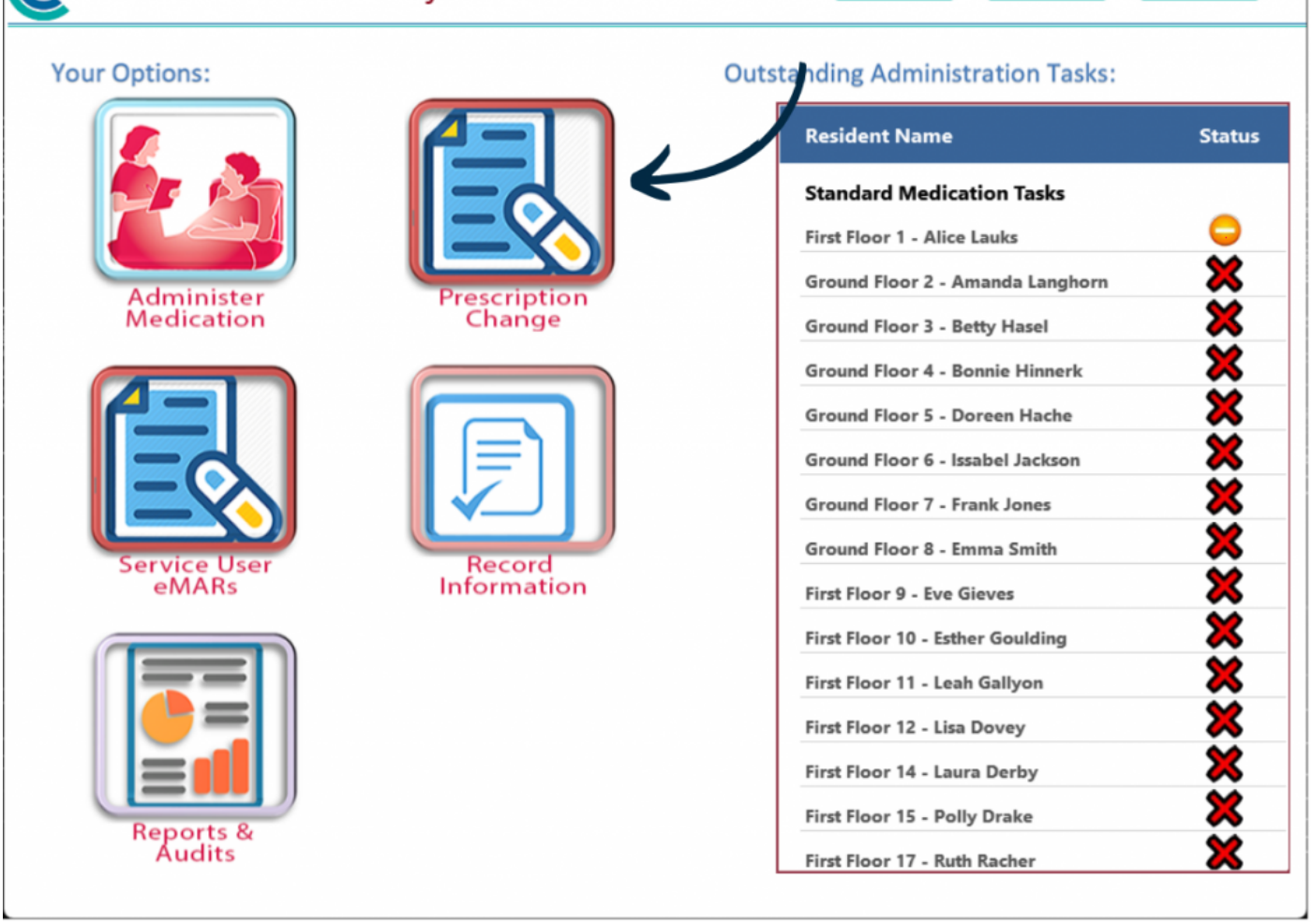
Adding a PRN Protocol

Care Control eMAR · https://cclearninghub.co.uk/docs/adding-a-prn-protocol/

Adding a PRN Protocol

This guide will cover how to add a PRN Protocol to a new medication prescription for a service user, via Care Control eMAR.



