



## PRN Medication Administration Record

All **psychotropic** PRN medication administration needs to be recorded below. Please fill out all columns with relevant information. Any questions please ring the office on xxxx xxxx (business hours). Afterhours ring on-call xxxx xxxxxx.

### Current PRN Medication

Service leaders are responsible for updating the information below when there is a change to the PRN medication and informing Nganana RN.

PRN:	
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### Reporting Month and Year:

Date	Start Time (of behaviour)	Behaviour (including request) for which PRN is being considered	Actions taken to avoid the use of PRN	Outcome (initial below)			Staff Name
				PRN Given	Time Given	Not Given	