

PRN PSYCHOTROPIC MEDICATION PLAN (PPMP) EXAMPLE

NAME OF BSC, WITH CREDENTIALS

NAME OF BSC AGENCY

CITY, NEW MEXICO

PHONE CONTACT; FAX CONTACT

EMAIL ADDRESS

PRN PSYCHOTROPIC MEDICATION PLAN

TIME PERIOD

INDIVIDUAL'S NAME:	Mike Gibson	JACKSON CLASS MEMBER:	No
DOB:	5/8/79	LAST 4 OF SSN:	8897
INDIVIDUAL'S ADDRESS:	123 South St Abq, NM 87108	INDIVIDUAL'S PHONE CONTACT:	888-123-4567
GUARDIAN:	Self	GUARDIAN CONTACT:	888-123-4567
RESIDENTIAL AGENCY:	Homes Inc	CCS AGENCY:	Crafts Inc
CASE MANAGER:	Kathy Smith	CASE MANAGER AGENCY:	CM Experts
OTHER PROVIDERS:	SLP John Brown	REGION OF RESIDENCE:	Metro
ANNUAL ISP DATE:	2/1/16-2/15/17	DATE OF REPORT:	4/6/2016

I. MEDICATION INFORMATION

- a. PRN Medication: Ativan; Dosage: 3mg; Reason: Agitation

II. PRESCRIBING PHYSICIAN

- a. Doctor's Name: Dr. Smith; Location: UNM Mental Health – Cont Care; Phone Contact: 272-2853

III. BEFORE ADMINISTERING MEDICATION

- a. As outlined in the most recent Support Plan, Mike can become increasingly agitated, upset and have a hard time controlling himself if he is very frustrated, confused or otherwise irritated.
- b. **Signs that Mike is becoming increasingly upset include:**
- 'whining' tone of voice**
 - rapid pacing**
 - swearing/yelling**
 - wiping his hands over his face**
 - hitting table/wall with closed fist**
 - 'whipping' his head forward repeatedly**
- c. **If Mike is showing signs of increased agitation try some of the following tactics to help him calm:**
- give him space and time to himself – 5-10 minutes should suffice**
 - ask him if he'd like to take a shower**
 - offer a healthy snack/drink**
 - offer time to watch a movie or listen to music**
 - give him more time/space then return to the interaction**
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IV. CONSIDER CONTACTING NURSE REGARDING PRN MEDICATION IF

- a. Prolonged (30+ minutes) of emotional distress (e.g. crying, yelling swearing) that is not helped by redirection or break from interaction.
- b. At the first sign of physical threat to himself or others (e.g. raising fist at other, smacking own head, hitting own leg).
- c. At the first sign of any suspected hallucinatory experience (e.g. fearfully referencing a person that is not there)

V. ASSIST WITH PRESCRIBED DOSAGE OF PRN MEDICATION IF

- a. The above circumstances have been met or another equally serious set of events is in motion; AND . . .
- b. You have followed any/all other guidelines of YOUR RESIDENTIAL AGENCY'S NURSING PLAN which may include calling the agency nurse for final approval prior to medication assistance.

PLEASE NOTIFY THE BSC OF ANY/ALL PRN USAGE BY PHONE OR AT THE NEXT CONSULTATION SESSION

BSC SIGNATURE

WITH TITLE AND CREDENTIALS

DATE