PRN is the medication administered as needed in line to instructions by healthcare professional

P.R.N. Judgments Form (P.R.N. Medications Record)
(Symptoms, Amount, Time and Effectiveness)

Client Name: _____Month/Year: _____

Date	List of Symptoms Noticed (Reason PRN Given)	Name of PRN Medication Administered	Dose/ Amount (mg) As Per Dr. Orders	Time Med Given (use 24 hours clock)	Effectiveness of PRN Medication (Relieved Symptoms Y? /N?)	Staff Name	Staff Signature