

Rawalpindi Medical University Rawalpindi



Rawalpindi Medical University COMPETENCY BASED LOG BOOK 4th Year MBBS





Pharmacology & Therapeutics Compiled By: Dr. Attiya Munir, Assistant Professor

	Personal Information	
Name:		
Class Roll No:		
University Reg. No:		
Batch:		
Father Name:		
Father Profession:		
Postal Address:		
Phone:		
E-mail:		
Parents/Guardian Phone No	0:	
E-mail:		
Sign Prof/HOD	Stamp	Date

Table of Contents

Sr. No	MODULE	BLOCK	TOPICS
1.			P Drug and prescription writing of Diabetes Mellitus
2.	Endocrinology II		P Drug and prescription writing of Grave's Disease
3.			P Drug and prescription writing of Adrenal Insufficiency
4.			Pharmacokinetic Calculation I
5.		Block XII	Pharmacokinetic Calculation II
6.	Population Health &		P drug and prescription writing of infertility
7.	Reproduction II		P drug and prescription writing of premature Labour
8.			Affective communication skills
9.			Counselling of a couple regarding selection and use of contraception
10.	Denel II		Pharmacy visit
11.	Renal II	Pharmacovigilence	
12.			Effect of CNS depressants on frogs' reflexes
13.			Effect of CNS stimulants on frogs' reflexes
14.			Effect of different drugs on Reflex time
15.	CNS&	Block XIII	P drug and prescription writing of Gouty Arthritis, Rheumatoid Arthritis, Osteoarthritis
16.	Psychiatry II	Psychiatry II	P drug and prescription writing of Parkinsonism
17.		P drug and prescription writing of Generalized Tonic Clonic Seizures	
18.		P drug and prescription writing of Mysthenia Gravis	
19.			P drug and prescription writing of insomnia

Pharmacology 4th Year MBBS

PRACTICALS (PSYCHOMOTOR SKILL)

BLOCK -XII

ENDOCRINOLOGY II MODULE

Sr. No	Date	Торіс	Attended/Non Attended	Sig
1		P Drug and prescription writing of Diabetes Mellitus		
2		P Drug and prescription writing of hypothyroidism & hyperthyroidism		
3		P Drug and prescription writing of Adrenal Insufficiency		

POPULATION HEALTH & REPRODUCTION II MODULE

Sr. No	Date	Торіс	Attended/Non Attended	Sig
1		Pharmacokinetic Calculation I		
2		Pharmacokinetic Calculation II		
3		P drug and prescription writing of infertility		
4		P drug and prescription writing of premature Labour		
5		Affective communication skills		
6		Counselling of a couple regarding selection and use of contraception		

	ENDOCRINOLC	II MODULE	
Topic of Practical	Objectives	Skill	Miller's Pyramid Level Reflected
P Drug and prescription writing of Diabetes Mellitus	Recall the drug groups used in different types of Diabetes Mellitus	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how
P Drug and prescription writing of hypothyroidism & hyperthyroidism	Recall the drug groups used in different clinical scenarios involving pathologies of thyroid	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how
P Drug and prescription writing of Adrenal Insufficiency	Recall the drug groups used in different clinical scenarios of Adrenal Gland	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how

Topic of Practical	Objectives	& REPRODUCTION II MODULE Skill	Miller's Pyramid Level Reflected
Pharmacokinetic Calculation I	Determine the concentration of a drug in the body Predict the time course of a drug's effect	 The student will be able to Calculate the concentration of a drug in the plasma or other body fluids 	Knows how
Pharmacokinetic Calculation II	De Determine the bioavailability of a drug Compare the pharmacokinetics of different drugs	 The student will be able to Calculate the loading dose, maintenance load and steady state condition Calculate area under the curve 	Knows how
P drug and prescription writing of infertility	Recall the drug groups used in different clinical scenarios of infertility	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how
P drug and prescription writing of premature Labour	Recall the drug groups used in premature labour	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how
Affective communication skills	Improve patient outcomes, enhance patient satisfaction and promote positive relationships between healthcare providers and patients	 The student will be able to Develop effective communication skills to counsel patients and care givers about medication use, including dosage, administration, potential side effects and adherence. 	Show
Counselling of a couple regarding selection and use of contraception	Improve patient outcomes, enhance patient satisfaction and promote positive relationships between healthcare providers and patients	 The student will be able to Develop effective communication skills to counsel patients and care givers about medication use, including dosage, administration, potential side effects and adherence. 	Show

