

PRN PSYCHOTROPIC MEDICATION PLAN (PPMP) TEMPLATE

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. Doctor's Phone Contact

III. BEHAVIORAL INDICATORS OF ESCALATION/AGGITATION

- a. Describe what the individual is doing

IV. BEFORE ASSISTING WITH 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

Please Note: In many/most cases these plans are best written in conjunction with the agency nurse and co-signed by the same.