

Sample forms are provided as examples only and are not required forms.

PRN (Pro Re Nata) "as needed"
BEHAVIORAL AND PROCEDURAL CRITERIA

Name:

Date:

PRN Medication (name, dose, route):

Physician's name and telephone number:

Date of physician's order:

Written physician's order:

Describe the target behavior(s) in observable and measurable terms:

Describe the behavioral and procedural criteria (what is the level, frequency, intensity, or duration of the target behavior(s) needing to be exhibited prior to the administration of the PRN; what is the step-by-step non-PRN procedure that needs to be attempted prior to the administration of the PRN):

DC/QMRP or Author of Behavioral Support Plan (designated qualified staff person):

Print Name and Title

Signature

MM/DD/YYYY