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Check List		
Step/ Task	Yes	No
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Check List		
Step/ Task	Yes	No
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Check List		
Step/ Task	Yes	No
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Check List		
Step/ Task	Yes	No
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Check List		
Step/ Task	Yes	No
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Check List		
Step/ Task	Yes	No
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Effectively communicate with proper introduction		
2. Listen actively: Pay attention to the patient's concerns and questions.		
3 . Explain clearly: Use simple language to explain the diagnosis, treatment, and follow-up.		
4 . Show empathy and respect: Treat the patient with kindness, respect, and understanding.		
5. Provide education: Educate the patient on the condition, treatment, and self-care.		
6 . Involve the patient in decision-making: Encourage the patient to participate in decision-making about their care.		
7 . Summarize and confirm: Summarize the discussion and confirm understanding of the diagnosis, treatment, and follow-up.		
8. Ask for clarification: Clarify any doubts or concerns before leaving the consultation.		
Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

<u>Checklist for Counselling Of A Couple Regarding Selection And Use Of</u> <u>Contraception</u>

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Ensure the couple feels comfortable and at ease discussing their reproductive health by creating comfortable environment.		
2. Review the couple's medical history, including any allergies, medical conditions, or previous contraceptive use.		
3. Discuss the couple's reproductive goals, including their desire for children, timing and spacing.		
4. Discuss different contraceptive methods like Hormonal methods (e.g., pill, patch, ring, injectable), Barrier methods (e.g., condoms, diaphragm), Intrauterine devices (IUDs), Implants and Sterilization		
5. Explain availability, effectiveness, benefits and potential adverse effects of contraception options.		
6. Address any concerns or questions the couple may have about each contraceptive method		
7. Emphasize the importance of correct use and adherence to the chosen contraceptive method		
8. Schedule follow-up appointments to check in with the couple and address any concerns or questions they may have.		
9. Encourage open communication and feedback from the couple to ensure their contraceptive needs are being met.		
10. Document the counseling session, including the contraceptive method chosen and any concerns or questions discussed.		
11. Update the couple's medical records to reflect their contraceptive choices and any relevant medical information.		
Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Pharmacology 4th Year MBBS

PRACTICALS (PSYCHOMOTOR SKILL)

BLOCK -XIII

RENAL II MODULE

Sr. No	Date	Торіс	Attended/Non Attended	Sig
1		Pharmacy visit		
2		Pharmacovigilence		

CNS & PSYCHIATRY II MODULE

Sr. No	Date	Topic Attended/Non Attended		Sig
1		Effect of CNS depressants on frogs' reflexes		
2		Effect of CNS stimulants on frogs' reflexes		
3		Effect of different drugs on Reflex time		
4		P drug and prescription writing of Gouty Arthritis, Rheumatoid Arthritis, Osteoarthritis		
5		P drug and prescription writing of Parkinsonism		
6		P drug and prescription writing of Generalized Tonic Clonic Seizures		
7		P drug and prescription writing of Mysthenia Gravis		
8		P drug and prescription writing of insomnia		

	RENAL II MODULE			
Topic of Practical	Objectives	Skill	Miller's Pyramid Level Reflected	
Pharmacy visit	Improve patient outcomes, enhance patient satisfaction and promote positive relationships between healthcare providers and patients	 The student will be able to Review medication, educate patients, enhance patient safety and satisfaction 	Does	
Pharmacovigilence	Ensure the safe and effective use of medicinal products, protect public health and promote transparency and accountability in the pharmaceutical industry.	 The student will be able to Report Adverse drug reactions Promote rational use of medicinal products Communication and collaborate among stakeholders, including regulatory authorities, pharmaceutical companies, healthcare professionals and patients. 	Does	

