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BCUHB Pharmacy and Medicines Management Standard Operating Procedure(SOP) for the administration of 'when required' (Pro Re Nata (PRN) medicines) in Care Settings in North Wales

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Documents to be read alongside this policy	1. Betsi Cadwaladr University Health Board and North Wales Local Authorities Joint Agreement for a Code of Practice for the Management of Medicines in health and social care settings May 2016 2. Standards of best practice and standard operating procedures for medicines management for all care settings for adults May 2016 3. NICE (2014) Managing Medicines in Care Homes 4. BCUHB Medicines Policy			
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Contents

1.0	Introduction	Page 3
2.0	Documentation	Page 3-
2.1	'When required' (PRN)	Page 3-4
2.2	Transcribing onto the MAR chart 'when required' (PRN) medication	Page 5
2.3	Documentation of administration and when a citizen does not require the medication.	Page 5-6
3.0	When to contact the prescriber	Page 6
4.0	Discontinuation/alteration of 'PRN' medication regime	Page 6
5.0	Stock/Supply	Page 6-7
6.0	Prescribers responsibilities	Page 7
Appendix One	As required/PRN medication Care Plan	Page 8
Appendix Two	Example of As Required/PRN Medication Care Plan	Page 9
Appendix Three	Medication Administration Record for 'When Required' (PRN) Medication	Page 10-11
Appendix Four	Checklist for ensuring the safe purpose & outcomes for citizens receiving 'when required' (PRN) medication	Page 12

1.0 Introduction

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

All health and social care providers have a responsibility to ensure that the care they provide to citizens in relation to medicines is safe and effective. This guidance aims to inform and encourage best practice in the management of 'when required' (PRN) medication, to highlight the key issues and responsibilities surrounding this. In addition to this ensuring that there are auditable procedures in place, to ensure safe and best practice.

NICE (2014) guidance states that all care home providers should have a written process for handling and administering when required' (PRN) medication. There should be clear documentation to state how staff who are responsible for administering the medication identifies when the citizen requires the prescribed when required' (PRN) medication.

2.0 Documentation

2.1 When required' (PRN) medication Care Plan

'When required' (PRN) medication should be administered at the request of the citizen or when care home staff observe a need:

Therefore there should be a specific completed personalised care plan template (appendix one) in place to ensure that the when required' (PRN) medication is administered as intended by the prescriber. This care plan should include a clear indication/ reason for treatment and what is the intended outcome for the citizen. This care plan template should be completed by a **suitably trained and competent person** who knows the citizen well and understands 'when required' (PRN) medication such as care home manager, registered nurse, team leader, or senior carer. The completed care plan template should be filed and kept with the citizen's current in use Medicines Administration Record (MAR) chart.

Consideration should be given to the person's capacity to refuse the medication. When providing care home staff with information about the administration of 'when required' (PRN) medication, consideration of the needs of the citizen must be identified e.g. if staff need to observe for signs of pain from non-verbal expression.

If a variable dose of medicine is prescribed (e.g. one or two tablets to be taken, as required, for pain) the decision regarding what dose to be taken rests with the citizen and the prescriber. Therefore care home staff whom administer when required' (PRN) medication must ask the citizen how much of the medication they wish to take. If the citizen is unable to decide, or respond, care home staff should request specific instructions from the prescriber before they undertaken any administration.

The following information is required to be included in a 'when required' (PRN) medication (for an example of a completed care plan see appendix two).

- Citizens name and date of birth
- Name, form and strength of medicine
- Route of administration
- Dose of the medicine
- The quantity administered if variable dose
- Frequency of administration of the medicine
- The reason for administration e.g. pain in left knee
- How it is determined the citizen requires the 'when required' (PRN) medication (when to offer and how to give) the e.g. citizen requests the medication or care home staff observe the need covert administration needs to be considered in some circumstances but it important to ensure that the covert policy for the care home has been followed and all parties required have been consulted.
- The time to be administered as this should be administered when the citizen is experiencing symptoms and **not only** at the specific medicine round, should state the minimum interval (time) between the doses.
- A set date for review and outcome of this medication should be documented, with the ongoing clinical need for the medication regularly being reviewed by the prescriber.
- It is important to check if the citizen is prescribed other medications of the same/similar therapeutic class which could result in them receiving an overdose of the medication e.g. if paracetamol is prescribed as a regular daily dose and co-codamol (containing paracetamol and codeine) to be taken for breakthrough pain. In these circumstances the prescriber should provide specific instructions and ensure the care home staff are aware that the medicines contain paracetamol. It is also important to consider homely remedies which may contain the same medicine.
- Please note only medication that has been prescribed and dispensed for the individual citizen can be administer i.e. if there is no supply for the citizen another citizens cannot be used.

E.g.

