Medication Education Module 6

PRN Medications
Objectives

1. What is a PRN Medication?
2. When are PRNs given?
3. What are parameters?
4. How do you document a PRN?
PRN

- Abbreviation
- Meds ordered to be given as needed
PRN Orders

- Must Include:
  - Frequency
  - Indication(s)
  - Specific target signs and symptoms
  - Instructions for use
  - Parameters
Parameters

- A limit of doses within a certain time frame and/or
- When to notify the HCP if symptoms continue
PRN Orders

- **No Ranges**

For example:
- 2 tabs **NOT** 1-2 tabs
- 10 mls **NOT** 5-10mls
- Every 4 hrs **NOT** every 4-6 hrs
- 3 times per day **NOT** 2-3 times per day
Frequency of PRNS

- Examples
  - Every 4 hrs as needed
  - Every 6 hrs as needed
  - Once daily as needed
  - Every 3rd day as needed
Name: Chip Brown  | Date: 6/1/yr
Health Care Provider: Dr. Jones  | Allergies: no known allergies
Reason for Visit: Chip has been pacing more than usual, slapping his head and telling staff he feels weird inside.
Current Medications: See attached med list
Staff Signature: John Smith, Program Manager  | Date: 6/1/yr
Health Care Provider Findings: After discussing with Chip about how he is feeling we have agreed to try additional Ativan to help him feel less anxious.
Medication/Treatment Orders: Add Ativan 0.5 mg once daily PRN anxiety by mouth
Give at least 4 hrs apart from regularly scheduled Ativan doses.
Refer to Behavior Support Plan.
Continue with current medications:
Ativan 0.5mg twice daily by mouth
Capoten 25mg one time a day in the morning by mouth.
Instructions:
Follow-up visit: Lab work or Tests:
Signature: Dr. Jones  | Date: 6/1/yr
Specific behaviors that show us Chip is anxious:
1. Pacing in a circle for more than 4 minutes.
2. Head slapping for longer than 30 seconds or more than 5 times in 4 minutes.

A. Staff will attempt to engage Chip in one on one conversation re: current feelings and difficulty.
B. Staff will attempt to direct and involve Chip in a familiar activity such as laundry, meal preparation, etc.

If unsuccessful with A or B staff may suggest/offer Chip:
Ativan 0.5mg once daily as needed by mouth. Must give at least 4 hours apart from regularly scheduled Ativan doses.
(Refer to HCP order)
If anxiety continues after the additional dose, notify HCP.

6/1/yr Dr Jones
Rx # C138  ABC Pharmacy  555-555-1212
20 Main Street
Anytown, MA 09111  8/31/yr

Chip Brown
Lorazepam 0.5 mg  Qty. 30
I.C. Ativan 0.5 mg

Take 1 tablet by mouth twice daily and 1 tablet by mouth once daily PRN, anxiety, give at least 4 hrs apart from regularly scheduled doses, see behavior plan.
Documentation

- Med Sheet in the corresponding date/time box
  - Your initials
  - Time

- Progress Note
  - Medication and dose
  - Your name
  - Date and time
  - Medication effectiveness
**Name:** Chip Brown  
**Month/Year:** Sept, yr  
**Allergies:** NKDA

<table>
<thead>
<tr>
<th>Dates</th>
<th>Medication</th>
<th>Hour</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>
| **Start:** 6-1-yr | Generic: Lorazepam  
Brand: Ativan  
Strength: 0.5mg  
Amount: 1 tab | **P** | | | | | | |
| **Stop:** Cont. | **R** | | | | | | |
| Dose: 0.5mg  
Route: by mouth | **3pm KM** | | | | | | | |

**SPECIAL INSTRUCTIONS/REASON:** Anxiety- See Behavior Support Plan.  
Must give at least 4 hrs apart from regularly scheduled Ativan doses
9/1/yr 3pm Chip is pacing and head slapping, unable to redirect, Ativan 0.5mg by mouth given. 4pm, watching TV and smiling. Kathy Mason
Crosschecking

- Must agree
  - HCP Orders
  - Pharmacy Labels
  - Med Sheets
Questions