

‘When Required’ (PRN) Medication - Guidance for Care homes

For local adaptation to fit within individual Care Home medication policies

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Development Process

Names of those involved in guidance development

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Committee where guidance was discussed/approved/ratified

Committee/Group	Date	Status
BLMK Primary Care Prescribing committee	14/10/2021	Approved

Responsibilities

All PCN staff responsible for prescribing PRN medicines for care home residents must understand the requirements before prescribing PRN medicines.

All staff responsible for administering PRN medicines in care homes must read and understand the importance of a person-centred PRN protocol.

Equality Impact Assessment was reviewed and approved by the NHS Equality and Diversity team October 2021 – available on request.

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'When Required' (PRN) Medication – Guidance for Care Homes

Purpose of Guidance

The purpose of this guidance is to promote best practice management of 'when required' (PRN) medication and ensuring a person-centred approach. Every resident should have a detailed account of when their PRN medication should be administered, known as a PRN Protocol. This guideline contains an example of a PRN Protocol template (Appendix 1) alongside a summary flowchart of best practice (Appendix 4). Examples of 'gold-standard', person-centred PRN protocols can be found in Appendices 2 & 3.

What is a PRN medication?

A PRN medication is a medication that is not required on a regular basis. It is most often prescribed for acute or intermittent conditions and is not intended to be given as a regular dose. PRN medications are not confined to the times of medication administration rounds and should be administered 'as and when' required– this may be at the resident's request and/or when care home staff ascertain that the medication is clinically required. Some examples of PRN prescribed medication include analgesics, laxatives, and sedatives.

Do not confuse PRN Medication with homely remedies. A homely remedy is a medicine used to treat minor ailments and are kept as stock in a care home to give residents access to medicines that would commonly be available in any household. Treatment is limited to 48 hours; therefore, homely remedies is unsuitable to treat long-term conditions.¹

Self-care medicines are purchased for an individual resident for their use only and may be on the advice of a healthcare professional (usually to treat a minor ailment, which does not require a prescription). There are many exceptions to self-care, including treatment of a long-term condition. Certain self-care medications may be needed for PRN use (e.g. lozenges for a sore throat) – in these instances, the usual PRN guidance should be followed.²

¹ BLMK CCG Homely Remedies Toolkit: <https://medicines.blmkccg.nhs.uk/wp-content/uploads/2020/12/BLMK-CCG-Homely-Remedies-Toolkit-Dec-2020.pdf>

² BLMK CCG Self-Care Toolkit: Link to follow.

Prescribing of PRN Medications

If the PRN medication (or condition) is not suitable for treatment via self-care or homely remedy measures, care home staff should highlight this to their aligned GP practice / PCN / GP, for clinical review.

If a PRN Medication is prescribed, prescriptions should³:

- Include the indication for which the PRN medication is prescribed
- Include the maximum dose within 24 hours
- Have clear directions - 'as directed' is not acceptable

PRN Protocols

To ensure that the PRN medication is administered as intended, a separate PRN Protocol is needed for all PRN medications (whether prescribed or self-care) – see Appendix 1.

PRN protocols should be person-centred and personalised to the individual resident – see appendices 2 & 3. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g. with MAR charts).

PRN Protocols should include the following information⁴:

- The name of the medicine
- Route of the medicine (e.g. oral)
- Dose
- Frequency
- Minimal time interval between doses
- Maximum number of doses in 24 hours
- Clearly state which order medication should be administered when there is more than one option and time interval between doses (e.g. variable doses or multiple analgesics)
- What the medicine is for (indication)
- Any non-pharmacological interventions (e.g. prunes for constipation)
- If the resident has capacity to request or refuse the medication, as per a Mental Capacity Assessment
- Symptoms/cues to look for (which may be verbal or non-verbal)
- When to refer to a healthcare professional
- Date for review (see 'Reviewing & Discontinuing PRN Medication section)

³ NICE – Managing Medicines in Care Homes (NICE SC1), 2014. [Online] <https://www.nice.org.uk/guidance/sc1>

⁴ Care Quality Commission (CQC) – When Required Medicines in Adult Social Care, 2021. [Online] <https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

Administration of PRN Medications

A system should be in place to highlight to care home staff that a PRN medication is available for use by an individual resident.

