



### PRN MEDICATION PROTOCOL

*When a service user's GP prescribes a new PRN, ensure this form is completed and added as a supplement to their Care Plan and a copy placed with the MAR chart. Fill a separate form in for each PRN medication.*

An extract taken from a pharmacy tip by the Care Quality Commission on Medication prescribed to be taken when required (October 2008) states:

*To ensure the medication is given as intended a specific plan for administration of PRN medication must be recorded. Information on why the medication has been prescribed and how to give it should be sought from the prescriber, the supplying pharmacist or other healthcare professionals involved in the treatment of the person. As it is for occasional use PRN medication should not be offered or given only at the times listed on the medication administration record or at specific medication rounds. The person should be offered the medication at the times they are experiencing the symptoms or at the times specified by the prescriber.*

<b>Service User's Name</b>	
<b>D.O.B.</b>	
<b>GP Name</b>	
<b>Known Allergies</b>	
<b>Current PRN Medication</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>



<b>Dosage</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Route</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Dosage Regime e.g. Administer:</b> <b>'1' if.....Administer '2' if.....</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Special Instructions / Preparation</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>



<b>How Often can be Repeated</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Minimum Time Between Doses</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Maximum Dose in 24 hours</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Reason for Administration &amp; Notable Symptoms</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>



<b>Date started</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Discontinuation / Review Date</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Expected Results from PRN</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>
<b>Possible Side Effects</b>	<b>Drug 1:</b> <b>Drug 2:</b> <b>Drug 3:</b> <b>Drug 4:</b>



<b>Situations for Reporting to GP (tick)</b>	<b>Drug 1</b> <ol style="list-style-type: none"><li>1. Persistent maximum dose given</li><li>2. Never wants PRN medication</li><li>3. Taking too often</li><li>4. Side effects</li><li>5. Other</li></ol>	
	<b>Drug 2</b> <ol style="list-style-type: none"><li>1. Persistent maximum dose given</li><li>2. Never wants PRN medication</li><li>3. Taking too often</li><li>4. Side effects</li><li>5. Other</li></ol>	
	<b>Drug 3</b> <ol style="list-style-type: none"><li>1. Persistent maximum dose given</li><li>2. Never wants PRN medication</li><li>3. Taking too often</li><li>4. Side effects</li><li>5. Other</li></ol>	
	<b>Drug 4</b> <ol style="list-style-type: none"><li>1. Persistent maximum dose given</li><li>2. Never wants PRN medication</li><li>3. Taking too often</li><li>4. Side effects</li><li>5. Other</li></ol>	
<b>GP's Signature &amp; Date</b>		
<b>Home Manager's Signature &amp; Date</b>		