Pharmacy 543 Prescription & Label Exercise

	Question Number	Pharmacy Licensing WAC 246-869-100	Pharmacy Licensing WAC 246- 869-210	Hospital Standards Emergency Outpatient Medications WAC 246-873-60	Hospital Pharmacy Standards WAC 246-873-80	Prescriptions -- Labels RCW 18.64.246	Parenteral Prescription WAC 246-871-50	Parenteral Rrescription WAC 246-871-50	Long Term Care Facilities WAC 246-865-060	Long Term Care Facilities WAC 246-865-060
	Prescription or Label	**Original Prescription following Dispensing**	**Label**	**Label**	**Label**	**Label**	**Label**	**Written Prescription Record**	**Non Unit Dose**	**Unit Dose**
Patient Name	101	A	B	C	D	E	F	G	H	I
Patient Address / Location	102	A	B	C	D	E	F	G	H	I
Drug Name	103	A	B	C	D	E	F	G	H	I
Drug Strength	104	A	B	C	D	E	F	G	H	I
Drug Quantity / Amount	105	A	B	C	D	E	F	G	H	I
Sig	106	A	B	C	D	E	F	G	H	I
Date Prescription Written	107	A	B	C	D	E	F	G	H	I
Dispensing / Refill Date	108	A	B	C	D	E	F	G	H	I
Prescriber Name	109	A	B	C	D	E	F	G	H	I
Prescriber Address	110	A	B	C	D	E	F	G	H	I
Prescriber DEA Number	111	A	B	C	D	E	F	G	H	I
Refill Instructions	112	A	B	C	D	E	F	G	H	I
Generic Substitution Permitted	113	A	B	C	D	E	F	G	H	I
Cautionary Information	114	A	B	C	D	E	F	G	H	I
Expiration Date	115	A	B	C	D	E	F	G	H	I
Presciption ID Number	116	A	B	C	D	E	F	G	H	I
RN initials	117	A	B	C	D	E	F	G	H	I
RPh Identity	118	A	B	C	D	E	F	G	H	I
RPh Initials	119	A	B	C	D	E	F	G	H	I
Checking RPh Initials	120	A	B	C	D	E	F	G	H	I
Mixing Personnel Initials	121	A	B	C	D	E	F	G	H	I
Pharmacy Address / Telephone Number	122	A	B	C	D	E	F	G	H	I
Required Transfer Warning	123	A	B	C	D	E	F	G	H	I
Date Compounded	124	A	B	C	D	E	F	G	H	I
Storage Requirements	125	A	B	C	D	E	F	G	H	I
24-hour Pharmacy Telephone Number	126	A	B	C	D	E	F	G	H	I
Beyond Use Date	127	A	B	C	D	E	F	G	H	I
Federal / State Warnning	128	A	B	C	D	E	F	G	H	I
Controlled Substances Schedule	129	A	B	C	D	E	F	G	H	I
Lot / Control Number	130	A	B	C	D	E	F	G	H	I
Manufacturer / Repackager Name	131	A	B	C	D	E	F	G	H	I
Safety Cap	132	A	B	C	D	E	F	G	H	I

Instructions:

Record answers on a Standard Answer Sheet (Form 1158) using the question numbers and letters above. Mark each cell where the activity in the left column is "true", "required", etc., under the RCW or WAC 246- specified for that column. Leave blank if the activity is NOT required. Leave questions 1-100 blank.

Indicate PRESCRIPTION & LABEL EXERCISE in the "Exam Title" box.

This is an individul exercise, not a group activity. Due by 5PM last day of classes, H375, Patricia Hedtke's cubicle.