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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication**  **Co Codamol**  **8mg + 500mg** | **Dose**  1 or 2 tablets 4 times a day |
| **reason for medication and expected outcome** For joint pain | |
| **How the decision is reached about how and when to give** <Name> is able to ask for medication if s/he has pain. OR <Name> is not able to ask for medication if s/he has pain. Staff must watch for the following signs....... | |
| **How often dose can be repeated**  4 times a day | **Max in 24hours**  8 tablets |
| **Further info. e.g. after food** This medicine contains Paracetamol. Do not take any other medicine containing paracetamol. | |
| **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 | |