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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication****Peptac - aniseed** | **Dose**10 – 20 mls  |
| **reason for medication**Relieving the symptoms of heartburn and acid regurgitation |
| **How the decision is reached about how and when to give**<Name> should be offered the medication after every meal or between meals as required. S/he is able to decide if s/he requires it or not. |
| **How often dose can be repeated** Every 4 – 6 hours | **Max in 24 hours** 4 Doses |
| **Further info. e.g. after food**After meals and at bedtime as needed (up to four times a day). |
| **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 |