

Good Practice Guidance: Medication to be taken ‘when required’ (PRN) in care homes

Introduction

Medication that is not required by a resident on a regular basis is sometimes referred to as a ‘when required’ or PRN medication. PRN medicines can be used to treat many different conditions.

A PRN medication is most often prescribed for acute or intermittent conditions and is not intended to be given as a regular dose.

PRN medications are not restricted to the times of medication administration rounds and should be administered ‘as and when’ required. This may be at the resident’s request and/or when care home staff assess that the medication is clinically required.

Due to the varying dosage requirements of medication prescribed PRN, many factors need to be considered to ensure their safe use.

Some examples of prescribed PRN medication include analgesics, laxatives, and sedatives.

PRN medications must be:

- kept in their original packaging
- held in suitable quantities
- within its expiry date.

PRN medication should not be confused with homely remedies and self-care products.

Homely remedies are used to treat minor ailments and kept as stock in a care home to give residents access to medicines that would commonly be available in any household.

Treatment is limited to 48 hours.

Self-care medicines are purchased for an individual resident for their use only and may be on the advice of a healthcare professional (usually to treat a minor ailment and not requiring a prescription).

See Good Practice Guidance:

1. The Use of Over the Counter (OTC) medicines and Homely Remedies
2. Supporting people to self-care in care homes

The PRN Flow Chart (Appendix 1) can be used to guide whether the medication being considered for PRN use is most suitable:

- to be prescribed as a PRN medication with a personalised PRN protocol,
- to be used as a homely remedy, or
- to be purchased for self-care.

Policies and Procedures

A process for administering ‘when required’ medicines should be included in the care home medicines policy.

Care Plan

Every resident should have a person-centred care plan which should contain enough information to support staff to administer when required medicines.

The care plan, clearly describing treatment and desired outcome(s), should:

- explain how the PRN medication will be offered to the person when they are experiencing symptoms
- not be limited to or restricted by medicines rounds or times printed on MAR charts.

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The care plan should clearly state what records should be made and when. It may not be necessary to record on the MAR every time a PRN medicine is offered but not taken, for example:

- glyceryl trinitrate (GTN) spray may be prescribed PRN for chest pain in angina. This might only be recorded on the MAR when used.
- pain relief requirements, assessed at each medicine round.

It is good practice to record pain relief offered at each assessment of symptoms.

This will depend on the requirements set out in the care plan.

PRN Protocol

A personalised PRN Protocol (detailed account of when PRN medication should be administered for a particular resident) is needed for all PRN medications whether these are prescribed or self-care.

Appendix 2 provides an example of a template personalised PRN Protocol.

If the PRN medication (or condition) is not suitable for treatment via self-care or homely remedy measures, care home staff should highlight this to their GP practice /PCN for clinical review. The plan should include appropriate alternative support and interventions to use before medicines are prescribed.

PRN Protocols should include the following information:

- Resident's name, date of birth, allergy status and current weight (kg)
- The name of the medicine
- What the medicine is for (indication, e.g. for relief of back pain)
- Route of the medicine (e.g. oral)
- Dose/ number of tablets to be taken (e.g. take one to two tablets)
- Frequency/ interval between doses (e.g. every four to six hours)
- Minimum time interval between doses
- Maximum number of doses in 24 hours (e.g. maximum of 8 tablets in 24 hours)
- What else has been considered/tried before administering the medication
- If there is more than one medication prescribed for the same indication it should be clearly stated:
 - the order in which the medication should be administered
 - the time interval between doses (e.g. multiple analgesics)
- Any lifestyle interventions (e.g. increased fluids/prunes for constipation)
- If the resident has capacity to request or refuse the medication, as per a Mental Capacity Assessment:
 - whether the resident can ask for the medication, or if they may need prompting or observing for signs of need
 - signs, symptoms or cues to look out for (verbal or non-verbal), and when to offer the medication
- When to refer to a healthcare professional
- How long the resident should expect to take/need the PRN medication
- When the PRN medication should be reviewed
 - what to do if the medicine is taken regularly
 - what to do if the medicine is not used for a long period of time (see 'Reviewing & Discontinuing PRN Medication' section).
- When to check with the prescriber if there is any confusion about which medicines or doses to give

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Prescribing of PRN Medications

PRN medicines should be prescribed with clear and precise instructions to ensure the PRN medication is taken or administered as intended by the healthcare professional e.g. GP. PRN medications should be prescribed as per manufacturer's guidance.