Paracetamol 500mg, two tablets to be taken three times a day
(regular medication)

Co-codamol 30/500 two tablets to be taken at night when required for
pain relief ('PRN' medication)

It is important to ensure that the care plan is up to date with any changes to the medication or the citizen's needs, it is important to ensure that the care plan is individualised to their needs. See appendix four, for checklist of considerations required for ensuring the safe purpose and outcomes for citizen's receiving 'when required' (PRN) medication.

2.2 Transcribing onto the MAR chart ‘when required’ (PRN) medication

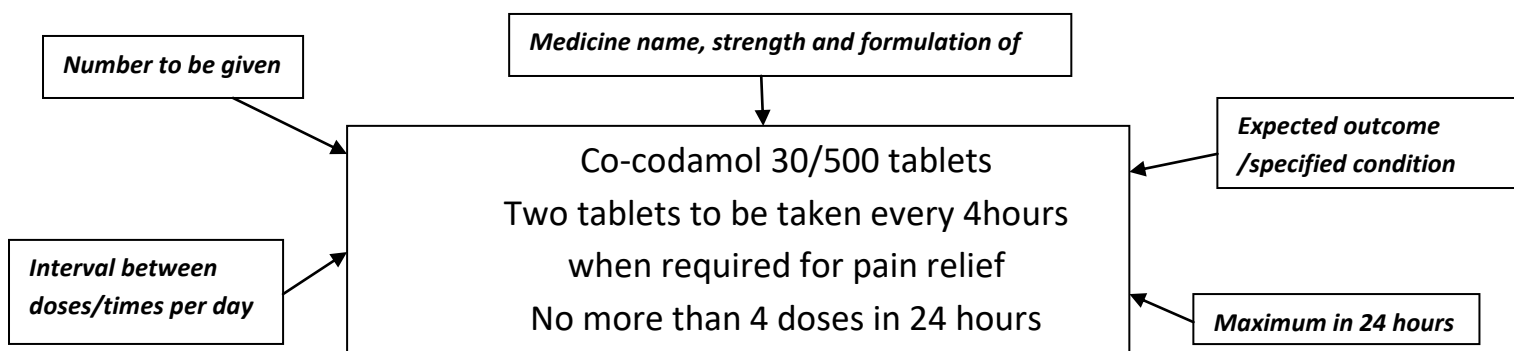
Transcribing is any act by which medicinal products are written from one form of direction to another.

Care home staff may transcribe medication from one ‘direction to supply or administer’ to another form of ‘direction to supply or administer’. (In care home’s that provide nursing care this should be undertaken by the registered nurse)

However please note, **this should only be undertaken in exceptional circumstances and should not be routine practice** with in the care home in doing so the care home staff are accountable for their own actions and omissions.

Any medication that has been transcribed must be signed off by another registered prescriber.

Where MAR charts in a care home have been handwritten by a suitably trained and competent care home staff member, e.g. admission of a new citizen, the information should be transcribed from the details included on the label attached to the dispensed medicine. When doing so, the care home staff member must ensure that the MAR charts are **checked by another suitably trained and competent care home staff member (and signed)**.



2.3 Documentation of administration and when a citizen does not require the medication.

The care home staff member responsible for the administration of the ‘when required’ (PRN) medication should sign the MAR chart to indicate that the medication has been administered.

It is good practice to record at each medication round that the citizen has been offered the medication if they can receive it i.e. they are within the time interval that it can be administered.

PLEASE NOTE THIS SHOULD NOT BE THE ONLY TIME IT IS OFFERED OR ADMINISTERED.

If the medication is refused i.e. the citizen does not require it, **THIS SHOULD NOT BE DOCUMENTED ON THE MAR** it is recommend that it is instead noted as part of the ‘when required’ (PRN) care plan i.e. there is an additional care plan sheet (The Medication Administration Record for ‘When Required’ (PRN) Medication sheet (appendix 3)) that the care home staff member documents any care that is provided in relation to ‘when required’ (PRN) medication. Documenting that a citizen does not require PRN medication on the MAR chart risks a

possible confusion as it can become unclear as to whether an entry is an administration signature or a non administration code. This also causes documentation issues if a nurse offers the 'when required' (PRN) medication the citizen refuses and then a period later e.g. 20minutes they may change their mind and then the documentation of this administration can become unclear as the space on the MAR chart has already been used.

If the PRN medication is administered, the following details should be recorded to prevent any incidents or accidental overdoses:

- Number of tablets/ dose given especially when there is a varying dose(e.g. 1-2 tablets)
- The exact time of administration to make sure the required time interval has passed before administering the next dose.

If there is limited/inadequate space on the MAR chart then an additional documentation sheet such as that in appendix three should be utilised.

