

Good Practice Guidance of PRN medication ('when required') in care homes.

Purpose: The purpose of this guidance is to support all staff administering 'when required' medication also known as PRN medication. This will aim to ensure that residents receive these medications in a safe way and to highlight key issues for care home staff to consider when administering PRN medication.

Definition: Pro Re Nata, PRN, 'when required' medication that is not required on a regular basis. This is medication that may be prescribed for short term or intermittent conditions.

Recommendations: Care home providers should have a medication policy in place that contains instruction for administration of PRN medication – NICE SC1 Managing medicines in care homes <https://www.nice.org.uk/guidance/SC1/chapter/1-Recommendations#developing-and-reviewing-policies-for-safe-and-effective-use-of-medicines>

The resident's care plan should contain a clear indication of treatment and the intended outcomes; to ensure that PRN medication is administered as intended by the prescriber.

A person-centred PRN protocol is required for each individual PRN medication prescribed. This should be kept with the resident's Medication Administration Record (MAR) charts (Appendix 1 PRN protocol example template). The PRN checklist Appendix 2 can be used to support information required.

The information in the PRN protocol should include:

- The date when medication was started by the prescriber.
- What the medication is for and the expected outcome.
- The reasons for giving the 'when required' medicine.
- What the medicine is expected to do.
- Clear dosage instructions must be obtained for each PRN medication, so that clinical decisions are not made by non-clinical staff.
- The minimum time between doses if the first dose has not worked.
- Maximum dose in 24hrs should also be documented.
- offering the medicine when needed and not just during 'medication rounds'
- What alternative strategies may be followed before the medication is offered (if any) and at what point, and by whom the decision be made by to offer the medication – e.g. PINCH ME, Abbey Scale, Non-Pharmacological interventions, person centred interventions, recording the intervention undertaken,
- Who will be responsible for observing the need for the medication - for example will the person ask for it or will the care staff make the decision to offer the medication?
- Who will be responsible for initiating the administration?
- When to seek medical advice.
- when to check with the prescriber any confusion about which medicines or doses are to be given
- recording 'when required' medicines have been administered in the resident's MAR chart.
- The date for review - ensuring there is a mechanism for this to be followed up.
- The response to medication should be clearly stated on the reverse of the resident's MAR chart or EMAR.

NB: if a variable dose is prescribed there should be clarity at the outset on how the decision to administer one or two tablets for example, by non-clinical staff will to be made.

Reviewing PRN medication

To determine the ongoing need and the efficacy of the medication it must be regularly reviewed. A date for a formal review of the medication should be stated in the PRN protocol however feedback from the care home team is essential as part of the review process and, should staff recognise a need for a review before the stated review date, indicating when the prescriber should be contacted.

The outcome of the review must be documented in the care plan and PRN protocol updated if required.

Points to consider:

- Is the expected outcome being achieved?
- Is the resident taking the PRN medication frequently? More than 3 consecutive days at maximum dose.
- Is the resident taking the PRN very infrequently?
- Does the resident have any unwanted side effects from the medication?
- Change in the resident's condition

Ordering PRN medication

PRN medication should be provided in its original pack and not in a Monitored Dosage System (MDS). This will maintain the manufacturer's expiry and reduce waste.

Medication that remains at the end of the month should be carried forward to the next month. A record of the quantity carried forward must be made on the MAR chart for audit. – For further medication ordering support <http://www.rotherhamccg.nhs.uk/guidelines-2.htm> or email

Ensure the following:

- A care plan is complete.
- The required time lapse between doses is maintained.
- A record of the outcome is made, and this is monitored.
- The quantity of medication administered is recorded if the dose is variable.
- Records and audit trails are maintained to evidence actions.

Appendix 1 : PRN (when required) medication protocol template

Name					
Date of Birth					
Allergies					
Medication		Dose		Form	
How often dose can be repeated					
Maximum dose in 24 hours					
Date prescribed					
Form completed by		Date			
Prescriber					
Review date					

Reason for medication	
<i>describe in as much detail as possible the condition being treated i.e. signs, behaviours, type of pain - where and when, expected outcome. For creams indicate where it should be applied.</i>	
How the decision to administer medication will be made	
<i>Consider - PINCH ME – Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment. Non Pharmacological interventions. Distraction techniques, use of a non-verbal pain tool such as Abbey scale to determine any pain (record score on back of MAR pre and post administration). Can the resident ask for medication? What symptoms or behaviours are displayed by the resident? if unable to ask? Other actions to be taken, the potential administration of a second dose, time between doses, when to refer to GP or other health care professional.</i>	
Any special instructions/precautions	Predictable side effects
<i>e.g. before or after food on empty stomach, avoid grapefruit juice</i>	<i>use current BNF or patient information leaflet.</i>
Circumstances for referring to GP / prescriber	Any additional comments/ information
<i>Persistent need for Maximum daily dose for 3 consecutive days. Requesting too often/not requesting. Side effects experienced. Not able to take medication Change in condition</i>	

Appendix 2: PRN supporting checklist

Name			
Date of Birth		Allergies	
Medication		Dose	Form
Date prescribed			
Form completed by		Date	
Prescriber			
Decision to administer can be made by resident/carer/nurse according to PRN protocol	Resident	Carer	Nurse

Are these points recorded in the care plan and PRN protocol?	Yes	No	N/A	Further Information
	(please tick)			
Has the prescriber given complete details for the reason the medication was prescribed?				<i>Ask prescriber for details if not available</i>
Is the way in which the symptoms manifest themselves clearly documented?				<i>What symptoms or behaviours are displayed by the resident? if unable to ask? Can the resident ask for medication?</i>
Are there any other interventions that could/should be made before the medication is administered in place?				PINCH ME – Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment. <i>Non-Pharmacological interventions</i>
Has the prescriber given details for the times the medication is to be offered / administered if applicable?				<i>PRN medication should be offered either when requested by the resident or when displaying documented symptoms or behaviours</i>
Is the maximum dose to be given in 24 hours?				<i>Important not to exceed Maximum dose in 24 hours.</i>
Is there provision for the desired outcome recorded on the MAR chart?				<i>Usually reverse of MAR chart or EMAR</i>
Is there clear instruction what action to take if the medication does not have desired outcome? When can a second dose be administered?				<i>Other actions to be taken, the potential administration of a second dose, time between doses, when to refer to GP or HCP</i>
Has the prescriber documented a review date for the medication?				<i>PRN protocol should have a regular review date.</i>
Has there been reasons identified on when to refer to the prescriber for a review?				<i>E.g. Needing to take regularly, not having expected outcome, unwanted side effects.</i>
Is the medication time limited? Is this duration recorded on the MAR or in the care plan?				<i>E.g. prescriber recommends only be given for a specific length of time</i>
Have any potential side effects been identified?				<i>Awareness of specific side effects or potential adverse reactions and how to report them.</i>
Is there a process to reorder PRN medication in place?				<i>PRN medication should be ordered when required with monthly medication order. Stock counts undertaken after administration, recording on MAR or countbacks document as local process.</i>



References:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

<https://www.nice.org.uk/guidance/sc1>