



Hertfordshire and
West Essex Integrated
Care System

Good Practice Guidance When Required Medication

Date 20th November 2023

Presenter Jodie White

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for a healthier future**



Learning Outcomes

- Understanding of PRN medicines
- How to implement in care homes
- PRN protocols
- PRN templates/example template
- When to give PRN medicines
- Storage, ordering and disposal
- Review medication



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What is a PRN Medicine?

‘When required’ medication (also called ‘PRN’ drugs) is usually prescribed by GPs for a **short term, acute or intermittent condition** such as pain, indigestion or insomnia, and it may consist of variable doses e.g. Laxido sachets, Take ONE or TWO sachets daily when required.

It can be prescribed to treat long term conditions when they experience symptoms, e.g. If a resident has asthma – a reliever inhaler may be required, or if a resident has angina – GTN may be required.

These medications are **NOT** given as a regular daily dose or at specific times (e.g. during medication rounds) but are given at the request of the resident in accordance with PRN protocol or when care staff observe that it is needed.



Recommendation

- The care home should have a policy in place for administering PRN medicines. Please check NICE guidance SC1 checklist. [checklist for care home medicines policy](#)
- A person-centred PRN protocol should be in place for individual medicine prescribed and it should be completed by the care home manager, nurse, team leader or senior carer who knows the resident well.
- PRN medication should be administered as intended by the prescriber and the resident's care plan should contain a clear indication of treatment and the intended outcomes. PRN medicines should be offered routinely throughout the day and not only during the medication rounds.
- Remember to ask the resident if the medication is needed or check for non-verbal cues before administering. This saves pill burden and waste.
- PRN medication should not be offered more frequently than prescribed. Therefore it is important to note the minimum interval between doses and the maximum dose in 24 hours.
- If offering at every medication round this can be recorded on the Mar chart (if required to do so in your medication policy). The code may indicate 'Not Required'. Care homes should not use the code indicating 'refused' if the medication is not needed as this will show an inaccurate record.



What do we need in a PRN Protocol

The information in the PRN protocol should include (See example of completed template):

- Resident's name and date of birth
- Name, strength, form, dose, and frequency of medicine, maximum dose in 24 hours.
- The route of administration.
- The reason for administration.
- Details of alternative therapy to be attempted prior to administering medication as stated in the care plan.
- The resident's awareness of symptoms.
- The resident's capacity to request or refuse their medication.
- Whether the resident can ask for medication or what non-verbal cues staff need to look out for e.g. expressions of discomfort.
- When to offer and how to give the medication e.g. does the medication need to be given covertly? Refer to HWEICB guidance: [covert-administration-in-care-homes-care-homes-good-practice-guidance-v1-0 \(icb.nhs.uk\)](https://www.icb.nhs.uk/guidance/covert-administration-in-care-homes-care-homes-good-practice-guidance-v1-0)
- Clearly outline in which order medicines are to be administered where there is more than one option and time interval in between them e.g. multiple painkillers such as Paracetamol and Codeine or seizure medicines such as Diazepam and Midazolam.



When required PRN medication/variable dose template

WHEN REQUIRED PRN MEDICATION TEMPLATE/ VARIABLE DOSE TEMPLATE

The following information must be referred to when offering and administering when required (PRN) medication. This document must be completed for each individual PRN medication and be kept with the residents Medication Administration Record (MAR) charts for reference. Response to therapy should be recorded on the reverse of the residents MAR chart or in the additional notes section, details to include are: the date, time and quantity given, the reason for administration and the result of the outcome.

