

Good Practice Guidance for Care Homes 'When Required' Medication (PRN)

Compiled by Medicines Optimisation Team

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Contact: Joy Smith Medicines Standards Officer (care homes)

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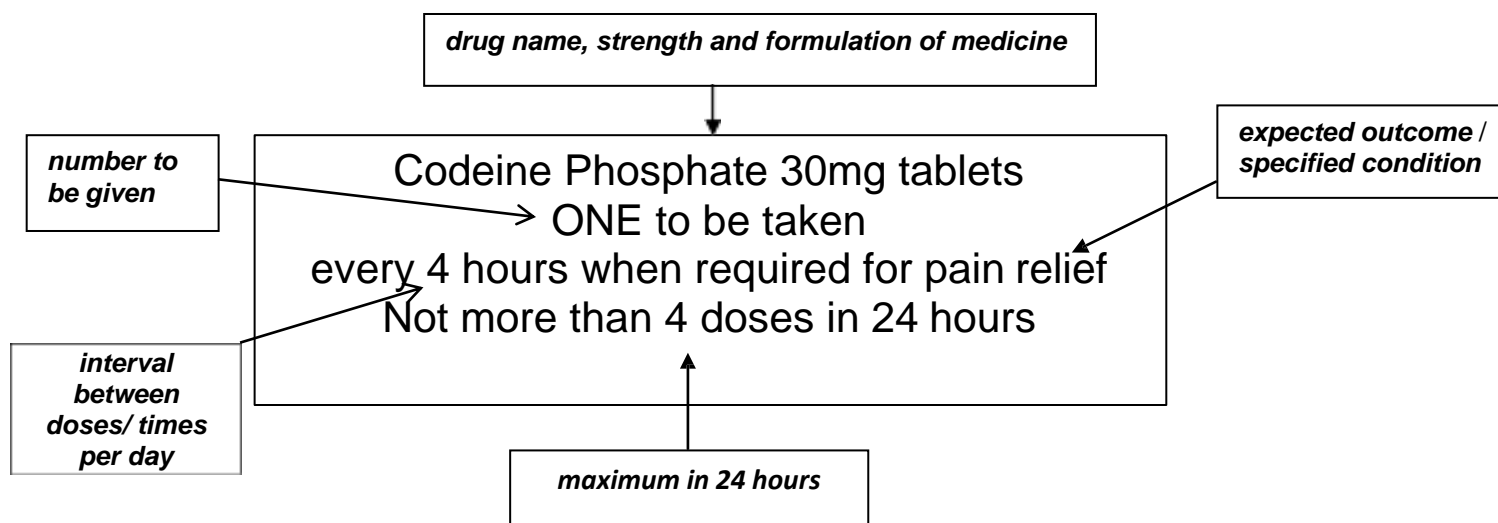
Definition – **'When required'** (PRN) medication is administered when the service user presents with a defined intermittent or short-term condition or symptoms. PRN medication should not be given as a regular daily dose or at specific times e.g. at the same time as medication rounds.

This guidance is primarily intended for care home staff but also provides a basis for good practice for the prescriber and the community pharmacist.

This guidance includes:-

- good practice for the care home, the prescriber and the community pharmacy
- considerations when developing your PRN protocols
- sample of a time sensitive recording sheet

Good Practice for the Prescription, Directions and the Pharmacy Label - highlighting specific instruction regarding PRN medication



For Care Home Staff

Good practice 1 - Medication Policy

Care home providers should ensure that a process for managing 'when required' medicines is included in the care home medicines policy - NICE has produced guidance¹ for care homes which includes a checklist² to help care homes develop a medication policy.

¹ <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765>

² <https://www.nice.org.uk/guidance/sc1/resources/checklist-for-care-home-medicines-policy-pdf-13716829>

There should be effective communication between your care home and any other care settings who maybe receiving your service user so that the receiving staff understand your care home MAR chart, thus preventing any misinterpretation e.g. any codes that are used.

