



MCQs on Unit I of Pharmaceutics I

Pharmaceutics I Unit I

For more details read our articles.

[Historical background and development of profession of pharmacy: Histor of profession of Pharmacy in India in relation to pharmacy education, industry and organization, Pharmacy as a career](#)

[Pharmacopoeias: Introduction to IP, BP, USP and Extra Pharmacopoeia.](#)

[Dosage forms: Introduction to dosage forms, classification and definitions](#)

[Prescription: Definition, Parts of prescription, handling of Prescription and Errors in prescription.](#)

[Posology: Definition, Factors affecting posology. Pediatric dose calculations](#)

based on age, body weight and body surface area.

1.The first examination for chemists and druggists in India, marking the beginning of the formal pharmacy profession, was held in:

- A. 1841
- B. 1868
- C. 1870
- D. 1881

2. Acharya Prafulla Chandra Ray founded the first pharmaceutical company in India, Bengal Chemicals and Pharmaceutical Works, in

- A. 1900
- B. 1901
- C. 1905
- D. 1910

3. The Pharmacy Act of 1948 established the:

- A. Indian Pharmacopoeial Committee
- B. Pharmacy Council of India
- C. National Pharmaceutical Pricing Authority
- D. Central Drugs Standard Control Organization

4. Which of the following is NOT a traditional system of medicine practiced in India?

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- A. Ayurveda
- B. Allopathy
- C. Unani
- D. Homeopathy

5. The first edition of the Indian Pharmacopoeia was published in:

- A. 1930
- B. 1945
- C. 1955
- D. 1960

6. The minimum education requirement for practicing as a pharmacist in India is a:

- A. Certificate course
- B. Diploma in Pharmacy (D.Pharm)
- C. Bachelor of Pharmacy (B.Pharm)
- D. Doctor of Pharmacy (Pharm.D)

7. The Pharmacy Council of India (PCI) regulates education for:

- A. D.Pharm only
- B. B.Pharm and D.Pharm
- C. M.Pharm and above
- D. All pharmacy degrees

8. Traditionally, pharmacy education in India has been focused on:

- A. Research and development
- B. Industry and product knowledge
- C. Clinical pharmacy
- D. Public health policy

9. The Drugs and Cosmetics Act of 1940 aimed to:

- A. Establish pharmacy education standards

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- B. Regulate the sale and quality of drugs
- C. Promote research in pharmaceuticals
- D. Form a national pharmacy association

10. The National Pharmaceutical Pricing Authority (NPPA) is responsible for:

- A. Setting drug prices in India
- B. Licensing pharmaceutical companies
- C. Conducting drug safety studies
- D. Managing pharmacy education

11. Pharmacists in India can work in various settings, including:

- A. Hospitals only
- B. Community pharmacies
- C. Pharmaceutical companies
- D. All of the above

12. Skills required for a successful pharmacy career include:

- A. Strong communication and interpersonal skills
- B. Expertise in surgery
- C. Proficiency in coding and billing
- D. Specialization in a specific disease

13. The Indian Pharmacopoeia (IP) is a reference book containing standards for:

- A. Food products
- B. Ayurvedic medicines
- C. Allopathic medicines
- D. Cosmetic ingredients

14. The British Pharmacopoeia (BP) is a pharmacopoeia published by the:

- A. Indian Pharmacopoeial Committee
- B. Medicines and Healthcare products Regulatory Agency (UK)

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- C. United States Pharmacopeia Convention
- D. World Health Organization

15. The United States Pharmacopeia (USP) is a pharmacopoeia published by the:

- A. Indian Council of Medical Research
- B. Pharmacy Council of India
- C. United States Pharmacopeia Convention
- D. Ministry of Health and Family Welfare (India)

16. Extra Pharmacopeia refers to:

- A. Official standards for new drugs not yet included in national pharmacopoeias
- B. Traditional herbal remedies
- C. Over-the-counter medications
- D. Banned and unsafe drugs

