

PRN PSYCHOTROPIC MEDICATION PLAN (PPMP) GUIDE

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:

JACKSON CLASS MEMBER:

DOB:

LAST 4 OF SSN:

INDIVIDUAL'S ADDRESS:

INDIVIDUAL'S PHONE CONTACT:

GUARDIAN:

GUARDIAN CONTACT:

RESIDENTIAL AGENCY:

CCS AGENCY:

CASE MANAGER:

CASE MANAGER AGENCY:

OTHER PROVIDERS:

REGION OF RESIDENCE:

ANNUAL ISP DATE:

DATE OF REPORT:

I. MEDICATION INFORMATION

- a. Name of Prescribed Medication
- b. Medication Dosage
- c. Reason Prescribed

II. PRESCRIBING PHYSICIAN

- a. Doctor's Name
- b. Doctor's Location
- c. Doctors Phone Contact

III. BEHAVIORAL INDICATORS OF ESCALATION/AGGITATION

- a. Describe what the individual is doing

IV. BEFORE ADMINISTERING MEDICATION

- a. List strategies that can be used to calm individual down
- b. Refer to BCIP

V. CONSIDER CONTACTING NURSE REGARDING PRN MEDICATION IF:

- a. List specific indicators based on the individual's escalation pattern

VI. 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 administration.

VII. PLEASE NOTIFY THE BSC OF ANY/ALL PRN USAGE

BSC SIGNATURE

WITH TITLE AND CREDENTIALS

DATE