

HDU-02011248

Seat No. _

M. Pharm. (Pharmacology) (Sem. III) (CBCS) Examination

November / December - 2017 Clinical Pharmacy & Practice

Time: 3 Hours] [Total Marks: 80

Instructions: (1) Attempt any three questions from each section.

- Questions 1 and 5 are compulsory
- (2) Tie each section separately.
- (3) Figure to the right indicates full marks for the respective question.

SECTION - I

1 Answer the followings in brief: (any seven)

14

- (1) Define essential drug.
- (2) Differentiate epidemiology and clinical medicine.
- (3) Name any four analytical methods used in TDM.
- (4) Members of IEC.
- (5) Give examples of pharmacodynamics drug-drug interactions.
- (6) Treatment of organophosphorus poisoning.
- (7) Phase III clinical trails.
- (8) Write the normal values of Cholesterol, RBC, Platelets and CRP.
- (9) Define Incidence and Prevalence.
- (10) Write the formula to calculate loading dose and maintenance dose.
- 2 (A) Classify adverse drug reactions and explain type I 7 and II reactions.
 - (B) Write in detail about antidote or treatment options of heavy metal poisoning.

7 3 (A) Describe in detail about measurement of mortality and mortality rates and ratios. (B) Explain the role and responsibilities of Principle 6 investigator. (A) Describe Rule 122DD of schedule Y. 7 4 (B) Describe pharmacokinetic factors affecting pediatric drug dosing. **SECTION - II** 5 Answer any two questions from the following: 14 (1) Define pharmacogenetics. Explain its role in drug therapy with suitable examples. (2) Explain pharmacovigilance audit and inspection. Causality assessment and International death certificate. (3)6 (A) Define TDM. Write its advantages. Explain the 7 contents of TDM request form. Write the various cardiac and renal function tests 6 with its significance. 7 (A) Define pharmacoeconomics. Explain any three methods 7 of pharmacoeconomics. 6 (B) Explain about informed consent form. 8 (A) A clinical pharmacist has recommended that dose 7 of a diuretic be reduced from 250 mg to 225 mg in a renally impaired patients and dosing interval was 6 hrs. in both normal and renally impaired patients. If elimination rate constant of a drug in normal individual was 0.18 per hour, What should be elimination rate constant in renally impaired patients? In above problem,

dosing interval of diuretic drug?

if it is decided to use 300 mg tablet, what should be

- (B) i. The maintenance dose of Neomycin is 150 mg and dosing interval is 6 hr. Its average elimination half life is reported to be 3hrs. If it is designed to achieve steady state level sooner, how much loading dose should be recommended?
 - ii. A Ceclor (drug) was prescribed 45 mg/kg/day
 orally in divided doses for a patient who weighs 66
 pounds. A 75 ml stock medication is labelled Ceclor
 125mg/ml. How many ml would the nurse give per
 dose?