effect may be altered depending upon time of administration.
   True

31) Medications given frequently may need a _____ dose that if administered at longer intervals.
   Smaller

32) Which mode of administration may require smaller dose?
   Injections

33) What are the most common route(s) of medication administration?
   Oral (enteral) and Injection (Parenteral)

34) The most common method of administering medications is?
   Oral

35) How many advantages are there to administering medications orally?
   Four; Convenient, Cheaper, Do not have to be pure or sterile, and Variety of oral dosage form are available

36) How many disadvantages are there to administering oral medications?
   Three; Difficulty Swallowing, Absorbed too Slowly, and May be partially or completely destroyed by the digestive system

37) What are the two other types of medication routes closely associated with oral administration?
   Sublingual and Buccal
38) Sublingual medication is administered by placing the medication under?
The Tongue

39) What is an example of sublingual medication?
Nitroglycerin

40) Buccal medications are administered by placing the medication between what two structures?
Cheek and Gum

41) What is an example of a buccal medication?
Anesthetic Benzocaine

42) What is the name of the route of medication, in which the medications are introduced by injection?
Parenteral

43) How many times at a minimum are parental solutions examined?
Three; Upon receiving the solution, Periodically while in storage, and Immediately preceding use

44) Parenteral solution, unless the label states otherwise, must be free of?
Turbidity or Un-dissolved material

45) How should a HM view all solutions for sediment or particulate matter into view?
Inverted and gently swirled

46) What type of background should be used while examining solutions for sediment or particulate matter?
Well-illuminated black or white

47) How many methods of parenteral administration are there?
Five; Subcutaneous, Intradermal, Intramuscular, Intravenous, and Intrathecal or Intraspinal

48) Which one of these medications is an example of a medication to be administered by the Subcutaneous route?
Insulin

49) Which one of these medications is an example of a medication to be administered by the Intradermal route?
Purified Protein Derivative (PPD)

50) Which one of these medications is an example of a medication to be administered by the Intramuscular route?
Procaine Penicillin G

51) Which one of these medications is an example of a medication to be administered by the Intravenous route?
Lactated Ringer
Which one of these medications is an example of a medication to be administered by the Intrathecal route?

Procaine hydrochloride

What is the name of the route of administration when the medication is introduced through the respiratory system in the form of a gas, vapor, or powder?

Inhalation

How many major types of inhalation are there?

Three; Vaporization, Gas inhalation, and Nebulization

Vaporization is the process by which a medication is changed from a liquid or solid to a gas or vapor by the use of?

Heat

Anesthesia is administered by what specific type of inhalation?

Gas Inhalation

Nebulization is the process by which a medication is converted into a fine spray by the use of?

Compressed gas

What is the route of administration when the medication is applied to the surface area of the body?

Topical

What are the two purposes of topically applied medications?

Local effect and Systemic effect

What is the difference between Local effect and Systemic effect of topical medications?

Systemic effect, medication is absorbed through the skin into the blood stream, Local effects relieve skin conditions without being absorbed into the blood stream

When is rectal route the preferred route of administration compared to the oral route?

Vomiting, Unconscious, Uncooperative, or Mental Incapable

True or False: Vaginal preparations produce a local effect.

True

How many “rights” of medication administration are in the Hospital Corpsman Manual?

Six

How many forms of patient identification should be checked prior administration of medications?

Two

What does the HM who is administering medications verify the patient’s identification?

Between the patient’s arm band and Medication Administration Record (MAR)
66) When preparing medications from bottles or containers, compare the label with the MAR how many times? Three; before removing from the shelf or drawer, as the amount of medication ordered is removed from the container, and before returning the container to storage

67) When verifying right dose the HM should check the packaging against? The MAR (Medication Administration Record)

68) True or False: Patients have been known to ingest suppositories? True

69) True or False: You may leave the medication on the bedside table? False

70) True or False; If in question, review the MAR and reference books, and refer to the patient’s chart if needed in order to make sure the appropriate guidelines are being followed for the ordered medication(s). True

71) There are established windows for administering oral, IM, and IV medications. These windows allow for certain flexibility, but the medication should be given within the established framework unless extenuating circumstances prevent it. In that case, the HM needs to document why the medication was given outside the parameters and notifies who to adjust the future doses? MO and Pharmacy

72) Before administering medications, ensure the MAR clearly reflects what? Patient’s name, Name of medication ordered written out in full, Medication’s dosage route, and Medication’s frequency

73) After administering the medication, what should be done to the patient’s MAR? Document which medications were given

74) Who has the responsibility to make sure that patients receive the best care possible? Healthcare professionals

75) What is defined as, any chemical substance that has an effect on living tissue but is not used as food? Medication

76) Medications are classified according to a set criteria and fall into how many specific areas? Three; General, Chemical, Therapeutic (Pharmacological)

77) May some medications have more than one action and fall into more than one therapeutic class? Yes
78) Normally medications have how many names?
Three; Chemical name, Generic name (Nonproprietary), Brand (Trade) name (Proprietary)

79) Who gives a proprietary medication their name?
The manufacturer

80) What medication class of medications cause shrinkage of the skin and mucous membranes?
Astringents

81) Aluminum Acetate is also known as?
Burow’s Solution or Domeboro

82) Which medication is used to treat; athlete’s foot, poison ivy, swelling, external otitis, bruises and insect bites, exclusively?
Aluminum Acetate solution

83) Which medication is a topical astringent and protectant?
Calamine lotion

84) Which medication should be applied to blistered, raw, or oozing areas of the skin?
Calamine, Zinc oxide, Glycerin, and Bentonite magma in Calcium hydroxide (Calamine lotion)

85) What medication class of medications are bland or fatty substances that may be applied to the skin to make it more pliable and soft?
Emollients

86) What is another name for Cocoa Butter?
Theobroma oil

87) True or False: Theobroma oil has a foul odor?
False

88) Cocoa butter is ideal for the treatment of?
Chapped skin and lips, cracked nipples, or minor irritated or abraded skin areas

89) Which emollient provides a highly occlusive, protective barrier?
Petrolatum (Petroleum Jelly)

90) Which emollient also has slightly astringent properties?
Zinc Oxide

91) Which emollient is ideal for protecting the skin and relieving chafing?
Zinc Oxide
92) Which medication class of medications are commonly used in the symptomatic treatment of the common cold or bronchitis? 
Expectorants and Antitussives

93) Expectorants are also known as? 
Bronchomucotropic agents

94) Bronchomucotropic agents assist in the removal of secretions or exudates from? 
Trachea, Bronchi, and/or Lungs

95) Antitussives are agents that inhibit or suppress the act of? 
Coughing

96) What is Dextromethorphan? 
A synthetic non-narcotic derivative of codeine

97) Which medication is use to control non-productive coughs by soothing minor throat and bronchial irritations? 
Guaifenesin and Dextromethorphan (Robitussin DM)

98) True or False: Robitussin AC could cause dependency? 
True

99) What class of medications reduce congestion and swelling of mucous membranes? 
Nasal Decongestants

100) What class of medications are used to relieve Eustachian tube congestion? 
Nasal Decongestants

101) What is the generic name for Sudafed? 
Pseudoephedrine Hydrochloride

102) What is the trade name for Pseudoephedrine Hydrochloride and Triprolidine Hydrochloride? 
Actifed

103) What are the two components that comprise Mucinex D? 
Pseudoephedrine and Guaifenesin

104) Antihistamines may cause what side effect? 
Drowsiness

105) What are some histamine response diagnosis? 
Asthma and Hay Fever
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>106) What is the generic name for Benadryl?</td>
<td>Diphenhydramine Hydrochloride</td>
</tr>
<tr>
<td>107) Which Antihistamine is used as a nighttime sleep aid?</td>
<td>Diphenhydramine Hydrochloride</td>
</tr>
<tr>
<td>108) What is the generic Chlor-Trimeton?</td>
<td>Chlorpheniramine Maleate</td>
</tr>
<tr>
<td>109) The trade names Antivert and Bonine are for which medication?</td>
<td>Meclizine Hydrochloride</td>
</tr>
<tr>
<td>110) Which antihistamine is used to treat dizziness of motion sickness?</td>
<td>Meclizine Hydrochloride</td>
</tr>
<tr>
<td>111) Which antihistamine may also be used to control nausea and vomiting in connection with radiation sickness?</td>
<td>Dimehydrinate or Dramamine</td>
</tr>
<tr>
<td>112) Histamine H2 Receptor Antagonists block histamines that cause what effect on the human body?</td>
<td>Increase of gastric acid secretion in the stomach</td>
</tr>
<tr>
<td>113) What is the generic name for Tagament?</td>
<td>Cimetidine</td>
</tr>
<tr>
<td>114) Which Histamine H2 Receptor Antagonist is used to treat gastroesophageal reflux disease?</td>
<td>Ranitidine or Zantac</td>
</tr>
<tr>
<td>115) Which class of medications treats Indigestion, heartburn or dyspepsia?</td>
<td>Antacids</td>
</tr>
<tr>
<td>116) If a patient has been prescribed an Antacid, the HM should administer other oral medications when in relation to administering the Antacid?</td>
<td>Oral medications should not be taken within 2 hours of taking an antacid</td>
</tr>
<tr>
<td>117) The generic name for Milk of Magnesia (MOM) is?</td>
<td>Magnesium Hydroxide</td>
</tr>
<tr>
<td>118) Which antacid is used to reduce phosphate absorption in patients with chronic renal failure?</td>
<td>Magnesium Hydroxide</td>
</tr>
<tr>
<td>119) True or False: Milk of Magnesia should be administered in the presence of abdominal pain, nausea, and/or vomiting?</td>
<td>False</td>
</tr>
</tbody>
</table>
120) Prolonged use of Milk of Magnesia may result in?
   Kidney Stones

121) Which antacid also has a laxative effect?
   Milk of Magnesia

122) Aluminum Hydroxide Gel is also known as?
   Amphojel

123) Which antacid has the major advantage of no systemic alkalosis?
   Amphojel

124) Which antacid has been known to cause constipation?
   Amphojel

125) Maalox is a combination of which two antacids?
   Alumina and Magnesia

126) What is the action of antiseptics?
   Suppress the growth of microorganisms

127) What is the action of germicides?
   Kill susceptible organisms

128) True or False: Disinfectants are agents used to disinfect inanimate objects and primarily germicidal in their action.
   True

129) Which antiseptic was one of the first used?
   Phenol (Carbolic Acid)

130) Which antiseptic is the standard in which all other antiseptic, disinfectant, and germicidal agents are measured in effectiveness?
   Phenol (Carbolic Acid)

131) Phenol must be handled with care because?
   It is highly caustic nature

132) Phenol is inactivated by?
   Alcohol

133) Povidone-Iodine is used externally to destroy?
   Bacteria, fungi, viruses, protozoa, and yeast
134) **Povidone-Iodine** is most commonly used as a?
   Preoperative skin antiseptic
   18-10, right column, 2nd bullet

135) Prior to the use of Betadine, the HM should verify the patient does not have an allergy to?
   Iodine
   18-10, note

136) Isopropyl Alcohol is used in what percent solution as a skin antiseptic?
   70%
   18-10, last bullet

137) Which Bacteriostatic cleansing agent is a neurotoxin agent?
   Hexachloraphene (pHisOHex)
   18-11, 1st bullet

138) True or False: Hexachlorophene is used on premature infants, denuded skin, burns, and mucous membranes?
   False
   18-11, 1st bullet

139) Which chemical agent is used in an aqueous solution for sterilization of fiber optics, plastics, rubber, and other materials that are not resistant to heat?
   Glutaraldehyde (Cidex)
   18-11, 2nd bullet

140) Which germicide is used in the treatment of necrotizing ulcerative gingivitis (NUG)?
   Hydrogen Peroxide
   18-11, 3rd bullet

141) Which cleansing agent is an oxidizing agent?
   Hydrogen Peroxide
   18-11, 3rd bullet

142) Hydrogen peroxide is mild enough to be used on living tissue, used externally and what is the percent concentrate?
   3%
   18-11, 3rd bullet

143) Which cleansing agent in a solid form is used to cauterize mucous membranes and treat aphthous ulcers?
   Silver Nitrate
   18-11, last bullet

144) After treatment of silver nitrate topically, the most common side effect to the skin is it turns?
   Black
   18-11, last bullet

145) Silver nitrate in liquid form is used as eye drops to prevent what disease in newborns?
   Gonorrheal ophthalmia
   18-11, last bullet

146) Which cleansing agent may also be used in wet dressings?
   Silver Nitrate
   18-11, last bullet
147) If using silver nitrate as a wet dressing and the dressing dries out the silver nitrate will precipitate and be absorbed into the skin, which will turn a slate gray. This condition is known as?

Argyria

18-11, right column, caution

148) Which class of medications were the first effective chemotherapeutic agents to be available in safe therapeutic dosage ranges?

Sulfonamides

18-11, right column, paragraph

149) In what year were penicillins introduced?

1941

18-11, right column, paragraph

150) Prior to 1941 which class of medications were the main therapy for bacterial infections in humans?

Sulfonamides

18-11, right column, paragraph

151) What is the trade name for Sulfisoxazole?

Gantrisin

18-11, right column, 1st bullet

152) Trimethoprim and Sulfamethoxazole together are known as what trade name?

Bactrim or Septra

18-11, right column, 2nd bullet

153) Both Gantrisin and Bactrim treat?

Urinary Tract Infection and Otitis Media

18-11, right column, 1st and 2nd bullets

154) Sodium Sulamyd or Bleph-10 are known as what generic medication?

Sulfacetamide Sodium

18-11, right column, 1st and 2nd bullets

155) Which sulfonamide is used for the treatment of conjunctivitis, corneal ulcer, and other superficial ocular infections?

Sulfacetamide Sodium or Sulfamyd or Bleph-10

18-11, right column, 3rd bullet

156) Silvadene cream is known as what generic name?

Silver Sulfadiazine

18-11, right column, last bullet

157) Silver sulfadiazine is a topical antimicrobial agent used to treat?

Second and Third degree burns to prevent wound sepsis

18-11, right column, last bullet

158) Penicillin is derived from Penicillium molds commonly found on?

Bread and fruits

18-12, left column, 1st paragraph

159) Penicillin’s mechanism of action is the?

Inhibition of cell wall synthesis during the reproductive phase of bacterial growth

18-12, left column, 1st paragraph

160) How is Penicillin G administered to treat meningococcal meningitis, anthrax and/or gonorrhea?

IV

18-12, left column, 1st bullet
161) Bicillin LA is the trade name for which penicillin?
   Penicillin G, Benzathine

162) To treat syphilis or an upper respiratory tract infection, the HM would choose which medication?
   Bicillin LA

163) Penicillin G Procaïne, Aqueous (Wycillin) is indicated for which diagnoses?
   Uncomplicated Pneumonia, middle ear and sinus infections, NUG, Pharyngitis, and Scarlet Fever

164) Which penicillin has the longer duration of action than most of the other penicillins?
   Wycillin

165) The trade name for Penicillin V Potassium is?
   Pen-Vee K, Betapen-VK, V-Cillin K

166) Drug of choice for Bacterial Endocarditis is? (Upper Respiratory Tract Infection, Otitis Media, Sinusitis, mild staphylococcal infection of skin and soft tissue)
   Pen-Vee K

167) The route of administration for Penicillin V Potassium is?
   Oral; tablet or powder

168) Which medication is used to treat infections caused by penicillin G-resistant staphylococci?
   Dicloxacillin Sodium

169) The generic name for Polycillin is?
   Ampicillin

170) The drug of choice to treat shigella, salmonella, Escherichia coli, and/or gonorrhea is?
   Ampicillin

171) Amoxicillin is preferred over ampicillin for which infection?
   Shigella

172) Which penicillin has the advantage of more complete absorption than ampicillin?
   Amoxil

173) Augmentin is a combination of which two medications?
   Amoxicillin and Clavulanate potassium

174) Cephalosporins are a group of semi-synthetic derivatives of cephalosporin _____, an antimicrobial agent of fungal origin.
   C
175) Cephalosporins are similar to penicillins, some patients allergic to penicillin may also be allergic to cephalosporins. The incidence of cross-sensitivity is estimated at? 5-16%

176) How many generations of cephalosporins are there? 
Three; First, Second, and Third Generation

177) Which generation of cephalosporins have a much broader gram-negative spectrum than the others? 
Third Generation

178) The generic name for Ancef is? (Kefzol) 
Cefazolin Sodium

179) Which cephalosporin is used preoperatively to reduce the chance of certain infections following surgical procedures? 
Ancef

180) The trade name for Cephalexin is? 
Keflex

181) Which cephalosporin is used to mixed infections of the skin and skin structure? 
Cefzil

182) In what year were tetracyclines introduced? 
1948

183) What is the mechanism of action for tetracyclines? 
Block the formation of polypeptides used in protein synthesis

184) True or False: Tetracycline is also used as a topic preparation to treat acne? 
True

185) Administration of tetracycline to children and pregnant women is not indicated because? 
Produce discoloration of the teeth and depress bone marrow growth

186) What is the major hazard of tetracycline therapy? 
Overgrowth of resistant organisms; Candida and Staphylococci

187) What products should not be taken with Tetracyclines because they combine with metal ions to form non-absorbable compounds? 
Milk, Milk products, Antacids, and Iron preparations

188) Achromycin should be administered (a) _____ hours before or (b) _____ hours after meals. 
(a) 1, (b) 2
189) Which tetracycline is indicated for the treatment of uncomplicated chlamydial infections and uncomplicated gonococcal infections?

Doxycycline Hyclate

190) The trade name for Doxycycline Hyclate is?

Vibramycin

191) What is the generic name for Minocin?

Minocycline Hydrochloride

192) Aminoglycosides medication class can cause varying degrees of?

Ototoxicity and Nephrotoxicity

193) What is the generic name for Garamycin?

Gentamicin Sulfate

194) Which aminoglycoside medication requires monitoring of renal and hepatic function to determine if toxic levels have been reached?

Gentamicin Sulfate

195) Which aminoglycoside is used to treat serious infections such as septicemia, meningitis, and infections of the eye?

Tobramycin Sulfate

196) Trade name for Tobramycin Sulfate is?

Nebcin

197) True or False: Mycifradin is given orally to reduce intestinal flora prior to surgery involving the bowel or anus?

True

198) The trade name for Neomycin Sulfate is?

Mycifradin

199) Which class of medications should be used if a patient has a sensitivity to penicillins?

Macrolides

200) Which macrolide is prescribed as a prophylactic agent prior to colorectal surgery?

Erythromycin

201) Ilotycin is the trade name for what medication?

