Pills2u

care home medication provision

PRN 'WHEN REQUIRED' Medication Protocol

Care Home:	Room no.:
Resident name:	DOB:
Medication:	Form:
Route of Admin:	Strength:
Prescriber:	

Dosage (if variable, the circumstances under which each dose is required):	
Frequency of doses:	
Minimum Time interval between doses:	Maximum Dose in 24 hours:

Purpose of Administration (when it should be given, signs and symptoms):	
Expected/Desired Outcome (has it worked? Observations):	
Other medicines being taken to be aware of (ie - possible interactions):	
Review date:	Special Instructions/additional information:

Name of person completing this form:	Date:
Countersigned:	Date: