

Title		Name		DOB		NHS Number	
KNOWN ALLERGIES							

PRN ADMINISTRATION CHART: Medicine as Needed
Chart Number: _____

- Clinically assess – are symptoms being effectively controlled? Check if **transdermal** patch in situ. **Instruction if in place:** _____
- Ensure PRN dose is in line with the 24 hour dose.
- If three or more PRN doses are needed within a 24 hour period, consider review by GP or the Specialist Palliative Care Team.

Date of Administration	Time of Administration	Name of Medicine	Expiry Date	LOT/Batch Number	Dose	Route	Site	Signature	Comments

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