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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 |