

## Good Practice Guidance for Care Homes

### ‘When Required’ (PRN) Medication

Protocol for all staff responsible for administering PRN medicines in care homes

#### Definition

‘When Required’ (PRN) medication is given to a resident, sometimes with varying dosages, to treat a defined, intermittent or short-term medical condition. It is not required by the resident on a regular basis or at specific times.

#### Purpose of this Guidance

All health and social care providers have a responsibility for residents’ care, ensuring the safe and effective use of medicines in care homes. This guidance aims to encourage good practice in the management of PRN medications, to highlight key issues and responsibilities and to ensure there are good, auditable procedures in place.

#### Record Keeping

NICE guidelines<sup>1</sup> state that care home providers should have a written process for handling and administering PRN medicines and this should clearly document how staff identify when the resident needs this medication.

To ensure that the PRN medication is administered as intended by the prescriber, there should be a specific plan which contains a clear indication for treatment and the intended outcome. A personalised PRN template should be completed by the care home manager, nurse, team leader or senior carer who knows the resident well and used for **all** ‘when required’ medications, (see Appendix 1 and example in Appendix 2). This should be kept with the resident’s Medication Administration Record (MAR) charts.

To prevent any ambiguity the information on the PRN template should include the following:

- resident’s name and date of birth
- name, form and strength of drug
- route of administration
- dose of drug
- frequency of drug
- the minimum time between doses if the required outcome has not occurred after the first dose
- maximum number of doses in 24 hours
- the reason for administering the PRN medication and expected outcome
- symptoms to look for, eg non-verbal expressions of distress, if the resident is unable to communicate by asking for the medication
- alternative strategies to be attempted before a medication is administered (if appropriate and as stated in the care plan)
- when to offer and how to give the medication, e.g. if medication needs to be given covertly (refer to [Covert Administration guidance](#) for further advice if necessary)

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- how much to give if a variable dose has been prescribed
- the start date
- date for review; this is important to determine ongoing need and to decide whether to stop the medication or alter the direction to a regular daily dose.

## Administration

- The PRN medication should be administered at a time when it is needed, i.e. not only at medication rounds. The MAR chart should reflect this and staff should document the following details to prevent incident or accidental overdose:
  - the reason for administration, e.g. for headache, for toothache
  - the time administered; this is essential to allow the correct interval between doses to be calculated
  - number of tablets or dose given, if a variable dose, (e.g. 1 or 2 tablets)
  - the response to the treatment
  - signature or initials of person administering.
- Only complete the MAR chart when the dose of medicine is given.
- PRN medication should **not be** offered more frequently than prescribed; it is important to note the minimum interval between doses and the maximum dose in 24 hours.
- Monitor the resident and record their response to the medication. Review or contact the GP for advice if the resident:
  - appears to be experiencing side effects
  - appears not to benefit from the medication
  - requests it more frequently than usual, as their treatment may need altering
  - requests the PRN medication more frequently than prescribed, as the medication may not be working as expected
  - has deteriorated
  - rarely requests or regularly declines the PRN medication.
- Keep a running balance of the PRN medication; this makes it much easier to monitor changes in use, e.g. when a pain killer is being given regularly (see Appendix 3).

If a medicine is given very infrequently and is included in the Homely Remedy Policy, removal of the PRN medication from the resident's regular medicine and administration via the Homely Remedy Policy should be discussed with the GP.

Appendix 4 must be signed by all staff administering PRN medication to ensure they feel confident and competent to comply with all recommendations laid out in this guideline.

## Discontinuation of PRN Medication

Any changes in the resident's PRN requirements need to be discussed with the prescriber when reviewing their medication. Once authorised this change should be documented in their care plan notes.

- If authorisation has been given by the prescriber to stop the PRN medication, then it needs to be discontinued on the MAR chart and signed by two members of staff immediately and by the GP as soon as possible. The resident's notes must be updated to reflect this change.
- The PRN medication must be removed from the resident's computer record at the practice.
- The care home must inform the community pharmacy that the PRN medication has been stopped so the medication can be removed from the next MAR chart, e.g. by indicating that this medication is discontinued on the next monthly order.
- Any remaining medication should be disposed of following the care homes procedure.
- The resident should be monitored in case symptoms re-occur and a further review is required.