Care home staff should⁵:

- Check the PRN Protocol for clear guidance on what the medication is being used for, what symptoms to look out for and when to offer.
- Offer the medication to the person when they are experiencing symptoms. Do not limit the offers to the medication rounds, or the time of the medication round printed on the MAR. However, do not offer more frequently than the minimum interval between doses and the maximum dose in 24 hours allows.
- Contact a healthcare professional if unsure of the quantity to administer.
- Give consideration to residents who may not have the capacity to refuse medication offered.
- Provide decision-making aids such as '[The Universal Pain Assessment Tool](#)' to assist residents in describing their current symptoms.

Documentation

When a PRN medicine is administered, the following should be recorded⁴:

- The reason(s) for administering the PRN medication
- The exact time of administration
- The dose given (if a variable dose)
- MAR chart should be signed in usual manner

The administration of all medication should be recorded on the MAR chart immediately to prevent an incident or accidental overdose occurring.

It is also good practice to record in the resident's daily notes when they were offered each PRN medication.

The outcome of giving the medication and if it was effective should also be recorded. Care home staff may need to contact a healthcare professional if the medication does not have the expected effects or if the resident experiences any adverse effects.⁴

⁴ Care Quality Commission (CQC) – When Required Medicines in Adult Social Care, 2021. [Online] <https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

⁵ Devon CCG Guidance Sheet 17. [Online] <https://devonccg.nhs.uk/health-services/medicines-and-treatments/information-for-healthcare-professionals/care-homes-caring-for-care-homes-team/guidance-sheets/guidance-sheets-11-to-21>

Reviewing & Discontinuing PRN medication

To determine the ongoing need and the efficacy of the PRN medication, regular reviews should take place. Dates for a formal review of the medication should be stated in the resident's clinical records and the outcome of the review must be documented in the care plan³. Time periods between reviews will differ between individual residents and circumstances; however, it is suggested that PRN medications and their corresponding PRN protocols should be reviewed at least every 6 months, unless more frequently required.

Reviews should be completed collaboratively, with the care home, healthcare professional(s) and resident, as appropriate.

Examples of questions to be considered during a PRN medication review:

- Is the indication for which the PRN medication is being used still applicable?
- Has the medical condition for which the PRN medication is prescribed deteriorated?
- Is the expected outcome of the PRN medication being achieved?
 - If not, should an alternative be considered?
- Is the resident taking or requesting the PRN medication frequently?
 - If so, should this be considered to become a regular medication?
- Is the resident requesting/taking the PRN infrequently?
 - If so, is this medication still needed?
- Is the current quantity prescribed enough/too much?

If the decision is made to discontinue a medication:

- The discontinued item must be crossed through on the MAR from the date agreed (with a single line through any future administration boxes) and countersigned (following authorisation from a prescriber if a prescribed medicine)
- Do not cross out retrospective doses (where the doses have previously been administered)
- Notes and care plans should be updated
- Community pharmacy should be informed
- Remaining medication should be disposed of, as per care home medication disposal policy.
- GP Practice to ensure item is removed from resident's repeat list on the clinical system (to reduce risk of items being issued inadvertently and for clinicians to have an accurate record of current medications)

⁵ Devon CCG Guidance Sheet 17. [Online] <https://devonccg.nhs.uk/health-services/medicines-and-treatments/information-for-healthcare-professionals/care-homes-caring-for-care-homes-team/guidance-sheets/guidance-sheets-11-to-21>

Reducing PRN Medication Waste

To reduce unnecessary medication waste, care homes should:

- Check medication stock, quantity and expiry dates before re-ordering PRN medication.
- Only request the predicted required quantity of the PRN medication.
- Carry forward any unused PRN medication remaining at the end of the cycle (providing manufacturers expiry dates are followed correctly).
- Record carried over quantities of PRN medication on the MAR chart.
- Store PRN medication in original packaging³. This is to maintain manufacturers expiry date information and may lead to a longer shelf life. ('Date opened' should be noted on all liquids, creams, and ointments).

