**Appendix 1 – PRN protocol template**

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| **Resident name:** | **Date of birth:** | | **Unit and room number:** |
| **Name of medication** | | **Prescribed / homely remedy / over the counter** (*delete as appropriate*) | |
| **Strength:** | | **Form (*e.g. tablet, syrup, capsule*)**: | |
| **Route (*e.g. oral, topical*)**: | | **Dose and frequency**: | |
| **Minimum time interval** **between doses**: | | **Maximum dose in 24 hours**: | |
| **Reason for administration (when the medication should be given):**  *Describe in as much detail as possible: Signs and symptoms to look out for, whether the person can ask for their medicine or if they need prompting or observing for signs of need e.g. non-verbal cues (state if observation charts are being used e.g. behavioural chart, pain charts, stool charts), expected outcome and what to do if the medication does not have the desired effect.* | | | |
| **Special instructions:** (*e.g. before or after food, on an empty stomach)* | | **Predicted side effects:** *(Use current BNF or patient information leaflet [PIL] to list)* | |
| **Any additional comments/ information:** (*e.g. food/drink to avoid)* | | | |
| **PRN protocol created by (sign):**  **Designation:**  **Date:**  **Next review date:** | | | |
| **Review date:**    **Reviewed by:**    **Outcome:**    **Next review date:** | | **Review date:**    **Reviewed by:**    **Outcome:**    **Next review date:** | |