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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 | |