Resident's name: <input type="text"/>	Date of Birth: <input type="text"/>
Room Number: <input type="text"/>	
Start date: <input type="text"/>	
Name of medication: <input type="text"/>	Form: (e.g. Tablet/Syrup/Capsule) <input type="text"/>
Strength: <input type="text"/>	Route: (e.g. Oral/topical) <input type="text"/>
Dose and frequency: <input type="text"/>	Minimal time interval between doses: <input type="text"/>
Maximum dose in 24 hours: <input type="text"/>	Prescribed/Homely Remedy/Over The Counter Medicine <input type="text"/> (delete as appropriate)
Reasons for administration: When the medicine should be given – describe in as much detail as possible the condition being treated. (e.g. signs and symptoms, behaviours, type of pain – where and when, expected outcome). Topical items should indicate where they should be applied. <input type="text"/>	
Special instructions: (e.g. before or after food, on an empty stomach) <input type="text"/>	Predicted side effects: Use current BNF or patient information leaflet to list: <input type="text"/>
Any additional comments/ information: (e.g. food/drink to avoid) <input type="text"/>	
Created by: <input type="text"/>	Designation: <input type="text"/>
Sign <input type="text"/>	
Review Date <input type="text"/>	



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Examples of a completed template

Resident's name: Winnie Winter	Date of Birth: 14/1/1932
Room Number: 22 Start date: 06/06/2020	
Name of medication: Co-Codamol	Form: (e.g. Tablet/Syrup/Capsule) tablets
Strength: 8/500mg	Route: (e.g. Oral/topical) oral
Dose and frequency: Take TWO tablets up to four times a day	Minimal time interval between doses: 4 hours
Maximum dose in 24 hours: 8 tablets	Prescribed (delete as appropriate)
<p>Reasons for administration: When the medicine should be given – describe in as much detail as possible the condition being treated. (e.g. signs and symptoms, behaviours, type of pain – where and when, expected outcome). Topical items should indicate where they should be applied.</p> <p>Winnie is prescribed Co-Codamol for lower back pain</p> <p>Winnie is quieter than usual when she is suffering from back pain and can tell you when she is in pain. Winnie is also prescribed Paracetamol 500mg tablets 2 tablets up to FOUR times a day when required and likes to be asked if she would prefer Paracetamol or Co-codamol for her back pain as sometimes the pain is eased by Paracetamol depending on the amount of pain she is experiencing. Winnie does not like to take medication unnecessarily.</p>	
<p>Special instructions: (e.g. before or after food, on an empty stomach) Do not take with any other paracetamol containing products.</p>	<p>Predicted side effects: Use current BNF or patient information leaflet to list: Confusion, arrhythmias, constipation, dizziness, drowsiness, dry mouth euphoric mood, flushing. Refer to PIL or BNF if needed</p>
<p>Any additional comments/ information: (e.g. food/drink to avoid) Avoid alcohol</p>	
Created by: Anne Carer	Designation: Senior Carer
Sign	
Review Date: 6/7/2020	



When do I give a PRN medication

At the request of the resident should they have capacity to do so

Refer to the PRN protocol for guidance on administration including dose, frequency, dosing interval, indication & special instructions

They should be available to residents at all times through out the day



When care staff/nurses identify the resident's needs and ask the resident.

Observing signs of non-verbal cues which will be clearly explained in the PRN protocol

Looking at other tools such as stool charts and pain score charts



PRN medicines are not to be given as a regular daily dose or at a specific time e.g. only during drug round

Do not add specific timing to the front of the MAR chart, so medication can be give at anytime it is needed

Medication must only be given in line with the PRN protocol

Don't give PRN medication just because it is prescribed



Documentation

If the PRN medication is given, the following details should be recorded to prevent incident or accidental overdose.

Documentation on the front of the MAR, on the relevant medication entry should include:

- The date the medication is given.
- The time of day the medication is given.
- The initials of the nurse/ carer administering the medication.


Documentation within care home records, for example the reverse of the MAR or in additional notes section should include:

- The date the medication is administered.
- The exact time of administration to ensure required interval time has passed before administering the next dose.
- The dose given particularly when there is variable dose (e.g. ONE to TWO).
- The reason why the medicine was administered (e.g. back pain, vomiting or constipated).
- **The resident should be monitored to see if their symptoms have been relieved and the nurse/carer administering the medication should make a record of the outcome. It is good practice to record the time of the outcome and the care plan should be updated.**



Example of Documentation

Front of MAR


 **Medicines administration record**

Jodie White 11/05/1937

NKDA

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Early																												
Morning																												
Lunch										AC																		
Tea																												
Bed																												