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## Reducing Waste

- PRN medicines should be stored securely and be accessible on request.
- PRN medicines should be kept in their original packaging, i.e. not within a Monitored Dosage System (MDS), with the pharmacy label on the medicine to maintain the manufacturer's expiry and therefore longer shelf life.
- Stock levels should be checked before ordering.
- PRN medicines should only be ordered if they are needed and in suitable small quantities to ensure they are used before they go out of date; i.e. there should be enough stock to meet the resident's need without creating unnecessary waste.
- If PRN medication is left over at the end of the monthly cycle and it is still in date it should be 'carried forward' into the next month.
- The quantity of PRN medicines 'carried forward' should be recorded on the new MAR chart so there is an accurate record of the stock level kept in the home and for audit trail purposes.
- If no PRN medication has been requested, the MAR chart must still include these items until informed by the care home or prescriber that the medication is no longer required.

## Acknowledgements

NHS Aylesbury Vale and Chiltern Clinical Commissioning Group: Good Practice Guidance for Care Homes, medications prescribed 'when required'.

NHS Sutton Clinical Commissioning Group: Standard Operating Procedure for 'when required' medicines in care homes.

## References

<sup>1</sup> National Institute for Health and Clinical Excellence. (2014). *Managing medicines in care homes*. SC1. Online at: <https://www.nice.org.uk/guidance/sc1/evidence>, accessed 10 September 2016

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## Appendix 1:

### 'When Required', PRN, Template

The following information **must** be referred to when offering and administering PRN medication prescribed. This document **must** be kept at the back of the residents MAR charts for reference. Response to therapy should be recorded in the resident's clinical note or care plan.

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Resident's Name:</b>                                                                                                                                                                                                                                                                                                                                     | <b>Date of Birth:</b>                                                                               |
| <b>Name of Medication:</b>                                                                                                                                                                                                                                                                                                                                  | <b>Form:</b>                                                                                        |
| <b>Strength:</b>                                                                                                                                                                                                                                                                                                                                            | <b>Route: oral / topical / .....*</b>                                                               |
| <b>Dose and Frequency:</b>                                                                                                                                                                                                                                                                                                                                  | <b>Minimum Time Interval Between Doses:</b>                                                         |
| <b>Maximum Dose in 24hours:</b>                                                                                                                                                                                                                                                                                                                             | <b>Prescribed / Homely Remedy / Other.....*</b>                                                     |
| <b>Reasons for Administration, (when the medication should be given):</b> <i>Describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain, expected outcome. For topical preparations indicate where it should be applied, for variable doses indicate when the different doses should be used.</i> |                                                                                                     |
| <b>Any Special Instructions</b> <i>e.g. before or after food, on empty stomach, given covertly</i>                                                                                                                                                                                                                                                          | <b>Predictable Side Effect:</b> <i>Use current BNF or product information leaflet to list these</i> |
| <b>Any Additional Comments / Information</b>                                                                                                                                                                                                                                                                                                                |                                                                                                     |
| <b>Prepared by: Name and Signature</b>                                                                                                                                                                                                                                                                                                                      | <b>Designation:</b>                                                                                 |
| <b>Approved by: Name and Signature</b>                                                                                                                                                                                                                                                                                                                      | <b>Designation:</b>                                                                                 |
| <b>Start Date:</b>                                                                                                                                                                                                                                                                                                                                          | <b>Review date:</b>                                                                                 |

\*Circle as appropriate

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## Appendix 2: Example of a Completed Template

