When Required Medication. Guidance for Care Homes

East Lancashire Health Economy
Medicines Management Board

www.elmmb.nhs.uk NHS

Medication that is not required by a resident on a regular basis is sometimes referred to as a 'when required' or PRN medication. Due to the varying dosage requirements of these medicines, many factors need to be considered to ensure their safe use.
Care homes should ensure that a process for administering 'when required' medicines is included in the care home medicines policy.

Clear and specific labelling
It is important care homes are provided with clear and precise instructions to ensure PRN medication is administered as intended by the GP. To assist with this process, GPs should ensure the following information is included on the prescription for PRN medicines:

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)

Example of a clear and precise dose:

> Take one to two tablets every four to six hours when required, up to a maximum of 8 tablets in 24 hours. For relief of back pain

The use of the term 'as directed' should be avoided

Where a PRN dose is unclear, clarification should be sought from the GP before administration

Care plan
Details of 'when required' medicines should be recorded in the residents care plan including:
- A clear treatment and outcome plan (consider using attached template)
- What the medication is being used for
- Symptoms to look out for and when to offer
- If resident is able to ask for the medication or if they need prompting or observing for signs of need
- When the medicines should be reviewed or monitored
- How long the resident is expected to need the medicine
- Where there is more than one option available (e.g. multiple painkillers), it should be made clear when it is appropriate to use each one

Stock levels
Care homes should be cautious when ordering PRN medication as excess stock can easily build up.
- It is recommended that PRN medication is boxed / kept in original packaging with the pharmacy label on it as this provides flexibility and reduces waste
- Care homes should ensure PRN medications are stored securely and that they are 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)

- Care homes should ensure excessive stock does not build up to avoid unnecessary waste
- 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
- Acute medication prescribed for a specific amount of time (e.g. 3 days) should only be used for the purpose intended and for the recommended period of time. If this medication is not used by the end of the stated period then it should be destroyed.
- Care homes should ensure the 'Homely Remedy' list is utilised as it is not always necessary to request a prescription for some treatments required for less than 48 hours

Administration
A system should be in place to highlight to carers that a PRN medication is available for use by an individual resident

- Check the care plan for clear guidance on what the medication is being used for, what symptoms to look out for and when to offer
- Carers should be fully aware of the quantity to be given, the interval between doses and the maximum daily quantity allowed
- Consideration should be given to residents who may not have the capacity to refuse medication offered
- When a medication is prescribed at a variable dose (e.g. 1-2 tablets), the care plan should include information on how a decision is made on the dose to administer (e.g. 1 or 2 tablets)
- If staff are unsure of the quantity to administer, the GP should be contacted for clarification.

Medication Administration Record (MAR)
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. The administration of all medication 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, enabling 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
- Record when and why medicines have not been given, if this is the case

Monitoring
When a PRN medication is in use, the resident should be monitored and reviewed regularly to ensure use is still appropriate. The following observations may indicate a review is required and the GP should be contacted for further advice:

- 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

East Lancashire Health Economy Medicines Management Board

www.elmmb.nhs.uk NHS

When Required (PRN) medication plan

The following information must be referred to when offering / administering PRN medication, prescribed or over the counter for the individual concerned. This information must be held in MAR folder at back of each client's MAR sheets for reference. Response to therapy should be stated in the service user's clinical notes.

Service Users Name	**DOB**

Name of medication	**Form**
Strength	**Route of Administration**

Dose and minimum time interval between doses

Max dose in 24 hours	**Is the medication prescribed or over the counter?**

Any Special instructions *e.g. before or after food on empty stomach*	**Reason for administration –** *when it should be given- describe in as much detail as possible the condition being treated i.e. symptoms, indicators, behaviours, triggers, type of pain where & when, expected outcome etc*

Any additional comments/information

Date	**Name of person completing this information**

Review date	**Date review completed and name**