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Medicines Check (Pharmacy)	
Clinical Guidelines Group	
Original author/s	Unoma Okoli - Lead Medicines Optimisation in Care Homes & Interface Pharmacist Older People
Revising author/s	V3.0 - Sheena Patel, Care Homes Pharmacist and Monice Hussain, Care Homes Pharmacy Technician V4.0 - Afam Odili – Medicines Optimisation in Care Homes Pharmacist
SDU(s)/Department(s) responsible for updating the guideline	Community and Rehabilitation Care Group
Date uploaded	
Buckinghamshire Healthcare NHS Trust	

**Good Practice Guidance for Care Homes**

Revising Author: Afam Odili

Review date: December 2027

**Medications prescribed ‘when required’ (PRN)**

For all staff responsible for administering PRN medicines in care homes

<p><b>Definition</b></p> <p>‘When Required’ (PRN) medication refers to medication that is not required on a regular basis. It is usually prescribed to treat short-term or intermittent medical conditions, sometimes with varying dosages e.g. 1 or 2 tablets every 4 to 6 hours.</p> <p>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 common examples of prescribed PRN medications include analgesics, laxatives, and sedatives.</p>
<p><b>Aim or Purpose</b></p> <p>To support safer administration of PRN medications and highlight key issues to consider when care home staff administer a PRN medication.</p>
<p><b>Recommendations</b></p> <p>To ensure that the PRN medication is administered as intended by the prescriber, the residents care plan should contain a clear indication for treatment and intended outcomes. The prescriber should be contacted if there are any issues in regards to the medication. The recommendations are:</p> <ul style="list-style-type: none"> <li>• Use a personalised PRN template for all ‘when required’ medications. (Appendix 1) This should be kept with the residents Medication Administration Record (MAR) charts</li> <li>• Care home providers should ensure that a process for administering 'when required' medicines is included in the care home medicines policy</li> </ul> <p>➤ <b>The information on the PRN template should include the following (see example in Appendix 2 and 3)</b></p> <ul style="list-style-type: none"> <li>○ The name of the medicine</li> <li>○ Route of the medicine (e.g. oral)</li> <li>○ Dose</li> <li>○ Frequency</li> <li>○ Minimal time interval between doses</li> <li>○ Maximum number of doses in 24 hours</li> <li>○ What the medicine is for (indication)</li> <li>○ Alternative strategies to be attempted before a medication is administered as stated in the care plan(e.g. prunes for constipation)</li> <li>○ The resident’s awareness of symptoms</li> <li>○ The resident’s capacity to request or refuse the medication as per a Mental capacity Assessment.</li> <li>○ Symptoms/ cues to look for, which may be verbal or non-verbal eg expressions of distress</li> <li>○ When to offer and how to give the medication, eg if medication needs to be given covertly.</li> </ul> <p>Refer to <a href="#">Covert Medicines Guidance for Care Homes</a></p>

- State clearly in which order medications are to be administered when there is more than one option and time interval in between them e.g. multiple painkillers, or seizure medicines e.g diazepam, midazolam.
- The outcome of giving the medication and whether or not it was effective.

➤ **Administration of PRN medications**

- Some PRN medications should be offered routinely throughout the day and not only at medication rounds.
- PRN medication should not be offered more frequently than prescribed. It is important to note the minimum interval between doses and the maximum dose in 24 hours.
- It is good practice to record at each medication round that the resident has been offered the medication. If the PRN medication is given, the following details should be recorded to prevent incident or accidental overdose:
  - Number of tablets/ dose given especially when there is a varying dose(e.g. 1-2 tablets). There must be clear instructions on whether 1 or 2 tablets are given and a description of how this decision was reached.
  - The exact time of administration to make sure the required time interval has passed before administering the next dose.

➤ **Monitor the resident and record the residents response to the medicine. Contact the GP for advice or review if the resident(s):**

- Appears to be experiencing side effects.
- Appears not to benefit from the medication.
- Requests it more frequently than usual.
- Requests the PRN medication more frequently than prescribed.
- Medical condition has deteriorated.
- Rarely request or regularly declines the PRN medication.
- If PRN medication is left over at the end of the monthly cycle and it is still in date then this should be 'Carried forward' from one month to the next.. This will avoid unnecessary medicines waste. Refer to [Reducing-medicines-waste-in-care-homes-2024-FINAL.pdf](#)The quantity of PRN medicines '**carried forward**' should be recorded on the new MAR chart so there is an accurate record of the stock level which will help when undertaking audits.
- The PRN medication should be reviewed routinely and the review date clearly stated.

**Ordering, Storage and Disposal of PRN medication**

1. Order stocks of PRN medicine to maintain adequate stock levels to meet the resident's changing demands.
2. Carry over PRN medication if it is still needed and has not expired. Order only if the drug will expire before the next ordering cycle.
3. If a resident requires PRN medication, the paper/eMAR must reflect this, even if it is not ordered, provided there is sufficient stock in the care home. Contact community pharmacy to confirm that PRN medication is still required, and reason not ordered as there is adequate stock.

4. PRN medication must be stored in its original package, with the pharmacy dispensing label attached. This allows the expiry date to be checked, reducing unnecessary waste.
5. PRN medication should be readily available to the resident upon request; for example, the resident may choose to have their salbutamol inhaler or 'GTN' spray close by. The care home policy and procedures should guide the risk assessment of each individual's needs. A balance must be made between accessibility and safety.
6. Care home personnel should notify the community pharmacy if any PRN medication has been discontinued as authorised by clinicians.
7. When PRN medication expires or is stopped by a clinician, it must be disposed of according to the care home medicines policy.

