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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication****Gaviscon Advance oral suspension** | **Dose** one or two 5ml spoonfuls  |
| **reason for medication and expected outcome**Relieving the symptoms of [gastro-oesophageal reflux](http://www.netdoctor.co.uk/diseases/facts/gastrooesophagealreflux.htm), such as [heartburn](http://www.netdoctor.co.uk/health_advice/facts/heartburn.htm) and acid regurgitation.  |
| **How the decision is reached about how and when to give**<Name> should be offered the medicine after every meal and at night. S/he will decide if a dose is required. |
| **How often dose can be repeated**3 times a day after food and at night | **Max in 24hours**40ml |
| **Further info. e.g. after food**Always try to take this medicine just after a meal or at bedtime. |
| **Circumstances for reporting to GP - Tick as appropriate** Persistent need for upper level of dosage Never requesting dosage Requesting too often Side effects experienced Other (please state) |
| **Signature** | **Date** |
| **Review Date…**NB: Please note the review date in the manager’s diary |