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|  |  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 |

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| **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 |

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| **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 |

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| Instructions for Completing Nurse Delegation: PRN MedicationAll 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.** |