If a PRN medication is prescribed, the directions/instructions for use should include:

- the indication or condition the medication is prescribed/used for
- the maximum number of doses within 24 hours
- clear directions: 'as directed' is not acceptable and must be avoided. If a PRN dose is unclear, contact the prescriber to clarify the dose before administration
- when to offer the PRN medication e.g. symptoms to look out for
- anticipated length of time the resident is expected to need the medicine
- when the PRN medication should be reviewed or monitored.

Administration of PRN Medications

The care plan should support care staff to administer PRN medication to the resident with the treatment and desired outcome(s) clearly identified.

Care home staff should:

- Check the PRN Protocol for clear guidance on what the medication is being used for, symptoms to look out for and when to offer the PRN medication.
- Offer the medication to the person when they are experiencing symptoms.
The offer should not be restricted to:
 - the medication rounds, or
 - the time of the medication rounds printed on the MAR.
- The PRN medication must not be offered more frequently than:
 - the minimum interval between doses, and
 - the maximum allowed dose in 24 hours.
- Check that there is no duplication of the PRN medication on the MAR chart, e.g. paracetamol and co-dydramol (which contains paracetamol). This could be with:
 - the regular medications,
 - other PRN medications.
- Contact a healthcare professional if unsure of the dose or quantity to administer.
- Consider residents who may not have the capacity to refuse medication offered.
- Provide decision-making aids such as 'British Pain Society Pain Rating Scale' (available in several languages) to assist residents in describing their current symptoms.
- The Abbey Pain Scale is designed to help in the assessment of pain in patients who are unable to clearly communicate their needs; it does not differentiate between pain and distress.

Documentation

When a PRN medicine is administered, the record should include:

- the reason(s) for administering the PRN medication
- when they were offered each PRN
- the exact time of administration, so that care staff can check the minimum time period has passed before administering the next dose
- the dose given, including if a variable dose has been prescribed.
- MAR chart signed in usual manner
- the outcome of giving the medication and if it was effective.

Care home staff may need to contact a healthcare professional if the medication does not have the expected effects or if the resident experiences any adverse effects.

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The administration of all medication should be recorded on the MAR chart immediately to prevent an incident or accidental overdose occurring.

It is good practice to record in the resident's records:

- the amount of PRN medication remaining, to make sure there is enough in stock and to reduce waste.

The MAR charts should provide a clear and accurate audit trail of PRN medications.

Reviewing & Discontinuing PRN medication

PRN medication should be regularly reviewed to establish continued need and effectiveness. Time periods will vary between residents and circumstances; good practice suggests PRN medications and their PRN protocols should be reviewed at least every 6 months.

The resident's clinical records should state dates for a formal review of the PRN medication; the outcome of the review must be documented in the care plan. The review should involve the resident, care home and healthcare professional(s) as appropriate.

Questions which might be considered during a PRN medication review include:

- does the indication for which the PRN medication is being prescribed still exist?
- is the PRN medication effective? If not:
 - is the PRN being used or administered appropriately?
 - should an alternative be considered?
- is the expected outcome of the PRN medication being achieved?
- is the resident experiencing side effects from the PRN medication?
- has the condition for which the PRN medication is prescribed deteriorated?
- is the resident taking or requesting the PRN medication frequently?
 - if so, should this be considered to become a regular medication?
- is the resident requesting/taking the PRN infrequently?
 - if so, is this medication still needed?
- is the quantity prescribed enough/too much?

If the decision is made to stop a PRN medication:

- the discontinued item must be crossed through on the MAR from the stop date agreed (with a line through any future administration boxes) and countersigned (following authorisation from a prescriber if a prescribed medication)
- doses already administered must not be crossed out or obliterated
- the resident's notes and care plans should be updated
- the supplying community pharmacy should be informed
- any remaining PRN medication should be disposed of, following the care home policy for disposal of medications. Good Practice Guidance: Disposal of medicines in care homes is available for guidance and further information.
- the GP practice should ensure the PRN medication is removed from resident's repeat medication list on the clinical system to:
 - ensure there is an accurate record of current medications, and
 - reduce risk of items being issued accidentally.