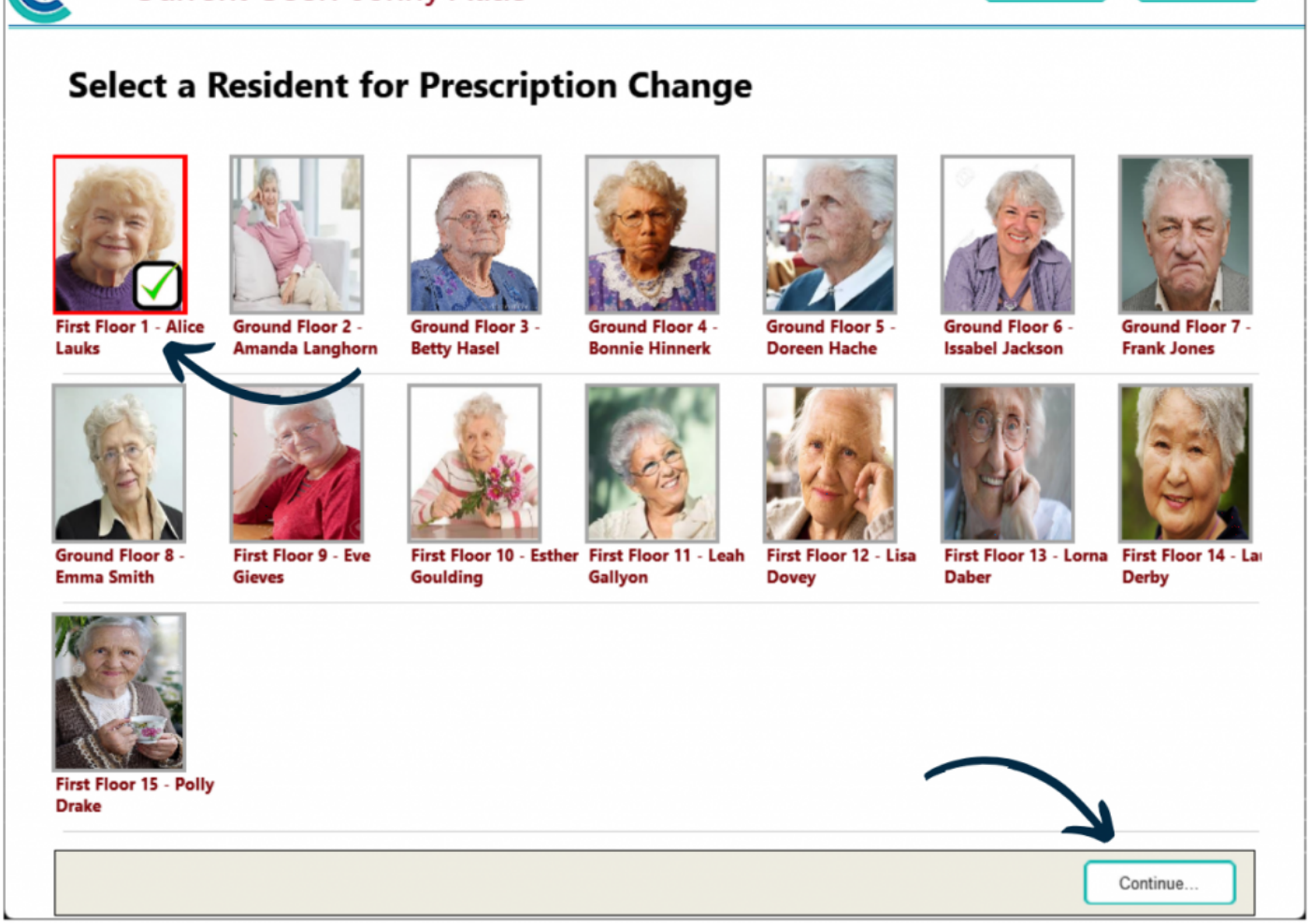


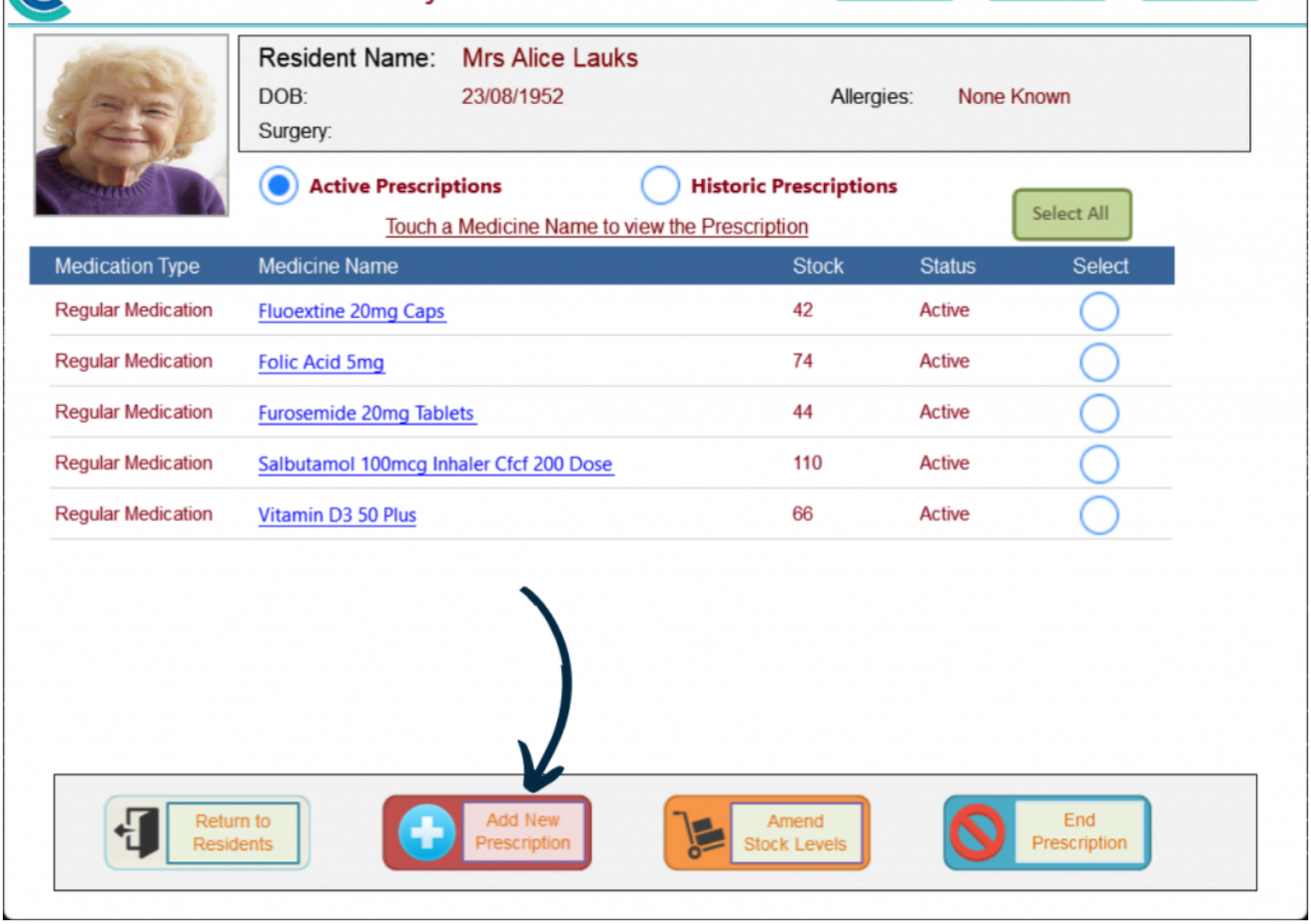
1

After signing into Care Control eMAR, press the '**Prescription Change**' button.

2

Next, select a **Service User** and press '**Continue**'.


Select a Resident for Prescription Change
First Floor 1 - Alice Lauks
Ground Floor 2 - Amanda Langhorn
Ground Floor 3 - Betty Hasel
Ground Floor 4 - Bonnie Hinnerk
Ground Floor 5 - Doreen Hache
Ground Floor 6 - Issabel Jackson
Ground Floor 7 - Frank Jones
Ground Floor 8 - Emma Smith
First Floor 9 - Eve Gieves
First Floor 10 - Esther Goulding
First Floor 11 - Leah Gallyon
First Floor 12 - Lisa Dovey
First Floor 13 - Lorna Daber
First Floor 14 - La
Derby
First Floor 15 - Polly Drake
Continue...