Erythromycin
202) Which macrolide would be indicated to treat medical conditions such as, gonorrhea; uncomplicated urethral, endocervical, and anal infections; early syphilis; and cases of severe or prolonged diarrhea associated with campylobacter enteritis and enterocolitis?
E-Mycin

203) Cleocin is the trade name for what medication?
Clindamycin Hydrochlorids

204) Which macrolide has been associated with severe colitis and profuse diarrhea, which if this occurs the drug should be discontinued?
Clindamycin Hydrochlorids

205) Which macrolide is indicated in potentially life-threatening infections such as endocarditis, osteomyelitis, pneumonia and septicemia?
Vancomycin Hydrochloride

206) Which macrolide is used for the treatment of community-acquired pneumonia, otitis media, infections of the skin structure, sexually transmitted diseases, chancroid, and bacterial sinusitis?
Zithromax

207) Zithromax is the trade name for which medication?
Azithromycin

208) Which class of medications inhibit or suppress the growth of fungi, dermatophytes, and/or candida?
Antifungals

209) Most antifungals are _____ agents.
Topical

210) Which antifungal can be used concurrently with tetracycline to _____ the overgrowth of candida in the bowel.
Nystatin

211) Which antifungal is most often used to treat Candidiasis?
Nystatin

212) Which antifungal agent is fungistatic agent given orally to treat fungal infections of the nails, hair, and skin?
Griseofulvin

213) What is the trade name for Griseofulvin?
Gris-PEG or Fulvicin

214) Which antifungal agent is indicated to treat cutaneous fungal infections and vulvovaginal Candidiasis?
Monistat, Micatin, Miconazole Nitrate
215) Desenex is the trade name for which medication?
   Undecylenic Acid

216) Which antifungal agent is compounded with zinc to act as an astringent?
   Desenex

217) Which antifungal agent is used to treat tinea capitis and tinea versicolor?
   Tolnaftate

218) What is the trade name for Tolnaftate?
   Tinactin or Aftate

219) Which antifungal was the first fungicide synthesized?
   Tolnaftate

220) What is the trade name for Clotrimazole?
   Lotrimin or Mycelex

221) What class of medications treat protozoal infections such as malaria, amebiasis, and a lesser extent, trichomoniasis; helminthic infections such as intestinal worms; and ectoparasites such as head lice and crab lice?
   Antiparasitics

222) Nix is used to treat?
   Pediculosis capitis (head lice), Phthirus pubis (crab lice) and Scabies

223) How often is permethrin applied?
   Once per treatment

224) Elimite must be removed after the appropriate contact time by?
   Water

225) Flagyl is the trade name for which antifungal?
   Metronidazole

226) Which antifungal combined with alcohol can produce violent side effects?
   Flagyl

227) The medication of choice for pinworm and roundworm infestations is?
   Vermox

228) Which medication effective in treatment of hookworm and whipworm?
   Pyrantel Pamoate or Antiminth
229) **Which antifungal is used to destroy threadworms?**
Thiabendazole or Mintezol

230) **Malaria is a _____-borne disease caused by a parasite.**
Mosquito

231) **How many different antimalarial medications are there?**
Two; Chloroquine phosphate and Primaquine

232) **The antimalarial drug of choice for acute malarial attack is?**
Chloroquine phosphate

233) **Which medication is the choice for prevention or relapse of malaria?**
Primaquine phosphate

234) **What personnel is primaquine contraindicated for, as it may result in hemolytic anemia?**
G-6-PD-deficient

235) **Laxatives are contraindicated in?**
Certain inflammatory conditions of the bowel, Bowel obstruction, and Abdominal pain of unknown origin, and should not be used in the presence of nausea and vomiting

236) **How many classifications of laxatives are there?**
Four; Irritant, Bulk, Emollient, or Stool Softeners

237) **Frequent or prolonged use of laxatives may result in?**
Dependence

238) **Which laxative is used to lubricate the fecal mass?**
Mineral oil

239) **Which laxative is used in combination with an irritant agent such as phenolphthalein (Ex-Lax)?**
Mineral oil

240) **Which laxative is used for treatment of chronic constipation?**
Lactulose

241) **Enulose may be mixed with?**
Fruit juice, Milk, or Citrus flavored beverages

242) **Bisacodyl produces a softly formed stool in how many hours?**
6 to 12

243) **When is the preferred time to administer Ducolax?**
Bedtime
244) Which laxative is preferred by radiology departments for use prior to special x-rays?
   Magnesium citrate

245) Which laxative is a bulk laxative that works by absorbing water?
   Psyllium Hydrophilic Mucilloid

246) After ingestion of Metamucil the effect occurs within how long?
   12 to 72 hours

247) Which of laxative is a stool softener?
   Docusate Calcium

248) What is the mechanism of action for Surfak?
   Promotes water retention in the fecal mass

249) Which class of medications increase the rate of urine formation?
   Diuretics

250) Diuretics are useful in treating?
   Hypertension, Congestive Heart Failure, and Acute Pulmonary Edema

251) Use of diuretics deplete electrolytes from the system, and care should be taken to monitor and replenish which two electrolytes?
   Sodium and Potassium

252) What is the generic name for Esidrix or Oretic?
   Hydrochlorothiazide

253) The trade name for Chlorthalidone is?
   Hygroton

254) The generic name for Lasix is?
   Furosemide

255) The potent diuretic is used to treat cirrhosis of the liver and renal disease is?
   Lasix

256) Which diuretic is used for the treatment of various forms of glaucoma?
   Acetazolamide or Diamox

257) Which diuretic is used to treat edema in patients with acute mountain sickness?
   Diamox or Acetazolamide

258) Which diuretic is a potassium sparing?
   Triamterene

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259) Maxzide or Dyazide is a combination of?
   Triamterene and Hydrochlorothiazide

260) Which class of medications relieve pain without producing unconsciousness or impairing mental capacities?
   Non-narcotic analgesics

261) What do antipyretics do?
   Relieve or reduce fevers

262) Which class of medications counteract or suppress inflammation or the inflammatory process?
   Anti-inflammatory agents

263) ASA or Ecotrin is the trade name for which medication?
   Aspirin

264) Which is the most economical analgesic, antipyretic and anti-inflammatory agent available?
   Aspirin

265) Tylenol is the trade name for which medication?
   Acetaminophen

266) If patient has an allergy to aspirin, which medication should the HM administer to the patient?
   Tylenol

267) Motrin is not recommended for use in cases of?
   Gastrointestinal bleeding or renal impairment

268) Indocin should be reserved for cases of?
   Chronic rheumatoid arthritis, Osteoarthritis and Acute gout

269) Which anti-inflammatory agent works has similar effect to those of aspirin and indomethacin, but with fewer and less toxic gastrointestinal side effect?
   Naproxen

270) True or False: Naprosyn should not be prescribed for a patient who has a propensity for peptic ulcer disease?
   True

271) What is the trade name for Meloxicam?
   Mobic

272) Feldene is the trade name for?
   Piroxicam
273) If a patient has a diagnosis of Narcolepsy, Hyperkinesis, or Attention Deficit Disorders in children what class of medications may be ordered for them?
   Central Nervous System Stimulants

274) Central nervous system stimulant are generally contraindicated in patients with what diagnoses?
   Hypertension, Arteriosclerosis, Symptomatic Cardiovascular disorders, Glaucoma, and/or history of medication abuse.

275) Ritalin is the trade name for?
   Methylphenidate Hydrochloride

276) In children methylphenidate hydrochloride is used as a?
   Central Nervous System Depressant

277) True or False: Ritalin is indicated for narcolepsy in adults?
   True

278) Dextroamphetamine Sulfate is the genetic name for?
   Dexadrine

279) Dexadrine is primarily indicated for?
   Narcolepsy

280) Which CNS stimulant has an anorexia effect?
   Dextroamphetamine

281) CNS depressants may, in sufficient doses, cause?
   Respiratory depression.

282) Where would a HM located information on the control, custody and accountability guidelines for CNS depressant controlled substances?
   Chapter 21 of MANMED

283) True or False: Barbiturates are not habit forming?
   False

284) Which CNS depressant is the drug of choice for petit mal epilepsy?
   Phenobarbital

285) Which CNS depressant is a long-lasting barbiturate frequently used to treat convulsive disorders?
   Luminal

286) Which CNS depressant is indicated for short-term treatment of insomnia?
   Pentobarbital
287) **What is the drug of choice for the treatment and management of grand mal epilepsy?**
   
   Phenytoin Sodium or Dilantin

288) **Dilantin is the trade name for which medication?**
   
   Phenytoin Sodium

289) **Use of opium for its antiperistaltic activity have been replaced by?**
   
   Morphine or Codeine

290) **When patients taking opium or opium alkaloids what side effects may they expect?**
   
   Drowsiness, Dizziness, and Blurring of vision

291) **Morphine sulfate is an opium alkaloid indicated for?**
   
   Relief of severe pain

292) **True or False: Roxanol is used to treat severe pain associated with myocardial infarction.**
   
   True

293) **Morphine sulfate is contraindicated for patients with?**
   
   Head injuries, Acute alcoholism, and Convulsive disorders

294) **Codeine sulfate is used for?**
   
   Moderate to severe pain and Antitussive

295) **Codeine has _____ of the analgesic power of Morphine.**
   
   $1/6^{th}$

296) **Codeine has _____ of the respiratory depressant effect of morphine.**
   
   $1/4^{th}$

297) **What is the trade name of Meperidine hydrochloride?**
   
   Demerol

298) **What are the two primary groups of psychotherapeutic agents?**
   
   Tranquilizers and Mood modifiers

299) **Which psychotherapeutic agent group of medications have replaced amphetamines as treatment of choice for depressive states?**
   
   Mood modifiers

300) **Which psychotherapeutic agent may be used as an antiemetic?**
   
   Thorazine or Chlorpromazine hydrochloride

301) **The generic name for Mellaril is?**
   
   Thioridazine
302) A good all around tranquilizer is?  
Mellaril  
18-19, left column, 4th bullet

303) Prochlorperizine is most often used in the symptomatic treatment of?  
Nausea and Vomiting  
18-19, left column, 5th bullet

304) Which psychotherapeutic agent is indicated in treating schizophrenia with manifestations of acute manic symptoms, social withdrawal, paranoid behavior, and manic stage of manic-depressive patients?  
Haloperidol or Haldol  
18-19, left column, 6th bullet

305) Which drug is the drug of choice to prevent or diminish the intensity of manic episodes?  
Lithium or Eskalith or Lithonate  
18-19, left column, last bullet

306) Elavil is the trade name of which medication?  
Amitriptyline hydrochloride  
18-19, right column, 1st bullet

307) Which medication is an antidepressive mood elevator with mild tranquilizing effects?  
Elavil  
18-19, right column, 1st bullet

308) Which medication is indicated in the abatement of acute withdrawal symptoms of alcoholism?  
Chlordiazepoxide hydrochloride or Librium  
18-19, right column, 2nd bullet

309) Which medication is a rapid-acting antianxiety and antiemetic with antispasmodic and muscle relaxant effects?  
Hydroxyzine or Atarax or Vistaril  
18-19, right column, 3rd bullet

310) Valium is the trade name for what medication?  
Diazepam  
18-19, right column, 4th bullet

311) Which drug is the drug of choice in status epilepticus?  
Valium or Diazepam  
18-19, right column, 4th bullet

312) Which medication in the United States Military is CANA, (Convulsive Antidote, Nerve Agent) other generic name?  
Diazepam  
18-19, right column, 4th bullet

313) How many CANA kits are issued to service members, along with 3 Mark I NAAK kits when operating in circumstances where chemical weapons in the form of nerve agents are considered a potential hazard?  
1  
18-19, right column, 4th bullet

314) Which medication may be useful in treating bulimia nervosa and obsessive compulsive disorders?  
Fluoxetine hydrochloride or Prozac  
18-19, right column, 5th bullet

315) What is the generic name of Ambien?  
Zolpidem  
18-19, right column, last bullet

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316) Which medication is indicated for short term treatment of insomnia?
Ambien  
18-19, right column, last bullet

317) True or False: Skeletal muscle relaxants may cause drowsiness and improve performance of tasks that require alertness.
False  
18-20, left column, 1st paragraph

318) True or False: Digoxin is indicated for all degrees of congestive heart failure and various arrhythmia.
True  
18-20, left column, 3rd bullet

319) Laxin has direct effect on the myocardium causing and _____ in the force of contractions.
Increase  
18-20, left column, 3rd bullet

320) Which medication is indicated for premature atrial and ventricular contractions and other arrhythmias?
Quinidine Sulfate  
18-20, left column, 4th bullet

321) What class of medication is Quinine sulfate?
Antimalarial  
18-20, left column, 4th bullet

322) Which medication is used for the prevention of erection in adult males following circumcision?
Amyl Nitrate  
18-20, left column, 5th bullet

323) Isosorbide dinitrate is also known as?
Sorbitrate or Isordil  
18-20, left column, 5th bullet

324) Which medication is indicated as an adjunct to warfarin sodium in the prevention of postoperative thromboembolic complications of cardiac valve replacement?
Dipyridamole or Persantine  
18-20, left column, last bullet

325) Which medication is indicated for the treatment of premature ventricular contractions, ventricular tachycardia, and atrial fibrillation?
Procainamide hydrochloride or Procan SR or Prostyl  
18-20, right column, 1st bullet

326) Which medication is indicated for the treatment of angina pectoris and management of essential hypertension?
Verapamil or Isoptin  
18-20, right column, 2nd bullet

327) Cardizem is the trade name for which medication?
Diltiazem  
18-20, right column, 3rd bullet

328) When epinephrine is inhaled it is used to?
Relieve acute bronchial asthma  
18-20, right column, 4th bullet
329) Which medication would be administered if these symptoms are present, bronchospasms; urticaria; pruritus; and swelling of the skin, lips, eyelids, tongue and nasal mucosa; and anaphylactic shock? 
Epinephrine, Adrenaline, or Sus-Prine  
18-20, right column, 4th bullet

330) Visine is the trade name for which medication?  
Tetahydrozaline hydrochloride  
18-20, right column, 5th bullet

331) Which medication is an ophthalmic preparation for symptomatic relief of irritated eyes?  
Tetahydrozaline hydrochloride  
18-20, right column, 5th bullet

332) Which medication is used to shrink mucous membranes of the nose and to relieve local congestion?  
Phenylephrine hydrochloride or Neo-Synephrine  
18-20, right column, 6th bullet

333) Oxymetazoline is the generic for which medication?  
Afrin  
18-20, right column, last bullet

334) Before an anticoagulant agent is prescribed and its dosage determined, what should happen first?  
Laboratory testing of the patient’s blood-clotting capabilities  
18-21, left column, 1st paragraph

335) Which anticoagulant is used in prophylaxis and treatment of venous thrombosis and pulmonary embolism?  
Heparin Sodium  
18-21, left column, 1st bullet

336) Warfarin sodium is the generic name, what is the trade name for the same medication?  
Coumadin  
18-21, left column, 2nd bullet

337) Which anticoagulant is used extensively to treat embolism in the prevention of occlusions?  
Warfarin Sodium  
18-21, left column, 2nd bullet

338) How many fat-soluble vitamins are there?  
Four; A, D, E and K  
18-21, left column, 2nd paragraph

339) Retinol is the trade name for which medication?  
Vitamin A  
18-21, left column, 3rd paragraph

340) Retinoic acid is useful to treat?  
Acne and pseudofolliculitis barbae  
18-21, left column, 3rd bullet

341) Biliary tract or pancreatic disease, colitis, hepatic cirrhosis, and anorexia may cause a deficiency in which vitamin?  
A  
18-21, left column, 3rd bullet

342) Thiamine is a _____-soluble vitamin necessary for carbohydrate metabolism.  
Water  
18-21, left column, last bullet
343) Vitamin B1 deficiency causes what disease?
Beriberi

18-21, left column, last bullet

344) Riboflavin is also known as?
Vitamin B2

18-21, right column, 1st bullet

345) Cheilosis, glossitis, visual disturbances or visual fatigue are associated with which deficiency?
Vitamin B2

18-21, right column, 1st bullet

346) Which vitamin is used in the prevention and treatment of pellagra?
Vitamin B3 or Niacin

18-21, right column, 2nd bullet

347) Which vitamin prevents the development of peripheral neuritis during Isoniazid therapy?
Vitamin B6 or Pyridoxine Hydrochloride

18-21, right column, 2nd bullet

348) Which vitamin is essential to growth, cell reproduction, and blood cell formation?
Vitamin B12 or Cyanocobalamin

18-21, right column, 4th bullet

349) True or False: If Cyanocobalamin is used to treat pernicious anemia, the treatment is continued indefinitely?
True

18-21, right column, 4th bullet

350) Which vitamin is necessary for the prevention and cure of scurvy?
Vitamin C or Ascorbic Acid

18-21, right column, 5th bullet

351) Which vitamin is involved with the regulation of calcium and phosphorous?
Vitamin D

18-21, right column, 5th bullet

352) Vitamin D deficiency leads to (a) _____ in children and (b) _____ in adults.
(a) Rickets (b) Osteomalacia

18-21, right column, 6th bullet

353) Which vitamin prevents the destruction of red blood cells?
Vitamin E or Tocopherol

18-21, right column, last bullet

354) What is the difference between naturally occurring form of vitamin K and synthetic forms of vitamin K?
Naturally occurring form of Vitamin K is fat soluble, synthetic forms of vitamin k are water soluble

18-22, left column, 1st bullet

355) Vitamin K is involved in the formation of _____ and other blood clotting factors.
Prothrombin

18-22, left column, 1st bullet

356) Anesthesia means?
“Without feeling”

18-22, left column, paragraph

357) May a HM administer general anesthesia?
Yes, with supervision of a MO

18-22, left column, 2nd bullet

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Which anesthetic produce loss of sensation to pain in specific area or locality of the body without consciousness or mental capacity?
Local anesthetics

Laughing gas is otherwise known as?
Nitrous Oxide

High concentrations of nitrous oxide may cause?
Cyanosis and Asphyxia

True or False: Halothane is used for inhalation anesthesia with patients of all ages, nonflammable and non-explosive.
True

Fluothane is contraindicated with which patients?
Obstetrics and Hepatic dysfunction patients

Ketamine hydrochloride is a fast acting general anesthetic agent but when a patient begins to recover from the drug they might experience?
Psychological manifestations ranging from pleasant dreamlike states to hallucinations to delirium accompanied by confusion and irrational behavior.

Innovar is a combination of?
Fentanyl and Droperidol

Innovar should be used with extreme caution in patients with?
Any respiratory problems

Procaine hydrochloride is administered only by?
Injection

Which anesthetic is the standard to which all other anesthetics are compared to?
Lidocaine hydrochloride

Dibucaine is the generic name for?
Nupercainal

Proparacaine is a local _____ anesthetic used topically.
Ophthalmic

Which class of medications produce a rhythmic contraction of the uterus?
Oxytocics

Which oxytocic is used in the treatment of postpartum and post-abortal hemorrhage?
Ergonovine maleate

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372) Pitocin is indicated for?
- Initiation or improvement of uterine contractions or to control postpartum hemorrhage

373) Immunizations dosage and routes of administration are described in?
- The package insert

374) If the HM has questions regarding immunizations and chemoprophylaxis they should refer to?
- BUMEDINST 6230.15 series

375) Immunizing and chemoprophylaxis agents are stored, shipped and handled in accordance with?
- The pharmaceutical manufacturer’s instructions

376) List the most common immunizing agents used by U.S. armed forces to inoculate military personnel against disease?
- Antrax, Hepatitis A, Hepatitis B, Influenza A and B, Measles, Mumps, Rubella (MMR), Smallpox vaccine, Tetanus, Diphtheria, and Pertussis, and Yellow Fever

377) Which immunization agent is administered to prevent infection by any route of exposure to spores or the bacteria Bacillus anthracis?
- Anthrax

378) Which vaccine is given to prevent an acute infection of the liver, acquired by consuming food or water contaminated with poor food, water, and sewage sanitation?
- Hepatitis A

379) Hepatitis A is an _____ worldwide.
- Endemic

380) This vaccine is given to prevent an acute or potentially chronic infection of the liver that is acquired through percutaneous, sexual, and other per mucosal exposure to blood and body fluids from people infected with the virus.
- Hepatitis B

381) Which vaccine(s) is used to prevent acute febrile respiratory viral infections that can cause epidemics within military populations, especially under conditions of crowding, such as initial entry training, aboard ship, extended air transport, or deployment settings.
- Influenza A and B

382) The route(s) of transmission from measles, mumps and rubella are?
- Respiratory route or person-to-person contact

383) Rubella infection during the first trimester of pregnancy puts the fetus at high risk for?
- Congenital rubella syndrome and birth defects
384) Which age population may experience more severe complications from mump infection?
   Young Adults

385) In what year did the World Health Organization (WHO) declare the global eradication of naturally occurring smallpox?
   1980

386) What is the name of the virus which is the causative agent of smallpox, which could be used as a biological warfare agent?
   Variola Virus

387) Tetanus infections are caused by an exotoxin of?
   Clostridium tetani

388) Corynebacterium diphtheriae cause which acute disease?
   Diphtheria

389) Pertussis is an acute illness caused by which bacteria?
   Bordetella pertussis

390) Which is the preferred vaccine to prevent tetanus, diphtheria and pertussis?
   Tdap

391) How is yellow fever, a _____-borne viral disease.
   Mosquito

392) The arithmetic of pharmacy is also known by the term?
   Metrology

393) What is metrology?
   The study and science of weights and measures

394) What is the official system of weights and measures used by Navy Pharmacy Departments for weighing and calculating pharmaceutical preparations?
   International System of Units (SI) or metric system

395) Base unit for the metric system; weight is (a) _____, volume is (b) _____, and linear is (c) _____.
   (a) Gram, (b) Liter, (c) Meter

396) Which prefix would be used for multiples of one thousand?
   Kilo

397) Which prefix would be used for one ten thousandth?
   Micro
398) True or False: The symbol for liter must be capitalized.  
False  
18-25, left column, 1st bullet

