|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
| 1. **MEDICATION INFORMATION**    1. PRN Medication: Ativan; Dosage: 3mg; Reason: Agitation 2. **PRESCRIBING PHYSICIAN**    1. Doctor’s Name: Dr. Smith; Location: UNM Mental Health – Cont Care; Phone Contact: 272-2853 3. **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:**       1. **‘whining’ tone of voice**       2. **rapid pacing**       3. **swearing/yelling**       4. **wiping his hands over his face**       5. **hitting table/wall with closed fist**       6. **‘whipping’ his head forward repeatedly**    3. **If Mike is showing signs of increased agitation try some of the following tactics to help him calm:**       1. **give him space and time to himself – 5-10 minutes should suffice**       2. **ask him if he’d like to take a shower**       3. **offer a healthy snack/drink**       4. **offer time to watch a movie or listen to music**       5. **give him more time/space then return to the interaction** 4. **CONSIDER CONTACTING NURSE REGARDING 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) 5. **ASSIST WITH 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 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** | |