When Required Protocol (PRN)

Service User Name:	DOB:
Allergies:	GP Name:
Name of Medicine:	Form:
Strength:	Route of administration:
Dose & intervals to be administered:	Max dose in 24 hrs: Min interval between doses:
Special instructions:	
Reason for administration: when should it be given – give full details of condition being treated, i.e. Symptoms, indicators, behaviours, triggers, type of pain – where? when? etc.	

Prepared by:		Role:	
Approved by:		Role:	
Date:		Review Date:	

***Remember**: Record accurately exactly what and when administered, review with prescriber.*

© AIT Medihelp Ltd. 2014

PRN Administration Record

Name			
Date of Birth			
Address			
Name & Strength of Medicine			
Reason for Medicine			
Directions on prescription			
Transcribed by		Date	
Countersigned		Date	

This record is for use with PRN ‘when required’ medicines, to record more additional information than is available to record on a MAR chart.

Date	Time	Reason for Administration (symptoms)	Quantity Given	Response / Outcome	Quantity / Balance

© AIT Medihelp Ltd. 2014