399) What should be placed in front of a decimal point to clarify the information?  
Zero if no whole number precedes the decimal point  
18-25, right column, 2nd bullet

400) “Trailing” zeros ______ be used in medication orders or other medication-related documentation?  
May not  
18-25, right column, 1st paragraph

401) In addition to the metric system, the HM should be aware of what other system(s) of measurement?  
Two; Avoirdupois and Apothecaries’ systems  
18-25, right column, 1st paragraph

402) The apothecaries’ system has how many basic units?  
Two; Weight – Grain, Volume – Minim  
18-25, right column, 1st paragraph

403) The avoirdupois system has how many basic units?  
Three; Dram, Ounce, and Pound  
18-25, right column, last paragraph

404) There are how many systems for weight measurement?  
Three; Avoirdupois (grain), Apothecary (grain), and Metric (gram)  
18-26, left column, 1st paragraph

405) There are how many systems of volume measurement?  
Two; Apothecary (minim smallest unit) and Metric (liter)  
18-26, table 18-1

406) There are how many systems of linear measurement?  
One; Metric (meter)  
18-26, table 18-1

407) When converting mL to household measurements, 5mL is equal to?  
1 teaspoonful  
18-27, left column, table 18-2

408) One tablespoon is equal to how many mL?  
15mL  
18-27, left column, table 18-2

409) Thirty (30) mL is equal to how many ounces?  
One  
18-27, left column, table 18-2

410) The definition “parts per hundred” is for what term?  
Percentage  
18-28, left column, 1st paragraph

411) True or False: Percentage in respect to compound solutions means parts of active ingredient per 100 parts of total preparation?  
True  
18-28, left column, last paragraph

412) The relationship of one quantity to another quantity of like value is the definition of what term?  
Ratio  
18-28, right column, last paragraph

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413) The expression of equality of two ratios is the definition of?
Proportion

414) What are aromatic, sweetened hydroalcoholic solutions containing medicinal substances?
Elixirs

415) What are coarse dispersions comprised of finely divided insoluble material suspended in a liquid medium?
Suspensions

416) The process of mixing or combining the ingredients to form a suspension is called?
Reconstitution

417) What are semisolid, fatty, or oily preparations of medical substances?
Ointments

418) What are solid bodies intended to introduce medicinal substances into the various orifices of the body (rectum, vagina, and urethra)?
Suppositories

419) What are gelatin shells containing solid or liquid medicinal substances to be taken orally?
Capsules

420) How many types of pharmaceutical balances are in common use in the Navy?
Two; Torsion balances and electronic balances

421) Another name for a torsion balance is?
Class A

422) A Class A balance is used for weighing loads from (a) ______ to (b) ______.
120mg to 120g

423) Which scale is most accurate and easier to use?
Electric

424) A ribbed funnel has in inside taper of?
60 degrees

425) What is a glass container with metric measurements inscribed on it?
Erlenmeyer Flask

426) A mortar and pestle are used to?
Reduce substances to fine powders

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427) The which piece of the mortar and pestle is a hand tool?
    Pestle

428) Which device is a knifelike utensil with a rounded, flexible, smoothly ground blade, available in various sizes?
    Spatula

429) What are conical or cylindrical clear glass containers graduated in specified quantities and used to measure liquids volumetrically?
    Graduates

430) What is the term when a medication used simultaneously with another medication or substance does not perform as intended?
    Incompatibilities

431) How many classes of incompatibilities are there?
    Three; Therapeutic, Physical, and Chemical

432) Which class of incompatibility occurs when agents antagonistic to one another are prescribed together?
    Therapeutic

433) Which class of incompatibility are evidenced by the failure of the medications to combine properly?
    Physical

434) Which type of incompatibility is; Insolubility of prescribed agent in vehicle?
    Physical

435) Which type of incompatibility is; Immiscibility (incapable of being mixed) of two or more liquids?
    Physical

436) Which type of incompatibility is; Precipitation due to change in a solution that results in decreased solubility (called salting out)?
    Physical

437) Which type of incompatibility is; Liquification of solids mixed in a dry state, called Eutexia?
    Physical

438) Which type of incompatibility is; Cementation (hardening) of insoluble ingredients in liquid mixtures?
    Physical

439) Which type of incompatibility is; Evolution or changes in color?
    Chemical

440) Which type of incompatibility is; Reduction or explosive reaction (called oxidation)?
    Chemical

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441) Which type of incompatibility is; Precipitation due to chemical reaction?
Chemical
18-33, right column, 8th bullet

442) Which type of incompatibility is; Inactivation of sulfa medications by procaine HCl?
Therapeutic
18-33, right column, last bullet

443) Any condition which makes a particular treatment or procedure inadvisable is known as a?
Contraindication
18-34, left column, 2nd paragraph

444) Which term describes, reactions may occur when a medication, administered in a dose appropriate for human prophylaxis, diagnosis, or therapy has an unintended and harmful effect on the patient receiving it?
Adverse Medication Reaction
18-34, left column, last paragraph

445) True or False: Medication reactions are always negative?
False
18-34, right column, 1st paragraph

446) Where would a HM most notably locate descriptions of medication contraindications, adverse reactions and interactions?
Drug Facts and Comparisons
18-34, right column, 2nd paragraph

447) All information pertaining to a prescription is?
Confidential
18-35, left column, 1st bullet

448) True or False: Prescriptions may be transferred to another person?
False
18-35, left column, last bullet

449) A HM who is to fill a prescription correctly should be familiar with the pharmacy policies in which reference?
Manual of the Medical Department (MANMED), NAVMED P-117 Chapter 21
18-35, left column, last paragraph

450) There are how many standardized forms for use for prescriptions?
Two; DoD Prescription (DD form 1289), and Polyprescription (NAVMED 6710/6)
18-35, right column, 1st paragraph

451) What is the major difference between automated prescriptions and written prescriptions?
Automated prescriptions do not require the prescriber's signature
18-35, right column, 1st paragraph

452) True or False: Prescriptions written on DD form 1289 are for one medication.
True
18-35, right column, last paragraph

453) Controlled medications may only be written on DD form 1289?
No
18-35, right column, last paragraph

454) How many prescriptions may be written on a Polyprescription?
Four
18-35, right column, last paragraph
455) Where is the patient information block located on DD from 1289?
   Top
   18-37, left column, 1st paragraph

456) What information is required in the patient information block?
   Name and Date of Birth
   18-37, left column, 1st paragraph

457) Below the patient information block is the?
   Medical Facility and Date Block
   18-37, left column, 1st paragraph

458) The prescription block is located where?
   The center of DD form 1289
   18-37, left column, 2nd paragraph

459) The prescription block is broken down into how many parts?
   Four; Superscription, Inscription, Subscription and Signa
   18-37, left column, 4th paragraph

460) “Rx” means what?
   “Take” or “Take thou”
   18-37, left column, 5th paragraph

461) Which part of the prescription block lists the name, and quantity of the medication to be used?
   Inscription
   18-37, left column, last paragraph

462) What part of the prescription is of greatest importance?
   Inscription
   18-37, left column, last paragraph

463) If there is a doubt as to the medication or amount listed in the inscription, the HM filling the prescription should?
   Verify the inscription with the prescriber
   18-37, left column, last paragraph

464) How should the medication be written?
   By generic name
   18-37, right column, note

465) The dosage size or strength should be written in _____ format.
   Metric
   18-37, right column, note

466) Direction for the compounder is located in which part of the prescription block?
   Subscription
   18-37, right column, 1st paragraph

467) The part of the prescription block that gives directions for the patient is known as the _____ part of the prescription block.
   Signa
   18-37, right column, 2nd paragraph

468) True or False: The prescribers signature block must contain a legible signature.
   True
   18-37, right column, 3rd paragraph
469) Who are authorized prescribers are?
Medical and Dental Corps Officers; Optometrists, Physician Assistants, Pharmacists, Physical Therapist,
Podiatrists, Nurse Practitioners, Certified Nurse Anesthetists, Nurse Midwife, Women’s Health Nurse
Practitioners, Family and Pediatric Nurse Practitioners, Veterinarians (for military working animals) or
civilian Physicians employed by the Navy or Military Health System, Independent Duty Hospital Corpsmen
(IDC)

18-37, right column, last paragraph and 18-38, left column, 1st paragraph

470) Erasures on prescriptions are?
Prohibited

18-38, column, 3rd paragraph

471) Persons authorized to prescribe cannot write prescriptions for whom?
Theemselves or members of their immediate families

18-38, left column, 4th paragraph

472) The simplest and best way to verify a prescription is to?
Ask for an ID card to verify the name and expiration date on the ID Card

18-38, right column, 1st paragraph

473) True or False: The HM should never allow the patient to suspect that anything is amiss with their
prescription.
True

18-38, right column, 3rd paragraph

474) True or False: Never fill a prescription that is not completely understood or appears incorrect.
True

18-38, right column, 3rd paragraph

475) What is leading causes for most mistakes when the person is filling the prescription?
Interruption while filling the prescription or Trying to accomplish more than one task at a time

18-38, right column, 4th paragraph

476) During the process of filling a prescription, the label on the containers used in filling the prescription
should be verified how many times?
Three; Initially it should be read when the container is taken from the shelf, Then read again when
the contents are removed from a the container, Finally the container’s label should be read before it is
returned to the shelf.

18-38, right column, last paragraph

477) All medication labels are _____ clearly and their directions translated into simple layman’s language.
Typed

18-39, left column, 1st paragraph

478) How many purposes does the prescription label serve?
Two; Gives patients directions pertaining to the medication, Quickest means by which the contents of the
prescription container, the person who wrote the prescription, and the person filled it be traced

18-39, left column, 1st paragraph

479) Prescription labels should have what information on it?
Name and phone number of the dispensing facility; A serialized number that corresponds with the
number on the prescription form; The date the prescription is filled; The patient’s name; The directions to
the patient; The prescriber’s name and rate/rank; The initials of the compounder; Authorized refills if any;
The expiration date; Name and strength, and quantity of medication dispensed

18-39, left column, bullets
480) For prescriptions in which the brand or trade name is actually used to fill the prescription, which name should appear on the prescription bottle?

Trade

18-39, left column, note

481) Are “Poison” labels placed on preparations intended for external use?

No; “For External Use Only”

18-39, right column, 1st paragraph

482) True or False: The initials or code of the person filling the prescription must also be written on the prescription form.

True

18-39, right column, last paragraph

483) Filled prescriptions must be maintained in how many different files?

Three; Schedule II (Narcotics), Schedule III through V (Controlled Medications), General files

18-40, left column, 1st paragraph

484) How are prescriptions containing narcotics filed?

Numbered consecutively, Proceeded by the letter “N”, and filed separately

18-40, left column, 1st bullet

485) What is documented on Schedule III, IV and V (Controlled Medications) prescriptions and filed separately?

Numbered consecutively, Proceeded by the letter “C” and filed separately

18-40, left column, 2nd bullet

486) True or False: All prescriptions are numbered consecutively and filed together.

False

18-40, left column, 3rd bullet

487) Prescriptions are required to be kept on file for how long after the date of issue?

2 years

18-40, left column, 2nd paragraph

488) Who has ever profited by misappropriation?

No one

18-40, left column, last paragraph

489) MANMED specifically assigns custodial responsibility for controlled substances to?

Commissioned Officer

18-40, right column, 2nd paragraph

490) What responsibilities does the HM have?

Administering and Securing controlled substances

18-40, right column, 2nd paragraph

491) Which regulations forbid the introduction, possession, use, sale, or other transfer of marijuana, narcotic substances or other controlled substances?

U.S. Navy Regulations

18-40, right column, 3rd paragraph

492) In what year was The Controlled Substance Act established?

1970

18-40, right column, 4th paragraph

493) The Controlled Substances Act of 1970 established how many schedules (categories)?

5

18-40, right column, 4th paragraph

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494) Who will establish special security and accounting procedures for these command-sensitive items designated as “Locally Controlled Substances”?
Commanding Officer

18-40, right column, last paragraph

495) Schedule I medications have _____ abuse potential and no accepted medical use.
High

18-41, left column, 1st paragraph

496) What schedule medication is marijuana?
Schedule I

18-41, left column, 1st paragraph

497) What schedule medication is heroin or LSD?
Schedule I

18-41, left column, 1st paragraph

498) What schedule are narcotics, amphetamines, and barbiturates?
Schedule II

18-41, left column, 1st paragraph

499) Schedule II medications must be filled within how many days?
7

18-41, left column, 2nd paragraph

500) Which schedule of medications can never be ordered with refills?
Schedule II

18-41, left column, 2nd paragraph

501) Which schedule of medications has a moderate dependence liability?
Schedule III

18-41, left column, 2nd paragraph

502) Schedule III prescriptions must be filled within how many days from the date written?
30

18-41, left column, 3rd paragraph

503) How many refills may be ordered with Schedule III or IV medications, within 6 months?
5 refills

18-41, left column, 3rd paragraph

504) Nonbarbiturates, nonamphetamine stimulants and medications that contain a limited quantity of certain narcotics are which schedule of medication?
Schedule III

18-41, left column, 3rd/4th paragraph

505) Which schedule of controlled substances has limited dependence liability?
Schedule IV

18-41, left column, 3rd paragraph

506) Which schedule of controlled substances has limited abuse potential?
Schedule V

18-41, left column, 4th paragraph

507) True or False: Working stock of controlled substances may be kept in a locked area within the pharmacy.
True

18-41, right column, 1st paragraph

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508) Schedule I and II controlled substances require what type of storage?
Vault or Safe
18-41, right column, 1st paragraph

509) A copy of the safe combination must be kept in a sealed envelope on file with who?
Commanding Officer or representative
18-41, right column, 1st paragraph

510) True or False: Schedule III through Schedule V controlled substances require vault or safe storage?
False; locked cabinet
18-41, right column, 1st paragraph

511) On board large naval vessels, the CO may appoint who as the bulk custodian?
An officer of the Medical Department or another officer
18-41, right column, 2nd paragraph

512) Custodial responsibility for controlled substances at treatment facilities is entrusted to?
A Commissioned Officer or civilian Pharmacist
18-41, right column, 3rd paragraph

513) On board smaller naval vessels, access to controlled substances is limited to?
The bulk custodian and Senior Medical Department Representative (SMDR)
18-41, right column, last paragraph

514) How frequently does the Controlled Substance Inventory Board (CSIB) take an unannounced inventory of controlled substances?
Quarterly or more frequently if necessary
18-42, left column, 1st paragraph

515) Who appoints the members of the Controlled Substance Inventory Board (CSIB)?
Commanding Officer
18-42, left column, 2nd paragraph

516) At a minimum there must be how many member of the Controlled Substance Inventory Board (CSIB)?
Three
18-42, left column, 2nd paragraph

517) Who cannot be a member of the board?
The officer having custodial responsibility
18-42, left column, 3rd paragraph

518) What reference(s) gives the HM further guidance on controlled substance inventory procedures?
MANMED Chapter 21 Pharmacy Operations and Drug Control and BUMEDINST 6710.70 (series)
18-42, left column, 2nd paragraph

519) Schedule I or II controlled substances and locally controlled medications that have become outdated, deteriorated to the point of not being usable, are of questionable purity or potency, or have had their identity compromised must be reported to?
Command Officer
18-42, left column, last paragraph

520) Who must be present at the destruction of controlled substances?
A member of the CSIB
18-42, left column, last paragraph
Questions and Answers

Manual of the Medical Department (MANMED P117) – Chapter 21 Pharmacy Operation and Drug Control

1) What change is the current instruction?
   Change 113

2) Naval medical treatment facilities dispensing drugs range from?
   Large hospitals, Support stations aboard ships of the fleet and Support stations ashore

3) Who has professional oversight of pharmacy services at all fixed medical treatment facilities in the United States and overseas where a pharmacy is operated?
   A licensed pharmacist

4) Pharmacists are graduates of?
   Accredited pharmacy colleges or have a Foreign Pharmacy Graduate Examination Committee certificate

5) Who determines the number of pharmacists and technicians assigned to a facility?
   BUMED Pharmacy Staffing Standard

6) May pharmacies at fixed medical treatment facilities where a pharmacist is not available operate?
   Yes, by military-trained pharmacy technicians operating under the Department of Defense/The Joint Commission protocol (reference Interim Protocol dated 2006); Yes, by using a telepharmacist option; Yes by of remote pharmacists to support inpatient pharmacy operation to ensure adherence to The Joint Commission medical management standards of prospectively checking medication orders

7) Who is responsible for the operation of the pharmacy?
   Commanding Officer

8) Supervision of the pharmacy is normally exercised by?
   Commissioned Pharmacy Officer

9) If a commissioned pharmacy officer is not assigned to the medical treatment facility, who if anyone, may be assigned supervisory responsibilities?
   Civilian pharmacist or HM-8482 (pharmacy technician)

10) Who is responsible to establish policies to ensure rational prescribing, ensure quantities of drugs prescribed are not excessive, and ensure drug dispensing is based on established Department of Defense and local medication formulary that matches the scope of care at the medical treatment facility?
    The Commanding Officer

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11) Whose responsibility to ensure staffing levels, funding, and pharmacy scope of practice are aligned to meet the mission of the medical treatment facility?
The Commanding Officer

12) Who is responsible to ensure that the pharmacy department head and subordinate staff keep abreast of new developments in the field of pharmacy and serve as subject matter experts?
The Commanding Officer

13) Whose responsibility is to ensure safe medication use in compliance with pharmacy regulatory and accreditation standards?
The Commanding Officer

14) Who is responsible to ensure safeguards are adequate to mitigate or prevent drug diversion?
The Commanding Officer

15) Whose responsibility is to delineate pharmacy department responsibilities?
The Commanding Officer

16) The pharmacy department has the responsibility to?
Provide drug information and policy assistance to authorized individuals in the proper writing of prescriptions; Advise reference to pharmacology and toxicology; Dosage forms and strengths; Precautions; Side effects and adverse drug reactions; Pharmacokinetics; Parenteral nutrition support; Availability of ingredients, Size of standard packages, Equivalent agents; Therapeutic and physical incompatibilities; Therapeutic equivalents; Storage requirements; Drug stability; Dosage calculations and any information that would assist the user; Support providers with information and recommendations regarding pharmaceutical elegance and palatability; Use of agents and quantities for maximum effectiveness and economy; Refill authorizations and any matter involving the use or misuse of medications

17) How often are inspections of all areas where pharmaceuticals are dispensed, administered, or stored?
At least monthly

18) What are minimally inspected for?
Adequate labeling; Appropriate storage conditions; Stock level; Evaluation of condition and potency based on expiration dates; and Check markings of storage areas for expired drugs

19) Who maintains current drug information resources and routinely disseminates drug information to medical provider staff and patients?
The Pharmacy Department

20) Who provides information concerning advances in the field of pharmacy and related matters?
The Pharmacy Department
21) Who maintains and publicizes, either electronic or hard copy, a medical treatment facility formulary for use in the facility and by its patients and external customers?
   The Pharmacy Department
   Page 6 of 35, 21-3, left column, 4th paragraph

22) True or False: The pharmacy department must provide providers a hard copy of the facilities formulary.
   False; May be electric
   Page 6 of 35, 21-3, left column, 4th paragraph

23) Whose core formulary must all military medical treatment facilities use for their basis?
   The Department of Defense
   Page 6 of 35, 21-3, left column, 4th paragraph

24) True or False: Military medical treatment facilities conduct research with investigational drugs.
   True
   Page 6 of 35, 21-3, left column, 5th paragraph

25) What is required when a military medical treatment facility is conducting research with investigational drugs?
   Providing proper and separate storage, safeguarding, labeling and dispensing of investigational drugs; Maintaining investigational drug files; Publishing essential information concerning investigational drugs to personnel who administer such drugs or care for patients receiving such drugs; and Maintaining a reference file copy in the pharmacy of the current protocols for all investigational drugs utilized in the medical treatment facility
   Page 6 of 35, 21-3, left column, 6th through 9th paragraph

26) How many requirements are there when conducting research with investigational drugs?
   Four; Providing proper and separate storage, safeguarding, labeling and dispensing of investigational drugs; Maintaining investigational drug files; Publishing essential information concerning investigational drugs to personnel who administer such drugs or care for patients receiving such drugs; and Maintaining a reference file copy in the pharmacy of the current protocols for all investigational drugs utilized in the medical treatment facility
   Page 6 of 35, 21-3, left column, 6th through 9th paragraph

27) Operating a pharmacy sterile products program to include the preparation and delivery of pharmaceutical sterile products in compliance with whose standards?
   United States Pharmacopeia (USP) standards
   Page 6 of 35, 21-3, left column, last paragraph

28) Who is responsible for maintaining written records of maintaining laminar flow hood, biological safety cabinet quantity control requirements, and changing high-efficiency particulate air filters?
   The Pharmacy Department
   Page 6 of 35, 21-3, right column, 1st paragraph

29) What does HEPA stand for?
   High-efficiency particulate air
   Page 6 of 35, 21-3, right column, 1st paragraph

30) True or False: Centralize all sterile compounding procedures within the pharmacy department or its satellites.
   True
   Page 6 of 35, 21-3, right column, 1st paragraph
31) Why is a unit-dose system preferred method of packaging pharmaceuticals for distribution to hospital patients at mixed medical treatment facilities?
Safety and Economy

32) What is the preferred method for packaging pharmaceuticals for distribution to hospital patients at mixed medical treatment facilities?
Unit-Dose

33) How many key elements are there to the unit-dose system?
Five; Medications are contained in and administered from a single-unit or unit-dose package; Medications are dispensed in ready-to-administer form to the maximum extent possible; For most medications, not more than a 24-hour supply of doses is provided to or available at the patient care area at any time, unless an automated dispensing system is in place; A patient medication profile is concurrently maintained by the pharmacy for each patient; Minimize the use of floor stock medications

34) A key element of the unit-dose system is the medications are contained in and administered in which form?
Single-unit

35) Medication are dispensed in what form to the maximum extent possible?
Ready-to-administer

36) For most medication not more than a _____ hour supply of doses is provided.
24

37) A patient medication profile is concurrently maintained by who?
The pharmacy

38) The pharmacy department is responsible for ensuring maximum use of electronic prescription order entry utilizing the current Department of Defense enterprise system to?
Enhance patient safety

39) What must be in place to continue pharmacy functions during equipment downtime?
Auxiliary procedures

40) All appropriate data collected during an equipment downtime, will be?
Retained for online data entry as soon as possible

41) Whose responsibility is to ensure prescriptions are filled only for eligible beneficiaries?
The Pharmacy Department

42) What tool does the pharmacy department use to ensure prescriptions are filled only for eligible beneficiaries?
TRICARE Eligibility Web site (http://www.tricare.mil/mybenefits/)

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43) Who is responsible for assuring, as part of the command’s quality improvement program, the quality and appropriateness of patient care services provided by the pharmacy department are monitored and evaluated, by using a planned and systematic process to identify and resolve problems?

