

Medicines Optimisation

Best Practice Guidance for Care Homes

‘When Required’ Medication (PRNs)

When required’ medication (PRN) is medication that is **NOT** to be taken regularly. These medications are usually prescribed for **short-term or occasional** problems. Examples may include medicines for pain, constipation, or challenging behaviour. It is very important that the care service has a robust policy in place for administering PRNs to ensure that they are used safely and appropriately.

Administration and Recording

It is important that staff accurately complete the MAR/eMAR chart following administration.

- All PRN medications should have a robust person-centred PRN protocol detailing when a PRN medication should be administered. The PRN protocol and care plan should be checked first to see if it is appropriate to offer or administer medication.
- Residents may be able to identify their symptoms and request medication. Consider those residents who do not have capacity to ask for PRN medication or those with communication difficulties. Specific instructions should be listed in their PRN protocols and care plans with details of signs and symptoms (verbal and non-verbal) which may indicate a resident requires the medication and how and when to administer PRNs.
- Following medicines administration, the MAR/eMAR must be signed immediately.
- If a variable dose has been prescribed, record how many/much has been given.
- Record the time the dose was given so the correct interval can be calculated before the next dose.
- **Record the reason for administration of the PRN medication.** This should include the outcome (when known – please note this may take several hours) of the administration e.g., symptom relief / continued symptoms and any other information.
- Record the amount of stock remaining

If staff have any queries, a Clinician should be contacted for clarification and the details of the conversation, and any decision should be recorded in the care plan.

Monitoring

Information should be recorded in the person’s PRN protocol / care plan of signs to look for which may require further investigation. Staff should refer to a Clinician if any of the following occur:

- The person appears to be experiencing side effects.
- The medication doesn’t appear to be working effectively.
- If there is a change in the condition of the person.
- If the PRN medication is starting to be requested more regularly.
- The person rarely requests or regularly declines the PRN medication.

Ordering

Once medication leaves the pharmacy, it cannot be returned for reuse and must be disposed of as per Department of Health regulations. To reduce the amount of waste, the home must make sure there are robust policies and procedures in place outlining medication ordering. PRN medication **MUST** be carried forward at the end of the cycle where possible. **DO NOT** empty the stock cupboards at the end of the month and return everything to pharmacy then request the medication again. Keep MAR/eMAR charts up-to-date and ask the pharmacy to remove medication that is no longer needed from the MAR/eMAR. Check administration records to see how often PRN medication is given before reordering.

PRN medication should be supplied in original packs as this allows the home to keep and administer, if still indicated, up to the manufacturer's expiry date. This helps to reduce waste.

It is important to monitor stock levels so you have an accurate record of what is in stock and to ensure medication is always available if required by the person. Excess stock should not be kept as it could contribute to waste if the prescription is changed or stopped.

Consider using Homely remedies in place of PRN medication if a resident rarely requests or requires their PRN medication (see Best Practice , Homely Remedies for details).

Care Plans/PRN Protocols

It is important that the service have person-centred PRN protocols in place to give clear guidance to support staff to administer PRNs. Medicines should be administered as intended by the prescriber. Completed protocols should be stored in the MAR chart folder /on the eMAR system so they can be referred to during the drug round. If using an eMAR system ensure the full protocol is available to read on the device used for administration, if its not easily read then consider having a paper version available . Detailed information should also be recorded in the care plan. PRN protocols should be reviewed regularly, especially if the condition of the resident changes. PRN protocols must include the following information:

- Name and DOB of person.
- Details about what the medication is prescribed for(conditions/symptoms to treat)
- Dose instructions.
- Maximum dose to be given in 24 hours.
- Minimum interval between administration of doses.
- Variable dose information – how many to give in specific circumstances.
- Alternative interventions to try before administering the PRN medication – this is especially important for medications for challenging behaviours.
- Signs and symptoms to look for in the person (verbal and non-verbal) – when to offer.
- Common side effects.
- Where more than one PRN medication is available for the same condition, it should state how and in what order they will be administered.
- Other relevant information, such as when to refer to GP.
- Signature and details of person completing assessment.
- Review date.

An example of a PRN Protocol

Resident Name:

Resident DOB:

Room Number:

Medication name, strength & form:

Dose:

Route: *(e.g. sublingual)*

Minimum time interval between doses: *(where applicable)*

Maximum dose in 24 hours: *(where applicable)*

Indication: *(e.g. pain, fever)*

Common side-effects:

When to give medication: *(include verbal and non-verbal signs or symptoms)*

Additional or special instructions: *(include behavioural management plans)*

Written by: _____ **Signed:** _____

Role/Profession: _____ **Date:** _____

To be reviewed monthly for appropriateness by care staff and refer to prescriber when necessary.

References

- Care Quality Commission. [When required medicines in adult social care](#). November 2022

Title	Best Practice Guidance – When Required' Medication (PRNs)
Description of policy	To inform healthcare professionals
Scope	Information for Care Home
Prepared by	Medicines Optimisation Team
Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> B. mix of national and local consensus <i>C. based on local good practice and consensus in the absence of national research based information.</i>
Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
Approved by	Medicines Optimisation Team
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Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	June 2016	Prescribing & Meds Man Team. JC	DRAFT	Created as a guide to process.
0.2	October 2016	JC	Draft	To SMT for discussion
1.0	December 2016	JC	Final	Agreed at SMT
1.1	April 2019	SPC	Draft	Logos changed, contents reviewed and updated.
2.0	May 2019	SPC	Final	Changes approved at May 19 Senior Team Meeting
2.1	October 2021	SPC medicines management team	Draft	Slight wording changes, homely remedy best practice guide link added
3.0	October 2021	Medicines Optimisation Team	Final	Minor amendments agreed by Senior Team Oct 21
3.1	October 2023	Medicines Optimisation Team LW	Final	Uploaded to new template only
3.2	November 2024	Medicines Optimisation Team – HH/RH	Draft	Review of content. Additional information added relating to PRN protocols. CQC reference link added.

