



Villa Scalabrini assists this resident with medications through our trained Medication Technicians. California requires that residents receiving PRN (as-needed) medication assistance be evaluated for their ability to participate in managing their own PRN medications. Please select the category that best describes this resident, then list their PRN medications.

1 Resident Information

RESIDENT'S NAME

ROOM #

DATE COMPLETED

PHYSICIAN NAME

2 Resident's Ability to Manage PRN Medications

Select the *ONE* category that best describes this resident.

CAN determine and communicate the need for PRN medications

Resident can recognize symptoms and request both prescription and non-prescription PRN medications independently. Staff follows written instructions only.

Can COMMUNICATE symptoms but cannot determine medication need

Staff may assist with non-prescription PRN medications per written directions. For prescription PRN medications, staff will contact the physician for direction before each dose.

CANNOT determine or communicate need for PRN medications

Resident cannot recognize symptoms. Staff will contact the physician to receive directions BEFORE EACH DOSE for both prescription and non-prescription PRN medications.



3 PRN Medication Orders

List each PRN medication. Use Special Instructions for category-specific notes.

Medication	Dosage	Route	Symptoms for Use	Min Hrs Between	Max Doses / 24h	Special Instructions

4 Physician Authorization

PHYSICIAN NAME

LICENSE #

PHONE

PHYSICIAN SIGNATURE

DATE SIGNED

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