The Pharmacy Department

Page 7 of 35, 21-3, left column, 2nd paragraph

44) What type(s) of process is used to identify and resolve problems?

Planned and Systematic

Page 7 of 35, 21-3, left column, 2nd paragraph

45) Minimally how many needs does the Fleet and Marine Forces need for pre-deployment and post-deployment?

Three; An assessment of therapeutic disease state management of shipboard and field personnel; Obtaining access to deployable forces current medication information; and Ensuring appropriate types and quantities of medication are available and stored following current standards and regulations

Page 7 of 35, 21-3, left column, 3rd through 6th paragraph

46) True or False: The scope of pharmaceutical services is consistent with the mission of the command and the medication needs of the patients it serves.

True

Page 7 of 35, 21-3, left column, 3rd paragraph

47) Who is responsible to ensure security measures are adequate to prevent unauthorized entry into the pharmacy?

The Pharmacy Department

Page 7 of 35, 21-3, left column, 7th paragraph

48) Which are these are appropriate measures for pharmacy security?

Utilization and maintenance of a logbook for visitors entering and leaving; Appropriate pharmacy key accountability by the Key Custodian with a sign out log; Use of surveillance cameras and alarm protection to maximum practical extent; and Maintain records of pharmacy door lock and alarm code changes and their frequency

Page 7 of 35, 21-3, left column, 7th paragraph

49) The pharmacy department ensures the facility provides pharmaceutical care consistent with Service regulation, medical staffing and standards of practice defined by?

The Joint Commission and other professional pharmacy organizations

Page 7 of 35, 21-3, left column, 8th paragraph

50) The pharmacy department ensures written cautionary information is provided with prescription medications dispensed to patients as required by?

The law

Page 7 of 35, 21-3, left column, last paragraph

51) Drug information to be provided to the patients include(s)?

Appropriate cautions on medication usage; Possible side effects; and Potentially hazardous interactions with food(s)

Page 7 of 35, 21-3, left column, last paragraph

52) Authorized generics are those rated (a) _____ in the (b) _____ book.

(a) A/B, (b) Orange

Page 7 of 35, 21-3, right column, 2nd paragraph
53) True or False: The medical treatment facility shall purchase the item that offers the best value for the government. Most often, this means buying a trade product.
   False; Most often, this means buying a generic product
   Page 7 of 35, 21-3, right column, 2nd paragraph

54) A trade name medication may be dispensed when?
   Medically indicated, supported by current literature and Documented in the patient’s medical record
   Page 7 of 35, 21-3, right column, exception

55) True or False: Pharmacies shall honor government contracts, if established, when purchasing pharmaceuticals.
   True
   Page 7 of 35, 21-3, right column, 3rd paragraph

56) Additional blanket purchase agreements between the medical treatment facility and a pharmaceutical company can be made when a Department of Defense contract is already in place.
   False; Cannot be made
   Page 7 of 35, 21-3, right column, 3rd paragraph

57) When are non-contracted items allowed to be purchased, if they are allowed to be purchased?
   When necessary to maintain efficient operations and in the best interest of patient care
   Page 7 of 35, 21-3, right column, 3rd paragraph

58) Medical treatment facilities shall utilize what system to manage their credit memos and order pharmaceuticals from their Prime Vendor credit account?
   An inventory management ordering system
   Page 7 of 35, 21-3, right column, 4th paragraph

59) How frequently are Pharmacy and Therapeutics committee required to meet?
   At least quarterly
   Page 7 of 35, 21-3, right column, last paragraph

60) The Pharmacy and Therapeutics Committee is a function of the?
   Medical Staff
   Page 7 of 35, 21-3, right column, last paragraph

61) Who are interdisciplinary team members that compose the Pharmacy and Therapeutics Committee?
   Medical, Nursing, Risk Management, and Pharmacy
   Page 7 of 35, 21-3, right column, last paragraph

62) The local Pharmacy and Therapeutics Committee shall ensure compliance with?
   TRICARE Uniform Formulary policies and Department of Defense Pharmacy and Therapeutics Committee formulary
   Page 7 of 35, 21-3, right column, last paragraph

63) Who develops and recommends policies and procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic materials?
   The Pharmacy and Therapeutic Committee
   Page 8 of 35, 21-3, left column, 1

64) Who evaluates clinical data on drugs or preparation requested for use in the medical treatment facility that have not been evaluated by the Department of Defense Pharmacy and Therapeutics Committee?
   The Pharmacy and Therapeutic Committee
   Page 8 of 35, 21-3, left column, 2

65) Who minimizes unnecessary duplication of drugs, drug combinations, or therapeutic equivalents?
   The Pharmacy and Therapeutic Committee
   Page 8 of 35, 21-3, left column, 3
66) **Who reviews all reported medication and misadventures and medication errors including evaluation of all errors and trend analyses with risk management?**

   The Pharmacy and Therapeutics Committee

67) **The Pharmacy and Therapeutic Committee has how many functions?**

   Twelve; Develops and recommends policies and procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic materials; Evaluates clinical data on drugs or preparations requested for use in the medical treatment facility that have not been evaluated by the Department of Defense Pharmacy and Therapeutic Committee; Minimizes unnecessary duplication of drugs, drug combinations, or therapeutic equivalents; Reviews all reported medication and misadventures and medication errors including evaluation of all errors and trend analyses with risk management; Recommends policies to ensure the safe use of drugs in the facility including the initial and annual review of pharmaceuticals approved for floor stock including items stored in automated dispensing cabinets; Overseas drug usage evaluations and reviews; Approves and reviews annually all preprinted paper and electronic forms that include medications prior to their use in the medical treatment facility; Complies with all National Patient Safety Goals (NPSG), The Joint Commission medication management standards, and other guidelines as directed by BUMED; Recommends policies, to provide reason-able access to the facility by manufacturer representatives, to govern their conduct and activities while at the medical treatment facility; Participates in risk management and quality improvement activities related to medication use; Recommends policies and procedures for evaluation and acquisition of non-formulary medications in compliance with Department of Defense Uniform Formulary decisions; and Reviews and approves formularies for providers with limited prescribing privilege

68) **Misadventure(s) are described as?**

   Adverse drug reactions or Adverse drug events

69) **An event or situation that could have resulted in harm to a patient, if it had reached the patient is defined as?**

   Near-miss

70) **Who recommends policies to ensure the safe use of drugs in the facility, including the initial and annual review of pharmaceuticals approved for floor stock including items stored in automated dispensing cabinets?**

   The Pharmacy and Therapeutics Committee

71) **Who oversees drug usage evaluations and reviews?**

   The Pharmacy and Therapeutics Committee

72) **Who approves and reviews annually all preprinted paper and electronic forms that include medications prior to their use in the medical treatment facility?**

   The Pharmacy and Therapeutics Committee

73) **Who complies with all National Patient Safety Goals, The Joint Commission medication management standards, and other guidelines as directed by BUMED?**

   The Pharmacy and Therapeutics Committee
74) Who recommends policies, to provide reason-able access to the facility by manufacturer representatives, to govern their conduct and activities while at the medical treatment facility?
   The Pharmacy and Therapeutics Committee

75) Who participates in risk management and quality improvement activities related to medication use?
   The Pharmacy and Therapeutics Committee

76) Who recommends policies and procedures for evaluation and acquisition of non-formulary medications in compliance with Department of Defense Uniform Formulary decisions?
   The Pharmacy and Therapeutics Committee

77) Who reviews and approves formularies for providers with limited prescribing privilege?
   The Pharmacy and Therapeutics Committee

78) Who are limited prescribing providers?
   Independent Duty Corpsmen, Nurse Practitioners, Physician Assistants and Mid-level practitioners

79) Authorized prescribers may include who?
   Medical and Dental Corps officers; Optometrists; Physician assistants; Pharmacists; Physical therapists; Podiatrists; Nurse practitioners; Veterinarians; Civilian physicians employed by the Navy or Military Health System; and Independent Duty Hospital Corpsmen

80) The term Nurse practitioners include?
   Certified nurse anesthetists, Nurse midwives, Women’s health nurse practitioners, and Family and pediatric nurse practitioners

81) True or False: Prescriptions written by civilian practitioners, other than those employed by the Department of Defense, may be filled for authorized beneficiaries, providing the prescribed item is on the medical treatment facility formulary and a pharmacist verifies the prescription per current regulations.
   True

82) True or False: Pharmacies will fill all valid non-controlled prescriptions that are presented, regardless of the geographic location of the beneficiary or prescriber, providing the medication is on the medical treatment facility formulary, and the prescription conforms to applicable laws and regulations.
   True

83) True or False: Medical Department personnel shall countersign or rewrite non-medical treatment facility practitioners’ prescriptions without the provider assuming care for the patient for the diagnosis supporting the specific medication need, which excludes a full assessment of the patient.
   False
84) True or False: In medical treatment facilities located in a State where generic product selection by the pharmacist is not authorized, the generic equivalent will not be substituted for a brand name drug on a civilian prescription, without prior approval of the prescriber.

True

85) Whose policy on generic medications should the HM need to reference if substitution of a brand name is authorized?

TRICARE (http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/GenericMedications?)

86) Where would a HM look for guidance on dispensing prescription services outside of the continental United States (OCONUS) medical treatment facilities?

Dispensing host-nation provider prescription memorandum, April 10, 2007

87) True or False: Inside of the continental United States (CONUS), medical treatment facilities may accept civilian prescriptions from outside the continental United States (OCONUS) providers.

False

88) Civilian practitioner prescription service may not be withdrawn or curtailed without consent from who?

BUMED

89) Which instruction provides guidance for training, certifying, and supervising Independent Duty Corpsman?

OPNAVINST 6400.1 series

90) How are Independent Duty Corpsman authorized by their assigned physician supervisor to prescribe or provide medications carried on the IDC specific MTF formulary or authorized medical allowance list (AMAL)?

In writing

91) A copy of the letter authorizing the IDC to prescribe or provide medications carried on the IDC specific MTF formulary or AMAL will be filed where?

IDC Certification and Training Record and provided to the pharmacy

92) Prescriptions from civilian optometrists, nurse practitioners, physician’s assistants, pharmacists, or other non-physician health care providers authorized to prescribe by State law and not under the employ of the Navy will be dispensed following the?

Law of the governing State where the MTF resides

93) True or False: Authorized prescribers in the employ of, or serving in, the Navy should prescribe medication(s) on DD Form 1289 or NAVMED 6710/6 at all times.

False; Electric-order-entry is preferred

94) What hand written form(s) may an authorized prescriber use to prescribe medications?

DD Form 1289 and NAVMED 6710/6
95) True or False: Retired military physicians, possessing a current license, may use the DD Form 1289 to write prescriptions for personal use, except for controlled substances?

True

Page 9 of 35, 21-5, right column, 1st paragraph

96) Prescriptions from civilian practitioners and from the Department of Veteran’s Affairs for (a) _____ patients are also (b) _____ if the medication is a formulary item.

(a) Dual-eligible, (b) accepted

Page 9 of 35, 21-5, right column, 1st paragraph

97) Prescriptions must be written in?

Ink, Indelible Pencil, Typewritten, or Printed form generated from a computer program

Page 9 of 35, 21-5, right column, 1st paragraph

98) For a non-controlled substance prescription what information must be present on the prescription?

Patient’s full name, Date prescription was written, Patient’s age or date of birth, Weight of the patient if less than 12 years old, Name of drug, Form of drug, Dosage size or strength written in the metric system, Quantity to be dispensed, Clear directions use for the patient, Valid legible signature of the prescriber, and Refill authorization (as applicable)

Page 9 of 35, 21-5, right column, 2nd paragraph

99) If a patient is how old does the prescription require that weight of the patient be on the prescription?

Twelve

Page 9 of 35, 21-5, right column, 5th paragraph

100) Prescriptions should be written with which name?

Generic

Page 9 of 35, 21-5, right column, 6th paragraph

101) True or False: Electronic signatures are not accepted for non-controlled substances?

False, Electronic signatures are accepted only for non-controlled substances if authorized by pharmacy law in the State where the prescriber is located

Page 10 of 35, 21-5, left column, 1st paragraph

102) For further guidance regarding the provider’s signature requirements the HM should consult?

The local State Board of Pharmacy (http://www.nabp.net/ftpfiles/NABP01/ROSTER.pdf)

Page 10 of 35, 21-5, left column, 1st paragraph

103) If a patient is choosing to use the TRICARE Mail Order Program for their prescriptions, what type of prescription is required?

Hand written and signed

Page 10 of 35, 21-5, left column, 4th paragraph

104) What Federal Regulation covers signature requirements on prescriptions?

21 CFR 1306.05(a)

Page 10 of 35, 21-5, left column, 4th paragraph

105) What type of system allows the electronic signature to be acceptable for all prescriptions, non-controlled substances and for controlled substances in Schedules II through V?

Prescriber-order-entry electronic pharmacy system

Page 10 of 35, 21-5, left column, 4th paragraph
106) **What information must be included on outpatient prescription containers labels?**
The medical treatment facility dispensing the prescription, Identifying prescription number, Patient’s name; Date of the prescription and refill date if applicable; Clear and concise directions for the patient; Full name of drug, strength, and quantity dispensed; Prescriber’s name; Filler’s and checker’s initials; Number of refills; Beyond-use date if applicable; Proper auxiliary or cautionary labels as indicated

107) **When does the label on the container have a brand name listed for the medication?**
If the brand name product actually is in the container

108) **After receiving a telephone order, what action(s) are taken?**
Immediately reduced to writing and read back to the provider for verification

109) **Who may issue telephone or oral prescriptions?**
Authorized prescriber

110) **When may telephone or oral prescriptions be excepted?**
Emergency or Under extraordinary situations

111) **True or False: Prescriptions will be personalized.**
True

112) **True or False: Prescriptions for family pets, animals not owned by the government, may get prescriptions filled, if the medication is in the medical treatment facility formulary?**
False; Prescriptions for animals, other than those owned by the Government, will not be filled

113) **Who may approve the medical treatment facility to dispense prescriptions by mail?**
The pharmacy department head

114) **Mailing of prescriptions will follow?**
The United States Postal Service Domestic Mail Manual

115) **What guidance(s) should the HM offer a patient who has a civilian prescription for a special medications not routinely provided by the medical treatment facility formulary?**
Use the mail order program, or Retail Pharmacies

116) **Most non-formulary over-the-counter medications and non-Food and Drug Administration approved products _____ covered under the TRICARE benefit.**
Are not

117) **Where would a HM find guidance to assist a patient with an unapproved non-medical treatment facility formulary request if covered by the patient’s TRICARE benefit?**
The Uniform Formulary Website (http://www.pec.ha.osd.mil/MTF/UF_Info.htm)
118) A patient has a prescription written by a medical treatment facility provider, the medication prescribed is non-medical treatment facility formulary medication. What are the option(s) for having the prescription filled?
Mail order, Retail pharmacy or Have physician prescribe an alternate medication

119) What form(s) may TRICARE patient’s need to have completed for formulary co-pay medications?
Medical Necessity form and/or Prior Authorization form

120) True or False: Prescriptions from non-referral medical treatment facilities and civilian providers for non-formulary drugs need not be honored.
True

121) If a HM needed to find more information regarding non-referral medical treatment facilities and civilian providers non-formulary drugs, where should they look?

122) A conventional closure container is also known as?
Non-child resistant container

123) Prescription medications for oral use by outpatients will normally be dispensed in?
Child resistant containers

124) If requested to have oral medications dispensed in a non-child proof containers shall be authorized how?
By a notation in CHCS or in the pharmacy comment section following the Poison Prevention Packaging Act of 1970

125) Where would the HM located information on the Poison Prevention Packaging Act of 1970 (as amended in 2008)?

