[Insert organisation name/logo]

# CLIENT PRN MEDICATION RECORD FORM

***Note\*****All client medication assistance templates should be reviewed by qualified medical personnel before finalising.*

*\*Please delete note before finalising this template.*

This form is used to record all client PRN medications taken. An individual form will be completed for each PRN medication type. Only staff authorised to assist with medications are to complete this form, see the *Medication assistance authorisation sheet* for more information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** |  | **Client ID** |  |
| **Medication name:**  |  | **Dose:**  |  | **Strength:** |  |
| **Amount received:** |  | **Date received:** |  | **Checked:** | **1.** | **2.** |
| **Indications:** |  | **Max. dose in 24 hrs:** |  |

**Key: 🗸= Given & Observed; X = Given & not seen taken; R = Returned**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Indication** | **Dose** | **Cumulative dose (24hours)** |  **🗸/ X / R**  | **Staff signature** | **Client signature** |
|  |  | **am pm** |  |  |  |  |  |  |
|  |  | **am pm** |  |  |  |  |  |  |
|  |  | **am pm** |  |  |  |  |  |  |