It is also important to consider that some PRN medicines are not used or needed as regularly so they may not need to be ordered frequently. Frequent unnecessary ordering of certain PRN medication (for example, salbutamol inhalers or a glyceryl trinitrate (GTN) spray) may inappropriately flag poor symptom control or worsening condition.

Reducing medication waste and unnecessary prescriptions for PRN medication means resources can be used for other priority areas and improving patient outcomes, as well as reducing time spent disposing of medication within the care home.

³ NICE – Managing Medicines in Care Homes (NICE SC1), 2014. [Online] <https://www.nice.org.uk/guidance/sc1>

⁶ PrescQIPP, *Reducing medicines waste in care homes* [Online] <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1238%2fb93-care-homes-reducing-waste-information-for-prescribers-21.pdf>

Appendix 1: Blank PRN Protocol Template When Required' (PRN) Medication Protocol Template

The following information **must** be referred to when offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g. with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name:	Date of Birth:
Name of medication & start date (if known):	Formulation (e.g., tablets, liquid):
Strength:	Route (e.g., oral, topical): Oral
Dose and Frequency:	Minimum time interval between doses:
Maximum dose in 24 hours:	Prescribed or self-care?
Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i>	
Any special instructions (e.g., before or after food):	Predictable side effect (use current BNF or patient information leaflet):
Any additional comments or information:	
Prepared by - Name & signature *:	Designation:
Checked by - Name & signature *:	Designation:
Date:	Review date:

*PRN protocols should be completed and checked by care home staff who have completed adequate medication training (as per care home policy). It does not need approving or signing by a GP or other healthcare professional.

Appendix 2: Example of Completed PRN Protocol – Senna When Required' (PRN) Medication Protocol Template

The following information **must** be referred to when offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g. with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name: John Doe	Date of Birth: 05/11/1940
Name of medication & start date: Senna 7.5mg tablets Start date: 10/05/2021	Formulation (e.g., tablets, liquid): Tablets
Strength: 7.5mg	Route (e.g., oral, topical): Oral
Dose and Frequency: ONE to TWO tablets at night when necessary for constipation.	Minimum time interval between doses: 24 hours
Maximum dose in 24 hours: Two tablets (15mg)	Prescribed or self-care? Prescribed by GP (Dr A)
<p>Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i></p> <p>John suffers from back pain due to his arthritis. He takes paracetamol tablets to manage his pain daily. If John is more uncomfortable because of his pain he takes longer to come out of bed and struggles more than usual to walk short distances. He will ask for more assistance while walking. This is when he will verbally request to take his PRN codeine medication as well.</p> <p>The codeine tablets can sometimes make John constipated. He knows this and does not like taking codeine unless he is in severe pain. Staff must observe John as he does not always verbally inform staff he is constipated. If he is holding onto his stomach as he sits or walks it may be an indication he is constipated. He will also lose his appetite as he worries if he eats, he will not be able to use the toilet. John's bowel movement is normally every two days. Monitor his bowel movements by using a bowel chart. He can use the toilet himself but does need to be encouraged to keep hydrated so he can pass stool with ease.</p> <p>If by day three John has not had a bowel movement and is showing signs of constipation (holding his stomach) staff should gently remind John, he has constipation (senna) tablets that will make him feel better by encouraging a bowel movement. Start John with the lower dose of ONE tablet at NIGHT. If he does not empty his bowels within 24 hours increase to the maximum dose of TWO tablets at NIGHT.</p> <p>John sometimes gets a urinary tract infection (UTI). Constipation increases the risk of developing a UTI. It is important to keep him hydrated. John likes drinking strawberry flavoured water. This will encourage him to keep hydrated. Staff should observe for any signs of a UTI, especially if constipated (e.g., cloudy urine, burning sensation, urinating more often than usual). Low stomach pain may also be associated with a UTI and should not be confused with stomach pain associated with constipation.</p> <p>Exercise should be encouraged to help with John's constipation. He enjoys dancing and playing the piano. John's diet should include a healthy variety of fruit and vegetables high in fibre such as prunes, pears, broccoli, carrots, and beans. This will help maintain his health overall.</p> <p>You will notice John is feeling better when he is expressing how much he is looking forward to supper. He also likes to walk around to invite his friends to eat with him as this is one of his favourite times of the day.</p>	
Any special instructions (e.g., before or after food): Senna normally causes a bowel movement within 6 to 12 hours. So, it is best to take at night to produce a bowel movement the next day.	Predictable side effect (use current BNF or patient information leaflet): Senna tablets may discolour urine. Uncommon side effects include stomach cramps/abdominal pain and spasms.
Any additional comments or information: Refer to health care professional if there is no bowel movement for more than 72 hours or if there is diarrhoea for more than 24 hours. This can be monitored by keeping a bowel chart for John.	
Prepared by - Name & signature: Staff A	Designation: Carer
Checked by - Name & signature: Staff B	Designation: Senior Carer
Date: 29/09/2021	Review date: 6 months (29/03/2022)