126) If a patient requires home intravenous infusion, where is the patient referred to for home health care services?
Case management staff or Health benefits advisory staff

127) True or False: Pharmaceutical samples from sales representatives may be dispensed to patients.
False; Acceptance of pharmaceutical samples from sales representative for dispensing to patient is prohibited

128) If a practitioner desires to evaluate a pharmaceutical who requests a review by the Pharmacy and Therapeutics Committee?
Practitioner’s Department Head
129) Which of the following are classified as patient safety concerns which must be clarified by the prescriber.
   Illegible; Incompatible; Question of dosage; Interaction; Allergy; or Method of administration

130) Patient identification shall involve the use of?
   Two identifiers

131) Two patient identifiers may be the patient’s name on the Department of Defense military identification card and?
   Date of birth or Social Security Number

132) Individuals receiving medications for beneficiaries other than themselves or their minor children should provide what before the release of medical information and prescriptions?
   Reasonable proof of patient consent

133) Expired identification cards will be _____ via local medical treatment facility policy.
   Confiscated

134) At what age does a child have to have their own identification card?
   10

135) True or False: Children under the age of 10 can generally use a patient’s or guardian’s identification card, but they shall be registered in DEERS.
   True

136) Where can a HM confirm temporarily eligibility prior to dispensing medication?
   Defense Enrollment Eligibility Reporting System (DEERS)

137) Where would the HM using the DEERS ID Card Policy find eligibility?
   http://www.tricare.mil/mybenefit/

138) True or False: Patients are able to select their own medications.
   False; Under no circumstances will a patient be authorized to select their own medications

139) Medical treatment facilities shall have written procedures for obtaining drugs when the pharmacy is closed and pharmacy personnel are unavailable as defined by?
   Current Joint Commission standards

140) Report and record all medication errors, including near-misses, via command’s error reporting mechanism, and whose guidance?
   BUMED

141) The amount for a one-time fill of maintenance medication is not greater than _____ day supply.
   30
142) True or False: When a pharmacy receives a prescription refill request but no further refills are authorized, and the patient is unable to readily obtain a new prescription, the pharmacist may use professional judgment to dispense a one-time limited fill of maintenance medication.
   True

143) Controlled substance medications for seizures may have a one-time fill of maintenance medications not to exceed _____ supply.
   72 hour

144) True or False: A one-time limited fill of a maintenance medication may not be a controlled substance drug in the DEA Schedule II through V.
   False; Seizure control

145) The amount of time a patient has to have a Schedule II medication filled must be within _____ days from time written.
   30

146) Who is allowed to make time from prescription to request for filling more restrictive?
   State law or Command policy

147) What is the usual maximum quantity of a Schedule II medication?
   30-day supply

148) A patient with a Schedule II stimulant prescription may be authorized to receive a _____ day supply of medication.
   100

149) How many days of Schedule II medications may a deploying member receive?
   90-day

150) True or False: Typically Schedule II prescriptions may be written with refills.
   False

151) How long does a patient have to fill a prescription in the DEA Schedules of III through V?
   6-months

152) What is the maximum number of times a Schedule III through V medication may have refills written for within a 6-month time period?
   5

153) The normally limited quantity of Schedule III through V is not to exceed?
   100-day supply

154) Deploying members may receive up to _____ day supply of Schedule III through V medications
   180
155) Non-controlled medications must be filled within _____ from time written.
1 year
Page 13 of 35, 21-5, left column, 3\textsuperscript{rd} paragraph

156) What is the maximum quantity (in days) that a prescriber may write for non-controlled medications?
100-days
Page 13 of 35, 21-5, left column, 3\textsuperscript{rd} paragraph

157) True or False: Whenever possible, women who take oral contraceptives on a long-term basis should be given a prescription for six packages with one refill.
True
Page 13 of 35, 21-5, left column, note

158) True or False: Non-controlled prescriptions may have PRN (as needed) refills.
True
Page 13 of 35; 21-5, left column, 4\textsuperscript{th} paragraph

159) PRN refills may be refilled for how long from the original prescription?
1 year
Page 13 of 35, 21-5, left column, 4\textsuperscript{th} paragraph

160) When filling or refilling a prescription by a civilian practitioner not employed by the Department of Defense, in a State with a law more restrictive time limit, which time frame is followed?
State Law
Page 13 of 35, 21-5, left column, last paragraph

161) What program is usually associated with military sick call or specialized outpatient clinics where medications may be dispensed directly to the patient by an approved prescriber or designee after appropriate medical evaluation and appropriate medical record entries?
Prescribers Medication Dispensing Program
Page 13 of 35, 21-5, right column, 1\textsuperscript{st} paragraph

162) True or False: Controlled substances may be directly dispensed to the patient in accordance with the Prescribers Medication Dispensing Program.
False
Page 13 of 35, 21-5, right column, 1\textsuperscript{st} paragraph

163) True or False: The Prescribers Medication Dispensing Program requires a specific protocol is used, which includes a method to monitor the distribution of the medications and a mechanism to certify and monitor the dispensing activities of the approved prescriber designee.
True
Page 13 of 35, 21-5, right column, 2\textsuperscript{nd} paragraph

164) Who reviews the list of medications used in the Pharmacy Medication Dispensing Program?
Pharmacy and Therapeutics Committee
Page 13 of 35, 21-5, right column, 3\textsuperscript{rd} paragraph

165) Who approves the list of medications used in the Pharmacy Medication Dispensing Program?
Commanding Officer
Page 13 of 35, 21-5, right column, 3\textsuperscript{rd} paragraph

166) An annual review and revision of the protocol for dispensing the medication, that includes the list of medications is a?
Quality control measure to ensure the safe dispensing of all drugs in the Pharmacy Medication Dispensing Program
Page 13 of 35, 21-5, right column, 6\textsuperscript{th} and 7\textsuperscript{th} paragraph
167) What are the quality control measures to ensure safe dispensing of all drugs in the Pharmacy Medication Dispensing Program?
An annual review and revision of the protocol for dispensing the medications, that includes the list of medications; Written criteria-based quality improvement reviews to ensure personnel dispensing medications from the Pharmacy Medication Dispensing Program comply with the protocol; Appropriate designed medication use evaluations to ensure proper use of the medications; and Necessary security measures are followed to prevent unauthorized dispensing of drug products from the Pharmacy Medication Dispensing Program.

168) True or False: The Medical Treatment Facility Quality Improvement Program includes the planned and systematic monitoring and evaluation of the Pharmacy Medical Dispensing Program.
True

169) The effective and efficient operation of Pharmacy Medication Dispensing Program shall include a process to document the prescribed medication where?
Into the patient’s electronic medication profile

170) Medical Treatment Facilities with pharmacy data processing systems, that do not access the same prescription records electronically, will notify the original facility of remaining refills, what happens to the remaining refills at the original Medical Treatment Facilities?
Voided

171) Schedule II medication prescriptions, originally written electronically at one Department of Defense Medical Treatment Facility may be filled and dispensed at another Medical Treatment Facility if?
The pharmacy data processing systems access the same prescriptions records and verification is made that the prescription was not dispensed and received by the patient at the originating Medical Treatment Facility

172) Transferring Schedule III through V controlled substances, or any non-controlled prescription to another pharmacy point of service, must be requested by?
Patient

173) True or False: Once a Schedule III through V prescription has been transferred to a civilian pharmacy, the same prescription may be accepted for transfer back into the medical treatment facility.
False; Once a Schedule III through V prescription has been transferred to a civilian pharmacy, the same prescription cannot be accepted for transfer back into the medical treatment facility

174) When a prescription has been initially filled at a retail pharmacy is transferred to a medical treatment facility a notification in the electronic record will include?
Name/Contact telephone number of retail pharmacy; Name of Pharmacist; and Date of Transfer

175) What date is entered in the electronic record?
Date of the original prescription
176) If a police officer, agent of the Naval Criminal Investigative Service, agent of the Commanding Officer, or any agent of higher authority requests the original prescription from the pharmacy’s files for the purpose of an investigation, what happens? A photocopy of the original prescription and a receipt from the agent or police officer shall be kept in the pharmacy’s files.

177) True or False: A pharmacy may use a photographic reproduction, carbon copy or electronically transmitted facsimile of discharge orders as a prescription order for outpatient dispensing when patients are being discharged from the facility, to include prescriptions for Schedule II through V controlled substances.

True

178) If a civilian multiple prescription is presented for filling and the pharmacy does not stock all the medications ordered what should be done next? The pharmacy will make a copy of the prescription for the pharmacy’s files, Pharmacy staff will indicate “Filled at _____” on the original prescription, draw a line through the prescriptions filled and return the original prescription to the patient.

179) True or False: Non-FDA approved products such as neutraceuticals, homeopathic, and therapeutic dietary supplement are not a TRICARE-covered benefit, therefore, not dispensed by the pharmacy department.

True

180) Who should ensure patients receiving injectable medications for self-administration have been trained on proper storage, use, and disposal? Medical Treatment Facility Pharmacists.

181) Refills for maintenance medication may be requested when what percent of the prior prescription has been used? 75% or more

182) Who may authorize an early refill, under special circumstances? Pharmacy Officer

183) Prescriptions for formulary medications, written by physician extenders who are duly credentialed at one Medical Treatment Facility, may be filled or refilled at other Medical Treatment Facilities at the discretion of who? The Commanding Officer

184) True or False: All prescriptions for formulary and approved non-formulary medications written by Medical Treatment Facility prescribers must be dispensed from that facility?

False; Prescriptions for formulary and approved non-formulary medications written by Medical Treatment Facility prescribers shall be dispensed from that facility unless the beneficiary choose another option.

Created by: Richard Duggan, LPN <richard.w.duggan.civ@mail.mil>
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185) What must be printed with all new and refill prescriptions that are dispensed?
Patient Education Monograph from CHCS along with any appropriate FDA-approved Medication Guide
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Printed Patient Education Monograph
Page 15 of 35, 21-5, left column, 4th paragraph

187) Who reviews the alignment of the Medical Treatment Facility formulary to the mission of the Medical Treatment Facility?
Medical Treatment Facility Commanding Officer and Pharmacy and Therapeutic Committee
Page 15 of 35, 21-5, left column, 4th paragraph

188) What is the Department of Defense’s enterprise data entry system?
CHCS
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189) Who may cease pharmacy services?
Medical Treatment Facility Commanding Officer
Page 15 of 35, 21-5, left column, last paragraph

190) What is the primary means of inpatient drug distribution in fixed inpatient treatment facilities?
Unit-dose system or Automated medication dispensing systems
Page 15 of 35, 21-6, right column, 1st paragraph

191) Who will ensure USP 795 and 797 are observed?
Commanding Officer
Page 15 of 35, 21-6, right column, 2nd paragraph

192) How frequently are pharmacy checks made of all nursing care units or other areas where medications are dispensed, administered, or stored?
Monthly
Page 15 of 35, 21-6, right column, 3rd paragraph

193) Drugs for external use and disinfectants have been stored _____ from internal and injectable medications.
Separately
Page 15 of 35, 21-6, right column, 4th paragraph

194) When should outdated or unusable drugs be segregated and returned to the pharmacy?
Immediately
Page 15 of 35, 21-6, right column, 7th paragraph

195) Who determines automatic stop orders for drug dispensed to inpatients?
Medical staff and Pharmacy and Therapeutics Committee
Page 16 of 35, 21-6, left column, 1st paragraph

196) Which class or classes of drugs are recommended for automatic stop orders?
Antibiotics, Anticoagulants, Controlled substances, Hypnotics and Sedatives
Page 16 of 35, 21-6, left column, 1st paragraph

197) When a patient transfers to a different level of care what happens to those orders?
All orders shall be automatically canceled and rewritten
Page 16 of 35, 21-6, left column, 2nd paragraph

198) Whose responsibility for labeling medications?
Pharmacy
Page 16 of 35, 21-6, left column, 3rd paragraph
199) All medications issued in bulk containers to nursing care units or clinics, not dispensed in the original container, shall be labeled by the pharmacy with:
- Date of issue; Generic and trade name; Strength; Quantity; Beyond use date; Name of the manufacturer; and Lot number or appropriate code to identify the drug.

200) A repackaging beyond use date will comply with current USP requirements not to exceed what time frame or the actual manufacturer's expiration date whichever is less: 1 year.

201) Drugs issued to clinics for subsequent reissue to patients will be properly labeled with adequate directions for patient use; this information is:
- The Medical Treatment Facility dispensing the prescription including the pharmacy telephone number;
- Clear, concise directions to the patient; Full name of drug, strength, and quantity dispensed; Beyond-use date; Proper auxiliary or cautionary labels.

202) Inpatient self-care medications should be labeled as?
- Outpatient prescriptions.

203) Who shall collect all medications brought to the hospital by patients admitted to nursing care units?
- Nursing personnel.

204) May patients retain their home medications?
- Yes if there is a written order by the practitioner responsible for the patient.

205) Any medications remaining _______ after date of discharge shall be destroyed following locally established destruction procedures.
- 15 days.

206) Home medications will be?
- Identified; Inventoried; Secured; and Held until the patient is discharged.

207) What system shall be used for pharmaceutical purchasing?
- Prime Vendor System.

208) Excessive stock levels of pharmaceuticals on-hand would exceed?
- 30-day supply.

209) At a minimum Medical Treatment Facilities will establish drug inventory par or stock levels that reflect the level of care, prescription workload and mission:
- Annually.

210) If annual inventory of all drugs stocked in the pharmacy is not possible, what should medical treatment facilities choose to perform?
- Monthly sampling and/or Risk based approach until a perpetual inventory system is implemented.
211) **Risk-based approach focuses on identifying drugs with?**
- High cost; High volume; and/or High abuse potential

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212) **True or False: The duties for ordering, receiving and inventorying medications should be segregated to the maximum practicable extent.**
- True

Page 17 of 35, 21-7, left column, 2nd paragraph

213) **The use of investigational drugs is included in which instruction?**
- BUMEDINST 6710.69 series

Page 17 of 35, 21-7, left column, 3rd paragraph

214) **True or False: Only those items, which have been licensed and approved by the FDA (Federal Drug Administration) for sale in the United States, are authorized for use in CONUS Medical Treatment Facilities.**
- True

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215) **True or False: The President may waive the requirement for a member’s consent to a non-FDA approved drug on service member.**
- True

Page 17 of 35, 21-7, left column, 3rd paragraph

216) **What does Executive Order 13139 and 10 USC 1107 do?**
- Prohibit the use of non-FDA approved drugs on service members, whether CONUS or OCONUS, unless the patient signs a consent form or the President waives the requirement for the member consent

Page 17 of 35, 21-7, left column, 3rd paragraph

217) **True or False: Each Medical Treatment Facility are allowed to borrow drugs from another Medical Treatment Facility or civilian facility.**
- True

Page 17 of 35, 21-7, left column, 4th paragraph

218) **BUMEDINST 6710.69 series covers what topic?**
- Investigational Drugs

Page 17 of 35, 21-7, left column, 5th paragraph

219) **BUMEDINST 6570.3 series covers what topic?**
- Cytotoxic Drugs

Page 17 of 35, 21-7, left column, 6th paragraph

220) **Cytotoxic drugs will be controlled, prepared, administered and disposed of following what instruction?**
- BUMEDINST 6570.3 series

Page 17 of 35, 21-7, left column, 6th paragraph

221) **Caustic substances such as glacial acetic, sulfuric, nitric, concentrated hydrochloric, trichloroacetic acid or oxalic acid, and concentrated potassium hydroxide shall be submitted and approved by who?**
- Medical Treatment Facility Commanding Officer

Page 17 of 35, 21-7, left column, 7th paragraph

222) **Glacial acetic, sulfuric, nitric, concentrated hydrochloric, trichloroacetic acid, or oxalic acid and concentrated potassium hydroxide shall be?**
- Stored in separate lockers and Contents shall be clearly marked

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223) **Who issues recall notifications for drugs?**
   
   FDA and United States Army Medical Material Agency (USAMMA)
   
   Page 17 of 35, 21-7, left column, last paragraph

224) **Which system is used to notify of a drug recall?**
   
   DMLSS (Defense Medical Logistics Standard Supply)
   
   Page 17 of 35, 21-7, right column, 1st paragraph

225) **If only a month and year is listed for expiration date, the medication is expired when?**
   
   On the last day of the month
   
   Page 17 of 35, 21-7, right column, 3rd paragraph

226) **What happens to pharmaceuticals found during the monthly inspections, that will expire within 30 days?**
   
   Removed from inventory, isolated, and securely stored in an area away from in-date pharmaceuticals
   
   Page 17 of 35, 21-7, right column, 6th paragraph

227) **True or False: To the maximum extent when possible, expired medications should be inventoried when removed during monthly inspections.**
   
   True
   
   Page 17 of 35, 21-7, right column, 6th paragraph

228) **Storage area and container for expired pharmaceutical will be?**
   
   Clearly marked to prevent accidental dispensing
   
   Page 17 of 35, 21-7, right column, 6th paragraph

229) **Who validates the inventory of all returned pharmaceuticals at the contracted reverse distributor?**
   
   The contractor
   
   Page 17 of 35, 21-7, right column, 7th paragraph

230) **Must an inventory be conducted simultaneously between the Medical Treatment Facility representative and the contractor?**
   
   No; Preferred to have simultaneous inventory
   
   Page 17 of 35, 21-7, right column, last paragraph

231) **Unused credits from returned pharmaceuticals are sent to?**
   
   U.S. Treasury
   
   Page 18 of 35, 21-7, left column, 2nd paragraph

232) **Credits for returned pharmaceutical will be monitored to ensure utilization within _____ after posting at the Prime Vendor.**
   
   90 days
   
   Page 18 of 35, 21-7, left column, 2nd paragraph

233) **Whose guidance is followed for processing pharmaceutical manufacturer checks for returned goods credit when the BUMED Medical Treatment Facilities and activities directly receive check(s)?**
   
   Defense Supply Center Philadelphia (DSCP)
   
   Page 18 of 35, 21-7, left column, 3rd paragraph

234) **True or False: BUMED Medical Treatment Facilities and activities shall not receive nor deposit any checks received directly from pharmaceutical manufacturers as part of the reverse distribution program.**
   
   True
   
   Page 18 of 35, 21-7, left column, 3rd paragraph
235) Medical Treatment Facilities shall utilize what system to manage credit memos and order pharmaceutical from the Prime Vendor credit account?
   Inventory management ordering system (DMLSS)

236) When manufacturing and handling of sterile products the HM shall follow what current recommendations?
   USP 797

237) True or False: Multiple dose vials containing parenteral medications may be reused.
   True

238) What procedures are followed to eliminate the risk of infection when using multiple dose vials?
   Strict aseptic technique; Upon reconstitution, date a multiple dose vial that requires addition of a diluents, label with a beyond-use date, store, and discard following the manufacturer’s stability data; Date any open or entered multiple dose vial which does not require addition of a diluents and discard according to the current reference standard; Discard contaminated vials immediately upon detection; Include observation of adherence to this article in the monthly inspections required by article 21-3 (2)(f)(2)

239) Which instruction(s) would a HM follow first for multiple dose vial vaccines?
   BUMEDINST 6230.15 series and CDC guidelines

240) If CDC, FDA, or manufacturer’s literature does not exist for multiple dose vial vaccines, what guidance should the HM follow?
   USP 797

241) The beyond-use date of multiple dose vial with an antimicrobial preservative is _____, unless otherwise specified by the manufacturer.
   28 days

242) Opened or needle punctured single dose container shall be used within what time frame?
   1 hour

243) Controlled substance schedules are defined by?
   The Controlled Substance Act of 1970 or Public Law 91-513

244) How many controlled substance schedules have been designated by section 202 of the Federal Act?
   Five

245) There are five schedules of controlled substances designated by which section of the Federal Act?
   Section 202

246) Which controlled substance schedule(s) is defined as drugs with no acceptable medical use and a very high abuse potential?
   Schedule I
247) Which controlled substance schedule(s) is defined as drugs having an acceptable medical use and a very high abuse potential?
   Schedule II

248) Which controlled substance schedule(s) is defined as drugs having an acceptable medical use which are considered to have lessening degrees of abuse potential?
   Schedule III, Schedule IV, and Schedule V

249) Who may designate certain drugs as “drugs with a high potential for diversion (DHPD)”?
   Local commands

250) “Drugs with a high potential for diversion (DHPD)” have been defined by local commands are those which are?
   Drugs having abuse potential

251) “Drugs with a high potential for diversion (DHPD)” have been defined by local commands require?
   Security measures similar to those for controlled substances

252) True or False: Alcoholic beverages shall not be stocked or dispensed from Navy Medical Treatment Facilities.
   True

253) Which controlled substance schedule(s) require vault or safe storage?
   Schedule I and Schedule II

254) Which controlled substance schedule(s) require inventory by the Controlled Substance Inventory Board (CSIB)?
   Schedule I and Schedule II

255) How frequently should the vault or safe combination be changed?
   Every 6 months

256) When should the vault or safe combination be changed?
   Every 6 months, upon change in custodian, and/or any suspected compromise of the combination

257) True or False: Command shall limit the number of personnel who can access the bulk stock vault to the minimum necessary and a vault access list shall be maintained.
   True

258) Which controlled substance schedule(s) require locked cabinet security for storage of bulk drugs?
   Schedule III, Schedule IV, and Schedule V

259) The appointed pharmacy custodian will conduct an inventory of Schedule III, Schedule IV and Schedule V controlled substances how often?
   Biennial
260) Whose law says, on or about 1 May of odd numbered years an inventory of all controlled substances are conducted?

Drug Enforcement Agency

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261) All prescribers authorized to prescribe controlled substances shall prescribe on?

Electric-order-entry; DD Form 1289, NAVMED 6710/6; or coded facsimile

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262) What information is required by an exempted prescriber to be included on their prescription(s) in accordance with 21 CFR 1306.05(h)?

Prescriber’s branch of service and Practitioner’s service identification number or Social Security Number

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263) Written controlled substance prescriptions filled by mail order program or retail pharmacies must contain?

The provider’s government sponsored DEA number

Page 21 of 35, 21-22, right column, 2nd paragraph

264) True or False: Practitioners using prescriber-order-entry electronic pharmacy systems are required to sign each prescription in accordance with 21 CFR 1306.05(a) and 21 CFR 1306.11 when the prescription is filled at the Medical Treatment Facility.

False; Practitioners are exempt

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265) An officer or civilian employed by the Navy, who has been designated by the command to purchase or procure from commercial sources, controlled substances or preparation for official use, shall be designated on the command’s registration filed with?

