ACare WA
Smart Choice Local Care

ACN 648 778 581 • ABN 65 648 778 581
P: (08) 6831 4500 • **E:** info@acarewa.com.au • **W:** acarewa.com.au
PO Box 718, Denmark, WA 6333

PRN Medication Protocol

Purpose:

To ensure the safe administration of “as required” (PRN) medications for:

Client: _____

and to prevent overuse, underuse, or adverse outcomes.

Definition:

PRN medications are only to be administered when specific symptoms arise, as per clinical instruction. These are not scheduled doses and must be tracked individually using the MAR sheet.

Authorised PRN Medications for Client:

MEDICATION NAME	INDICATION	MAX DAILY DOSE	PRESCRIBER INSTRUCTIONS

Administration Guidelines

- Always check the MAR sheet to ensure the medication has not already been administered recently.
- Confirm the reason the medication is needed (e.g., 'Client reports discomfort with no bowel motion in 3 days').
- Record immediately after administration: Date & time, Medication and dose, Reason for use, Staff name and signature.

Do not administer PRN medication:

- Without clear instructions or medical authorisation.
- If the last administration time is unclear.
- If it would exceed the safe dose within 24 hours.

Review and Monitoring

The use of PRN medication will be reviewed monthly by the care coordinator or nurse. Any increased reliance on PRN medications should trigger a review of Chris Svenson's care plan and medical needs.

Acknowledgement and Signature

☐ I understand that in the absence of a formal Advance Health Directive or Resuscitation Plan, attending clinical staff, including nurses, will follow standard emergency protocols, which may include administering CPR and calling emergency services."

Client Printed Name	Signature	Date

Witness/Staff Member Printed Name	Signature	Date