

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

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## South East London Good Practice guidance for the safe use of ‘when required’ (PRN) medicines in registered 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 the 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](#) - 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:

1. When a 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. A 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., 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. The 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 plans 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. E.g. 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. Please 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/eMAR for easy access.
2. The information on the PRN protocol should include:
  - The reason for administration (symptoms) and what the medicine is expected to do.
  - 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 the 'when required' 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. E.g. if there are multiple pain killers prescribed (paracetamol and codeine) or constipation medicines (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/eMARS when the 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 MARS 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. For example, 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. E.g take with food, may cause drowsiness, do not drink alcohol while on this medication, 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 example, for 28 days or the expected length of treatment)
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'.

### **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 e.g., 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.
4. Carry over stock of PRN medicine, 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.
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		<u>DOB</u>
Medicine, Strength and Formulation (e.g tablet, liquid)	<b>Carer please ensure that you have read and understood the 'patient information leaflet.'</b>	
Dose and route		
How often to repeat and Maximum dose/ 24hours		
Symptoms to treat ( e.g pain, constipation)		
Additional information (e.g side effects or advisory information )		
Report to clinician ( tick 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>

### Appendix 2: Record of 'Running Balance' of PRN medication



Please complete when PRN medication has been administered.

Name of Resident	
Date of Birth (DOB)	
Name of Medication, Strength and Form:	
This medication will be found in (stored in e.g., medicines cupboard/fridge/patient's room):	

Date	Time	Amount in Stock	Quantity Given	Balance after giving	Given by

Date	Time	Amount In stock	Quantity Given	Balance after giving	Given by

Please carry forward balance when starting a new sheet.

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