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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication**  **Diazepam 2mg** | **Dose**  Take 1-3 tablets |
| **reason for medication and expected outcome**  Short-term use for anxiety. The dose should calm <Name> and sedate him/her slightly. | |
| **How the decision is reached about how and when to give** If <name> shows symptoms of anxiety such as...... | |
| **How often dose can be repeated**  2 – 4 times a day | **Max in 24hours**  10mg |
| **Further info. e.g. after food** | |
| **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 using frequently for 4 months consult GP | |
| **Signature** | **Date** |
| **Review Date…**  NB: Please note the review date in the manager’s diary | |