



## P.R.N. (Psychotropic) SPECIAL INCIDENT REPORT

<b>Client Name:</b>	<b>UCI#:</b>	<b>D.O.B.</b>
<b>Program Name:</b>	<b>Telephone #:</b>	
<b>Program Address:</b>	<b>City</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>	<b>Date of Incident:</b>	<b>Time of Incident:</b>
<b>Describe the incident leading up to P.R.N. medication:</b>		
<b>What steps were taken before P.R.N. was given:</b>		
<b>Physician contacted who ordered dispensing of P.R.N. medication:</b>		<b>Time Contacted:</b>
<b>The above named physician was contacted by:</b> <i>Staff Signature:</i> _____	<b>The P.R.N. medication was dispensed by:</b> <i>Staff Signature:</i> _____	
<b>MEDICATION NAME:</b>	<b>DOSAGE GIVEN:</b>	<b>TIME DISPENSED:</b>
<b>Follow up</b> ( <i>Check client 30 minutes after P.R.N. has been given</i> ): <u>Briefly state how client is doing:</u>		
<b>Follow up was done by:</b> <i>Staff Signature:</i> _____	<b>Time of Follow up:</b>	

**Note:** A separate report should be written each time a P.R.N. is given.