The Registration Branch of the Drug Enforcement Administration, Department of Justice, Washington DC 20537

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266) Who may order Schedule II substances?

An officer or civilian employed by the Navy, who has been designated by the command to purchase or procure from commercial sources, controlled substances or preparation for official use, shall be designated on the command’s registration filed with the Registration Branch of the Drug Enforcement Administration, Department of Justice, Washington DC 20537

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267) How long does government registration for controlled substance purchase or procurement last?

3 years

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268) Who may change the individuals that were designated for the purchase and procurement of Schedule II substances?

Commanding Officer

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269) Controlled substances ordering, receipt, custody and issuance shall follow Navy audit and _____ which include segregation of duties to the maximum practicable extent

Chain of custody business practices

Page 22 of 35, 21-22, left column, 2nd paragraph
270) Who grants physician assistants and nurse practitioners the authority to prescribe Schedule I through V controlled substances?
Commanding Officer

271) True or False: Authorized providers may prescribe and/or furnish a controlled substance for themselves or members of their immediate family, such as seizure medications.
False; No authorized provider shall prescribe or furnish a controlled substance

272) True or False: Routinely providers shall prescribe controlled substances for patients not under their direct care.
False

273) Routinely prescriptions for controlled substances will be filled only from prescribers in the local area, who may make an exception to this practice?
Pharmacy department head or As defined by the Medical Treatment Facility Commanding Officer

274) If electronic medical records are not utilized, all controlled substances prescribed will be noted where?
In the member’s health or dental record at time of prescription

275) Appointed in writing, custodial responsibility for controlled substances and those drugs designated as locally controlled drugs by the Commanding Officer she be vested in?
Commissioned pharmacy officer, A civil service pharmacist, or a commissioned officer

276) If a remote branch clinic does not have a commissioned officer or civilian pharmacist who does the Command Officer designate as the custodian?
A member of the branch clinic

277) Medical Treatment Facilities may dispense a minimal working stock containing no more than _____ of Schedules III through V.
4 days

278) Controlled substances classified as DEA Schedule I through V require?
Special handling and accounting

279) What tool in areas where Drugs with High Potential for Diversion (DHPD) are stored, distributed and administered may act as a useful deterrent and investigative tool to mitigate drug diversion?
Functional, strategically placed security cameras

280) Medical Treatment Facilities should develop methods to (a) _____ and (b) _____ Drugs with High Potential for Diversion (DHPD) from receipt into inventory until dispensed to outpatients or administered to inpatients.
(a) Audit, (b) Monitor
281) Percent of inventory unaccounted for when comparing the difference between the amount ordered and amount dispensed for a particular Drug with High Potential for Diversion (DHPD) is the definition of?

Percent threshold

282) Percent thresholds should be as _____ as possible, but taking into consideration the volume dispensed, available Medical Treatment Facility resources, and patient safety and efficiency.

Low

283) Exceeding the percent threshold for Drugs with High Potential for Diversion (DHPD) established by the Medical Treatment Facility should trigger?

Further investigation and Document causes

284) Who must develop a list of Drugs with High Potential for Diversion (DHPD)?

Medical Treatment Facility

285) How frequently should Drugs with High Potential for Diversion (DHPD) reviewed for additions and deletions based on Medical Treatment Facility monitoring techniques and external factors?

Annually

286) For monitoring Drug with High Potential for Diversion (DHPD), Navy Medical Treatment Facilities should?

Establish a percent threshold to trigger further investigation

287) All pharmacies, without CHCS, will keep a _____ inventory on all controlled substances Schedule II through V and on all non-controlled drugs deemed Drugs with High Potential for Diversion.

Perpetual

288) True or False: Contracted personnel shall read and sign the Notice of Random Drug Testing under the Department of the Navy Drug-free Workplace Program.

True

289) What is printed and attached to the invoice after Drug with High Potential for Diversion (DHPD) items are added to the vault inventory in CHCS?

Transaction Report

290) Who verifies the quantities added to the vault comparing this report against the invoice?

A second person

291) The transaction report and invoice for Drug with High Potential for Diversion which is signed and dated by the second person is kept on file for at least how long?

2 years

292) Who verifies the transaction report and invoice for Drug with High Potential for Diversion drugs?

Pharmacy department head or their designee
What form number is the Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs?
NAVMED 6710/5

What is the form name for NAVMED 6710/5?
Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs

Automated dispensing machine allows for dispensing using user ID and?
Password or BioID technology

Using the controlled prescription menu in CHCS in conjunction with breakout locker or automated dispensing machine makes what form no longer necessary?
NAVMED 6710/5, Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs

Who accounts for all quantities of Schedule I and II controlled substances received and expend through physical inventory?
The controlled substance custodian

The controlled substance custodian’s inventory should occur at least?
Weekly

The bulk stock of Schedule I through V substances shall be secured using a?
Double-lock system

Who authorizes ward emergency kits and automated pharmacy breakouts when proper procedures are in place?
Commanding Officer or OIC (Officer in charge)

Where are controlled substances obtained from for the ward or in the automated dispensing cabinet (ADC)?
Main pharmacy

The type and quantity of controlled substances in an emergency kit or automated dispensing cabinet is approved by?
The Commanding Officer through the Pharmacy and Therapeutics Committee

Who approves the Hospital Corpsman in special circumstances to remove controlled substances from the kit or automated dispensing cabinet?
Pharmacy department head

Under direct supervision of who may a Hospital Corpsman remove controlled substances from the emergency kit or automated dispensing cabinet?
Privileged provider who is authorized to prescribe controlled substances

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305) When a Hospital Corpsman has removed a controlled substance from the emergency kit or automated
dispensing cabinet who does the appropriate documentation of the controlled substance transaction?
Privileged provider

306) Minimally how frequently are unannounced inventory of Schedule I and II controlled substances and
those drugs designated by local command inventoried?
Quarterly

307) The Controlled Substance Inventory Board (CSIB) must have a minimum of how many members?
Three

308) True or False: The Commanding Officer may approve exceptions to the minimum requirement of three
members for the Controlled Substance Inventory Board.
True

309) The Controlled Substance Inventory Board must have one?
Commissioned Officer

310) Who may be Controlled Substance Inventory Board members?
Commissioned officers; E7 through E9; Department of Navy civilians in grades GS 7 or higher

311) The officer or one of the officers on the Controlled Substance Inventory Board must be from?
Medical Corps; Dental Corps; Medical Service Corps; or Nurse Corps

312) What items and/or records are inventoried when an unannounced inventory of Schedule I and II and
those drugs designated by the local command are audited?
Pharmacy stock; Perpetual inventory records; Requisitions; Receipts; Issue documentation; Nursing
records and outpatient clinic that store controlled substances shall be checked to verify proper accounting
for all documents and medications; Physical security of pharmacy spaces; Monitor controlled access

313) Senior member of the board is provided a copy of all issue documents for Schedule I and II controlled
substances from?
The supply department

314) Which instruction provides guidance for Controlled Substance Inventory Boards?
BUMEDINST 6710.70 series

315) Who is notified upon the discovery of theft or significant loss of any controlled substance?
Nearest DEA regional office

316) Who determines if a significant loss has occurred?
Pharmacy department head in conjunction with senior member of the Controlled Substance Inventory
Board or other appropriate higher authority
317) Which form is used to report a theft or significant loss?
DEA Form 106, Report of Theft of Controlled Substances

318) When DEA Form 106 is prepared, the original and how many copies must be made?
Three

319) The original copy of DEA Form 106 and a copy is sent where?
Nearest DEA regional office

320) BUMED Pharmacy Specialty Leader receives (a) which form of DEA Form 106 and (b) how many forms of
DEA Form 106?
(a) A copy, (b) One

321) Other than the nearest DEA regional office, who else receives a copy of DEA Form 106?
BUMED Pharmacy Specialty Leader, Medical Treatment Facility region pharmacy representative, and
Nearest field representative of the Naval Criminal Investigative Service

322) If the controlled substances are stolen or lost in transit who shall submit a sworn statement of facts
with the DEA Form 106?
Consignee

323) Unresolved narcotic inventory discrepancies are reported to?
Senior member of the Controlled Substance Inventory Board or appropriate higher authority

324) A contracted reverse distributor must be authorized by?
Drug Enforcement Agency

325) Return of expired Schedule I through V controlled substances and locally controlled drugs will be
accomplished through use of?
Contracted reverse distributor that is authorized to perform this function by the DEA

326) If the controlled substance is not returnable, the drug is inventoried for?
Destruction

327) Who must approve a controlled substance to be destroyed?
Commanding Officer

328) Who must be present for destruction of the controlled substance?
A member of the Controlled Substance Inventory Board

329) True or False: The DEA must be notified when there has been a destruction of controlled substances?
False

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Created on: 20161113
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>330) True or False: Controlled substances awaiting destruction/return shall have their own separate inventory?</td>
<td>True</td>
</tr>
<tr>
<td>331) Who serves as the source from which nursing care units, clinics, and other departments of a facility obtain controlled substances for use in connection with the treatment of patients?</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>332) True or False: Laboratory receive Ethyl alcohol directly are subject to quarterly Controlled Substance Inventory Board inspections.</td>
<td>True</td>
</tr>
<tr>
<td>333) True or False: Duplicate, carbon-copy, photographic reproduction, preprinted, rubber-stamped or addressographe orders are valid prescriptions for controlled substances.</td>
<td>False</td>
</tr>
<tr>
<td>334) True or False: Outpatient prescriptions for controlled substances shall contain the complete address of the person for whom the prescription is written.</td>
<td>True</td>
</tr>
<tr>
<td>335) Outpatient prescriptions for controlled substances must have a legible signature and identifying information and in addition must have what else on written prescription?</td>
<td>The name of prescriber shall be stamped, typed, or hand printed</td>
</tr>
<tr>
<td>336) True or False: Erasures or interlineations on prescriptions for controlled substances are prohibited, regardless of initialed by the prescriber.</td>
<td>False</td>
</tr>
<tr>
<td>337) If the original prescription has controlled substances in combination with other medications, what should happen?</td>
<td>A copy is made, the original is filled and filed in the controlled substance file, the copy is filed with the non-controlled prescription</td>
</tr>
<tr>
<td>338) Controlled prescriptions will be reviewed for _____ before dispensing the prescription.</td>
<td>Authenticity</td>
</tr>
<tr>
<td>339) In cases where the prescription cannot be completely filled within _____, the provider will be notified, and a new prescription will be required for the balance.</td>
<td>72 hours</td>
</tr>
<tr>
<td>340) Prescriptions for Schedule II controlled substances shall have what information on the prescription?</td>
<td>Date; Quantity dispensed annotated; Numbered; Signed by the dispenser; Address; Telephone number; and signature of the recipient of the drug item</td>
</tr>
</tbody>
</table>
341) True or False: A separate prescription file shall be maintained for prescription records of Schedule II controlled substances.
True

342) True or False: Prescription records of controlled substances listed in Schedules II through V shall be maintained separately from all other records of the pharmacy.
False; Prescription records of controlled substances listed in Schedules III through V shall be maintained separately from all other records of the pharmacy

343) Who prohibits transfer of the controlled substance to any person other than the patient for whom it was prescribed?
Federal law

344) True or False: Controlled substances dispensed to nursing care units and clinics shall identify the DEA schedule on the pharmacy label or manufacturer’s label.
True

345) Which form will be used to account for all controlled substances used in the compounding of pharmaceutical preparations?
NAVMED 6710/1

346) Who is charged with custodial responsibility for controlled substances in nursing care units or clinics?
Registered nurse, Medical Officer or Dental Officer

347) True or False: The custodian of these substances shall not permit any such substances to be placed in the possession of other personnel in quantities greater than the amount required for immediate consumption by the patient.
True

348) True or False: Medication storage and preparation areas shall be locked unless personnel working in the area have a continuous, un-obstructive view of the area.
True

349) Each nursing care unit, clinic or other activity drawing controlled substances from the pharmacy shall maintain a loose-leaf notebook containing which form(s)?
NAVMED 6710/4, Narcotic and Controlled Drug Inventory-24 hour and NAVMED 6710/1, Narcotic and Controlled Drug Account Record, or similar automated forms

350) True or False: Nursing units and/or clinics may order from pharmacy controlled substances on form(s) approved by the command?
True

351) True or False: The supply of controlled substances to nursing care units and clinics may also be by automatic replacement of dispensed stock at a set level by the pharmacy without a signed form.
True
352) May the nursing personnel requesting the controlled substance be the same person picking up the controlled substance from the pharmacy?
No
Page 27 of 35, 21-28, left column, 4\textsuperscript{th} paragraph

353) Controlled substances have been received by nurse in charge, medical officer, or dental officer shall?
Check the amount of drug and compare serial numbers on the NAVMED 6710/1, Narcotic and Controlled Drug Account Record and the order from or prescription
Page 27 of 35, 21-28, left column, last paragraph

354) Once controlled substances have been received by nurse in charge, medical officer, or dental officer where on form(s) NAVMED 6710/1, Narcotic and Controlled Drug Account Record, DD Form 1289, or other order form are the signature and date of the person receiving the controlled substance?
The reverse side
Page 27 of 35, 21-28, left column, 4\textsuperscript{th} paragraph

355) Unresolved discrepancies are reported to?
Nursing Supervisor, Director of nursing services or respective head of service; head of pharmacy department and the Senior member of the CSIB
Page 27 of 35, 21-28, right column, 2\textsuperscript{nd} paragraph

356) True or False: Scheduled controlled substances are stocked in emergency crash carts.
False
Page 27 of 35, 21-28, right column, 4\textsuperscript{th} paragraph

357) How do branch clinics that are unable to order controlled substances directly from Prime Vendor obtain controlled substances?
Requested and delivered to the pharmacy branch by the main pharmacy
Page 27 of 35, 21-29, right column, last paragraph

358) Which form is accompanied with issue of Schedule II controlled substances?
NAVMED 6710/1, Narcotic and Controlled Drug Account Record
Page 27 of 35, 21-29, right column, last paragraph

359) Who appoints person(s) to receive medications which is separate from the person requesting the controlled substance(s)?
Commanding Officer
Page 27 of 35, 21-29, right column, last paragraph

360) Who may sign for receipt of controlled substances at a branch pharmacy?
Commissioned officer; Pharmacist; or Pharmacy staff member appointed by Commanding Officer
Page 27 of 35, 21-29, right column, last paragraph

361) Unannounced CSIB inventories of Schedule II controlled substances at branch pharmacies shall be performed at least?
Quarterly
Page 28 of 35, 21-29, left column, 1\textsuperscript{st} paragraph

362) Who calls for the unannounced CSIB inventory?
Senior member or the CSIB
Page 28 of 35, 21-29, left column, 1\textsuperscript{st} paragraph

363) Who receives copies of the Medical Treatment Facility CSIB report?
Branch clinic OIC, Senior medical officer or representative and Parent Medical Treatment Facility pharmacy department
Page 28 of 35, 21-29, left column, 1\textsuperscript{st} paragraph
364) Standardized forms are available for all procedures, regarding record keeping such as prescribing of drugs, handling of controlled substances, and investigational drug handling, except for?

Quality Control

365) True or False: All requirements for record keeping may be accomplished by using pharmacy automated data systems capable of producing readily retrievable reports.

True

366) True or False: More than one non-controlled medication may be written on a DD Form 1289.

True

367) True or False: Only one controlled or investigational drugs shall be written on individual DD Form 1289.

True

368) Prescription blanks provided by or preprinted by a commercial company are _____ for use in a Medical Treatment Facility.

Prohibited

369) Rubber stamp or addressograph plates may used on DD Form 1289 for commonly prescribed items provided the rubber stamp or addressograph plate has been reviewed and approved by?

Pharmacy department head and Medical Treatment Facility Pharmacy and Therapeutics Committee

370) True or False: Any preprinted prescription blank or medication order form will be reviewed and approved by who prior to use in the Medical Treatment Facility?

Pharmacy department head and Medical Treatment Facility Pharmacy and Therapeutics Committee

371) If no automatic narcotic and controlled substance dispensing unit is available what form must be completed for accountability record?

NAVMED 6710/4, Narcotic and Controlled Drug Inventory 24-Hour

372) The oncoming shift will sign what form after completing the end of shift inventory of all controlled drugs and prior to being relieved?

NAVMED 6710/4, Narcotic and Controlled Drug Inventory 24-Hour accountability record

373) True or False: The nurse reporting for duty and the nurse being relieved shall check the drugs concurrently.

True

374) Who gets notified immediately of any discrepancies if found during the concurrent counting between oncoming and off-going nurses?

Nursing supervisor and Medical Treatment Facility pharmacy department head

375) Who is responsible for the addition of all serial numbers of new NAVMED 6710/1s, Narcotic and Controlled Account Record on the NAVMED 6710/4, Narcotic and Controlled Drug Inventory 24-Hour.

The nurse custodian
376) *Where are completed NAVMED 6710/1s, Narcotic and Controlled Account Record, returned to?*

**Pharmacy**

Page 31 of 35, 21-42, right column, 1st paragraph

377) *Minimally the nursing unit supervisor shall audit the nursing care unit controlled substances supplies?*

**Weekly**

Page 31 of 35, 21-42, right column, 2nd paragraph

378) *Automatic Medication Dispensing Cabinets shall be inventoried how frequently?*

**Weekly**

Page 31 of 35, 21-42, right column, 3rd paragraph

379) *Automatic Medication Dispensing Cabinets shall be inventoried by who?*

**Pharmacy department**

Page 31 of 35, 21-42, right column, 3rd paragraph

380) *Upon receipt of a properly completed prescription or order form, who prepares a separate NAVMED 6710/1, Narcotic and Controlled Account Record, or similar automated form for each Schedule II controlled substances and any command controlled drug?*

**Pharmacy**

Page 31 of 35, 21-42, right column, 5th paragraph

381) *When a drug is expended, what is completed on the NAVMED 6710/1, Narcotic and Controlled Account Record, form?*

**Date, Time, Patient, Doctor’s Name, By whom given, Amount expended and Balance on hand**

Page 31 of 35, 21-42, right column, last paragraph

382) *The correct documentation on NAVMED 6710/1, Narcotic and Controlled Account Record, for one-half of a milliliter is?*

**0.5mL**

Page 32 of 35, 21-42, left column, 1st paragraph

383) *When the unit expended to the patient is a fractional dose, the unit administered shall be written?*

**In parentheses before the number of units in the expended column**

Page 32 of 35, 21-42, left column, 2nd paragraph

384) *If a single dose of a controlled substance is accidentally damaged or contaminated during preparation for administration, or is refused by the patient after preparation, the dose will be?*

**Destroyed**

Page 32 of 35, 21-42, left column, 3rd paragraph

385) *If multiple doses of a controlled substance are damaged or contaminated, who shall record the disposition of the drug?*

**The supervisor**

Page 32 of 35, 21-42, left column, 4th paragraph

386) *Where are deteriorated drugs taken by nursing care units and clinics?*

**Pharmacy**

Page 32 of 35, 21-42, left column, 5th paragraph

387) *The pharmacy officer or authorized representative shall enter on which form the date that NAVMED 6710/1, Narcotic and Controlled Account Record, was returned to the pharmacy?*

**NAVMED 6710/5**

Page 32 of 35, 21-42, left column, last paragraph
388) The Director of Nursing Service or appropriate department head receives a report how frequently on all NAVMED 6710/1s, Narcotic and Controlled Account Records, outstanding 30 days from date of issue?
   Monthly

389) Who removes all the completed NAVMED 6710/4, Narcotic and Controlled Drug Inventory 24-Hour?
   Nursing supervisor

390) How frequently are completed NAVMED 6710/4s, Narcotic and Controlled Drug Inventory 24-Hour, collected?
   Every 3 months

391) How long are completed NAVMED 6710/4s, Narcotic and Controlled Drug Inventory 24-Hour maintained for storage?
   2 years

392) What is the form number for the Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs?
   NAVMED 6710/5

393) What is the form name for NAVMED 6710/5?
   Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs

394) What is the name of NAVMED 6570/2 form?
   Compounding/Prepack Log

395) What is the form number for the Compounding/Prepack Log?
   NAVMED 6570/2

396) Serial number 0102-LF-012-6201 is the order number for which form?
   DD Form 1289 (Nov 1971), DoD Prescription

397) Serial number 0105-LF-206-7130 is the order number for which form?
   NAVMED 6710/6 (Rev. 3-1984), Poly Prescription

