Diana Service MAAR chart – PRN as required medication

Leicestershire Partnership **NHS** NHS Trust

Drug & formulation:	Dose	Route:	Patient Details		Allergy Details	
			Name:	DOB:	Drug	Reaction
				NHS Number:		
Additional information including **indication and maximum frequency**		Start Date:	Address:			
				Weight:		
				Height:		
		End Date:				
Signature of prescriber:			GP / Clinician Name:	BMI: BSA:		

Medication administered

	DATE																											
	TIME																											
	DOSE																											
	SIGN																											
	DATE																											
	TIME																											
	DOSE																											
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	DOSE																											
	SIGN																											
	DATE																											
	TIME																											
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For Medication not administered enter the appropriate code on the administration record. Note details in the patient's notes.

Date	Reason

1. Allergic reaction
2. Patient unable to take
3. Patient refused
4. Medication unavailable
5. Patient unavailable

6. Inappropriate/unclear prescription
7. Patient self-administered
8. Family/carer administered
9. Other – state reason
10. Medication not administered

New authorisation required