Good Practice 2 - Entry in service users' clinical records

The service user's records must include a specific plan for the administration of any prescribed PRN medication. These will help to ensure that the management of each PRN medicine is personalised to the service user's needs. (See [appendix 1](#) **Considerations when developing PRN plans/ protocols** and [appendix 2](#) for sample **PRN information sheet**)

The PRN plan must include the following:

- the date when 'PRN' medication was started by the prescriber as indicated on the MAR chart
- name of drug
- route of administration
- dose of drug
- frequency of administration
- minimum time interval between doses
- maximum number of doses in 24 hours
- what the drug is for and expected outcome
- date for review
- PRN medication should be administered at the request of the service user. If the service user lacks capacity the plan records how care home staff could identify when the service user needs their 'when required' medicine
- the time the 'PRN' may be required in anticipation of the service user experiencing symptoms due to specific circumstances and not at the specific medication round times e.g. this may be for pain relief to take effect prior to dressing change
- the quantity to be administered if the medicine has been prescribed as a variable dose and which is dependent on detailed symptoms
- detailed instructions for administration when a service user is prescribed two or more medicines having similar therapeutic uses, e.g. paracetamol and co-codamol 8/500 since this may result in them receiving too much of one type of medication. For example, in the case below, the paracetamol is to be taken as a regular daily dose and co-codamol (also containing paracetamol) to be taken for breakthrough pain at night. Ideally, the prescriber should indicate specific instructions and raise awareness of the paracetamol content in both preparations. e.g.

Paracetamol, TWO to be taken THREE times a day (Regular Medication)
Co-codamol 8/500, TWO to be taken AT NIGHT when required for pain relief ('PRN' Medication contains paracetamol)

Good Practice 3 – Recording on the MAR or PRN Chart

- For variable doses record the name of the medication and the quantity administered.
- The time of administration – it is essential that the time is documented to allow the correct interval between doses to be calculated and achieved. This is particularly important for time sensitive medication e.g. paracetamol. See [appendix 3](#) sample of recording time sensitive medication.
- Any response following administration, whether or not the medication has

achieved the expected outcomes and the time this was reported. E.g. paracetamol tablets work between 30 mins and 2 hours after administration³.

- 'When required' medicines should only be recorded when they have been offered or given to the service user ([NICE SC1](#) recommendation 1.14.11).
- The quantity of any 'PRN' medication remaining at the end of the month should be recorded and carried over to the following month for audit trail purposes.

Good Practice 4 – Reducing waste

- Check stock before ordering
- Only order the amount of 'PRN' medication that is required in order to reduce the amount of medication waste
- PRN medication should be requested to be supplied in original packs rather than Monitored Dosage System (MDS) in order to maintain manufacturer's expiry and therefore longer shelf life

For Prescriber

Good Practice 1 – Endorsement of prescription by prescriber

Following recommendation 1.9.2 of [NICE SC1 guidance](#)⁴; in order for specific dosage instruction to appear on the MAR chart and label, the prescriber must clearly state specific instruction on the prescription. The community pharmacy can then add these instructions to the label and the MAR, which can then be followed by the care home staff (please see detail above).

Adding specific instructions:

- prevents ambiguity
- prevents clinical decisions being made by non-clinical staff about when to give the 'PRN' medication and enables them to give the medication as intended by the prescriber; avoid variable doses where possible
- provides clear instructions for staff unfamiliar with service user

Good Practice 2 – 'PRN' medication no longer needed

The prescriber must ensure that the 'PRN' medication is removed from the patient's computer record at the practice to ensure no further prescriptions can be generated for this episode of illness.

For Community Pharmacy

Good Practice 1 – Supply of 'PRN' medication

- 'PRN' medication is only supplied when requested by the care home on receipt of a prescription generated by the practice for that medication.
- The dispensing label and the MAR chart contain all the specific direction as per the prescription.
- PRN medication should be supplied in the original pack (rather than MDS) to reduce unnecessary medication waste and enable care staff to check any expiry date.
- The MAR chart should include the PRN items whether or not they have been supplied and only removed from the MAR if informed by the care

³ <https://www.medicines.org.uk/emc/product/5164/smpc>

⁴ <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765>

home or prescriber that the medication is no longer required

Appendix 1 Considerations when developing PRN plans/ protocols

'PRN' is given to a medication which is to be taken 'when required' and is usually prescribed to treat a short term or intermittent medical condition or symptom and not to be taken regularly. It is prescribed this way because the clinician considers that the service user's needs are fluctuating.

In order for care home staff to recognise the service user's need it will be necessary to develop a detailed PRN protocol which is **personalised** for **each** medication for **each** service user.

The format of the protocol may vary but ideally should include enough information to support staff in managing PRN medication safely, appropriately and consistently.

An important aspect of care is to determine if the service user has capacity; include in your assessment the residents understanding of the need for the PRN medicines and the consequences of not taking the medicine.

There are many different classes of medicines which may be prescribed in this way.

Examples may include:

Laxatives	Behaviour modifying medicines such as lorazepam, haloperidol or risperidone
Analgesics (pain killers)	Glyceryl trinitrate spray for chest pains of angina
Inhalers (for relieving breathing problems)	Creams such as emollients for dry skin

PRN medication should be administered at the request of the service user or if unable to request, when staff observe the need. NB; this may be at times other than on the medication round.

