## AGITATION AND AROUSAL PRN MEDICATION CHART MRXXX

## **AGITATION AND AROUSAL PRN MEDICATION CHART**

**AFFIX PATIENT IDENTIFICATION LABEL HERE & OVERLEAF** 

Attach ADR Sticker								UMRN:							
ALLERGIES  Nil known  Drug (or othe								Family Name:  Given Name(s):  NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT							
								Addres	ss:			Say			
								DOB:				Sex	M	<u></u> □ F	
Sign			_ Print _			Date									
Facility/Servi							_	1 <sup>ST</sup> Pr	escriber	Print Patie	nt Nar	ne and Ch	eck Lal	bel Co	rrect:
Consultant: _			st be	giver	ı as p	rescribe							ribec	exp	olicitly,
OTED 4	two medications MUST												241 1	Charks	al
STEP 1		iviedicine (Prini			t generic name)			L	Dose				: & 90 minutes		
Date:													IM 30 &	60 minutes	
/	Pre	Prescriber signature			Print Name			Cont	act	Pharmacy				Imprest S4R	
STEP 2		Medicine (Print generic name)						Dose Route Max dose/24 hrs Check arourating at:							
Date:														Oral 60	& 90 minutes 60 minutes
	Pre	Prescriber signature Print Name						Cont	act						Imprest S4R
STEP 3	Medicine (Print generic name)							[	Dose Route Max dose/24 hrs Check a rating at				ırousal		
Date:								Oral 60				& 90 minutes 60 minutes			
	Pre	Prescriber signature Print Nati						Cont	act	Pharmacy					Imprest S4R
STEP 4		Medicine (Print generic name)						Dose Route Max dose/24 hrs			24 hrs	Check arousal rating at:			
Date:												& 90 minutes 60 minutes			
//	Prescriber signature Print Name								act						Imprest S4R
All 'PRN' ord Maximum do Hospital Med Refer to loca	ose is dicatio	inclusi n Chai	ve of regu rt.	ular doses	prescrib		5. Hig 4. Hig 3. Mo 2. Mil 1. Se 0. As	ghly arounderately around ttled, mileep or u	used*, viole used* and p r aroused*, sed*, pacir nimal agita unconsciou	ent towards se cossibly distre agitated, bec ng, still wantion, PRN not s → escalate stressed, fearf	essed of oming of g to tall required care as	r fearful, poss more vocal ar k reasonably ed s per local po	sibly nois nd unreas licy for cl	sonable linical de	or hostile
Date Tim	ie (	Step given	Dose given	Route	1 <sup>st</sup> Rating	Nurse 1 Nurs	se 2 F	2 <sup>nd</sup> Rating	Time	Sign	3 <sup>rd</sup> Ratir	l Time	Sign		ımulative hour dose

xxx 10/23