3

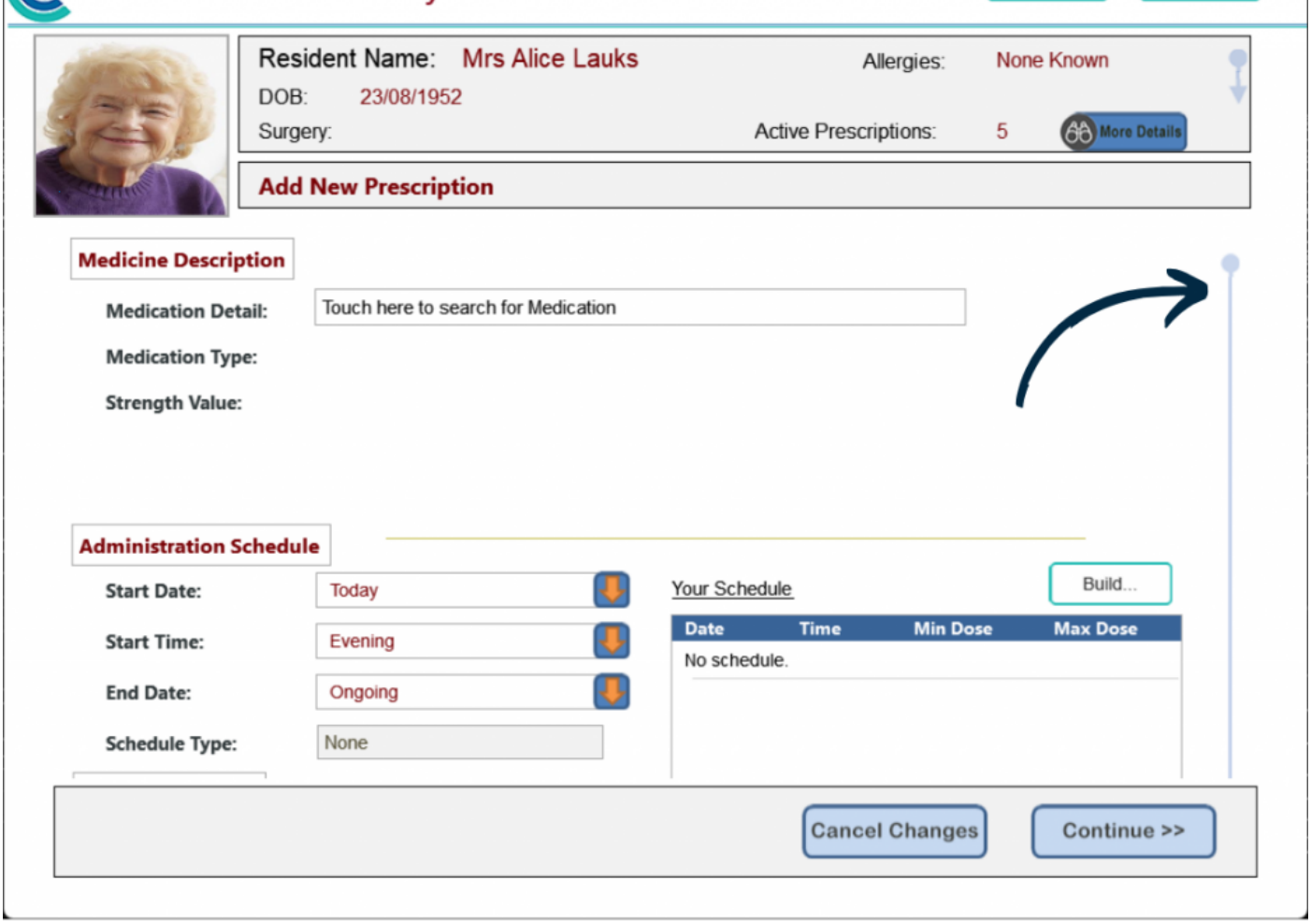
Here, a list of existing prescriptions for the service user will be displayed.