17. Pharmacopoeias are important because they ensure:

- A. Brand recognition for drugs
- B. Consistent quality, safety, and efficacy of medications
- C. High marketing potential for drugs
- D. Affordable prices

18. Dosage forms refer to:

- A. The raw chemical form of a drug
- B. The way a drug is delivered into the body
- C. The brand name of a medication
- D. The recommended dose of a drug

19. The main classifications of dosage forms include:

- A. Solids, liquids, and gases only
- B. Solids, liquids, semisolids, and inhalants
- C. Tablets, capsules, and syrups only
- D. Prescription and over-the-counter

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20. Tablets are an example of a:

- A. Liquid dosage form
- B. Solid dosage form
- C. Semisolid dosage form
- D. Inhalant dosage form

21. Creams and ointments are classified as:

- A. Solids
- B. Liquids
- C. Semisolids
- D. Inhalants

22. Suppositories are dosage forms intended for:

- A. Oral administration
- B. Topical application
- C. Rectal or vaginal insertion
- D. Inhalation

23. A prescription is a written order from a licensed healthcare professional for:

- A. Over-the-counter medications only
- B. Prescription medications only
- C. Any type of medication
- D. Medical procedures

24. The standard parts of a prescription typically include:

- A. Doctor's name and signature only
- B. Patient's name, medication, dosage, and directions
- C. Drug company information
- D. Pharmacy name and address

25. Pharmacists play a crucial role in:

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- A. Writing prescriptions
- B. Dispensing medications according to prescriptions
- C. Manufacturing medications
- D. Conducting clinical trials

26. Errors in prescriptions can lead to:

- A. Increased sales for drug companies
- B. Serious health risks for patients
- C. Faster medication approval
- D. More efficient pharmacy workflow

27. Pharmacists should carefully review prescriptions for:

- A. Brand names only
- B. Dosage accuracy, potential interactions, and allergies
- C. Expiry date of the medication
- D. Doctor's handwriting clarity only

28. When dispensing medications, pharmacists should provide patients with:

- A. Just the medication
- B. Instructions on proper use and storage
- C. Information about potential side effects only
- D. Recommendations for alternative therapies

29. Expired medications should be:

- A. Dispensed at a discount
- B. Discarded safely
- C. Repackaged with a new expiry date
- D. Donated to charity

30. Controlled substances are medications with a high potential for:

- A. Allergic reactions

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- B. Addiction and misuse
- C. Lack of effectiveness
- D. Severe side effects

31. Prescriptions for controlled substances typically require:

- A. No special handling
- B. Stricter regulations and documentation
- C. Lower copay for patients
- D. Faster refills

32. Refills for medications can only be authorized by:

- A. The pharmacist
- B. The prescribing healthcare professional
- C. The patient
- D. The pharmacy manager

33. It is important for patients to:

- A. Never question their prescriptions
- B. Maintain open communication with their healthcare providers and pharmacists
- C. Take all medications as prescribed, even if they feel well
- D. Share their medications with friends and family

34. Pharmacists can help to ensure medication adherence by:

- A. Offering medication reminders
- B. Providing education on medication benefits and risks
- C. Compounding medications without a prescription
- D. Advocating for lower medication costs

35. When a patient experiences side effects from a medication, they should:

- A. Continue taking the medication as prescribed
- B. Discuss the side effects with their healthcare provider

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- C. Stop taking the medication without consulting a healthcare professional
- D. Increase the dosage to manage side effects

36. Over-the-counter (OTC) medications are available for purchase:

- A. Only with a prescription
- B. Without a prescription, but with pharmacist consultation recommended
- C. Through online retailers only
- D. At any price point, regardless

37. Posology refers to the study of:

- A. Drug interactions
- B. The science of dosage
- C. Medication packaging
- D. Drug discovery