398) When ordering DD Form 1289 (Nov 1971), DoD Prescription what number dose the HM use?
   S/N 0102-LF-012-6201

399) When ordering NAVMED 6710/6 (Rev. 3-1984), Poly Prescription what number dose the HM use?
   S/N 0105-LF-206-7130

400) How does may a HM order prescription forms?
   Naval Forms Online Website at https://navalforms.daps.dla.mil/web/public/home

401) How does a HM order NAVMED 6570/2 (12/2008), Compounding/Prepack Log?
   Navy Medicine Website at http://navymedicine.med.navy.mil/default.cfm?se tab+directives at the Forms tab

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Created on: 20161113
402) **How does a HM order NAVMED 6710/1 (rev. 1-2002), Narcotic and Controlled Drug Account Record?**
Navy Medicine Website at http://navymedicine.med.navy.mil/default.cfm?seTab=directives at the Forms tab

Page 33 of 35, 21-44, right column, 2nd paragraph

403) **How does a HM order NAVMED 6710/4 (4-72), Narcotic and Controlled Drug Inventory 24-Hour?**
Navy Medicine Website at http://navymedicine.med.navy.mil/default.cfm?seTab=directives at the Forms tab

Page 33 of 35, 21-44, right column, 2nd paragraph

404) **How does a HM order NAVMED 6710/5 (4-72), Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs?**
Navy Medicine Website at http://navymedicine.med.navy.mil/default.cfm?seTab=directives at the Forms tab

Page 33 of 35, 21-44, right column, 2nd paragraph

405) **What forms are available on the Navy Medicine Website at**
http://navymedicine.med.navy.mil/default.cfm?seTab=directives?
NAVMED 6570/2 (12/2008), Compounding/Prepack Log; NAVMED 6710/1 (rev. 1-2002), Narcotic and Controlled Drug Account Record; NAVMED 6710/4 (4-72), Narcotic and Controlled Drug Inventory 24-Hour; and NAVMED 6710/5 (4-72), Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs

Page 33 of 35, 21-44, right column, 2nd paragraph

406) **How does a HM obtain a DEA Form 106, Report of Theft of Controlled Substances?**
Nearest regional drug enforcement office or Drug Enforcement Administration, 1405 “I” Street, NW, Washington, DC 20537

Page 33 of 35, 21-44, right column, 3rd paragraph

407) **All prescriptions, formularies, and drug lists may be destroyed when ______ or superseded and no longer needed for reference.**
2 years

Page 33 of 35, 21-45, right column, last paragraph

408) **All Schedules II through V controlled substance prescriptions and accounting records will be available for at least ______ years.**
2

Page 33 of 35, 21-45, right column, last paragraph
Questions and Answers
NAVEDTRA 14295B, Chapter 19, Clinical Laboratory

1) True or False: The HM is expected to make a diagnosis from test findings or to institute definitive treatment based upon them.
   False
   19-1, left column, 3rd paragraph

2) True or False: Laboratory test are only aids to diagnose a patient.
   True
   19-1, left column, last paragraph

3) Whose responsibility is to make sure established administrative procedures are followed with regard to accurate patient and specimen identification?
   The HM
   19-1, right column, 1st paragraph

4) Test results have a bearing upon the patient’s?
   Immediate and future diagnosis and medical history
   19-1, right column, 2nd paragraph

5) Who has gone to great lengths to produce effective forms that serve a purpose with a minimum of confusion and chance of error?
   The Armed Forces
   19-1, right column, 3rd paragraph

6) How are computerized laboratory forms from CHCS and AHLTA or locally developed chits filed?
   On top of or attached to SF 545
   19-1, right column, 3rd paragraph

7) Where would a HM find a complete listing of SF forms and their purposes?
   Manual of the Medical Department (MANMED), NAVMED P-117
   19-1, right column, 3rd paragraph

8) What color ink are laboratory request forms to be written in?
   Black or Blue-black
   19-1, left column, 2nd paragraph

9) When a clinician requests laboratory tests what must be documented?
   Patient’s full name, Family member prefix and sponsor’s social security number, Rate/rank, Date of birth, Status, Branch of service in the “Patient Identification” block, and Ward or department ordering the test
   19-2, left column, 2nd paragraph

10) Who is required to verify the patient information before the specimen collection and labeling?
    The HM
    19-2, left column, 2nd paragraph

11) Before accepting laboratory request forms and specimens in the laboratory what must happen?
    Check patient identification information on both the request form and the specimen container label for completeness and legibility
    19-2, right column, 1st paragraph

12) Prior to filing laboratory test reports what must be done?
    Reviewed by provider, Initial or sign the form to indicate the review of the test results
    19-2, right column, last paragraph
13) Where will be manual, automated, or computer-generated laboratory test reports be placed?
   Above SF-545  
   19-2, right column, last paragraph

14) Where in the file is the new laboratory report filed?
   On top of previous results  
   19-2, right column, last paragraph

15) Which chapter of the MANMED outlines the Navy's ethics policy with regard to disclosure of the contents of a patient's medical record, including lab reports?
   Chapter 16  
   19-4, left column, 1st paragraph

16) What agencies regulate medical ethics and patient confidentiality?
   The Joint Commission, Medical Inspector General (MED IG) and the Department of Health and Human Services (HHS)  
   19-4, left column, 1st paragraph

17) Who enforces Health Insurance Portability and Accountability Act (HIPAA)?
   HHS  
   19-4, left column, 1st paragraph

18) Who enacted the Health Insurance Portability and Accountability Act (HIPAA)?
   Congress  
   19-4, left column

19) Good practice(s) for the HM in regards to protected health information is/are?
   Prevent unauthorized access to reports, To leave interpretation of the test results to the requesting provider, and to Refrain from discussing results with the patient  
   19-4, left column, 1st paragraph

20) How many principal methods of obtaining blood specimens are there?
   Two; Capillary and Venipuncture  
   19-4, left column, last paragraph

21) The preferred method of obtaining blood sample is?
   Venipuncture  
   19-4, left column, last paragraph

22) If the HM needed to locate the complete details on Universal Bloodborne Pathogen Precautions where should they look?
   www.osha.gov and Standard 1910.1030  
   19-4, right column, 1st title

23) How many universal precautions are in effect for all phlebotomy procedures?
   Seven; Gloves are required to be worn in conjunction with proper hand washing techniques; Gloves will be disposed of after each patient; Needles and other sharp instruments used in the blood collection process will be handled with extreme caution and disposed of in biohazard sharps containers; sharps containers will be conveniently located near phlebotomy work sites to reduce the distance between patient care and sharps disposal; Absorbent materials, such as cotton 2x2’s used to cover blood extraction sites, normally contain only a small amount of blood and can be disposed of as general waste; If a large amount of blood is absorbed, the absorbent material will be placed in a biohazard waste container and treated as infectious waste; Clean phlebotomy work site equipment and furniture daily with a disinfectant, or as needed after patient use
   19-4, right column, bullets
24) Where should the HM tell a patient to dispose of a cotton 2x2 used to cover the blood extraction site which contains a small amount of blood?
General waste
19-4, right column, 5th bullet

25) How often should the phlebotomy work site equipment and furniture be cleaned with a disinfectant?
Daily and as needed after patient care
19-4, right column, last bullet

26) True or False: Sterilize the phlebotomy work site equipment and furniture daily.
False; Disinfect
19-4, right column, last bullet

27) When would a HM choose to do a capillary blood draw?
A small quantity of blood is needed for testing
19-5, left column, 1st paragraph

28) Which patient population would a capillary blood collection be used?
Pediatrics, Severely burned and/or ICU patients
19-5, left column, 1st paragraph

29) Capillary blood collections from newborns come from what site?
Heel
19-5, left column, 1st paragraph

30) Capillary blood collections from adults come from what site?
Finger
19-5, left column, 1st paragraph

31) When does the HM wash their hands in regards to phlebotomy?
Before and after each procedure
19-5, left column, 3rd paragraph

32) Which finger(s) are preferred sites for capillary finger puncture procedure?
Middle and Ring finger
19-5, left column, 2

33) The HM should _____ the finger to make collection easier and faster, and reduces the tendency to squeeze the site.
Warm
19-5, left column, 2

34) True or False: When puncturing the finger do not puncture parallel to the grooves or lines of the finger print.
True
19-5, right column, 4

35) When puncturing the finger or heel, puncture _____ the midline.
Away from
19-5, right column, 4

36) What is the maximum depth a puncture for capillary blood sample go?
2mm
19-5, right column, 5

37) True or False: Wiping away the first drop of blood prevents contamination with tissue fluid.
True
19-6, left column, 6
38) **Why should the HM not squeeze the fingertip to accelerate bleeding?**
   Tends to dilute the blood with excess tissue fluid 19-6, left column, 6

39) **Which position should the HM position the site for capillary blood draw?**
   Downward 19-6, left column, 6

40) **The correct technique in collecting the specimen is to?**
   “Scooping” blood one drop at a time 19-6, left column, 7

41) **Newborns, infants, and very small children which site(s) may be used to obtain a capillary blood collection?**
   Heel or Great toe 19-6, left column, 1st paragraph

42) **If arm veins are cannot be used due to interference, what other site(s) may be used after consult with a supervisor?**
   Hand veins or Foot veins 19-6, left column, last paragraph

43) **If the patient has an IV infusing and blood needs to be obtained what should the HM do?**
   Choose another site 19-6, left column, note

44) **If the patient has a mastectomy of the right side, should the HM draw blood from the right arm?**
   No, choose another site 19-6, left column, note

45) **What effect, if any, would happen if the HM drew blood from the same arm receiving IV fluids?**
   IV fluids will alter tests 19-6, left column, note

46) **True or False: Permanent damage can be caused from drawing blood from the same side as the patient’s mastectomy.**
   True 19-6, left column, note

47) **What is/are the correct positions for a patient to be in when they are about to have venipuncture?**
   Lying in bed or Sitting in a chair with the arm propped up 19-6, right column, last paragraph

48) **True or False: Never perform a venipuncture with a patient standing up.**
   True 19-6, right column, warning

49) **After washing your hands and applying universal bloodborne pathogen precautions what should the HM do?**
   Explain the procedure to the patient 19-7, left column, 1

50) **Apply tourniquet around the arm approximately how many inches above the intended venipuncture site?**
   3-4 inches 19-7, left column, 2
51) What equipment may be used instead of a tourniquet if a patient is a difficult draw?
   A BP cuff or Sphygmomanometer

52) How should the HM “anchor” the vein?
   Using the thumb of the free hand placing it a minimum of 1 to 2 inches below and slightly to the side of
   the intended venipuncture site and pull the skin toward the wrist

53) The bevel of the needle should be in what position?
   Up

54) What degree angle should the HM use when entering the vein?
   15-30 degree angle with the skin

55) What is the maximum time a tourniquet may be left on?
   One minute

56) Which situation allows the tourniquet to be left on until the last tube is filled?
   Difficult draw

57) Ideally the tourniquet should be removed?
   As soon as blood flows freely into the tubes

58) After tubes have been labeled, tubes which contain additives, like anticoagulant agents should be?
   Inverted

59) True or False: Pre-labeling tubes is allowed.
   False; Specimens are to be labeled immediately after blood collection and never before.

60) Red top tube is used for what test(s)?
   Chemistry

61) Lavender top tube is used for what test(s)?
   Complete Blood Counts (CBC)

62) What additive(s) is found in light blue top tubes?
   Sodium citrate

63) What additive(s) is found in green top tubes?
   Sodium heparin and Lithium heparin

64) What additive(s) is found in red top tubes?
   None

65) What additive(s) is found in pink top tubes?
   Spray-coated K₂EDTA
66) What additive(s) is found in white top tubes?
K₂EDTA with gel

67) What additive(s) is found in lavender top tubes?
K₂EDTA

68) What additive(s) is found in gold or red/black top tubes?
Clot activator and gel

69) The microscope is a _____ instrument used extensively in clinical laboratories to observe objects too small to be seen by the unaided eye.
Precision

70) How many styles of microscopes are used?
Two; Binocular and Monocular

71) Which style of microscope is commonly used in the field settings?
Monocular

72) What type of microscope is most often used in the laboratory?
Compound microscope

73) What is the term “resolving power” mean in regards to microscopes?
The ability to show, separate, and distinguish

74) How many parts are there in the framework of the compound microscope?
Four; Arm, Stage, Mechanical stage, and Base

75) Which part of the framework is described as, the structure that supports the magnification and focusing system and it is the handle by which the microscope is carried?
Arm

76) Which part of the framework is described as, the platform on which a specimen is placed for examination?
Stage

77) Which part of the framework is described as, the part that holds the specimen in place and is the means by which the specimen may be moved about on the stage to view the sample?
Mechanical stage

78) Which part of the framework is described as, the structure on which the microscope rests?
Base

79) How many parts are there for the illumination system of a compound microscope?
Three; Internal light source, A condenser and An iris diaphragm
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<th>Question</th>
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<tr>
<td>Where is the internal light source located on a compound microscope?</td>
<td>In the base of the microscope</td>
<td>19-11, 7th paragraph</td>
</tr>
<tr>
<td>Where is the condenser located on a compound microscope?</td>
<td>Below the stage</td>
<td>19-11, 8th paragraph</td>
</tr>
<tr>
<td>Which part of the illumination system is composed of a compact lens system?</td>
<td>Condenser</td>
<td>19-11, 8th paragraph</td>
</tr>
<tr>
<td>Where is the iris diaphragm located on a compound microscope?</td>
<td>On the condenser</td>
<td>19-11, last paragraph</td>
</tr>
<tr>
<td>Which part of the illumination system controls the amount of light and angle of light rays that will pass to the specimen and lens, which affects the overall resolution, or ability to observe and interpret a sample?</td>
<td>Iris diaphragm</td>
<td>19-11, last paragraph</td>
</tr>
<tr>
<td>The magnification system of the compound microscope contains at least how many lens systems?</td>
<td>Two</td>
<td>19-12, 1st paragraph</td>
</tr>
<tr>
<td>The two lens systems are mounted where on the compound microscope?</td>
<td>On either end of the tube called the body tube</td>
<td>19-12, 1st paragraph</td>
</tr>
<tr>
<td>The lens nearest the eye is called?</td>
<td>Ocular lens or Eye piece</td>
<td>19-12, 1st paragraph</td>
</tr>
<tr>
<td>Which lens of the magnification system of a compound microscope is responsible for the magnification and resolution of detail in a specimen?</td>
<td>Objective lens</td>
<td>19-12, 1st paragraph</td>
</tr>
<tr>
<td>On a compound microscope there is usually how many objective lenses?</td>
<td>Three; Low-power, High-power, and Oil-immersion</td>
<td>19-12, 2nd paragraph</td>
</tr>
<tr>
<td>A lens with an approximate magnification of 10X is known as?</td>
<td>Low-power lens</td>
<td>19-12, 2nd paragraph</td>
</tr>
<tr>
<td>A lens with an approximate magnification of 40X is known as?</td>
<td>High-power lens</td>
<td>19-12, 2nd paragraph</td>
</tr>
<tr>
<td>A lens with an approximate magnification of 100X is known as?</td>
<td>Oil-immersion lens</td>
<td>19-12, 2nd paragraph</td>
</tr>
<tr>
<td>Which part of the magnification system is where the objective lenses are fitted?</td>
<td>Revolving nosepiece</td>
<td>19-12, 3rd paragraph</td>
</tr>
</tbody>
</table>
94) Which part of the magnification system permits light to travel from the objective to the ocular lens?
   Body tube
   19-12, left column, 4th paragraph

95) The ocular lens usually has a magnification power of?
   10X
   19-12, left column, 5th paragraph

96) To calculate the total magnification of a viewed sample, the HM will _____ the magnification powers of
   the ocular lens and the objective lens.
   Multiply
   19-12, left column, 5th paragraph

97) True or False; Focusing is accomplished by moving the stage up or down with the coarse and fine
   control knobs?
   True
   19-12, left column, last paragraph

98) Which knob sharpens the image?
   Fine control knob
   19-12, left column, last paragraph

99) Which knob is used to initially bring the specimen's image into approximate focus?
   Coarse control knob
   19-12, left column, last paragraph

100) The larger inner knob is known as?
    Coarse control knob
    19-12, left column, last paragraph

101) The smaller outer knob is known as?
    Fine control knob
    19-12, right column, 1st paragraph

102) When beginning to use a compound microscope the HM should begin the examination process with
    which setting?
    Low-power
    19-12, right column, 4th paragraph

103) The recommended position for the HM using a microscope is?
    Seated facing the microscope
    19-12, right column, 1

104) How far from the slide should the body tube be?
    1/4 inch
    19-12, right column, 2

105) True or False: Once an object is focused on low-power, the HM should revolve the nosepiece to high-
    power and only use the fine adjustment knob to bring the object into exact focus?
    True
    19-13, left column, 3

106) What is the use of oil-immersion objective (100X)?
    For detailed study of stained blood and bacterial smears
    19-13, left column, 5

107) When is immersion oil placed?
    After focusing with the high-power objective and scanning for a well-defined cell
    19-13, left column, 5
108) When transporting a compound microscope you should use how many hands?
Two; Grasping the arm of the scope in one hand and supporting the weight of the scope with the other hand under the base

109) Remove dust from the lens of a compound microscope with?
A lint-free lens tissue

110) True or False: When not in use, microscopes should have a drape placed over them.
False; Enclosed in a dustproof cover or stored in their case

111) True or False: Use of alcohol to clean the microscope lenses is preferred especially to remove dried oil.
False; Never use alcohol or similar solvents to clean lenses

112) A complete blood count routinely consists of how many tests?
Five; Total red blood cell (RBC) count, Hemoglobin determination (Hgb), Hematocrit calculation (Hct), Total white blood cell (WBC) count, and White Blood Cell Differential count

113) The sampling(s) of blood for a complete blood count may be sourced from?
Capillary or Venous

114) If in an isolated location or onboard some Naval vessels where a hematology analyzer is not practical, who may perform a complete blood count test?
Laboratory technician and Independent Duty Corpsman

115) When a red blood cell count drops below normal values may indicate?
Anemia

116) A red blood cell count that rises above the normal values may indicate?
Dehydration

117) The measurement of the concentration of hemoglobin within the patient’s red blood cells is called?
Hemoglobinometry

118) What is the primary function of hemoglobin?
Delivery and release of oxygen to the tissues and facilitation of carbon dioxide excretion

119) The formation of hemoglobin takes place during the development of red cells located?
In bone marrow

120) What value(s) affect hemoglobin?
Age, Sex, Disease and Altitude

121) The normal value of hemoglobin determinations for a male is?
14-18 grams per 100mL of blood
122) The normal value of hemoglobin determinations for a female is?
   12-16 grams per 100mL of blood

123) What chemical hemolyzes or destroys the red cells?
   Cyanomethglobin

124) The ratio of the volume of red blood cells to the volume of whole blood is known as?
   Hematocrit

125) Which value is expressed as a percentage?
   Hematocrit

126) Which gender has a normal Hematocrit value of 37 to 47%?
   Female

127) Which gender has a normal Hematocrit value of 42 to 52%?
   Male

128) What is the normal white blood cell count?
   4,800 to 10,800 per cubic millimeter

129) What is the name of the method of manually counting white blood cells?
   Unopette method

130) What is the term used when the white blood cell count rises above normal values?
   Leukocytosis

131) In severe medical conditions, white blood cell out will exceed?
   50,000/mm$^3$

132) True or False: Leukocytosis occurs when there is a systemic infection only.
   False

133) Leukocytosis may be caused by:
   Infection, Shortly after birth, Pregnancy, Appendicitis, Ulcers, Emotional stress, Anxiety, and Strenuous exercise

134) An abnormally low white blood cell count is known as?
   Leukopenia

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135) **Causes for abnormally low white blood cell count may be caused by?**
Severe or advanced bacterial infections such as typhoid, paratyphoid, and sometimes tularemia; Bacterial infection has been undetected for a period of time; Viruses and rickettsiae, such as Measles, Rubella, Smallpox, Infectious hepatitis, Psittacosis, Dengue fever and Influenza; Protozoal infections (such as malaria) and helminthic infections (such as trichinosis); Overwhelming infections when the body’s defense mechanisms break down; Anaphylactic shock; and Radiation

136) **What is the role of the white blood cell?**
To control various disease conditions

