



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**



HEALTH CARE PROVIDER ORDER

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: <i>John Smith, Program Manager</i>	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: <i>Dr. Jones</i>	Date: 6/1/yr



Support Plan for use of PRN Medication for Anxiety

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



Pharmacy Label

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



Medication Sheet

Name: Chip Brown

Month/Year: Sept, yr

Allergies: NKDA

Dates	Medication	Hour	1	2	3	4	5	6
Start: 6-1-yr Stop: Cont.	Generic: Lorazepam Brand: Ativan Strength: 0.5mg Amount: 1 tab Dose: 0.5mg Route: by mouth	P						
		R						
		N	3pm <i>RM</i>					

SPECIAL INSTRUCTIONS/REASON: Anxiety- See Behavior Support Plan.
Must give at least 4 hrs apart from regularly scheduled Ativan doses



Progress Note

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

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