38. Factors affecting posology can include:

- A. Age only
- B. Age, weight, and renal function
- C. Dosage form only
- D. Brand name of the medication

39. When calculating pediatric doses, healthcare professionals may consider:

- A. Age alone
- B. Age, weight, or body surface area
- C. Height only
- D. Dosage form and brand name

40. The Younger than Two formula is used for calculating pediatric doses based on:

- A. Age
- B. Weight
- C. Body surface area
- D. All of the above

41. Clark's rule is a formula used for calculating pediatric doses based on:

- A. Age
- B. Weight
- C. Body surface area
- D. All of the above

42. Which of the following is NOT a common method for calculating pediatric doses based on body surface area?

- A. BSA rule of thumb
- B. Calvert formula
- C. Mosteller formula
- D. Haycock formula

43. When using a pediatric dosing formula, it is important to:

- A. Round the dose to the nearest whole number
- B. Consider the specific needs and condition of the child
- C. Ignore any potential drug interactions
- D. Use the same formula for all medications

44. A common error in pediatric dosing can occur by:

- A. Using an adult dose without adjustment
- B. Not considering the child's allergies
- C. Selecting the wrong dosage form
- D. All of the above

45. Pharmacists play a crucial role in ensuring accurate pediatric dosing by:

- A. Only dispensing medications prescribed by pediatricians
- B. Verifying calculations and recommending adjustments if needed
- C. Encouraging parents to purchase over-the-counter medications for children
- D. Providing advice on alternative therapies for children

46. When dispensing medications for children, pharmacists should educate parents/caregivers on:

- A. The proper storage of the medication only
- B. The importance of following the prescribed dosage and directions
- C. Potential side effects without mentioning benefits
- D. How to administer the medication without demonstrating

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47. Effective communication between healthcare professionals, pharmacists, and parents/caregivers is essential for:

- A. Marketing new medications
- B. Ensuring safe and effective medication use in children
- C. Increasing medication adherence in adults only
- D. Reducing pharmacy wait times

48. Technological advancements can help to improve pediatric dosing accuracy by:

- A. Allowing pharmacists to prescribe medications
- B. Providing electronic dosing calculators
- C. Encouraging self-diagnosis in children
- D. Replacing human interaction in medication dispensing

49. It is important to stay updated on the latest recommendations for pediatric dosing because:

- A. Regulations change frequently for marketing purposes
- B. Children's bodies are constantly developing, requiring adjustments
- C. Newer medications may have different dosing requirements
- D. All of the above

50. When in doubt about a pediatric dose, pharmacists should always:

- A. Guess based on experience
- B. Consult with a healthcare professional
- C. Increase the dose to ensure effectiveness
- D. Dispense a lower dose to avoid side effects

Answers

1. **The first examination for chemists and druggists in India, marking the beginning of the formal pharmacy profession, was held in: 1881**
2. **Acharya Prafulla Chandra Ray founded the first pharmaceutical company in India, Bengal Chemicals and Pharmaceutical Works, in: 1901**
3. **The Pharmacy Act of 1948 established the: Pharmacy Council of India**
4. **Which of the following is NOT a traditional system of medicine practiced in India?**
Allopathy
5. **The first edition of the Indian Pharmacopoeia was published in: 1955**
6. **The minimum education requirement for practicing as a pharmacist in India is a: Diploma in Pharmacy (D.Pharm)**
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46. **When dispensing medications for children, pharmacists should educate parents/caregivers on:** The importance of following the prescribed dosage and directions
47. **Effective communication between healthcare professionals, pharmacists, and parents/caregivers is essential for:** Ensuring safe and effective medication use in children
48. **Technological advancements can help to improve pediatric dosing accuracy by:** Providing electronic dosing calculators
49. **It is important to stay updated on the latest recommendations for pediatric dosing because:** All of the above
50. **When in doubt about a pediatric dose, pharmacists should always:** Consult with a healthcare professional