Metro Support Services

PRN MEDICATION RECORD

Refer to approved over the counter PRN list or specific physician's order for PRN medications

Name:_____

For interventions: Circle initials on medication record and chart interventions below.
Use key for type of intervention (reason).

Administration Routes	**(O)** – Oral **(R)** – Rectal **(T)** – Topical	**(S)** – Sublingual **(I)** – Inhaled **(V)** - Vaginal	**Interventions**	**(OOH)** – Out of Home **(E)** – Medication Error	**(H)** – In Hospital **(R)** – Refused Medication

Date	Hour	Medication & Dosage	Route	Reason	Results or Response	Hour	Provider's Signature