

Nurse Delegation: PRN Medication

TO BE COMPLETED FOR DELEGATED AS NEEDED MEDICATIONS

1. CLIENT NAME		2. ACES ID NUMBER	3. DATE OF BIRTH	4. SETTING
Order 1				
5. DATE ORDERED	6. NAME OF MEDICATION	7. DOSE / FREQUENCY	8. ROUTE	
9. NOT TO EXCEED	10. REASON FOR MEDICATION			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN				
12. NOTES				
13. RN DELEGATOR'S SIGNATURE			14. DATE	
Order 2				
5. DATE ORDERED	6. NAME OF MEDICATION	7. DOSE / FREQUENCY	8. ROUTE	
9. NOT TO EXCEED	10. REASON FOR MEDICATION			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN				
12. NOTES				
13. RN DELEGATOR'S SIGNATURE			14. DATE	
Order 3				
5. DATE ORDERED	6. NAME OF MEDICATION	7. DOSE / FREQUENCY	8. ROUTE	
9. NOT TO EXCEED	10. REASON FOR MEDICATION			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN				
12. NOTES				
13. RN DELEGATOR'S SIGNATURE			14. DATE	

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

Instructions for Completing Nurse Delegation: PRN Medication

All fields are required unless indicated “OPTIONAL”.

1. Client Name: Enter ND client's name (last name, first name).
2. ACES ID Number: Enter Client's ACES ID Number.
3. Date of Birth: Enter ND client's date of birth (month, day, year).
4. ID Setting: Enter Settings “AFH”, “ALF”, DDA Program, or “In-home”.
5. Date Ordered: Enter the date PRN medication was ordered.
6. Name of Medication: Enter the name of the medication ordered.
7. Dose / Frequency: Enter dose, frequency of medication to be given.
8. Route: Enter administrative route of medicine. Examples: PO, Supp, Topical, Drops, etc.
9. Not to Exceed: Enter maximum number of doses in a specified time period, if applicable.
10. Reason For Medication: Enter action or reason medication is given.
11. Symptoms for Administration and Amount To Be Given: Enter behavior / symptom client will display when this medication is needed. Enter the dose that should be given when this behavior / symptom is observed.
12. Notes: Enter any additional information regarding administration of this medication such as side effects and expected outcome.
13. and 14. RND Signature and Date: Sign and date. Please make legible.

Repeat boxes 5 through 14 for each additional PRN medication ordered at this time.

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