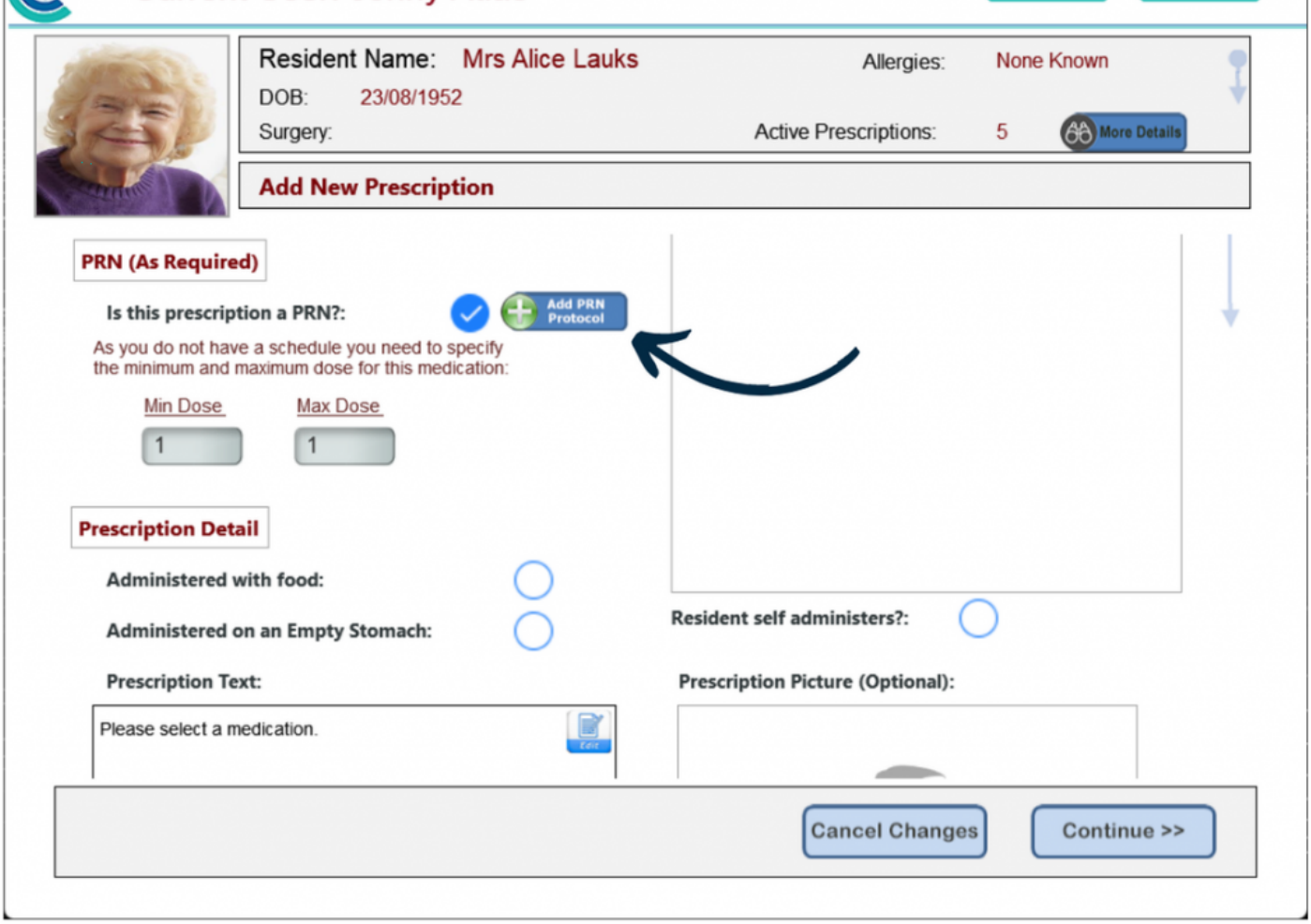
Press '**Add New Prescription**'.

4

A blank prescription form will open.

You can continue to complete the details of the new prescription, but, to add a PRN Protocol, first scroll down the form.


