

High-Risk Sterile Compounding Quiz

1. Compounding personnel involved with high-risk sterile compounding should pass a written test and perform a media-fill challenge test at least
 - a. monthly.
 - b. semi-annually.
 - c. annually.
 - d. bi-monthly.
2. Measuring and mixing sterile ingredients in non-sterile devices before sterilization is performed is an example of
 - a. low-risk compounding.
 - b. medium-risk compounding.
 - c. high-risk compounding.
 - d. ultimate-risk compounding.
3. All high-risk level compounded sterile preparations, except for inhalation and ophthalmic administration, that are prepared in groups of more than 25 identical individual single-dose packages or in multi-dose vials for administration to multiple patients must be tested for sterility and excessive bacterial endotoxins.
 - a. True
 - b. False
4. Sterilization of high-risk level compounded sterile preparations by _____ is the preferred method to terminally sterilize aqueous preparations that have been verified to maintain their full chemical and physical stability under the conditions employed.
 - a. filtration
 - b. autoclave
 - c. dry heat
 - d. irradiation
5. For sterile compounding areas used for high-risk preparations, environmental monitoring for viable airborne microorganisms should be done at least
 - a. weekly.
 - b. monthly.
 - c. semi-annually.
 - d. annually.
6. Buffer or clean room area in which the laminar airflow workbench is located must provide at least _____ air quality.
 - a. ISO Class 5
 - b. ISO Class 6
 - c. ISO Class 7
 - d. ISO Class 8

7. While weighing and mixing nonsterile ingredients for a high-risk level preparation, compounding personnel shall be garbed and gloved the same as when performing compounding in an ISO Class 5 environment.
- True
 - False
8. Risk levels of CSPs are assigned according to
- chemical stability of CSPs.
 - storage conditions of CSPs.
 - contamination probability of CSPs.
 - beyond-use dating of CSPs.
9. If no sterility testing is performed on a high-risk compounded sterile preparation, a beyond-use date of _____ must be assigned.
- 48 hours at room temperature
 - 7 days refrigerated
 - 30 hours at room temperature
 - 3 days refrigerated
10. Pushing a non-sterile solution through a _____ micron filter will sterilize the solution.
- 5
 - 1.2
 - 0.22
 - 0.4
11. Compounding total parenteral nutrition fluids with commercially available sterile products using manual or automated devices is an example of
- low risk.
 - medium risk.
 - high risk.
 - ultimate risk.
12. The preferred method to terminally sterilize an anhydrous high-risk level preparation is _____.
- autoclaving
 - filtering
 - radiation
 - dry heat
13. A barrier isolator
- must be located in an ISO Class 8 clean room.
 - may be used for high-risk and hazardous sterile compounding only.
 - shall be placed within a buffer area away from opened doors or high-traffic areas.
 - none of the above

14. _____ may be re-used for high risk compounding if removed and retained in the compounding area, but only during the same shift.
- Hair covers
 - Shoe covers
 - Gowns
 - none of the above
15. The method of choice for sterility testing of high risk sterile preparations is
- membrane filtration method.
 - direct inoculation of culture medium.
 - HPLC.
 - TLC.
16. High-risk level sterile preparations may be dispensed before receiving the results of their sterility tests if
- there is a written procedure requiring daily observation of the incubating test specimens.
 - there is a written procedure for immediate recall of the dispensed preparation when there is evidence of microbial growth.
 - both **a** and **b** are done
 - there is written consent by both the patient and prescribing physician.
17. Non-sterile components used to compound high risk sterile preparations
- should preferably be USP or NF grade quality.
 - shall be accompanied by certificates of analysis.
 - must be FDA-approved for the intended use.
 - only **a** and **b**
 - all of the above
18. The selection of indicators and the effectiveness of the overall Quality Assurance plan is reassessed on a(n)
- monthly basis.
 - semi-annual basis.
 - annual basis.
 - quarterly basis.
19. Gloved fingertip sampling is performed
- immediately following the compounding and sterilization of a high-risk level CSP.
 - immediately following the hand hygiene and garbing procedure.
 - annually for high-risk level compounding personnel.
 - weekly for high-risk level compounding personnel.

20. Compounded sterile products must be double-checked for accuracy only if a technician is the primary compounder.
- True
 - False
21. All high-risk level CSP solutions subjected to terminal sterilization are prefiltered by passing through a filter with a nominal pore size not larger than _____ microns preceding or during filling into their final containers.
- 0.22
 - 0.4
 - 1.2
 - 5
22. Immediate-use CSPs are considered high-risk level CSPs because they may be compounded in and exposed to air quality worse than ISO Class 5.
- True
 - False
23. _____ are considered high-risk level sterile compounding because the compounder is exposed to potentially harmful materials.
- Hazardous drugs
 - Radiopharmaceuticals
 - Allergen extracts
 - All of the above
 - None of the above
24. Glass and metal devices may be depyrogenated and sterilized by
- covering them tightly in aluminum foil, then exposing them to dry heat in an oven at a mean temperature of 250° for 30 minutes.
 - placing them in a sealed pouch and autoclaving them at 121° under 15 psi for 20 to 60 minutes.
 - placing them in a sealed pouch and irradiating them with gamma rays for 15 minutes.
 - placing them in a sealed pouch and sending them to an outsourced contractor to be sterilized and depyrogenated utilizing ethylene oxide gas.
25. Viable air sampling shall be performed
- in the critical area only.
 - in the buffer room only.
 - in locations prone to contamination during compounding activities.
 - in the primary engineering control (PEC).