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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication****Lorazepam 1mg** | **Dose**1 tablet |
| **reason for medication and expected outcome**Short-term use for anxiety. The dose should calm <name> and sedate him slightly. |
| **How the decision is reached about how and when to give**Administer If <Name> becomes agitated and/or aggressive and has not responded to deescalation techniques. If <name> is posing a risk to him/herself and others s/he is unable to recognise that and will not ask for lorazepam. |
| **How often dose can be repeated**4 times a day | **Max in 24hours** 4mg |
| **Further info. e.g. after food** |
| **Circumstances for reporting to GP - Tick as appropriate** Persistent need for upper level of dosage Never requesting dosage Needing too often Side effects experienced Other (please state) |
| **Signature** | **Date** |
| **Review Date…**NB: Please note the review date in the manager’s diary |