Resident Name: Mrs Alice Lauks
Allergies: None Known
DOB: 23/08/1952
Surgery:
Active Prescriptions: 5
More Details
Add New Prescription
Medicine Description
Medication Detail:
Touch here to search for Medication
Medication Type:
Strength Value:
Administration Schedule
Start Date:
Today
Start Time:
Evening
End Date:
Ongoing
Schedule Type:
None
Your Schedule
Build...
Date
Time
Min Dose
Max Dose
No schedule.
Cancel Changes
Continue >>



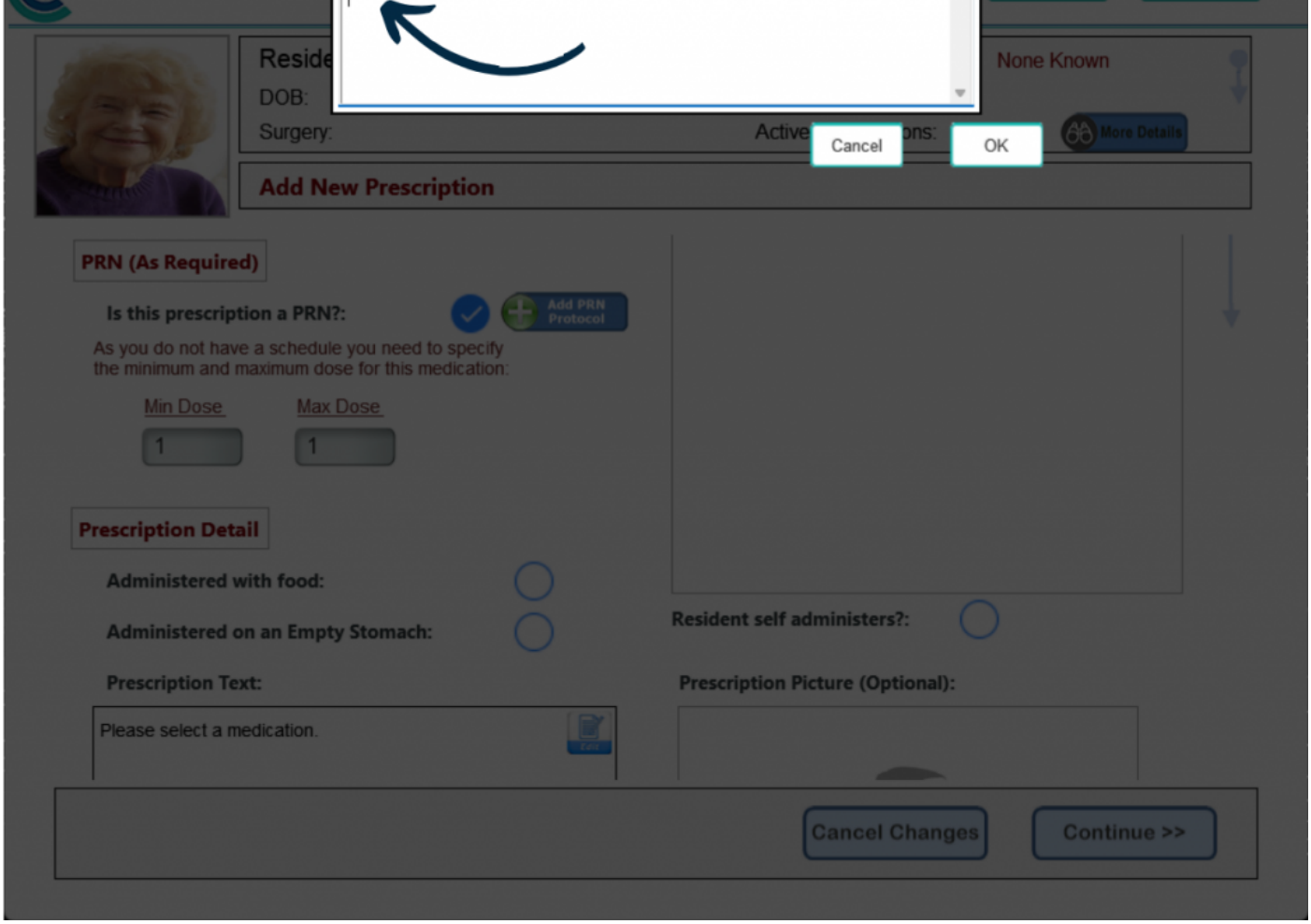
5

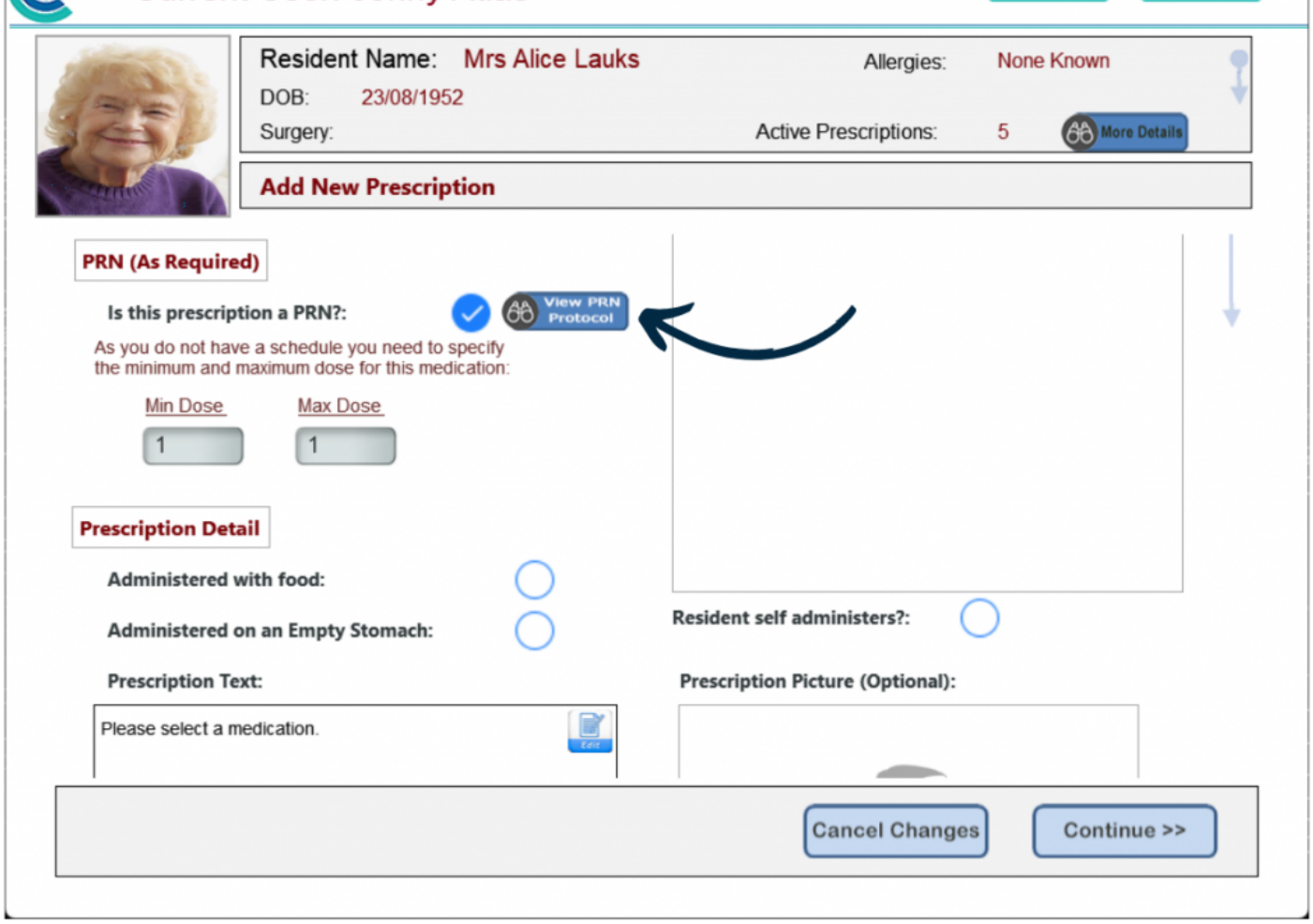
Here, press '**Add PRN Protocol**'.

6

You can now type in the protocol for this medication prescription.

Press '**OK**'.


Reside
DOB:
Surgery:
None Known
Active
ons:
Cancel
OK
More Details
Add New Prescription
PRN (As Required)
Is this prescription a PRN?:
Add PRN Protocol
As you do not have a schedule you need to specify the minimum and maximum dose for this medication:
Min Dose
Max Dose
1
1
Prescription Detail
Administered with food:
Administered on an Empty Stomach:
Resident self administers?:
Prescription Text:
Please select a medication.
Prescription Picture (Optional):
Cancel Changes
Continue >>



7

You can no continue to complete the rest of the form.