

NORTH COUNTRY COMMUNITY MENTAL HEALTH ADMINISTRATIVE MANUAL

CHAPTER: Seven – Health Services
SECTION: Two - Medications
PROCEDURE NAME: PRN MEDICATIONS
EFFECTIVE DATE: November 1, 2025

PURPOSE

To ensure that PRN medications, when prescribed, are given in an appropriate and consistent manner.

APPLICATION

North Country Community Mental Health Day Programs and Contract Day Programs

DEFINITION

PRN (as needed medications): those medications, which, following an order by a prescriber, may be administered to an individual at staff's discretion – this includes prescription and over-the-counter meds.

PROCEDURE

1. Procurement of PRN medications
 - A. Staff will obtain a written prescriber's order for the medication to be administered.
 - B. Staff will obtain the medication and ensure that the medication being dispensed is labeled with a pharmacy label including the correct dose, the individual's name, date prescribed, ordering prescriber, and dosing instructions.
2. Transcription of PRN medication orders
 - A. PRN medications will be logged in on separate medication sheets from patient's daily medication sheets. PRN medication sheets will be labeled with the individual's name, case number, month and year, and any known medication allergies. Allergies should be entered in red ink.
 - B. Entries will include the date the medication was originally ordered or reordered as well as the expiration date of the order. In the case of prescription medications, the expiration date will be the date that the last refill of the medication will be used up. In the case of over-the-counter drugs, the expiration date of the order will be one year from the date the order was written. In accordance with North Country Community Mental Health policy, all medication will be renewed quarterly or at the prescriber's discretion.
 - C. Medication entry will include the name of the medication as it was ordered by the prescriber.

- D. Entry shall include the strength of the medication ordered, the amount to be given, and the frequency the medication may be given. Special instructions or restrictions on the use of the medication will be clearly written on the entry as well (i.e., not to exceed 8/24 hours, take blood pressure before giving, notify doctor if given, etc.).
- 3. Administration of PRN medications
 - A. Staff will explore alternatives to routine PRN medication with the individual as well as assess the need for the PRN medication prior to administering. Non-medical interventions, behavior programs, dietary modifications and diversional activities will be considered prior to use of medications for symptom control.
 - B. In the event that an individual requests a PRN medication for treatment of a symptom for which use of the medication is not appropriate, staff will provide verbal instruction related to the appropriate use of the medication (i.e., individual requests Tylenol for anxiety).
 - C. Staff will provide brief explanation of appropriate use of the PRN medication, proper dosing/administration instructions and teaching related to side effects of medications administered (unless client condition contraindicates).
 - D. PRN medications will be stored with the individual's routine medications in a locked area.
 - E. Medication will be administered following the rule of 5 R's: Right patient, Right medication, Right dose, Right route, and Right time.
- 4. Documentation
 - A. Staff will document date and time that medication was administered and initial the entry. Only one entry per square on the medication sheet is permitted. If a variance in dose is allowed (i.e. 1 or 2 tabs or 1-3 tsp.), staff will also document the dosage given.
 - B. Staff will note in the client record which symptoms occurred that necessitated use of the PRN medication, as well as non-medication interventions that were considered and the individual's response to the medication.
 - C. All staff that make entries onto the medication record will sign and initial the record in the signature space provided.

REFERENCE: CARF 2.3.4 (2025)

REVIEWED: 06/08/15

REVISED: 04/01/03; 08/14/07; 06/05/09; 09/22/22; October 10, 2025

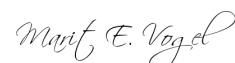
APPROVED BY SIGNATURE:



Chief Clinical Officer

10/10/2025

Date



Medical Director

10/12/2025

Date



Director of Health Services

10/10/2025

Date