	CNS & PSYCHIAT	RY II MODULE	
Topic of Practical	Objectives	Skill	Miller's Pyramid Level Reflected
Effect of CNS depressants on frogs' reflexes	Recall the CNS depressant drugs Un Understand the mechanism of action of CNS depressants	 The student will be able to Demonstrate the effects of different CNS depressants on frog's reflexes 	Does
Effect of CNS stimulants on frogs' reflexes	Recall the CNS stimulant drugs Un Understand the mechanism of action of CNS stimulants	 The student will be able to Demonstrate the effects of different CNS depressants on frog's reflexes 	Does
Effect of different drugs on Reflex time	Recall the effect of different drugs on reflex Un Understand the mechanism of action of the drugs	 The student will be able to Demonstrate the effects of different drugs on reflex time of frog. 	Does
P drug and prescription writing of Gouty Arthritis, Rheumatoid Arthritis, Osteoarthritis	Recall the drug groups used in different clinical scenarios	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how
P drug and prescription writing of Parkinsonism &Generalized Tonic Clonic Seizures	Recall the drug groups used in different clinical scenarios	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how
P drug and prescription writing of insomnia & Mythenia Gravis	Recall the drug groups used in different clinical scenarios	 The student will be able to Reproduce an unambigious, legible, complete and legal prescription of the disease Select an appropriate P drug following 6 step methods 	Knows how

Checklist For Pharmacy Visit

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
 Observe pharmacy operations: Observe the pharmacist's workflow, including Dispensing medications, Counseling patients, Managing inventory and Handling prescriptions 		
2. Interact with pharmacists and patients: Interact with pharmacists and patients to learn about Medication management, Patient education, Adverse event reporting and Medication therapy management		
3. Observe the most commonly prescribed medications in this pharmacy		
4. Learn different types of medication packaging and labeling		
5. Reflect on the pharmacy visit, including what was learned and what was observed.		
6. Complete a report on the pharmacy visit, including Description of the pharmacy and its operations, Observations of pharmacist-patient interactions and Discussion of medication management and safety		
Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Checklist For Pharmacovigilence

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Activity 1: Identifying and Reporting Adverse Drug Reactions (ADRs)	Yes	No
1. Case study: Review a case study of a patient experiencing an ADR.		
2. Identify the ADR: Identify the ADR and its symptoms.		
3. Determine the causality: Determine the likelihood of the ADR being caused by the medication.		
4. Report the ADR: Complete a report of the ADR, including Patient demographics, Medication details and ADR symptoms and severity		
Activity 2: Signal Detection and Risk Management		
5. Review methods for detecting signals including Spontaneous reporting, Active surveillance and Data mining		
6. Analyze a case study of a signal detection and risk management scenario		
7. Develop a plan to manage the risk including Risk assessment, Risk mitigation strategies and Monitoring and evaluation		
Activity 3: Pharmacovigilance Systems and Regulations		
8. Review National and International pharmacovigilance systems including National pharmacovigilance centers and WHO Monitoring Centre		
9. Familiarize with regulations and guidelines including Good Pharmacovigilance Practice (GVP) And FDA regulations		
10. Reflect on the pharmacovigilance activities and what was learned.		
11. Complete a form assessing the pharmacovigilance activities including Evaluation of ADR identification and reporting, Assessment of signal detection and risk management and Feedback on pharmacovigilance systems and regulations		
Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Checklist For Effect Of CNS Depressants On Frog's Reflexes

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Pre-Experiment Checklist	Yes	No
1. Frog's preparation: Obtain healthy frogs for the experiment.		
2. Equipment preparation: Gather necessary equipment including syringes, needles, dissection kit, torch & drugs (Diazepam& MgSO ₄).		
Experimental Procedure Checklist		
3. Note the normal size of pupil, respiratory and heart rate, spontaneous movement per minute, presence of coordination and rightening reflex		
4. Take three readings of each reflex and calculate average		
5. Administer 1 ml of 0.5 % diazepam in ventral sac		
6. The above-mentioned parameters are observed again at 5, 10, 20 and 30 minutes after administration of drugs		
7. Difference from the normal is noted and inference is drawn.		
8. Similarly, administer 1ml of 10% MgSo4 in another frog and observed the paremeters at 5. 10, 20 and 30 minutes.		
Post-Experiment Checklist		
8. Record and analyze data: Record and analyze data on the effect of each drug.		
9. Draw conclusions: Draw conclusions on the effectiveness of each drug.		
Skill/Activity Performed Satisfactorily		
Facilitator's Signature		
Date		

