



<u>Document Governance</u>	
Document Title:	Good Practice Guidance for Care Homes – Medications Prescribed 'When Required' (PRN)
Document Purpose:	To support safer administration of PRN medications and highlight key issues to consider when care home staff administer a PRN medication.
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Good Practice Guidance for Care Homes

Medications prescribed ‘when required’ (PRN)

For all staff responsible for administering PRN medicines in care homes

Definition
‘When Required’ (PRN) medication is that which is not required by the resident on a regular basis. It is usually prescribed to treat short term or intermittent medical conditions, sometimes with varying dosages e.g. 1 or 2 tablets every 4 to 6 hours.
Aim or Purpose
To support safer administration of PRN medications and highlight key issues to consider when care home staff administer a PRN medication.
Recommendations
<p>To ensure that the PRN medication is administered as intended by the prescriber, the residents care plan should contain a clear indication for treatment and intended outcomes. The prescriber should be contacted if there are any issues in regards to the medication. The recommendations are:</p> <ul style="list-style-type: none"> • Use a personalised PRN template for all ‘when required’ medications. (Appendix 1) This should be kept with the residents Medication Administration Record (MAR) charts • The information on the PRN template should include the following (see example in Appendix 2): <ul style="list-style-type: none"> ○ Alternative strategies to be attempted before a medication is administered as stated in the care plan ○ The resident’s awareness of symptoms ○ The resident’s capacity to request medication ○ The resident’s capacity to request or refuse the medication ○ Symptoms to look for, eg non-verbal expressions of distress ○ The reason why the medication is being administered ○ When to offer and how to give the medication, eg if medication needs to be given covertly. Refer to CCG Guidance: Covert Medicines Guidance ○ State clearly in which order medications are to be administered when there is more than one option and time interval in between them e.g. multiple painkillers, or seizure medicines e.g diazepam, midazolam) ○ The outcome of giving the medication and whether or not it was effective • Some PRN medications should be offered routinely throughout the day and not only at medication rounds • 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 • It is good practice to record at each medication round that the resident has been offered the medication. If the PRN medication is given, the following details should be recorded to prevent incident or accidental overdose:



- Number of tablets/ dose given especially when there is a varying dose(e.g. 1-2 tablets). There must be clear instructions on whether 1 or 2 tablets are given and a description of how this decision was reached.
- The exact time of administration to make sure the required time interval has passed before administering the next dose
- Monitor the resident and record the residents response to the medicine. Contact the GP for advice or review if the resident(s):
 - Appears to be experiencing side effects
 - Appears not to benefit from the medication
 - Requests it more frequently than usual
 - Requests the PRN medication more frequently than prescribed
 - Medical condition has deteriorated
 - Rarely request or regularly declines the PRN medication
- PRN medicines should be stored securely and accessible on request. They should be kept in original packaging with pharmacy label on the medicine
- Keep appropriate stock levels to meet the residents changing needs
- If PRN medication is left over at the end of the monthly cycle and it is still in date then this should be 'Carried forward' from one month to the next.. This will avoid unnecessary medicines waste. Refer to CCG Guidance: [Reducing Medicines/Dressings/Appliances Waste in Care Homes](#)
- 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 which will help when undertaking audits
- The PRN medication should be reviewed routinely and the review date clearly stated

References

- NICE Managing medicines in care homes SC1: 2021 accessible at www.nice.org.uk
- CQC Pharmacy Tip: Medication prescribed to be taken when required (October 2008) which has now been withdrawn
- CQC: When required medicines in adult social care (February 2021)
- Northern, Eastern and Western Devon / South Devon and Torbay Clinical commissioning Group When Required Medication (PRN) Guidance Sheet 17
- British National Formulary 82, Sept 2021 – March 2022



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.

Resident's name	Date of Birth
Name of medication and start date	Form: tablets/syrup/.....*
Strength:	Route: oral/topical/.....*
Dose and frequency	Minimum time interval between doses
Maximum dose in 24hours	Prescribed/homely remedy/others.....*
Reasons for administration: when the medication should be given- <i>describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain- where and when, expected outcome. For creams indicate where it should be applied.</i>	
Any special instructions <i>e.g. before or after food on empty stomach</i>	Predictable side effect: <i>use current BNF or product information leaflet to list these</i>
Any additional comment/ information	
Prepared by: Name and signature	Designation:
Approved by: Name and signature	Designation:



Date:	Review date:

*Circle as appropriate

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.

Resident’s name Mrs Nellie Snow	Date of Birth 12/1/1936
Name of medication and start date Lorazepam	Form: tablets/syrup/.....* Tablet
Strength: 1mg	Route: oral/topical/.....* Oral
Dose and frequency 1 mg tablet to be taken when required	Minimum time interval between doses 8 hours
Maximum dose in 24hours 2mg	Prescribed/homely remedy/others.....* Prescribed
<p>Reasons for administration: when the medication should be given- <i>describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain- where and when, expected outcome. For creams indicate where it should be applied.</i></p> <p>Lorazepam may be used when Mrs Snow 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, she may withdraw to the corner of the room or walk around.</p> <p>Before administration of Lorazepam :</p> <p>Encourage Mrs Snow to go to a quieter area or to sit with you.</p> <p>Encourage her to verbalise her feelings, acknowledge how important her family are to her.</p> <p>Listen to her. Reassure and orientate her.</p> <p>Use distraction methods, e.g. offer a drink, look at photos or go for a walk with her.</p> <p>Only give Lorazepam if these measures don’t work. Lorazepam takes 15 minutes to have an effect.</p> <p>Supervision may be required after administration of Lorazepam , as there may be an increase in levels of confusion, there is an increased risk of falls.</p>	
<p>Any special instructions <i>e.g. before or after food on empty stomach</i></p> <p>Grapefruit juice and drinks containing caffeine should be avoided as they can affect the way that Lorazepam tablets work.</p> <p>Lorazepam may increase risk of dependence; avoid prolonged use (and abrupt withdrawal thereafter)</p>	<p>Predictable side effect : <i>use current BNF or product information leaflet to list these</i></p> <p>Drowsiness and lightheadedness the next day; confusion (especially in the elderly); amnesia; dependence, muscle weakness</p>
<p>Any additional comment/ information</p> <p>Monitor and record Mrs Snow’s response to Lorazepam and contact her GP for advice or review if she appears to be experiencing side effects(see list above) or requests it more frequently than prescribed or rarely request or regularly declines the PRN medication</p>	
Prepared by: Name and signature	Designation:



Mickey Mouse	Senior carer
Approved by: Name and signature Minnie Mouse	Designation: Team leader unit 1
Date: 1 st May 2021	Review date: 1 st June

*Circle as appropriate