137) **How many types of white blood cells are there?**
Five; Neutrophils, Eosinophils, Basophils, Lymphocytes, Monocytes

138) **How is a differential white blood count obtained?**
Blood smear

139) **Which type of white blood cell accounts for the largest percentage of leukocytes in a normal blood sample?**
Neutrophils

140) **Which white blood cell type has a cytoplasm that has numerous fine, barely visible lilac-colored granules and a dark purple or reddish purple nucleus?**
Neutrophils

141) **The nucleus of a Neutrophil may be?**
Oval, Horseshoe or “S”-shaped or segmented (lobulated)

142) **How many sub-classifications do Neutrophils have?**
Two; Band and Segments

143) **Another name for neutrophilic band is?**
“Stab” cell

144) **Which sub-classification of a Neutrophil is older or intermediate?**
Neutrophilic Band

145) **What shape are band cells look like?**
Horseshoe, C or U-shape

146) **Which sub-classification of a Neutrophil has a nucleus that is separated into two, three, four, or five segments or lobes?**
Segmented Neutrophil
147) Which white blood cell type function is to destroy parasites and respond in immediate allergic reactions?
   Eosinophil
   19-17, left column, 1st paragraph

148) The cytoplasm of this type of white blood cell, contains numerous large reddish-orange granules.
   Eosinophil
   19-17, left column, 1st paragraph

149) A helminthic infection causes an increase in which type of white blood cells?
   Eosinophil
   19-17, left column, 1st paragraph

150) A rise in basophils is associated with?
   Inflammatory disorders and certain leukemias
   19-17, left column, last paragraph

151) Scattered deep bluish-purple granules that are darker than the nucleus, characterize which white blood cell type?
   Basophil
   19-17, left column, last paragraph

152) Which type of white blood cell is associated with immune response and the body's defense against viral infection?
   Lymphocyte
   19-17, right column, paragraph

153) The cytoplasm of which type of white blood cell, is clear sky blue, scanty, with unevenly distributed, blue granules with a halo around them.
   Lymphocyte
   19-17, right column, paragraph

154) Which type of white blood cell is generally round, oval, or slightly indented, and the chromatin (a network of fibers within the nucleus) is lumpy and condensed at the periphery?
   Lymphocyte
   19-17, right column, paragraph

155) Which white blood cell type is largest?
   Monocyte
   19-18, left column, 1st paragraph

156) Which white blood cell type controls microbial and fungal infections?
   Monocyte
   19-18, left column, 1st paragraph

157) Which white blood cell type has an indented nucleus and an abundant pale bluish-gray cytoplasm?
   Monocyte
   19-18, left column, 1st paragraph

158) True or False: All bacteria are harmful to man.
   False
   19-18, right column, 1st paragraph

159) How many methods of classification of bacteria are there?
   Five; Disease-producing ability, Growth requirements, Morphologic characteristics, Toxins produced, and Gram’s stain reaction
   19-18, right column, bullets
160) Bacteria that cause diseases are called?
    Pathogenic

161) True or False: Bacteria are essential to the body in their proper environment.
    True

162) Common or normal flora is defined as?
    Bacteria that are essential to the body are, in their proper environment.

163) How requirements are required for bacteria to grow?
    Four; Temperature, Oxygen, Nutrition, and Moisture

164) For bacteria to grow there are temperature requirement, those requirements are divided into how many categories?
    Three; Psychrophilic, Mesophilic, Thermophilic

165) “Cold loving” bacteria that reproduce best at low temperatures (4 degrees C) are known as?
    Psychrophilic

166) Bacteria that reproduce best at body temperature (35 degrees C) and are the primary pathogens in man are known as?
    Mesophilic

167) Bacteria that reproduce best at higher temperatures (42 degrees C) are known as?
    Thermophilic

168) Which organisms reproduce in the presence of oxygen?
    Aerobes

169) Which organisms do not reproduce in the presence of oxygen?
    Anaerobes

170) Moisture is _____ for bacterial growth providing an environment for metabolic reactions to take place.
    Indispensable

171) How many morphologic characteristics, (the structural characteristics) of bacteria are there?
    Three; Coccus, Bacillus, Spirochetes

172) The structural characteristics names are based on the _____ of the bacteria.
    Shape

173) Bacteria spherical-shaped, appears singly, in pairs, chains, clusters or packets is named?
    Coccus
174) **Bacteria** rod-shaped, appears singly, in chains, or in different organizations (i.e. railroad tracts or school of fish) is named?
   **Bacillus**
   19-19, right column, 2nd bullet

175) **Bacteria** helical, spiral-corkscrew-shaped, appearing singly only is named?
   **Spirochetes**
   19-19, right column, 3rd bullet

176) **The waste products of metabolism** in a bacterial cell is known as?
   **Toxins**
   19-19, right column, 2nd paragraph

177) **How many categories of toxins** are there?
   Two; **Endotoxin** and **Exotoxin**
   19-19, right column, 4th and 5th bullet

178) **Which toxin is more potent?**
   **Exotoxin**
   19-19, right column, 4th bullet

179) **Which toxin is comprised of part of the cell wall and is released as the bacterial cell is destroyed?**
   **Endotoxin**
   19-19, right column, 4th bullet

180) **Which toxin is associated with what condition?**
   **Septic shock**
   19-19, right column, last bullet

181) **True or False: A gram-stain smear is a key diagnostic tool.**
   True
   19-19, right column, last paragraph

182) **Crystal violet color is retained during de-colorization for which cell type?**
   **Gram-positive**
   19-19, right column, last paragraph

183) **True or False: Gram negative cells turn crystal violet?**
   False; **Gram negative cells are counterstained pink**
   19-19, right column, last paragraph

184) **Bacterial names are composed of two words, the first word, which is capitalized indicates the?**
   **Genus**
   19-20, left column, 1st paragraph

185) **Bacterial names are composed of two words, the second word, which is not capitalized indicates the?**
   **Species, a subdivision of the genus**
   19-20, left column, 1st paragraph

186) **True or False: A smear permits healthcare personnel to examine specimens microscopically.**
   True
   19-20, right column, 1st paragraph

187) **What type of infection(s) would be gram-positive cocci?**
   **Pneumonia, Strep throat, Boils, Furuncles, Osteomyelitis, Septicemia, Endocarditis, and Impetigo**
   19-20, table 19-2

188) **What type of infection(s) would be gram-negative cocci?**
   **Gonorrhea and Meningitis**
   19-20, table 19-2
189) **What type of infection(s) would be gram-positive bacilli?**
Gas gangrene, Tetanus, and Botulism

190) **What type of infection(s) would be gram-negative bacilli?**
Bubonic plague, Brucellosis, and Whooping cough

191) **True or False: Pneumonia may be gram-positive and gram-negative cocci?**
True

192) **Streptococcus pneumonia is found in which infection(s)?**
Pneumonia

193) **Streptococcus pyogenes is found in which infection(s)?**
Strep throat

194) **Staphylococcus aureus is found in which infection(s)?**
Boils, Furuncles, Osteomyelitis, Pneumonia, Septicemia, Endocarditis, and Impetigo

195) **Corynebacterium diphtheria is found in which infection(s)?**
Diphtheria

196) **Clostridium perfringens (welchii) is found in which infection(s)?**
Gas gangrene

197) **Clostridium tetani is found in which infection(s)?**
Tetanus

198) **Clostridium botulinum is found in which infection(s)?**
Botulism

199) **Brucella abortus is found in which infection(s)?**
Brucellosis

200) **Bordetella pertussis is found in which infection(s)?**
Whooping cough

201) **How are smears enhanced for visualization of microorganisms?**
Gram staining

202) **Who reports the results of examined smears?**
Laboratory technicians

203) **What color do gram-positive organisms become after staining?**
Deep blue or Blue-black
204) What color do gram-negative organisms become after staining?
   Deep pink

205) Neisseria gonorrhoeae is the bacterium which is found in which disease?
   Gonorrhea

206) Cocci in pairs are also known as?
   Diplococci

207) A smear revealing varying intracellular and extracellular gram-negative, bean-shaped cocci in pairs could be considered diagnostic for which disease for males with symptomatic urethral discharge?
   Gonorrhea

208) What is the procedure by which antigens and reacting serum globulin antibodies may be measured qualitatively and quantitatively?
   Serology

209) Serology test have been devised to detect?
   Antigens present and/or Antibodies produced

210) Most tests are based on _____ reactions between an antigen and a specific antibody.
   Agglutination

211) When agglutination reaction happens, what is the result between the antigen and antibodies?
   Visual clumping of the test solution

212) What is a substance that, when introduced into an individual’s body is recognized as foreign by and individual’s immune system and causes a detectable reaction?
   An antigen

213) What are specific defensive proteins produced when an antigen stimulates individual cells?
   Antibodies

214) The primary function of an antibody in body defenses is to _____ antigens.
   Combine with

215) What tests are widely used to detect and measure the presence of antigen-antibody reactions?
   Agglutination tests

216) Which of these are serologic tests?
   Rapid Plasma Reagin (RPR) card test and Monosticon DRI-DOT Slide Test

217) What serology test is an easily performed screening test for syphilis?
   Rapid Plasma Reagin card test

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218) Which specific antigen is detected in the RPR Card test?
Carbon-particle cardiolipin

219) The syphilis reagin is usually developed how long after the appearance of a primary chancre?
1-4 weeks

220) Reactive RPR specimens appear as?
Black clumps against a white background

221) Nonreactive RPR specimens as?
Even, light-gray color

222) How are results of the RPR test reported?
Reactive or Nonreactive

223) How long does the Monospot Test take to detect the presence of infectious mononucleosis antibodies?
2-minutes

224) The Monospot Test may use sampling from what source(s)?
Serum, Plasma and/or Whole blood

225) True or False: The Monospot Test consists of specially prepared, stable sheep or horse erythrocyte antigen (dyed) and guinea pig antigen on a disposable slide.
True

226) A positive Monospot Test is indicated by?
Agglutination or Clumping

227) True or False: A negative monospot may not necessarily rule out the presence of infectious mononucleosis.
True

228) What are chlorophyll-free, heterotropic (not self-sustaining) of the same family of plants as algae and lichens?
Fungi

229) Fungi reproduce by spores that germinate into long filaments are called?
Hyphae

230) As hyphae continue to grow and branch, they develop into a mat of growth called?
Mycelium

231) True or False: All fungi reproduce asexually.
False; Reproduction is often asexual, usually by budding (as in yeast), but certain fungi have sexual reproduction

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232) Which are common superficial infections of the skin caused by fungi?
   
   Athlete’s foot and Ringworm of the scalp

233) What is a simple and frequently used method of detecting fungi?
   
   Potassium hydroxide preparation (KOH)

234) Scrapings from the affected area of the skin are mounted in commercially prepared _____ for positive laboratory diagnosis.
   
   10% KOH

235) How many drops of 10% KOH are added to a glass slide containing skin, hair or nail scrapings?
   
   One

236) After a coverslip has been placed over the sampling with KOH solution, what is the next step?
   
   Warm the preparation gently over the tip of a flame, being careful not to boil it and allow it to stand until clear

237) The slide containing the sampling and KOH solution after cooled will be examined by using?
   
   High-power object on microscope with subdued light

238) What sampling shows positive fungi as refractile or reflective, fragment of fungal elements?
   
   Skin and Nails

239) What sampling shows positive fungi as dense clouds?
   
   Hair

240) What is considered the beginning of laboratory medicine?
   
   Analysis of urine

241) True or False: The physical and chemical properties of normal urine are constant and abnormalities are easily detected.
   
   True

242) How many types of urine specimens are there?
   
   Three; Random, First morning, and 24-hour

243) Urine specimens for routine examinations must be collected in?
   
   Aseptically clean containers

244) True or False: The preferred method of urine collection is catheterization.
   
   False; Avoid catheterization as it may cause a urinary tract infection

245) Female patient’s urine that is contaminated with albumin (protein) and blood is due to?
   
   Menstrual discharge
246) Female patient’s urine that is contaminated with albumin and pus is due to?
Vaginal discharge

247) True or False: The initial stream of urine should be collected.
False; The patient must void the initial stream of urine into the toilet or a suitable container

248) Which type of urine specimen is most commonly received?
Random urine specimen

249) Random urine specimen is the _____ valid specimen.
Least

250) Which urine specimen is the ideal screening specimen?
First morning urine specimen

251) Which urine specimen is used for quantitative studies?
24-hour specimen

252) When collecting a 24-hour urine specimen time begins?
After a void and concludes with the last void 24 hours later

253) How are the specimens stored until completion of the 24 hours?
Refrigerated

254) If a preservative is needed, when should it be added?
Add to the first specimen voided

255) The normal daily urine volume is?
600 to 2,000mL

256) The average daily urine volume is?
1,500mL

257) How are fluids lost from the body?
Perspiration, Respiration, and Bowel activity

258) Diarrhea and profuse sweating _____ urinary output.
Reduces

259) Diabetes is associated with _____ urinary output.
Increased

260) What techniques are used to delay decomposition of urine?
Refrigeration and Preservation
261) True or False: Hydrochloric acid is a preservative used for urine specimen.
True

262) Routine urine examination includes?
Physical characteristics, chemical characteristics, and microscopic structures in the sediment

263) A sample of urine from an adult for urinalysis should be at least?
12ml

264) What is the preferred volume of urine for children to provide?
10-15ml

265) The normal color of urine varies from?
Straw to Amber

266) What color is diluted urine?
Pale

267) Colors of urine are described as:
Colorless, Light straw, straw, Dark straw, Light amber, Amber, Red

268) The presence of blood, drugs, or diagnostic dyes may do what to urine samples?
Change the color

269) The color Red or Red-Brown is caused by?
Presence of blood

270) The color Yellow or Brown (turning greenish with yellow foam when shaken) is caused by?
Bile

271) The color Olive green to Brown-Black is caused by?
Phenols

272) The color Dark Orange is caused by?
Pyridium

273) Urine’s appearance may be reported as?
Clear, Hazy, Slightly cloudy, Cloudy, or Turbid

274) Freshly passed urine is usually described as?
Clear or Transparent

275) Urine can appear cloudy when which substances are present?
Blood, Leukocytes, Crystals, Pus and/or Bacteria

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276) After standing, all urine becomes cloudy because of?
Decomposition, Salts, and The action of bacteria

277) Upon standing and cooling, all urine specimens will develop a faint cloud composed of?
Mucus, Leukocytes, and Epithelial Cells

278) Which organ’s responsibility is to selectively reabsorb essential chemicals and water?
Kidneys

279) The density of a solution compared to an equal volume of distilled water is known as?
Specific gravity

280) What is the normal range of specific gravity during a 24-hour period?
1.015 to 1.030

281) Which urine specimen will have a higher specific gravity?
First morning specimen

282) True or False: High fluid intake may reduce the specific gravity below 1.010.
True

283) In the presence of disease, the specific gravity of a 24-hour urine specimen may vary from?
1.001 to 1.060

284) What instrument is used to measure specific gravity?
Index refractometer

285) How is the specific gravity of urine determined?
By the index of light refraction through solid material

286) True or False: The HM should use both hands to hold the refractometer?
False; One hand to hold and the other to use the applicator stick to place a drop of urine on the glass section

287) The number that appears when the light and dark lines meet is known as the?
Specific gravity

288) What are the chemical characteristics evaluated during a routine urinalysis?
ph, Protein, Glucose, Ketones, Blood, Bilirubin, Urobilinogen, Nitrate, Leukocytes and Specific Gravity

289) True or False: A HM that has color deficiency may not report reagent test strip results.
False; Those with color deficiency may need to take extra care to interpret the results

290) When reporting results of reagent strips what system does the HM use?
Trace, 1+, 2+, 3+, or 4+
291) True or False: When using reagent strips to test urine, place strip into urine for a minute to ensure contact and begin reactions have occurred.
    False; Dipping the reagent strip completely, but briefly, into a well-mixed specimen

292) In an unmixed urine sample the red and white blood cell are found?
    On the bottom of the specimen

293) What is the reason for run-over of chemicals to happen?
    Excess urine remaining on the test strip after its removal from the specimen

294) When comparing reagent strips which position is recommended for the strip to be held?
    Horizontally

295) What is the maximum amount time that a reagent strip may need to react?
    Two minutes

296) True or False: Refrigerated urine samples may be reagent strip tested immediately upon removal from the refrigerator?
    False; bring to room temperature; some enzymatic reactions on the strips are temperature dependent

297) Which factors deteriorate reagent strips from giving accurate results?
    Moisture, Volatile chemical, Heat, and Light

298) Reagent strips are packaged in what color containers?
    Opaque

299) What product is added to reagent strips packaging to prevent excess moisture?
    Desiccant

300) True or False: Accidental touching of chemical pads of the reagent strip is acceptable but not preferred, due to dry contact does to the chemical pads does not cause a reaction.
    False; Care must be taken not to touch the chemical pads when removing the strips

301) What strength is microscopic examination of urine sediment usually performed at?
    40X

302) True or False: The best specimen for microscopic examination is a sample that has cooled to room temperature.
    False; Should be fresh as possible

303) Red cells and many formed solids tend to disintegrate upon standing especially if the specimen is?
    Warm or Alkaline

304) Which may be of clinical significance when found in urine sediment?
    Leukocytes, Erythrocytes, and Casts
305) True or False: It is normal to have 0 to 3 leukocytes per high-power field on microscopic examination.
   True

306) What does more than 3 leukocytes per high-power field may indicate?
   Disease somewhere in the urinary tract

307) Which cell is larger when found in urine, Red or White?
   White

308) Which cell when focusing with the high-power lens, will appear swollen or perfectly rounded with a distinct circle?
   Red

309) Which cell when focusing with the high-power lens, tend to appear granular with a visible nucleus?
   White

310) Which chemical when added to urine sediment disintegrates red blood cells but it does not affect the white blood cells?
   Acetic Acid 2%

311) Where are epithelial cell derived from when found in urine?
   Linings of the genitourinary system

312) What are urinary sediments that are formed by coagulation of albuminous material in the kidney tubules?
   Casts

313) What shape are casts?
   Cylindrical

314) What do casts in urine indicate?
   Some form of kidney disorder

315) Large numbers of casts in urine are to be positive for?
   Albumin

316) Which laboratory values will always be considered critical regardless of location?
   White Blood Cell (WBC) count above 50,000 indicates acute infection; Hemoglobin concentration below 7 indicates severe anemia that may require a transfusion; Glucose and ketones both positive on urine reagent strip may indicate uncontrolled diabetes; Bacteria present in a gram stain from direct patient smears

317) To whom does the HM (a) report critical results to and (b) when does the result get reported?
   (a) Provider (b) Immediately
318) When may, whole blood transfusions be required?
In an emergency situation
19-30, left column, 1st paragraph

319) When is the Walking Blood Bank (WBB) used?
In a mass casualty situation if necessary and feasible in operational setting
19-30, left column, 1st paragraph

320) True or False: WBB donors should only be used in a true emergency when the delay necessary to transfer a patient to a shore-based medical facility would be detrimental to a critical patient.
True
19-30, left column, 1st paragraph

321) The WBB is established on (a) _____ operational platforms by maintaining a list of (b) _____ personnel eligible as blood donors.
(a) Numerous (b) All
19-30, left column, 1st paragraph

322) A minimum file of ______ percent of certain ship’s company is required to be enrolled in the walking blood bank.
Ten
19-30, left column, 1st paragraph

323) Transfusion at sea is a _____ event.
Rare
19-30, left column, 2nd paragraph

324) True or False: The availability of a well-planned transfusion program is required and coordinated by the Senior Medical Department Representative only.
False; and embarked laboratory personnel
19-30, left column, 2nd paragraph

325) Who may initiate the WBB in an emergency or mass casualty situation?
Surgeon
19-30, left column, 2nd paragraph

326) Why are laboratory results tracked?
For Individual, medical and operational readiness
19-30, left column, 2nd paragraph

327) Which specimens are usually collected and documented upon creation of a treatment record at point of accession?
G6PD, Sickle Cell, ABO/Rh and DNA Reference
19-30, left column, 3rd paragraph

328) True or False: Current HIV is a requirement for all platforms?
False; requirement varies based on platform
19-30, left column, 4th paragraph

329) If treatment records are found to have deficiencies in laboratory results, what should be done?
Tests should be recollected, tested, and documented as soon as possible
19-30, left column, last paragraph