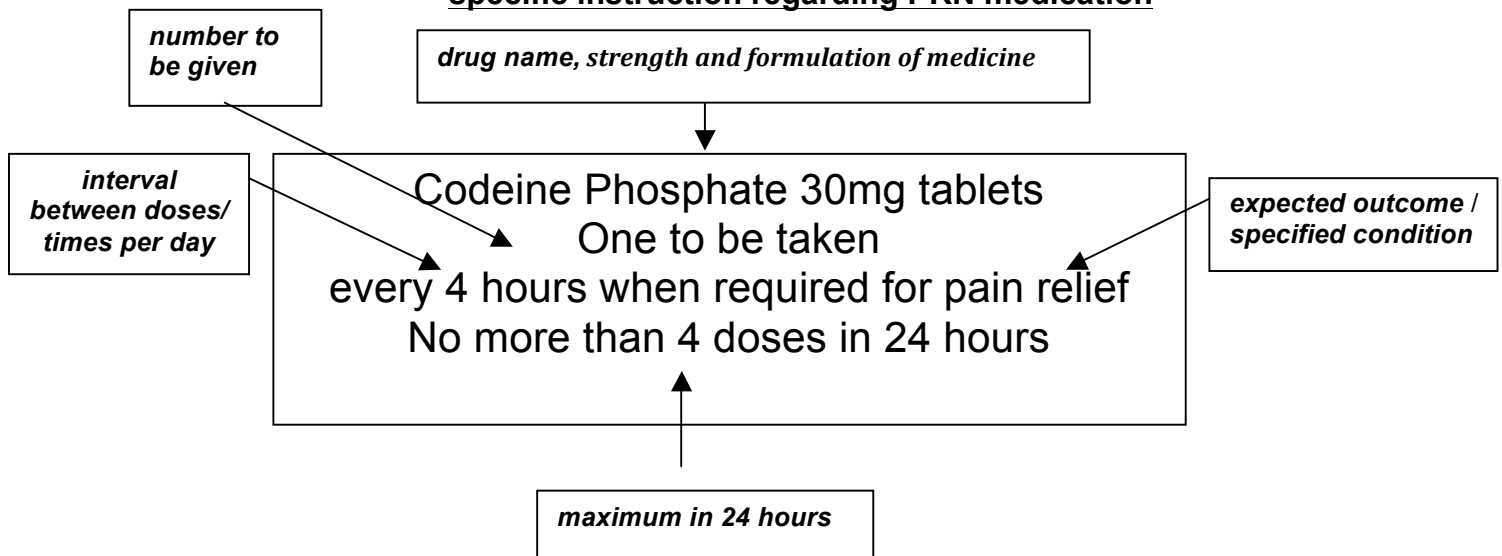


Good Practice Guidance for Care Homes 'When Required' Medication (PRN)

Definition – 'When required' (PRN) medication is administered when the service user presents with a defined intermittent or short-term condition i.e. not given as a regular daily dose or at specific times e.g. medication rounds

This guidance is primarily for care home staff but also mentions good practice for the prescriber and community pharmacist.

Good practice for prescription, direction and pharmacy label, highlighting specific instruction regarding PRN medication



For Care Home Staff

Good Practice 1 - entry in service users clinical records

Where a service user is prescribed 'PRN' medication, a specific plan for administering this PRN must be documented in their clinical records.

State the date when 'PRN' medication was started by the prescriber as indicated on the MAR chart

To prevent any ambiguity the service user's notes should state

- name of drug
 - route of drug
 - dose of drug
 - frequency of drug
 - minimum time interval between doses
 - maximum number of doses in 24 hours
 - what the drug is for and expected outcome
 - date for review
- The PRN medication should be administered at the request of the service user or when care staff observe the need, therefore records should state:

