

**South East London Good practice guidance for the safe use of
'When required' (PRN) medicines in care homes**

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Purpose of this guidance

- To support all staff administering ‘when required’ medicines to residents in a safe way (When required medicines are also called ‘PRN’ medicines).
- To highlight key issues for care home staff to consider when administering PRN medication.

Key Points

1. **Definition of ‘when required medication’** – These medicines are also called ‘PRN’ medicines. They are not required by the resident on a regular basis. They are prescribed to treat short term or intermittent medical condition. Examples of conditions where a PRN medication may be used are pain (e.g. headache or toothache) , indigestion, constipation or insomnia.
2. Clinicians usually prescribe PRN medications. They include GP, GP practice pharmacists, Nurses, or other prescribers.
3. Care home staff must know the reason why a PRN medication is prescribed.
4. PRN medication needs to be given as documented in ‘PRN medication plan’ (Appendix 1)
5. The label on the medication should state how and when to give PRN medication.
6. Labels on PRN medicines which read ‘use as directed or when required’ are not acceptable practice. The relevant clinician should be contacted to clarify label.
7. Consideration should be given to the resident’s capacity who may refuse PRN medication.
8. The resident should be offered the medication at the times they are experiencing the symptoms either by telling a member of staff or by staff identifying the resident’s symptoms.
9. Record the time and dose the medication is given on MAR chart.

MAR chart is a Medication Administration Record chart which lists all prescribed or non-prescribed medicines for the resident. Non prescribed medicines can include homely remedies or self-administered medicines. MAR Chart can be either paper record or electronic record. If electronic then it is called e/MAR. A carer or nurse signs each time a drug or device is administered to a patient.

10. If PRN medication is still in use and has not expired, carry over from one month to the next month and do not put for disposal.

Best practice recommendations for Care Home PRN Medicines

[NICE recommends](#) that care home providers should ensure the process for administering a 'when required' (PRN) medicine is included in the care home medicines policy. The following information should be included in the policy:

1. When PRN medication is prescribed for the resident, a PRN medication plan should be completed for the resident and for each PRN medication (Appendix 1).
2. PRN medication plan should be for all residents whether they have capacity or not and:
 - where a resident has capacity and can verbalise, the resident should be encouraged to inform staff of their symptoms or ask for medication or have the right to refuse their medication.
 - If a resident lacks capacity and cannot express symptoms verbally, then staff should observe for any non-verbal cues e.g. to look for expressions of discomfort and offer the right PRN medicine.
3. PRN medicines should be offered any time when needed or if symptoms arise.
4. PRN medication plan should indicate when treatment should be commenced. This can be when symptoms present (e.g., headache) or intended outcomes (e.g. constipation).
5. PRN medication plan(s) should be completed by clinicians which include GP, GP practice pharmacists, Nurses, or other prescribers.
6. Clinicians should review PRN medicines routinely at medication reviews. Review dates should be clearly stated. PRN medicines should also be reviewed if any new medications are started.
7. PRN medicines can only be given a maximum number of times in a day. Please check PRN medication plans carefully for this information. For example, Paracetamol can only be given maximum of 4 times a day and maximum dose of 4gms (8X500mg tablets) in 24 hours.
8. If a PRN medication is given continuously for 3 days or more, contact the GP practice for a medication review and advice. In the event this is out of hours, follow 'Care home out of hours procedure' e.g. Care home support service at 111*6 or LAS (dial 999)
9. If the PRN medication is rarely administered or resident refuses the medication, please inform GP or clinician at next medication review, and recommend stopping the medication.
10. Contact the clinician if resident appears to experience side effects or resident is not responding to the medication

PRN Medication Plan (Appendix 1)

1. PRN medication plan should be kept with the current paper or electronic MAR (Medication administration record) for easy access.
2. The information on the PRN medication plan should include:
 - The reason for administration (e.g. presenting symptoms) and what the medicine is expected to do (e.g. will relieve hip pain)
 - Drug name, strength, and formulation.
 - Dose and route of administration. Clinicians should avoid prescribing 'variable doses'. Variable doses are split doses that are prescribed (e.g. take 1 or 2 paracetamol tablets).
 - If a variable dose is prescribed, then clinician should indicate how to reach the decision which dose to give (e.g. Paracetamol 500mg tablets, give 1 or 2 tablets every 4 hours when required. Give TWO paracetamol tablets if pain in the hip is severe)
 - Reasons for giving PRN medicine e.g., resident's signs and symptoms.
 - How to give the medicine. If the medicine needs to be given covertly refer to 'Covert Medication policy' for care home.
 - Clearly outline which order the medicines are to be administered where there is more than one option and time interval in between them. Examples are when multiple pain killers prescribed (like paracetamol and or codeine tablets) or multiple medicines for constipation (like senna tablets and Movicol sachets).
 - The minimum time between doses if the first dose has not worked.
 - The maximum dose in 24 hours.

