

Before Administering the medication the CVA Community RN must be notified

Date PRN administered:	____ / ____ / ____ Month Day Year	Time PRN administered:	____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Program Category Pertinent to Event:	<input type="checkbox"/> ISL <input type="checkbox"/> ILSD <input type="checkbox"/> Host Home <input type="checkbox"/> other _____		
Name of Individual receiving PRN		Name of Staff Administering PRN:	
PRN Medication as written on Physicians Order:			
Specific condition per Physician Order for Administering PRN:		Dose of PRN administered:	
Date Community RN notified:	____ / ____ / ____ Month Day Year	Time Community RN notified:	____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Directions Given By Community RN:			
Date Physician Notified (if applicable):	____ / ____ / ____ Month Day Year	Time Physician Notified (if applicable):	____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Directions Given by Physician (if applicable):			

What behavior(s) or event(s) were occurring before PRN was administered? (Check all that apply)

- | | | | | |
|-------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Limited Sleep | <input type="checkbox"/> Holiday or Weekend | <input type="checkbox"/> Change in Daily Activity | <input type="checkbox"/> Change in Living Environment | <input type="checkbox"/> Conflict w/peer |
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Instructed/Direction given | <input type="checkbox"/> Instructed to start task | <input type="checkbox"/> Interaction with peer | <input type="checkbox"/> Lack of Supervision |
| <input type="checkbox"/> Noise or Chaotic Environment | <input type="checkbox"/> Aggression Towards Another Individual | <input type="checkbox"/> Normal Routine | <input type="checkbox"/> Normal Routine Interrupted | <input type="checkbox"/> Nothing Observable |
| <input type="checkbox"/> Physical Illness or Injury | <input type="checkbox"/> Psychiatric Condition | <input type="checkbox"/> Recent Med Change | <input type="checkbox"/> Told No/Asked to Stop | <input type="checkbox"/> Unfamiliar Staff |
| <input type="checkbox"/> Other: _____ | | | | |

Staff response to behavior before administering PRN? (Check all that apply)

- | | | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Redirected Individual to Another Area/ Activity | <input type="checkbox"/> Offered to do "Fun Activity With individual" | <input type="checkbox"/> Took back request | <input type="checkbox"/> Modified Task |
| <input type="checkbox"/> Offered to talk with individual | <input type="checkbox"/> Offered individual to call Preferred person | <input type="checkbox"/> Walked away from individual | <input type="checkbox"/> Offered individual alone Time to de-escalate |
| <input type="checkbox"/> Other: _____ | | | |

Print or Type—Describe in detail the event. Describe what behaviors were going on, staff response, when PRN was administered

and behaviors after administering PRN.

Large empty rectangular area for notes or observations.

The following documentation should occur every 30 minutes for 2 hours after PRN is administered.
 Report any Pulse, Respirations or Blood Pressures outside normal parameters immediately to the Community RN.

Time	Pulse	Respirations	Blood Pressure	Current Mood	Current Behavior
Normal Parameters	60 - 90	12 - 20	120-140/ 160-180		

Medical Follow Up:

Print Name & Title	Signature	Date	Time
Reporter			__:__:__ <input type="checkbox"/> AM <input type="checkbox"/> PM
Other/Supervisor			__:__:__ <input type="checkbox"/> AM <input type="checkbox"/> PM
Other			__:__:__ <input type="checkbox"/> AM <input type="checkbox"/> PM