

# Medicines Awareness

## for care homes

### When Required (PRN) Medication

'When required' medication (also called 'PRN' drugs) are prescribed by GPs when a patient has a short term or intermittent condition. These medications are NOT given as a regular daily dose or at specific times (e.g. during medication rounds) but are given at the request of the resident in accordance with their GP's instructions or when care staff observe that it is needed.

#### **Protocol**

In order to ensure that all staff are aware of when and how each PRN medication should be given it is important that an individual protocol is written. This protocol is the responsibility of the care home and should be written by the care staff, it is not the prescriber's responsibility. Each protocol should be personalised to reflect the needs of the person the medication was prescribed for and should contain the following:

- Residents name & Date of Birth
- Name form and strength of medication
- Route of administration
- Dose and frequency
- Any information on intervals between doses e.g. every 4 hourly
- Maximum dose in 24 hours if applicable
- Reasons for administration: i.e. under what circumstances the medication should be given
- Any special instructions e.g. before or after food on empty stomach
- Predictable side effects: use current BNF or product information leaflet to list these
- Any additional comment/ information

#### **Administration**

It is important to ensure that all staff are aware of the following information when administering PRN medication.

- Number of tablets to be taken (e.g. take one to two tablets)
- Interval between doses (e.g. every four to six hours)
- Maximum amount to be taken in a day (e.g. maximum of 8 tablets in 24 hours)
- Indication (e.g. for relief of back pain)
- Where a PRN dose is unclear, clarification should be sought from the GP before administration
- At all times consideration should be given to the resident's capacity to refuse the medication.

### **Recording**

MAR charts should provide a clear and accurate audit trail of PRN medicines. A record should only be made when a resident has taken their prescribed medicine. There is no necessity to record on the MAR chart that a PRN medication has been offered and refused however, once a dose has been administered it should be recorded on the MAR chart immediately to prevent an incident or accidental overdose from occurring. The following details should be recorded:

- Number of tablets / dose administered, especially where there is a varying dose (e.g.1-2 tablets)
- Date and exact time of administration, this will enable a carer to decide if the appropriate time period has passed before administering the next dose
- Where possible, the amount of PRN medicine left to make sure there is enough in stock and to reduce waste.

A record should be made either on the back of the MAR chart or on a separate record sheet when a dose of a PRN medication is administered. This should give the reason for the administration and should also record whether the dose was effective.

### **Monitoring**

When a PRN medication is in use, the resident should be monitored and reviewed regularly to ensure its use is still appropriate. Nurses and Carers should be aware of the following;

- The resident appears to be experiencing side effects (side effects will be listed in the patient information leaflet)
- The resident appears to derive no benefit from the medication
- The resident's condition has deteriorated
- The resident is requesting the PRN medication more frequently
- The resident rarely requests or regularly declines the PRN medication

### **Stock**

- PRN medication should be kept in its original packaging with the pharmacy label on it.
- PRN medications should be stored securely and be accessible throughout the day as requests often occur outside of regular medication rounds
- Stock levels of a PRN medication must be appropriate for the resident's changing needs (for example, for 28 days or the expected length of treatment)
- Any PRN medication that is still in use and in date should be 'carried forward' from one month to the next. It is not necessary to destroy unused, in date PRN medication each month

A sample PRN protocol is available below or by contacting the medicines management team at Walsall CCG Tel: 01922 618388

**'WHEN REQUIRED' (PRN) Medication**

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.

<b>Residents name</b>	<b>Date of Birth</b>
<b>Name of medication and start date</b>	<b>Form: tablets/syrup/..... *</b>
<b>Strength:</b>	<b>Route: oral/topical/.....*</b>
<b>Dose and frequency</b>	<b>Minimum time interval between doses</b>
<b>Maximum dose in 24hours</b>	<b>Prescribed/homely remedy/others.....*</b>
<b>Reasons for administration: when the medication should be given-</b> <i>describing 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>	
<b>Any special instructions</b> <i>e.g. before or after food on empty stomach</i>	<b>Predictable side effect:</b> <i>use current BNF or product information leaflet to list these</i>
<b>Any additional comment/ information</b>	
<b>Prepared by: Name and signature</b>	<b>Designation:</b>
<b>Approved by: Name and signature</b>	<b>Designation:</b>
<b>Date:</b>	<b>Review date:</b>