**P.R.N. Judgments Form (P.R.N. Medications Record)**

(Symptoms, Amount, Time and Effectiveness)

**Client name: Month/Year:**

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| **Day** | **List of symptoms noticed** (reason PRN given) | **Name of PRN Medication Administered** | **Dose (mg)** **As Per** **Dr. Orders** | **Time Med Given** (24 hours clock) | **Effectiveness of****PRN Medication** (Relieved Symptoms) | **Staff Name** | **Signature** |
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