#### References

- Managing medicines in care homes SC1: 2014 accessible at <https://www.nice.org.uk/Guidance/SC1>
- Practical Considerations of PRN Medicines Management: An Integrative Systematic Review: <https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2022.759998/full>
- When required medicines in adult social care: <https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

**Appendix 1:**

**'WHEN REQUIRED' PRN TEMPLATE**

The following information **must** be referred to when offering and administering PRN medication prescribed. This document **must** be kept at the back of the residents MAR charts for reference. Response to therapy should be recorded in the resident's clinical note or care plan.

<b>Resident's name</b>	<b>Date of Birth</b>
<b>Name of medication and start date</b>	<b>Form: tablets/syrup/..... *</b>
<b>Strength:</b>	<b>Route: oral/topical/.....*</b>
<b>Dose and frequency</b>	<b>Minimum time interval between doses</b>
<b>Maximum dose in 24hours</b>	<b>Prescribed/homely remedy/others.....*</b>
<b>Reasons for administration: when the medication should be given-</b> <i>describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain- where and when, expected outcome. For creams indicate where it should be applied.</i>	
<b>Any special instructions</b> <i>e.g. before or after food on empty stomach</i>	<b>Predictable side effect:</b> <i>use current BNF or product information leaflet to list these</i>
<b>Any additional comment/ information</b>	
<b>Prepared by: Name and signature</b>	<b>Designation:</b>
<b>Approved by: Name and signature</b>	<b>Designation:</b>
<b>Date:</b>	<b>Review date:</b>

\*Circle or delete as appropriate

Examples of a completed templates

**Appendix 2: Example of Completed PRN Protocol – Lorazepam**

When required' (PRN) Medication Protocol Template

The following information must be referred to when offering and administering PRN medication prescribed. This document must be kept at the back of the residents MAR charts for reference. Response to therapy should be recorded in the resident's clinical note or care plan.

<b>Resident's name</b> Mrs Nellie Snow	<b>Date of Birth</b> 12/1/1936
<b>Name of medication and start date</b> Lorazepam	<b>Form: tablets/syrup/..... *</b> Tablet
<b>Strength:</b> 1mg	<b>Route: oral/topical/.....*</b> Oral
<b>Dose and frequency</b> 1 mg tablet to be taken when required	<b>Minimum time interval between doses</b> 8 hours
<b>Maximum dose in 24hours</b> 2mg	<b>Prescribed/homely remedy/others.....*</b> Prescribed
<p><b>Reasons for administration: when the medication should be given- describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain- where and when, expected outcome. For creams indicate where it should be applied.</b></p> <p>Lorazepam may be used when Mrs Snow becomes anxious. This usually occurs after a visit by her family; she may ask for her children and become restless and agitated. She may appear frightened; she may withdraw to the corner of the room or walk around.</p> <p>Before administration of Lorazepam: Encourage Mrs Snow to go to a quieter area or to sit with you. Encourage her to verbalise her feelings, acknowledge how important her family are to her. Listen to her. Reassure and orientate her. Use distraction methods, e.g. offer a drink, look at photos or go for a walk with her. Only give Lorazepam if these measures don't work. <b>Lorazepam takes 15 minutes to have an effect.</b></p> <p>Supervision may be required after administration of Lorazepam, as there may be an increase in levels of confusion, there is an increased risk of falls.</p>	
<b>Any special instructions e.g. before or after food on empty stomach</b> Grapefruit juice and drinks containing caffeine should be avoided as they can affect the way that Lorazepam tablets work.	<b>Predictable side effect: use current BNF or product information leaflet to list these</b> Drowsiness and lightheadedness the next day; confusion (especially in the elderly); amnesia; dependence, muscle weakness

Lorazepam may increase risk of dependence; avoid prolonged use (and abrupt withdrawal thereafter)	
<b>Any additional comment/ information</b> Monitor and record Mrs Snow's response to Lorazepam and contact her GP for advice or review if she appears to be experiencing side effects( see list above) or requests it more frequently than prescribed or rarely request or regularly declines the PRN medication	
<b>Prepared by: Name and signature</b> Mickey Mouse	<b>Designation:</b> Senior carer
<b>Approved by: Name and signature</b> Minnie Mouse	<b>Designation:</b> Team leader unit 1
<b>Date:</b> 1 <sup>st</sup> October 2024	<b>Review date:</b> 1 <sup>st</sup> November 2024

\*Circle or delete as appropriate

**Appendix 3: Example of Completed PRN Protocol – Senna**  
When required' (PRN) Medication Protocol Template

<b>Resident's name</b> Mr John Smith	<b>Date of Birth</b> 05/10/1931
<b>Name of medication and start date</b> Senna	<b>Form: tablets/syrup/..... *</b> Tablet
<b>Strength:</b> 7.5mg	<b>Route: oral/topical/.....*</b> Oral
<b>Dose and frequency</b> 7.5mg to 15mg tablet to be taken at night when required	<b>Minimum time interval between doses</b> 24 hours
<b>Maximum dose in 24hours</b> 15mg (Two tablets)	<b>Prescribed/homely remedy/others.....*</b> Prescribed
<p><b>Reasons for administration: when the medication should be given- describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain- where and when, expected outcome. For creams indicate where it should be applied.</b></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. The codeine tablets can sometimes make John constipated. He knows this and does not like taking codeine unless he is in severe pain.</p>	

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. 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. 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. 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. 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.

**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 and signature**  
Jane Wise

**Designation:**  
Senior carer

**Approved by: Name and signature**  
Susan Woods

**Designation:**  
Team leader unit 1

**Date:** 1<sup>st</sup> May 2024

**Review date:** 1<sup>st</sup> October 2024 (6 months)

\*Circle or delete as appropriate