

PTCB

PTCE Exam

Pharmacy Technician Certification (CPhT) Exam

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Version: 6.2

Question: 1

The ingredients of 1 kg of a bulk laxative are:

Psyllium:500 g
Dextrose:497.5 g
Citric acid:1 g
Sodium bicarbona

Sodium bicarbonate:1 g

Flavoring:0.5 g

What is the percentage of psyllium in the final preparation?

A. 2.5%

B. 5%

C. 25%

D. 50%

Answer: D

Explanation:

Comprehensive and Detailed Step-by-Step Explanation:

To calculate the percentage ofpsylliumin the final preparation:

Formula:

$$\begin{aligned} \text{Percentage} &= \left(\frac{\text{Amount of Psyllium}}{\text{Total weight}}\right) \times 100 \\ &= \left(\frac{500g}{1000g}\right) \times 100 = 50\% \end{aligned}$$

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Sincepsylliummakes up500 gout of1000 g (1 kg)of the bulk laxative, it accounts for50% of the total formulation.

Reference:

USP <795>Compounding Standards PTCE ExamPharmaceutical Calculations

Question: 2

Levetiracetam is a(n):

- A. Antibiotic
- B. Antihyperglycemic
- C. Anticonvulsant
- D. Antihypertensive

Answer: C

Explanation:

Comprehensive and Detailed Step-by-Step Explanation:

Levetiracetam (Keppra)is classified as ananticonvulsantused to treatseizures (epilepsy). It works by stabilizing electrical activity in the brain.

Explanation of Answer Choices: ✓ C. Anticonvulsant→Correct. Levetiracetam is indicated forpartial-onset, myoclonic, and tonic-clonic seizures. ✗ A. Antibiotic→ Incorrect. Levetiracetam does not treat bacterial infections. ✗ B. Antihyperglycemic→ Incorrect. Antihyperglycemics lowerblood sugar(e.g., metformin, glipizide). ✗ D. Antihypertensive→ Incorrect. Antihypertensives lowerblood pressure(e.g., amlodipine, lisinopril).

Reference:

PTCB Exam: Pharmacology for Technicians FDA Approved Drug Database (Levetiracetam)

Question: 3

Behind-the-counter decongestant products containing pseudoephedrine must be used with caution in patients with:

A. Asthma

- B. Hypertension
- C. Hypokalemia
- D. Eczema

Answer: B

Explanation:

Comprehensive and Detailed Step-by-Step Explanation:

Pseudoephedrine(Sudafed) is asympathomimetic decongestantthat causesvasoconstrictionand canincrease blood pressure.

Explanation of Answer Choices: ■ B. Hypertension→Correct.Pseudoephedrinecan cause arise in blood pressure, so it should be used cautiously in patients withhypertension. ★ A. Asthma→ Incorrect.Pseudoephedrine does not directly worsen asthma, but it may cause mild bronchodilation. ★ C. Hypokalemia→ Incorrect.Pseudoephedrine does not affect potassium levels. ★ D. Eczema→ Incorrect. Eczema is unrelated topseudoephedrine use. Reference:

Combat Methamphetamine Epidemic Act (CMEA) Regulations American Heart Association (AHA) Guidelines on Hypertension

Question: 4

Due to an increased risk of hepatotoxicity, patients on acetaminophen should use caution when consuming:

- A. Citrus fruits
- B. Leafy greens
- C. Dairy products
- D. Alcoholic beverages

Answer: D

Explanation:

Comprehensive and Detailed Step-by-Step Explanation:

Acetaminophen (Tylenol)is metabolized by theliver. Excessive doses or concurrental cohol use increases the risk of liver damage (hepatotoxicity).

Explanation of Answer Choices: ✓ D. Alcoholic beverages → Correct. Alcohol and acetaminophen together can causesevere liver damage. X A. Citrus fruits → Incorrect. Citrus does not interfere withacetaminophen metabolism. X B. Leafy greens → Incorrect. Leafy greens affectwarfarin, notacetaminophen. X C. Dairy products → Incorrect. Dairy does not interact withacetaminophen. Reference:

FDA Acetaminophen Warnings PTCB Medication Safety Guidelines

Question: 5

A prescription reads:

Famotidine 40 mg/5 mL

Quantity: 50 mL Sig: 0.4 mL PO t.i.d.

What amount of medication, in mg, is given each day?

- A. 1.2 mg
- B. 3.2 mg
- C. 6.4 mg
- D. 9.6 mg

Answer: C

Explanation:

Comprehensive and Detailed Step-by-Step Explanation:

Step 1: Determine mg per mL

40 mg/5 mL = 8 mg/mL

Step 2: Calculate mg per dose

 $0.4~\mathrm{mL} \times 8~\mathrm{mg/mL} = 3.2~\mathrm{mg}$

Step 3: Multiply by 3 doses per day

 $3.2 \text{ mg} \times 3 = 9.6 \text{ mg/day}$

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Reference:

PTCB Exam: Pharmaceutical Calculations

USP <795> Dosing Conversions

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