

Care Home Good Practice Recommendations

Supporting guidance for the safe use of 'when required' (PRN) medicines in care homes

Definition

'When required' also known as PRN medication refers to medication that does not need to be administered on a regular basis. "PRN" is a Latin term that stands for "pro re nata" which means "as the thing is needed". The medication is only administered when it is needed; that is when a defined intermittent or short term condition presents. Conditions where a PRN medication might be used include; common cold, allergies, constipation, pain.

Offering and Administration

NICE recommends care home providers should ensure the process for administering a 'when required' medicine is included in the care home medicines policy.

- The medicines should be offered and administered only when the resident is experiencing symptoms.
- Where a resident has capacity and can verbalise, they should be encouraged to inform staff of their symptoms.
- Where a resident lacks capacity and cannot express symptoms verbally, it must be detailed how they might express symptoms in their care plan. **Residents who cannot verbalise must have a PRN protocol** (see under Records).
- Staff should have knowledge of why the PRN medication has been prescribed to be able to make an assessment of whether the medication should be offered for the symptoms experienced. The indications should be documented on the label and PRN protocol.

Standard medication rounds- PRN medication can be offered unless the minimum time interval from the last dose has not expired or the maximum dose in 24 hours has been reached.

Outside medication rounds- PRN medication should be available any time when needed and can be administered unless the minimum time interval from the last dose has not expired or the maximum dose in 24 hours has been reached.

It should be highlighted to the GP/LIMOS care home team when:

- A PRN medication is being used regularly; review might be required to either prescribe regularly or change dose/ medication to achieve desired effect.

- A PRN medication is never given or infrequently required; review might be needed to stop medication and remove from MAR. Use of homely remedies when needed may be a more appropriate option.

PRN medication should only be administered for the documented indications on the label or PRN protocol. Staff should refer to the care home's homely remedies policy for any new symptoms or contact the GP/LIMOS care home pharmacist if needed for advice.

Records

A 'PRN Protocol' is needed where a resident cannot verbalise when they feel they need a PRN medication. This should be included into the care home's medication policy. This should be kept with the current MAR for easy access to information. A copy of the approved PRN protocol for Lewisham care homes can be found on page 3. Care homes who already have a PRN protocol in use may continue to use their own provided all required information is included. PRN protocols can be written by a nurse or senior care worker who knows the resident and should include detail of:

- Drug name, strength and formulation.
- Dose and route of administration.
- Reasons for giving the 'when required' medicine e.g. signs and symptoms.
- How the decision is reached on how much to give (if a variable dose prescribed).
- What the medicine is expected to do
- The minimum time between doses if the first dose has not worked.
- When to check with or report to the prescriber. E.g. requesting too often or never requesting.

Recording of PRN medication on the MAR chart

- Only sign the MAR when the PRN medication has been administered. Include the quantity given (if variable dose) and time administered to ensure a safe time interval between doses. If there is not enough space in the box on the MAR, this information must be written at the back of the MAR.

- The reason a PRN medication has been administered should be documented on the back of the MAR chart.
- Where the PRN has been offered but not required, it should be written in the daily notes and does not need to be written on the MAR chart.
- It is recommended to maintain a 'running balance' record for PRN medication- the quantity of medication left after administration. The care staff administering the medication must count and record the quantity on the MAR. If there is no space to record the balance on the MAR chart, then a 'running balance' sheet can be used (see page 4).

Prescribing, Dispensing and Labeling

NICE recommends prescribers must note instructions in the resident's care record for:

- When and how to take or use the medicine (for example, 'take ONE tablet up to four times a day for lower back pain')
- Details of monitoring symptom control
- The effect they expect the medicine to have
- Include dosage instructions on the prescription (including the maximum amount to be taken in a day and how long the medicine should be used for, as appropriate) so that this can be included on the medicine's label
- Prescribe the amount likely to be needed (for example, for 28 days or the expected length of treatment)
- Liaise with care home staff to see how often the resident has had the medicine and how well it has worked

'When required medicines' must be labeled with clear directions. The use of 'as directed' is not acceptable practice. Where a medicine has been labelled 'as directed' with no specific instructions, care home staff should contact the GP to obtain clear written instructions for the use of the medicine. Your LIMOS care home pharmacist can also facilitate this.

Instruction on the label and MAR should include:

- *The dose; e.g. one or two tablets*
- *The intervals between doses; e.g. to be taken every four to six hours*
- *The maximum dose in 24 hours*
- *Reason for the PRN*
- *Variable dosing should be avoided where possible*

The directions on the MAR chart must match those on the label. PRN medication must **not** be dispensed in any blisters /MDS systems used by the care home and should be

Care home staff **must not assume** the indication for a medication prescribed as 'when required.' Your care home pharmacist can also carry out a full medication review which might benefit the resident if instructions and indications are not clear.

Ordering of PRN Medication

Care home staff should take care when managing stock levels of PRN medication. This is because the medication can run out and not be available when needed or can build up resulting in significant waste and cost.

- Medication must be ordered and stored in original packaging with the pharmacy label. This enables the expiry to be checked and reduces unnecessary waste.
- Care home staff must not automatically order PRN medication on each cycle. Balances must be checked and recorded routinely. PRN medication should only be ordered if it is anticipated that this will run out before the next cycle.
- Care home staff must have a process of communication with their community pharmacy for ordering and receipt of PRN medication. Where a PRN is still prescribed/ might be needed, but the home has enough in stock, this should NOT be ordered. The community pharmacy will need to know the PRN might still be required as it will not be on the prescription that cycle but needs including on the MAR. They will need confirmation that this has not stopped. LIMOS can help work with the care home staff and their community pharmacy to support developing a process for ordering PRNs.
- Community pharmacies should keep PRN medication on the MAR chart until information is obtained from the prescriber that the medication has been stopped.

Non PRN Variable Doses

Regular medications are sometimes prescribed with a variable dose e.g. lactulose prescribed regularly for constipation with a dose of 10 to 20ml Twice a day. It is important that care home staff know/understand the circumstances of how much to give. It is recommended that prescribers/ care home pharmacists provide this advice in the resident's medicines care plan. Variable dosing should be avoided where possible.

References

[Managing medicines in care homes | Guidance and guidelines | NICE March 2014](#)

PRN (when required) Medication Protocol

Dear Doctor/Pharmacist,

Patients do not always remember why they are taking medication prescribed as ‘when required’. Therefore, please support completion of this form together with appropriate staff member, **and check and sign** to ensure safe administration of medicines.

Name of Resident						
Date of Birth						
Drug, Strength and Form						
Dose and Route						
How often can doses be repeated						
Maximum dose in 24 hours						
Reason for Medication						
Dosage Criteria Example Give 1 if Give 2 if						
Further Information e.g. after food						
How the decision is reached when to give e.g. pain scale, signs and symptoms, best interest assessment						
Expected Outcomes						
Circumstances for Reporting to Prescriber (Tick as appropriate)	<input type="checkbox"/> Persistent need for upper level of dosage <input type="checkbox"/> Never requesting dosage <input type="checkbox"/> Requesting too often <input type="checkbox"/> Side effects experienced <input type="checkbox"/> Other (Please state) e.g. different symptom where discussion with GP is appropriate					
Written by:	Can be completed by care worker who knows the resident well					
Doctor/ Pharmacist Signature : Date:						
Review Frequency Every	Date/Sig	Date/Sig	Date/Sig	Date/Sig	Date/Sig	Date/Sig

Protocol to Remain with MARS

