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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication**  **Codiene Phosphate 30mg** | **Dose**  take 1 or 2 tablets |
| **reason for medication and expected outcome**  For the treatment of acute moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone). | |
| **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**  Intervals onf not less than  6 hours | **Max in 24hours**    240mg in 24 hours |
| **Further info. e.g. after food** Codeine should be used at the lowest effective dose for the shortest period of time. It should not be taken regularly for more than 3 days without consulting the GP. | |
| **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- **If the medication is required for more than 3 consecutive days seek medical advice** | |
| **Signature** | **Date** |
| **Review Date…**  NB: Please note the review date in the manager’s diary | |