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Reducing PRN Medication Waste

To reduce unnecessary medication waste, care homes should:

- check existing stocks and their expiry date(s) before re-ordering PRN medication
- ensure excessive stock does not build up
- check stock levels of PRN medications are appropriate for the resident's changing needs
- carry forward in use PRN medication remaining at the end of the cycle to the following cycle (providing manufacturer expiry dates are followed correctly)
- record carried forward quantities of PRN medication on the MAR chart
 - add any additional supplies received to this carried forward quantity
- request the predicted required quantity of the PRN medication (as an original pack)
 - add the carried forward quantity to any additional supplies received
- store PRN medication in original packaging.

This is to maintain manufacturers expiry date information and may lead to a longer shelf life. 'Date opened' should be noted on all liquids, creams, and ointments; refer to Good Practice Guidance: 'Expiry dates for medication' for further information.

Some PRN medicines are not used or needed as regularly so may not need to be ordered frequently.

Frequent unnecessary ordering of certain PRN medication (for example, salbutamol inhalers or a glyceryl trinitrate (GTN) spray) may inappropriately flag poor symptom control or worsening condition.

Acute PRN medication should be:

- prescribed for a specific amount of time
- only used for the purpose intended and for the recommended time period
- if not used up by the end of the time period disposed of according to your medicines policy; refer to Good Practice Guidance: Disposal of medicines in care homes.

References:

NICE SC1 Managing medicines in care homes

[Overview | Managing medicines in care homes | Guidance | NICE](#)

Care Quality Commission (CQC) – When required medicines in adult social care

[When required medicines in adult social care | Care Quality Commission \(cqc.org.uk\)](#)

New Devon CCG Caring for Care Homes Guidance Sheet 17

[Guidance Sheets 11 to 21 - Devon CCG](#)

British Pain Society Pain Rating Scale

[Pain scales in multiple languages | British Pain Society](#)

The Abbey Pain Scale

[Microsoft Word - Abbey pain tool follow on assessment community1 \(wales.nhs.uk\)](#)

CQC: Disposing of medicines

[Disposing of medicines | Care Quality Commission \(cqc.org.uk\)](#)

NICE guideline 67: Managing medicines for adults receiving social care in the community

[Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](#)

'When Required' (PRN) Medication – Guidance for Care homes

[Care Homes – BLMKCCG Medicines Management](#)