The storage of the PRN protocols must be accessible to appropriate staff, ideally held with the MAR charts.

The checklist below has been created using the PrescQIPP module on PRN medication.

<https://www.prescqipp.info/>

PRN Checklist

Information to be included in a personalised PRN plan/ protocol:-

- a mental capacity assessment that has been completed for the service user, if appropriate
- who is administering the PRN medication; to highlight whether the service user is self-medicating or a member of staff is administering
- the level of the service user's knowledge/understanding around the use of the medication
- the service user's capacity to know the consequences of not taking a PRN medicine
- the service user's way of communicating their need for the medication e.g. do they need prompting /use non-verbal communication
- the condition the medication is for

- the specific instruction on administering the medication including
 - the dose, including what to administer if variable dose is prescribed
 - interval between doses
 - route of administration
 - number of doses in 24 hours
 - the expected outcome of the medication
 - what to do if the expected outcome is not achieved
- detailed documentation of the outcome of administering the treatment where applicable e.g. back of the MAR chart
- where the medication is stored, which may be in the service user's room or stored with all other medication
- the process of recording used to evidence that the PRN has been offered
- when this PRN should be reviewed

As well as the items in the above checklist there needs to be consideration for specific PRN plans/ protocols for different classes of medication. For example:-

Laxatives

- What is the service user's normal bowel habit; is it normal for a service user to open their bowels every day?
- How many days would you leave bowels not opened before giving a laxative?
- Is there need for a bowel chart to monitor bowel habit?
- What action is to be taken if the laxative is not effective after several days?

Analgesics (pain killers)

- What type of pain does the service user mostly suffer from?
- Where is the pain located?
- How do you assess their need for the analgesia, do you use pain charts, pain assessment tools which use body language to indicate level of pain, or knowledge of the service user?
- For a variable dose such as 1-2 tablets, how do you decide which dose to give?

Inhalers

- PRN inhalers are for quick relief if a service user has breathing problems e.g. salbutamol
- For each service user this may be caused by different situations – is this detailed for this service user in their PRN plan/ protocol e.g. required when walking from the lounge to the dining room
- Are there certain activities for which the service user might need the inhaler?
- Do they need a spacer device?
- Where is the inhaler stored?

Behaviour – modifying medicines

- Is there clear understanding of the reasons why this medication is to be administered to encourage a consistent practice?

- Is there clarity as to reasons for administration for this service user
 - E.g. for anxiety, detail what makes the service user anxious, is it at particular times of day?
 - What other options should be tried before giving the medication e.g. talking to the service user, diverting them to a safer surrounding.

Glyceryl trinitrate tablets /spray

- Is there clear instruction on how to use this tablet/ spray under the tongue?
- Can the service user differentiate between pain due to indigestion and cardiac pain?

Emollients

Is a body map required to be used for the service user?

Appendix 2 – Example PRN Plan/protocol

When required ‘PRN’ information sheet

(To be stored in front of the residents MAR chart)

Resident’s name

Resident’s date of birth

PRN medication (including strength and formulation)	Salbutamol inhaler 200microgram
Dose and specific instruction	Two puffs when required for breathlessness** via Volumatic Spacer device
Maximum dose in 24 hours	No more than 4 doses in 24 hours
Indication for use	Asthma
Known signs and symptoms when to give	Cough, tight chest, wheeze Give dose prior to having a shower Also is known to wheeze when near cats due to reaction to cat fur
Can residents request this ‘PRN’ verbally themselves?	No, the resident communicates their need for the inhaler by patting their chest
If not, list the non-verbal signs of communication which suggest requirement of PRN	Wheezing, difficulty in breathing, resident patting their chest
Expected outcome after taking PRN	Relief of breathlessness
What to do if outcome is not achieved	Repeat dose , as above,** If still breathless – seek medical advice

Date

Review date.....

Appendix 3 – Sample Recording Time Sensitive Medicines

When a service user is prescribed a time sensitive medication, this form should be completed and kept in the MAR file. This will form part of the comprehensive information required to manage the service user's medication

This form will be used for regular and PRN medication

This should be reviewed (Date)

Service users Name	Medication	Dose
Route	Minimum Time Between Doses (if applicable)	Number of Doses in 24hrs

Reason why this medication is time sensitive

Any Special Instructions

Signed _____ Date of Completion _____

Date	Time	Medication	Dose (including number of tablets and strength to make up the dose)	Signature