⁷ BNF Online, Senna [Online] <https://bnf.nice.org.uk/drug/senna.html>

Appendix 3: Example of Completed PRN Protocol – Paracetamol 'When Required' (PRN) Medication Protocol Template

The following information **must** be referred to when offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g. with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name: Jane Doe	Date of Birth: 05/08/1940
Name of medication & start date: Paracetamol 500mg tablets. Start date: 10/05/2021	Formulation (e.g., tablets, liquid): Tablets
Strength: 500mg	Route (e.g., oral, topical): Oral
Dose and Frequency: ONE to TWO tablets up to FOUR times a day when necessary for pain	Minimum time interval between doses: 4 to 6 hours
Maximum dose in 24 hours: 4000mg = 8 tablets Maximum of 4 doses in 24 hours.	Prescribed or self-care? Prescribed by GP (Dr A)
Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i>	
<p>Jane (preferred name) enjoys participating in the care home gardening activities. She used to love taking care of her own garden at home, so this brings her much joy. Jane is given knee pads to use for when she must kneel. She often gets carried away in the gardening. However, kneeling can make Jane's knees sore and achy.</p> <p>Jane suffers from advanced dementia. She does not always verbally communicate she is in pain. When she is in pain, she can become aggressive towards staff and throws objects around the room. Staff should take Jane aside, sit her down and ask if she is in any pain. It may help if staff point to her knees to try and establish if this is where the pain is and show her a box of paracetamol. Once she sees the box, she recognises them and will nod to indicate yes, she is in pain. Staff should gently remind Jane that the paracetamol tablets will help with her knee pain and ask if she wants to take some to feel better.</p> <p>Start Jane on the lower dose of ONE tablet FOUR times a day and monitor her pain. You can monitor Jane's pain using the Abbey Pain Scale. It is important to use the pain scale while she is being moved during her general care by observing her facial expressions. Is she whimpering, frowning, or crying? Observe her body language, any physiological or physical changes-temperature, pulse, and blood pressure. Is she perspiring more than normal? Is she still aggressive? Jane can also communicate well with picture cards. If her pain levels have not improved increase to the higher dose of TWO tablets FOUR times a day.</p> <p>Staff should also ensure Jane is not gardening for long periods of time. If Jane does not want to leave her gardening remind her there are plants to water in the care home. If the plants do not need watering yet you can use an empty watering can as Jane does not recognise the difference.</p>	
Any special instructions (e.g., before or after food): Can be taken with or without food. Swallow the tablet whole with a glass of water. If weight <50kg the lower dose of 'ONE' tablet should be given. Check if taking any other medication which may contain paracetamol. Do not over administer.	Predictable side effect (use current BNF or patient information leaflet): Itchy lumpy rash- stop taking paracetamol and consult GP.
Any additional comments or information: If Jane is taking paracetamol regularly to manage pain or if pain is not managed with paracetamol, GP to review.	
Prepared by - Name & signature: Staff A	Designation: Senior Carer
Checked by - Name & signature: Staff B	Designation: Care Home Manager
Date: 29/09/2021	Review date: 6 months (29/03/2022)

⁸ BNF Online, *Paracetamol* [Online] <https://bnf.nice.org.uk/drug/paracetamol.html>

Appendix 4 - 'When Required' (PRN) Medications in Care Homes - Summary Flow Chart