Recording of PRN Medication.

1. Sign the paper/electronic MAR (e/MAR) when each PRN medication has been administered.
2. Document dose, reason given, and time administered (this is to ensure a safe time interval between doses).
3. If there is not enough space on e/MAR box, this information must be written on appropriate section of e/MAR. For paper MAR, if not enough space, record at the back of paper MAR where PRN medicine is included.
4. It is recommended to maintain a 'running balance' record for PRN medication which is quantity of medication left after administration. The care staff administering the medication must count and record the quantity on the paper/eMAR. If there is no space to record the balance on the e/MAR chart, then use 'running balance' sheet (Appendix 2).
5. The outcome of giving the PRN medication should also be recorded on appropriate section of paper/eMAR after a suitable amount of time of observation. It is good practice to record the time of the outcome and care plan should be updated.

Community pharmacy support for PRN medication

1. Community pharmacists should label PRN medication as prescribed by the clinicians. The prescriber should clearly indicate how the medication should be taken. It is good practice to avoid variable doses and include maximum doses in 24 hours.
2. Labels provided on PRN medicines should include any advisory or cautionary labels as for all dispensed medicines. For example these labels may indicate 'take with food', 'may cause drowsiness', 'do not drink alcohol while on this medication', and 'may cause discolouration of urine'.
3. Care home staff to contact GP practice **directly**, for any clarification needed for PRN medicine. For example, if dose is not clear and label says 'take as directed' or 'use when required'.
4. Clinicians need to prescribe the complete amount likely to be needed for the expected length of treatment. For example, this may be for 28 days or 14 days or 7 days.
5. If the medication is unavailable, the clinician and care home should be contacted . Clinician should be contacted for advice.
6. PRN medication should be dispensed in original packaging and should contain 'patient information leaflet' (PILs). PILs is a standard document by manufacturer containing information about the medication, administration, precautions and potential side effects.

Storage, ordering and disposal of PRN Medication.

1. PRN medication must be stored in original packaging with the pharmacy dispensing label attached. This enables the expiry to be checked and reduces unnecessary waste.
2. PRN medication should be easily accessible to the resident on request. For example, the resident may wish to keep their 'salbutamol inhaler or 'GTN' spray nearby.
3. Order stock of PRN medicine to keep appropriate stock levels that meet the resident's changing needs. Appendix 2, can be used to keep running balance to help with ordering.
4. Carry over stock of PRN medicine to next cycle, if still needed and within expiry date. Only order if medication will run out before end of next ordering cycle.
5. If PRN medication is still required by resident, it needs to be **included** on the paper/eMAR, even if not ordered (if there is enough stock in care home). Contact community pharmacy to confirm that PRN medication is still required, and reason not ordered as there is adequate stock.
6. Care home staff to contact the community pharmacy if any PRN medicine has been stopped as authorised by clinicians. Then it should be removed from paper/eMAR.
7. PRN medication must be disposed of in the usual manner, when it has expired or when it has been stopped by clinician as per care home medicines policy.

Appendix 1: PRN (when required) Medication Plan

**To be completed by clinicians (e.g. GP, pharmacist, nurses).
Protocol to Remain in clinical notes or with paper/ eMAR**

Name of Resident			Date of Birth:			
Medicine, Strength and Formulation (e.g tablet, liquid) <i>Carer please ensure that you have read and understood the 'patient information leaflet (PILs)</i>						
Dose and route						
How often to repeat , and Maximum dose/ 24hours						
Symptoms to treat (e.g pain, constipation)						
Additional information (side effects /advisory information)						
Report to clinician when (tick appropriate box)	<input type="checkbox"/> Resident needs larger dose regularly (if variable dose) <input type="checkbox"/> Never requesting medicine <input type="checkbox"/> Requesting too often or regularly <input type="checkbox"/> Side effects experienced <input type="checkbox"/> Other (Please state) e.g. different symptoms					
Clinician's name			Signature:			
			Date:			
Review date 	<u>Date/Sig</u>	<u>Date/Sig</u>	<u>Date/Sig</u>	<u>Date/Sig</u>	<u>Date/Sig</u>	<u>Date/Sig</u>