### 'When Required', PRN, Template

The following information **must** be referred to when offering and administering PRN medication prescribed. This document **must** be kept at the back of the residents MAR charts for reference. Response to therapy should be recorded in the resident's clinical note or care plan.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Resident's Name</b><br>Patient A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Date of Birth</b><br>01/01/1936                                                                                                                                                                                                                                                                                         |
| <b>Name of Medication</b><br>Lorazepam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Form:</b><br>Tablet                                                                                                                                                                                                                                                                                                     |
| <b>Strength:</b><br>1mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Route: oral / topical / .....</b> *<br>Oral                                                                                                                                                                                                                                                                             |
| <b>Dose and frequency</b><br>One tablet to be taken when required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Minimum time interval between doses</b><br>8 hours                                                                                                                                                                                                                                                                      |
| <b>Maximum dose in 24hours</b><br>2mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Prescribed / Homely Remedy / Other .....</b> *<br>Prescribed                                                                                                                                                                                                                                                            |
| <p><b>Reasons for Administration, (when the medication should be given):</b> <i>Describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain, expected outcome. For topical preparations indicate where it should be applied, for variable doses indicate when the different doses should be used.</i></p> <p>Lorazepam may be used when Patient A becomes anxious. This usually occurs after a visit by her family; she may ask for her children and become restless and agitated. She may appear frightened and she may withdraw in to a corner of the room or walk around.</p> <p>Before administration of Lorazepam:</p> <ul style="list-style-type: none"> <li>• encourage Patient A to go to a quieter area or to sit with you</li> <li>• encourage her to talk about her feelings and listen to her</li> <li>• acknowledge how important her family are to her</li> <li>• reassure and re-orientate her to time and place</li> <li>• use distraction methods such as an offer of a drink or to look at photos with her</li> </ul> <p>Only give Lorazepam if these measures do not work.</p> <p><b>Lorazepam takes 15 minutes to have an effect.</b></p> <p>Supervision may be required after administration of Lorazepam as there may be an increase in levels of confusion and there is an increased risk of falls.</p> |                                                                                                                                                                                                                                                                                                                            |
| <p><b>Any special instructions</b> <i>e.g. before or after food, on empty stomach, given covertly</i></p> <ul style="list-style-type: none"> <li>• Grapefruit juice and drinks containing caffeine should be avoided as they can affect the way that Lorazepam tablets work</li> <li>• Lorazepam may increase risk of dependence; avoid prolonged use (and abrupt withdrawal thereafter)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Predictable Side Effect:</b> <i>Use current BNF or product information leaflet to list these</i></p> <ul style="list-style-type: none"> <li>• Drowsiness and light-headedness that may linger until the next day</li> <li>• Confusion</li> <li>• Amnesia</li> <li>• Dependence</li> <li>• Muscle Weakness</li> </ul> |
| <p><b>Any additional comment/ information</b></p> <p>Monitor and record Patient A's response to Lorazepam and contact her GP for advice or review if she appears to be experiencing side effects or requires the tablets more frequently than prescribed</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |
| <b>Prepared by: Name and Signature</b><br>Manager B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Designation:</b><br>Manager                                                                                                                                                                                                                                                                                             |
| <b>Approved by: Name and Signature</b><br>Senior Carer C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Designation:</b><br>Senior Carer                                                                                                                                                                                                                                                                                        |
| <b>Start Date:</b> 1 <sup>st</sup> October 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Review date:</b> 1 <sup>st</sup> October 2017                                                                                                                                                                                                                                                                           |

\*Circle as appropriate

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Appendix 3:

**Medicine Administration Record for 'When Required' (PRN) Medication**

|                          |  |
|--------------------------|--|
| <b>Name of Resident:</b> |  |
| <b>Date of Birth:</b>    |  |
| <b>Room Number:</b>      |  |

|                                             |  |
|---------------------------------------------|--|
| <b>Name, Strength and Form of Medicine:</b> |  |
|---------------------------------------------|--|

|                                                            |     |    |
|------------------------------------------------------------|-----|----|
| <b>Does this medication need to be reviewed by the GP?</b> | Yes | No |
|------------------------------------------------------------|-----|----|

| Date | Time Given | Dose Given | Signature | Print Name | Quantity Remaining |
|------|------------|------------|-----------|------------|--------------------|
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## Appendix 4:

## Protocol Agreement Form for 'When Required' (PRN) Medication

I have read and understood protocol for administering PRN medicines in care homes and agree to work to and comply with the guidelines indicated.

[illegible]

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