

**PRN (WHEN REQUIRED) MEDICINE PROTOCOL**

<p><b>NAME OF PERSON</b></p>	<p>.....</p> <p>.....</p>
<p><b>DATE OF BIRTH</b></p>	<p>.....</p>
<p><b>MEDICINE</b></p>	<p>.....</p> <p>.....</p>
<p><b>DOSE</b></p>	<p>.....</p> <p>.....</p>
<p><b>REASON FOR MEDICINE</b></p>	<p>.....</p> <p>.....</p>
<p><b>DOSAGE CRITERIA E.G. GIVE 1 IF..... GIVE 2 IF.....</b></p>	<p>.....</p> <p>.....</p>
<p><b>HOW OFTEN DOSE CAN BE REPEATED</b></p>	<p>.....</p> <p>.....</p>
<p><b>MAX IN 24HOURS</b></p>	<p>.....</p>
<p><b>FURTHER INFO. E.G. AFTER FOOD</b></p>	<p>.....</p> <p>.....</p>

<p><b>HOW THE DECISION IS REACHED ABOUT HOW AND WHEN TO GIVE</b></p>	<p>.....</p> <p>.....</p>
<p><b>ACTIONS TO TAKE PRIOR TO ADMINISTRATION</b></p>	<p>.....</p> <p>.....</p>
<p><b>ACTIONS TO TAKE POST-ADMINISTRATION</b> <b>NB: Enter administration on MAR sheet</b></p>	<p>.....</p> <p>.....</p>
<p><b>EXPECTED OUTCOMES</b></p>	<p>.....</p> <p>.....</p>
<p><b>FOLLOW UP</b></p>	<p>.....</p> <p>.....</p>
<p><b>CIRCUMSTANCES FOR REPORTING TO GP TICK AS APPROPRIATE</b></p>	<p><input type="checkbox"/> Persistent need for upper level of dosage</p> <p><input type="checkbox"/> Never requesting dosage</p> <p><input type="checkbox"/> Requesting too often</p> <p><input type="checkbox"/> Side effects experienced</p> <p><input type="checkbox"/> Other (please state)</p>
<p><b>SIGNATURE</b></p>	<p>.....</p>
<p><b>DATE</b></p>	<p>.....</p>
<p><b>REVIEW DATE</b></p>	<p>.....</p>