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| PROTOCOL FOR THE USE/ADMINISTRATION OF PRN MEDICATION |
| Who is this plan for? |
| Date: |
| Why is this plan needed? |
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| Other reference documents: Going Out Card (ICE)/HAP/Support Plan/Risk Assessment |
| Indicators of need for PRN: |
| 1) |
| 2) |
| 3) |
| 4) |
| When should rescue medication be used: |
| Protocol for administration of PRN Medication: |
| Step 1 |
| Step 2 |
| Step 3 |
| Step 4 |
| Post administration activity narrative: |
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| Who needs to be informed: |
| Team Leader: |
| Recorded on Mar sheet; Y/N |
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