



EASTERN LOS ANGELES
REGIONAL CENTER

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

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

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