PARACETAMOL 500MG TABLETS
 Take TWO tablets up to Four times a day when required
 Do not take more than 2 at any one time. Do not take more than 8 in 24 hours. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine. Talk to a doctor at once if you take too much of this medicine, even if you feel well



Back of MAR

Notes						
Date	Time	Medication	Dose	Reason	Sign	Outcome
10/2/20	13:00	Paracetamol 500mg Tablets	2 tablets	Back Pain	AC	14:00 pain relieved



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Storage, ordering and disposal

- PRN medication should be stored securely and easily accessible to the resident on request. The resident may wish to keep their 'Salbutamol inhaler' or 'GTN spray' to hand (This will need a risk assessment to be put in place).
- They should be kept in original packaging and have a pharmacy dispensing label attached. PRN medicines and variable dose medication should **NOT** be kept in a monitored dose system (MDS).
- Keep appropriate stock levels that meet the resident's changing needs.
- If PRN medication is left over at the end of the monthly cycle and it is still current and in date, the medicine should be carried forward to the next cycle to avoid unnecessary medicines waste. Refer to CCG guidance: [Reducing Medicines Waste in Care Homes](#)
- Record the quantity of medication carried forward on the new MAR chart. This will ensure an accurate record of the stock level which will help when undertaking audits.
- Should PRN medication be discontinued, medication must be disposed of in the usual appropriate manner.



Reviewing PRN Medication

PRN protocols should contain a review date set by the person completing the protocol, depending on the homes policy, the resident and the nature of the medication.

Contact the GP for advice or review if the resident:

- Appears to be experiencing side effects.
- Appears not to be responding to the medication.
- Requests the medication more frequently than usual or more than prescribed.
- Medical condition has deteriorated.
- Rarely requests or regularly declines the PRN medication. In this case, a homely remedy may be more appropriate.

PRN medication should be reviewed routinely and/or when there is a new medicine prescribed the review date should be clearly stated.



Do's and Don'ts



Don't give a PRN medication just because it has been prescribed.



Do remember to speak to your resident, check bowel charts, pain scores and look out for non cognitive signs.



Don't add specific administration timings onto the MAR charts so that they can be given at the actual time of need.



Do carry over remaining PRN medication at the end of the cycle, if suitable to do so.



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Further Resources

PrescQIPP Medicines use in care homes e-learning package

An e-learning package on medicines use in care homes is available for care home staff, and covers a range of areas including some of those highlighted above. The e-learning package is endorsed by NICE and supports the implementation of recommendations in the NICE guideline on managing medicines in care homes. The package is available via <https://www.prescqipp.info/>. Details for registering will be provided to the care home manager/s

CQC PRN guidance

CQC have developed a when required medicines guidance for care homes. The guidance can be found in the link below [CQC when required medicines](#)



Quiz Questions

1. What initials are used to denote 'when required' medication?

- A. ABC
- B. WRM
- C. PRN
- D. PWN



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- A. ABC
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- D. PWN



2. Where should the administration of PRN medication be recorded?

- A. On the front of the Mar
- B. On the front and back of the Mar
- C. Only in the care plan
- D. On the T-Mar



2. Where should the administration of PRN medication be recorded?

A. On the front of the Mar

B. On the front and back of the Mar

C. Only in the care plan

D. On the T-Mar



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3. What is the last piece of information that should be recorded when giving a PRN medication?

- A. The time
- B. The indication
- C. The dose
- D. The outcome



3. What is the last piece of information that should be recorded when giving a PRN medication?

- A. The time
- B. The indication
- C. The dose
- D. The outcome



4. What should be done with PRN medication left at the end of the cycle?

- A. Carry over to the next cycle
- B. Dispose of and re-order
- C. Keep for Homely Remedies
- D. Keep for staff use



4. What should be done with PRN medication left at the end of the cycle?

- A. Carry over to the next cycle
- B. Dispose of and re-order
- C. Keep for Homely Remedies
- D. Keep for staff use



Any Questions?



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