- the reason for administration e.g. service user requests the medication or care staff observe the need.
- the time administered as this is given when the service user is experiencing symptoms and not at specific medication round.
- the quantity administered if variable dose.
- the response to therapy should be clearly stated in the service user's clinical notes recording whether or not the medication is achieving the expected outcomes.
- a set date for review of the 'PRN' medication should be clearly stated in the clinical records. To determine the ongoing clinical need the prescriber must regularly review 'PRN' medication - the medication could be stopped or it may be necessary to alter this to a regular daily dose. The outcome of the review should be documented in the care plan.
- It must be observed if there are any medications of similar therapeutic class which may result in the service user receiving too much of this type of medication e.g. if paracetamol is to be taken as a regular daily dose and co-codamol (containing paracetamol and codeine) to be taken for breakthrough pain.

Ideally, the prescriber should indicate specific instructions and raise awareness of the paracetamol content in both preparations, e.g.

paracetamol two to be taken three times a day

(regular medication)

co-codamol 8/500 two to be taken at night

*when required for pain relief ('PRN'
medication)*

- Contact the prescriber if the expected outcome is not achieved.
- Check if the service user is receiving homely remedies which may contain the same drug.

Good Practice 2 – endorsement on MAR

- Record the medication given and quantity prescribed if variable dose.
- Record time given –it is **essential** that the time is documented to allow the correct interval between doses to be calculated.
- If any 'PRN' medication remains at the end of the month, record quantity of medication carried over to the following month for audit trail purposes.
- Record further information on the reverse of the MAR, if this facility is available.

Good Practice 3 – discontinuation of 'PRN' medication

- Any changes in the 'PRN' requirements need to be discussed with the prescriber when reviewing the service user's medication. The prescriber will authorise any change which should be documented in the service user's notes.
 - If authorisation has been given by the prescriber to stop the 'PRN' then it needs to be crossed out on the MAR and countersigned by another member of staff. The service user's notes must be updated to reflect this change.

- The care home must contact the practice to confirm that the 'PRN' medication is removed from the service user's computer record.
- The care home must inform the community pharmacy that the 'PRN' medication has stopped so the medication will be erased from the next MAR, e.g. indicating that this medication is discontinued on the next monthly order.
- Any remaining medication should be disposed of following the care homes procedure.
- The service user should be monitored in case symptoms re-occur and requires further review from prescriber.

Good Practice 4 – reducing waste

- Check stock before ordering.
- Only order the amount of 'PRN' medication that is required in order to reduce the amount of medication waste.
- PRN medication should be requested to be supplied in original packs rather than Monitored Dosage System (MDS) in order to maintain manufacturer's expiry and therefore longer shelf life.

For Prescriber

Good Practice 1 – endorsement of prescription by prescriber

In order for specific dosage instruction to appear on the MAR chart and label, the prescriber must clearly state specific instruction on the prescription. The community pharmacy is then obliged to add these instructions to the label and the MAR, which can then be followed by the care home staff.

Adding specific instructions:

- prevents ambiguity - see *Medication Review Guidance produced by the Medicines Management Team for a list of suggested default dosage instruction for PRNs*
- prevents clinical decisions being made by non-clinical staff about when to give the 'PRN' medication and enables them to give the medication as intended by the prescriber. Avoid variable doses where possible.
- provides clear instructions for staff unfamiliar with service user.

Good Practice 2 – 'PRN' medication no longer needed

The prescriber must ensure that the 'PRN' medication is removed from the patients computer record at the practice to ensure no further prescriptions can be generated for this episode of illness.

For Community Pharmacy

Good Practice 1 – supply of 'PRN' medication

- 'PRN' medication is only supplied when requested by the care home on receipt of a prescription generated by the practice for that medication.
- The specific direction on the prescription is conveyed onto the label and the MAR chart.

- PRN medication is best supplied in an original pack (rather than MDS) as this enables the expiry date to be checked and reduces unnecessary medication waste.
- If no 'PRN' medication has been requested, the MAR chart will still include these items until informed by the care home or prescriber that the medication is no longer required. At this point the PRN is removed from the MAR.

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