

AGENCY
Address
City, NM 871xx
Phone 505-xxx-xxxx; Fax 505-xxx-xxxx

PRN PSYCHOTROPIC MEDICATION PLAN

I. IDENTIFYING INFORMATION:

| | | | |
|--------------------------|------------|--------------------------|--|
| Consumer Name: | Mike Smith | SSN: | |
| Jackson Class: | | DOB: | |
| Consumer Address: | | Chron. Age: | |
| Consumer Phone: | | Residential Prov: | |
| Guardian: | | Voc/Day Hab: | |
| Region of Res.: | | CM Agency: | |
| Annual ISP Date: | | Assigned CM: | |
| Date of Report: | | CM Phone: | |

II. MEDICATION INFORMATION:

| Rxed PRN Medication | Dosage | Reason |
|----------------------------|----------------|---------------|
| MEDICATION NAME | AMOUNT OF DOSE | REASON RxD |

III. PRESCRIBING PHYSICIAN:

| Doctor | Location | Phone Number |
|---------------|-------------------------------|---------------------|
| Dr.'s NAME | UNM Mental Health – Cont Care | 272-2853 |

IV. BEFORE ADMINISTERING MEDICATION:

- 1- 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.
- 2- **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
- 3- If Mike is showing signs of increased agitation try some of the following **tactics to help him calm**:
 - a- give him space and time to himself – 5-10 minutes should suffice
 - b- ask him if he'd like to take a shower
 - c- offer a healthy snack/drink
 - d- offer time to watch a movie or listen to music
 - e- give him more time/space then return to the interaction

V. CONSIDER ADMISTERING PRN MEDICATION IF:

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

V. ADMINSTER PRESCRIBED DOSAGE OF PRN MEDICATION IF:

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

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

YOUR NAME and SIGNATURE