

| Good Practice Guidance for Care Homes | |
|---|---------------------------------|
| When required medicine (PRN) protocol | |
| This guidance needs to be adapted to reflect the needs of the individual person | |
| Name | DOB |
| Medication | Form |
| Strength | Route of Administration |
| Dosage | |
| Minimum interval | Maximum dose in 24 hours |
| Does the resident self-administer? Yes (where is stock kept?) No | |
| Reasons for Administration (eg prevent constipation when taking prn opiate ,treat occasional constipation) | |
| Desired Outcome | |
| Is resident able to express need for this medication? | |
| Yes (how) | |
| No (describe assessment) | |
| Variable Dose Information (include rationale for decision) | |
| How to use (give specific administration information e.g. inhalers, spray) | |
| Additional Information (include what to do if it doesn't have desired effect /is refused) | |
| Consult with prescriber if (desired outcome not achieved in time scale) | |
| Recording (include where prompt/assessments are recorded) | |
| Review (eg regular use/more than twice a week/refusing despite apparent need) | |
| . | |
| Care Manager: | Date: |
| | Review Date |