Checklist For Effect Of CNS Stimulats On Frog's Reflexes

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Pre-Experiment Checklist	Yes	No
1. Frog's preparation: Obtain healthy frogs for the experiment.		
2. Equipment preparation: Gather necessary equipment including syringes, needles, dissection kit, torch & drugs (Caffeine and Strychnine).		
Experimental Procedure Checklist		
3. Note the normal size of pupil, respiratory and heart rate, spontaneous movement per minute, presence of coordination and convulsions		
4. Take three readings of each reflex and calculate average		
5. Administer 1 ml of 1% caffeine in ventral sac		
6. The above-mentioned parameters are observed again at 5, 10, 20 and 30 minutes after administration of drugs		
7. Difference from the normal is noted and inference is drawn.		
8. Similarly, administer 1ml of 0.5% strychnine in another frog and observe the parameters at 5. 10, 20 and 30 minutes.		
9. In case of frog showing convulsions, type of convulsions is noted. The animal is decapitated and its effect on convulsions is observed		
Post-Experiment Checklist		
10. Record and analyze data: Record and analyze data on the effect of each drug.		
11. Draw conclusions: Draw conclusions on the effectiveness of each drug.		
Skill/Activity Performed Satisfactorily		•
Facilitator's Signature		
Date		

Checklist For Effect Of Drugs On Reflex Time In Frog

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Pre-Experiment Checklist	Yes	No
1. Frog's preparation: Obtain healthy frogs for the experiment.		
2. Equipment preparation: Gather necessary equipment including syringes, needles, dissection kit, Thread with hook, drugs Lignocaine (4.0 %), Caffeine Citrate (1.0 %), Diazepam (0.5%), HCI (1:1000)		
Experimental Procedure Checklist		
3. Decapitate the frog and hang it with the help of a thread to a stand. Tie a thread below the level of the knee joint in both the legs to serve as a mark for dipping the leg at this level in HCl solutions.		
4. Take the normal reflex time in both the left and right legs by dipping them in HCL solution separately and noting the leg withdrawal time. The withdrawal time is the time between the application of the stimulus and the time when the frog completely withdraws/pulls its leg from the HCl solution.		
5. Take three normal readings for each leg and work out the mean. The right leg will serve as the test leg and the left leg will be the control leg. Wash the legs immediately after the reflex time is taken with tap water.		
6. Take an ampoule of lignocaine. Soak cotton in lignocaine and wrap the right leg (test leg) with it. Do not wrap the left leg (control leg). Keep the right leg soaked in lignocaine wrap for 5 minutes and then remove the cotton wrap and dip the right leg in the HCl solution. Take the reflex time (three readings and take the mean) and compare it with the normal reflex time of the right leg. Wash the leg with tap water.		
 7. Inject 0.5 ml of caffeine citrate into the ventral sac (at an angle of 45 degree) of the frog and note the change in reflex time, 15 minutes after injection of the drug. Allow sufficient time almost 10-15 min for recovery of the animal from the effects of caffeine. Wash the leg with tap water after application of each drug. 2. The initial 1.0 ml of dimensional dimensional formation of the f		
 8. Then inject 1.0 ml of diazepam solution into the ventral sac of the frog. Note any change in reflex time 15 minutes after administration of drug. 2. Distribute to the local distribution of the second distribution of the second distribution of the second distribution. 		
9. Dip the leg in HCL solution and in the drugs to the same level (at the level of the tied thread)		
10. Take a fresh normal reading before using every drug and compare the effect of subsequently used drug with the preceding normal reading.		
11. For each drug take three readings and work out their mean.		
Post-Experiment Checklist		
12. Record and analyze data: Record and analyze data on the effect of each drug.		
13. Draw conclusions: Draw conclusions on the effectiveness of each drug.		
Skill/Activity Performed Satisfactorily	<u> </u>	
Facilitator's Signature		
Date		

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Place a " \checkmark " in relevant boxes of yes and no

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Check List		
Step/ Task	Yes	No
1. Date: Write the date of the prescription.		
2. Patient's Name: Write the patient's full name		
3. Address: Write the patient's address.		
4. Age and Sex: Write the patient's age and sex.		
5. Prescriber's Name and Signature: Sign your name and provide your contact information.		
6. Drug Name: Write the generic or brand name of the medication.		
7. Dosage Form: Specify the dosage form (e.g., tablets, capsules, liquid).		
8. Strength: Specify the strength of the medication (e.g., 500 mg, 1 mg/mL).		
9. Directions for Use: Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		·
Date		

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Place a " $\sqrt{}$ " in relevant boxes of yes and no

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		

Check List	Yes	No
Step/ Task		
1. Formulation of diagnosis and therapeutic objectives		
2. Tabulation of effective groups		
3. Comparison of effective groups		
4. Selection of most effective drug group		
5. Selection of P-drug from group of choice		
6. Provide clear instructions for taking the medication		
Skill activity performed satisfactorily		
Facilitator's signature		
Date		