

PRN MED LOG (pink)

Consumer: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ MONTH STARTED: \_\_\_\_\_ YEAR: \_\_\_\_\_

MUST CHECK PRN PROTOCOL & INTERVAL BETWEEN DOSES BEFORE ADMINISTRATION

Drug	Dose	Route	Frequency	MD	Order Date
Special Considerations:					

Transcribers Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Time	Dose	Reason	Results	Initials

HCP Signatures: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Dates: \_\_\_\_\_

[illegible]

**HCP Signatures:** \_\_\_\_\_

RN Signature: \_\_\_\_\_

**Dates:**