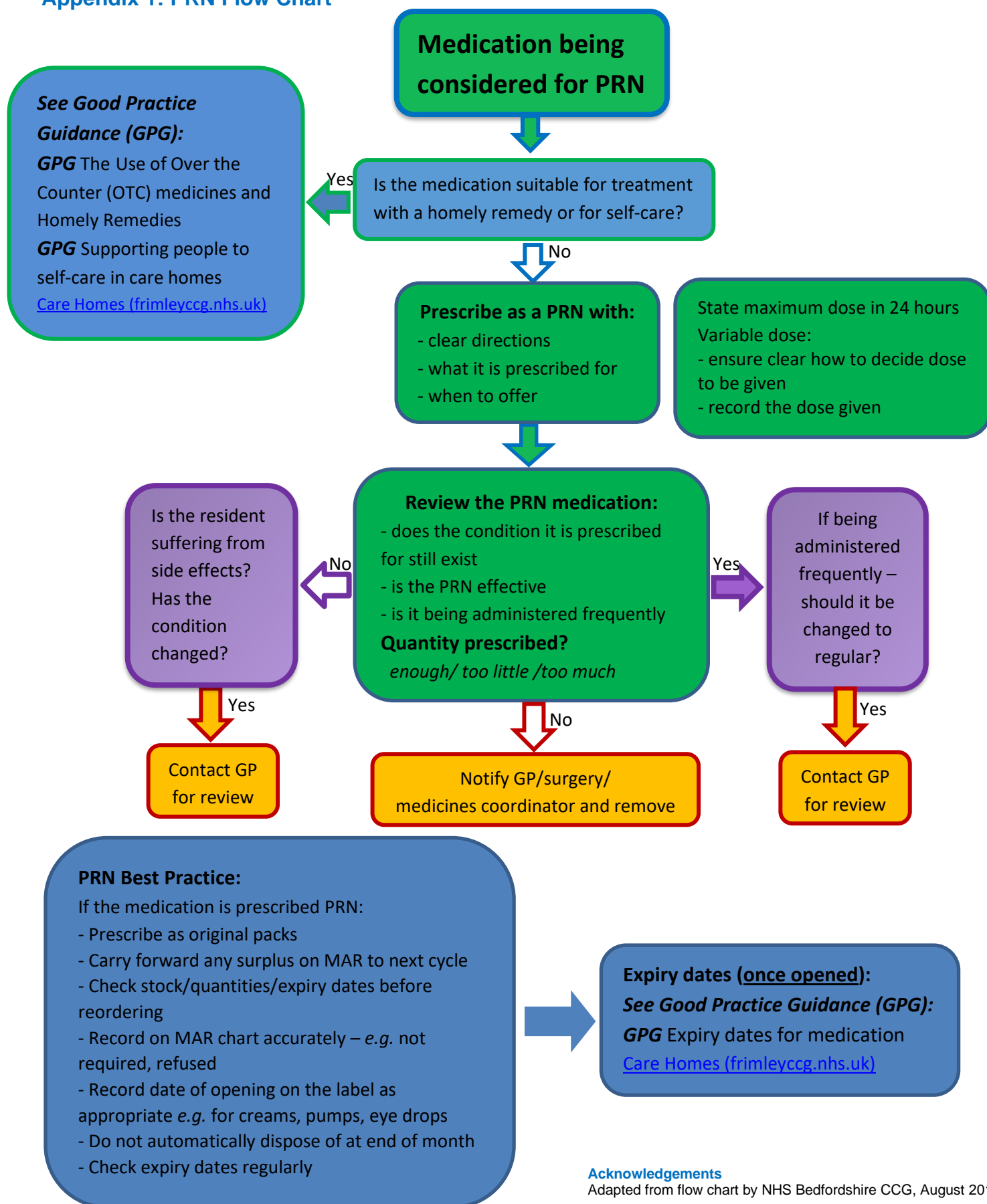
Best practice in the management of "when required" (PRN) medication in care homes (2018)

[Best Practice in the management of "when required" \(PRN\) medication in care homes \(2018\) | PrescQIPP C.I.C](#)

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Appendix 1: PRN Flow Chart



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Adapted from flow chart by NHS Bedfordshire CCG, August 2018

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Appendix 2: PRN protocol template for care staff to adapt or adopt

Record response to treatment:

- in resident's care plan
- on back of MAR chart

Resident name:		Date of Birth:	
Allergy Status:		Resident Weight: Paracetamol containing products require reduced dose in residents weighing < 50kg	kg
Name of medication:		Formulation: (e.g. tablet/ syrup/ topical)	
Start date:			
Strength:		Route: (e.g. oral/ topical)	
Dose and frequency:		Minimum time interval between doses:	
Prescribed/ Homely Remedy/ OTC (circle)		Maximum dose in 24 hours:	
What else has been considered/tried before trying medication:			
Indication for medication: (why the medicine has been prescribed) complete table below:			
Condition being treated			
Signs and symptoms			
Behaviours			
Types of pain: - where - when			
How do we know the medicine is working?			
Creams & ointments-indicate where they should be applied	 TMAR NHS Frimley.docx		
Any special instructions: (e.g. before or after food on empty stomach)		Predictable side effects: (use current BNF or product information leaflet)	
When to refer to GP: (resident requesting too often, side effects experienced etc.)			
Does the resident have capacity? Y/ N Is the resident able to express the need for this medication verbally? Y/ N If No, clarify signs and symptoms or behaviour to suggest need of PRN medication:			
Prepared by: Name and signature		Job role:	
Approved by: Name and signature		Job role:	
Date:		Review date:	

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