

P.R.N. (Psychotropic) SPECIAL INCIDENT REPORT

| | | |
|---|--|------------------------|
| Client Name: | UCI#: | D.O.B. |
| Program Name: | Telephone #: | |
| Program Address: | City | Zip Code: |
| Telephone Number: | Date of Incident: | Time of Incident: |
| Describe the incident leading up to P.R.N. medication: | | |
| What steps were taken before P.R.N. was given: | | |
| Physician contacted who ordered dispensing of P.R.N. medication: | | Time Contacted: |
| The above named physician was contacted by: <i>Staff Signature:</i> _____ | The P.R.N. medication was dispensed by: <i>Staff Signature:</i> _____ | |
| MEDICATION NAME: | DOSAGE GIVEN: | TIME DISPENSED: |
| | | |
| Follow up (<i>Check client 30 minutes after P.R.N. has been given</i>): <u>Briefly state how client is doing:</u> | | |
| Follow up was done by: <i>Staff Signature:</i> _____ | Time of Follow up: | |

Note: A separate report should be written each time a P.R.N. is given.