

**PSYCHOTROPIC MEDICATIONS (PRN) PROTOCOL FORM**

**For Presentation to Rights Committee (Date)**

<b>Name</b>	
<b>Participation in PRN Protocol Development</b>	<i>This is how I participated in the development of my PRN Protocol. (i.e. review of my health, my activities, my environment, my behaviour, etc.)</i>
<b>Clinician's Name and Title</b>	
<b>Allergies</b>	
<b>P.R.N. Medication</b>	
<b>Dose</b>	
<b>Maximum Dose in 24 Hrs.</b>	
<b>Purpose of Medication</b>  <b>Please check which of the list of purposes apply to this protocol.</b>	<p><i>This PRN medication is being utilized to:</i></p> <p><input type="checkbox"/> support me with reducing my anxiety level</p> <p><input type="checkbox"/> reduce or end the risk of injury to myself</p> <p><input type="checkbox"/> reduce or end injury/aggression towards others</p> <p><input type="checkbox"/> reduce or end damage to property</p>

<b>Side Effects/ Risk of Medication</b>	
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- Please explain under “Person’s Behaviour” - what the person is experiencing/showing us, including as much detail regarding their actions, timelines, and physical reactions. List these behaviours and actions from least to most intense.
- Please explain under “Strategy” the specific response/action of staff to be attempted from least to most intrusive.
- Identify under “Strategy” the appropriate times to administer this P.R.N. (Note: Where it says “Person’s Behaviour”, you may note that a PRN may be beneficial for more than one behaviour.)

Person’s Behaviour	Strategy (what staff will do)	Benefits	Risk	Positive Outcomes For The Person

<p><b>Please identify how strategies suggested for use in this PRN Protocol are monitored for effectiveness in assisting the person.</b></p>	<p>___ <b>AIMS Incident Report Reviews</b>          ___ <b>Team Meetings</b>          ___ <b>Clinical Visits</b>          ___ <b>Other: Please list</b></p> <p>Please identify successes for the person in using the strategies above:</p>	
<p><b>What is the plan to fade/reduce the use of the PRN?</b></p>		
<p><b>Notification to Family/Guardian</b></p>	<p><i>I have discussed with my family/guardian and support staff notification of when I receive my PRN medication. I consent to the following:</i>  <i>Identify who is to be notified in my family/guardian: (Please use full names and relationship)</i>  <i>Identify how to tell my family/guardian:</i>  <i>Identify when to tell my family/guardian:</i></p>	
<p><b>Person Supported</b>  <i>My PRN Protocol has been explained to me and I consent to the use of this PRN medication as part of my supports with CLBrant.</i></p>	<p><i>Signature</i></p>	<p><i>Date Reviewed</i></p>
<p><b>Support Worker</b></p>	<p><i>Signature</i></p>	<p><i>Date Reviewed</i></p>
<p><b>Supervisor</b></p>	<p><i>Signature</i></p>	<p><i>Date Reviewed</i></p>
<p><b>Approving Clinician</b></p>	<p><i>Signature</i></p>	<p><i>Date Reviewed</i></p>