

MEDICATIONS PLAN FORM

NATIONAL PREMIER DISABILITY
SERVICES

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MEDICATION PLAN AND CHART FOR PRESCRIBED PRN MEDICATIONS

Doctor prescribing medication to complete information for shaded sections

Name of Doctor													
Client's Name						DOB							
Known Allergies													
Drug Name							Note: PRN medications must be packaged separately from routine medications and be clearly labelled as PRN medications.						
Dosage													
Quantity													
Frequency													
Date to be Ceased													
For treatment of													
Interactions													
Special Instructions (crushing, storage etc)													
Doctor signature & date													
Date administered	Time Given		Staff Initials		Time Given			Staff Initials		Time Given		Staff Initials	