

Medicines Optimisation

Best Practice Guidance for Care Homes – *Bulletin 18*

‘When Required’ Medication (PRNs)

When required’ medication (PRN) is medication that is **NOT** to be taken regularly. They are usually prescribed for **short-term or intermittent** problems. Examples may include medicines for pain, constipation, or behaviour. It is very important that the care home has a robust policy in place for administering PRNs to ensure that they are used safely and appropriately.

Administration and Recording

It is important that staff accurately complete the MAR chart following administration.

- The care plan or PRN protocol should be checked first to see when it is appropriate to offer or administer medication.
- Residents may be able to identify their symptoms and request medication. Consider those who don’t have capacity to ask or those with communication difficulties. Specific instructions should be listed in their care plans and PRN protocols with details of how and when to administer PRNs.
- Following administration, the corresponding box on the front of the MAR must be signed.
- If a variable dose has been prescribed, record how many/much has been given.
- Record the time given so that the correct interval can be calculated before the next dose.
- Complete the back of the MAR chart if available – date, drug, reason for administration, outcome of the administration e.g., symptom relief, continued symptoms and any other information.
- Record the amount of stock remaining.

If staff have any queries, a Clinician should be contacted for clarification and the details of the conversation, and any decision should be recorded in the care plan.

Ordering

Once medication leaves the pharmacy, it cannot be returned for reuse and must be disposed of as per Department of Health regulations. To reduce the amount of waste, make sure there are robust policies and procedures in place to cover ordering. PRN medication **MUST** be carried forward at the end of the month where possible. **DO NOT** empty the stock cupboards at the end of the month and return everything to pharmacy. Keep MAR charts up-to-date and ask pharmacy to remove obsolete medication. Check administration records to see how often PRN medication is given.

PRN medication is supplied in original packs as this allows the home to keep and administer, if still indicated, up to the manufacturer's expiry date. This helps to reduce waste. If PRN medication is supplied in blister packs, they **DO** need to be returned at the end of the blister pack expiry (normally 56 days).

It is important to monitor stock levels, so you have an accurate record of what is in stock and so can ensure that medication is always available if required by the resident, but excess stock should not be kept as it could contribute to waste if the prescription is changed.

Consider using Homely remedies in place of PRN medication if a resident rarely requests or requires their PRN medication. (see Best Practice 8, Homely Remedies for details)

Monitoring

Information should be recorded in the care plan / PRN protocol regarding signs to look for which may require further investigation. Staff should refer to Clinician if any of the following occur:

- The resident appears to be experiencing side effects.
- The medication doesn't appear to be working effectively.
- If there is a change in the condition of the resident.
- If the PRN medication is starting to be requested more regularly.

The resident rarely requests or regularly declines the PRN medication.

Care Plans/PRN Protocols

It is important that the home have PRN protocols in place to give clear guidance on when to administer PRNs. Completed protocols are usually stored in the MAR chart folder so they can be referred to during the drug round. Detailed information should also be recorded in the care plan. PRN protocols should be reviewed regularly, especially if the condition of the resident changes. PRN protocols should include the following information:

- Name and DOB of resident.
- Medication information and directions.
- Variable dose information – how many to give in specific circumstances.
- Maximum dose to be given in 24 hours.
- Interval to be left between doses.
- Indication.
- Signs and symptoms to look for in resident – when to offer.
- Common side effects.
- Other relevant information, such as when to refer back to GP.
- Signature and details of person completing assessment.
- Review date.

An Example of a PRN Protocol

Resident Name:

Resident DOB:

Room Number:

Medication name, strength & form:

Dose:

Route: *(e.g. sublingual)*

Minimum time interval between doses: *(where applicable)*

Maximum dose in 24 hours:
(where applicable)

Indication: *(e.g. pain, fever)*

Common side-effects:

When to give medication: *(include verbal and non-verbal signs or symptoms)*

Additional or special instructions: *(include behavioural management plans)*

Written by: _____ **Signed:** _____

Role/Profession: _____ **Date:** _____

To be reviewed monthly for appropriateness by care staff and refer to prescriber when necessary.

References

Title	Best Practice Guidance – When Required' Medication (PRNs)
Description of policy	To inform healthcare professionals
Scope	Information for Care Home
Prepared by	Medicines Optimisation Team
Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> B. mix of national and local consensus <i>C. based on local good practice and consensus in the absence of national research based information.</i>
Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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0.2	October 2016	JC	Draft	To SMT for discussion
1.0	December 2016	JC	Final	Agreed at SMT
1.1	April 2019	SPC	Draft	Logos changed, contents reviewed and updated.
2.0	May 2019	SPC	Final	Changes approved at May 19 Senior Team Meeting
2.1	October 2021	SPC medicines management team	Draft	Slight wording changes, homely remedy best practice guide link added
3.0	October 2021	Medicines Optimisation Team	Final	Minor amendments agreed by Senior Team Oct 21
3.1	October 2023	Medicines Optimisation Team Lindsay Wortley	Final	Uploaded to new template only