3.0 When to contact the prescriber

If 'when required' (PRN) medication is administered regularly then this should be referred back to the prescriber for review of the citizen's current medication regimen, as there may be a change to the indication/condition that is being treated. It is also important that if it is deemed that the medication is not having the desired effect the prescriber needs to be contacted to review. In these instances it is important that there is clear documentation to support this and the citizens responses to the medication.

4.0 Discontinuation/ alteration of 'PRN' medication regime

Any changes to the prescribed 'when required' (PRN) medication regime need to be discussed with the prescriber. The prescriber will authorise any required changes and this should be documented in the citizens care plan so that all care home staff are aware. If the prescriber has requested that the medication be discontinued then this should be clearly crossed out by a trained and competent care home staff member signed and dated.

It is important to ensure that the community pharmacy is informed of the discontinuation of the medication to prevent it continuing to appear on the MAR chart and being administered in error.

For any dose changes (both increase and decrease) to the 'when required' (PRN) medication regime a new entry should be written following the transcribing process.

The citizen should be monitored in case symptoms have reoccurred or the dose adjustment has not had the desired effect.

If there is any remaining medication following discontinuation this should be disposed of as per the care homes policy.

5.0 Stock/Supply

'When required' (PRN) medication should be supplied in the original packaging and not in a monitored dosage system (MDS), this aides waste reduction from shorten expiries and the risk of the citizen being administered the medication routinely when it is not required or any confusion over the administration of doses.

'When required' (PRN) medication that is still currently being required by the citizen and is in date should be carried over from one month to the next and should not be disposed of (ensure that the expiry date is checked as part of this process). A record of the quantity of stock carried over should be recorded on the new month's MAR chart to ensure an accurate record of the quantity and to aid any audits.

'When required' (PRN) medication needs to be easily accessible at all times not just at the medication round. Therefore the location of the storage for ease of accessibility needs to be considered, the storage needs to comply with good practice requirements for safe storage i.e. room temperature below 25°C needs to be in a suitable locked area at all times.

Stock levels of medication should be checked before ordering, and should only be ordered if they are required and not in large quantities to ensure that they are used before they expire (the care home should have enough stock to meet the needs of the citizen without unnecessary waste of the medication).

6.0 Prescribers responsibilities

NICE (2014) Managing Medicines in Care Homes advises when prescribing 'When required' (PRN) medication the health care professional prescribing the medicine should ensure the following is considered and documented in the citizen's notes/care plan:

- When and how to take or use the medicine e.g. 'when low back pain is troublesome take 1 tablet'
- Inform the care staff of what additional monitoring is required
- The effect that is expected from the citizen taking the medicine
- Ensure that the dosage instructions are on the prescription this includes the maximum amount to be taken in a day and how long the medicine should be used for, this is to ensure that the information is on the medicines label when dispensed by the community pharmacy
- Ensure that the quantity of medication prescribed is what is likely to be needed by the citizen i.e. 28 days or the expected length of the treatment if shorter.
- Liaise with the care home staff to ensure that the medication is having the desired effect, review how often it is being administered, adjusting the treatment plan if required.

As Required/ PRN Medication Care Plan

Citizens Name:	Date of Birth:	
Name of Medication & Strength:	Form:	
	Route: oral/ topical etc....	
Dose and Frequency (please give details of variable dose)	Minimum time interval between doses:	
Maximum Dose in 24hours:	Prescribed by:	
Reasons for Administration: (when the mediation should be given): Describe in as much detail as possible the condition being treated i.e. signs and symptoms, behaviours, type of pain, expected/desired outcome. For topical preparations indicate where it should be applied, for variable doses indicate when the different doses should be used.		
Any Special Instructions: e.g. before or after food, on empty stomach, given covertly	Predictable Side Effect: Use current BNF or product information leaflet to list these	
Any Additional Comments/Information		
Prepared by: Name & Signature	Designation	
Checked for accuracy by: Name & Signature	Designation	
Start Date:	Review Date:	

Appendix Two

Example of As Required/ PRN Medication Care Plan

Citizens Name: Citizen Jones	Date of Birth: 01/01/1901
Name of Medication & Strength: Lorazepam 1mg	Form: Tablet
	Route: oral/ topical etc.....- Oral
Dose and Frequency (please give details of variable dose) One tablet to be taken when required	Minimum time interval between doses: 8 hours
Maximum Dose in 24hours: 2mg	Prescribed by: Dr GP
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, expected/desired outcome. For topical preparations indicate where it should be applied, for variable doses indicate when the different doses should be used. Lorazepam is to be administered when Citizen Jones becomes anxious. Citizen Jones often becomes anxious following a visit from family members, as following the visit she becomes agitated and restless asking for her children. Citizen Jones can appear frightened and withdraw from others hiding in a corner of the room or pacing. Before the Lorazepam is administered staff should attempt to encourage Citizen Jones to sit quietly one to one, engaging with her to try and encourage her to express her feelings taking the time to listen how she is feeling. Making sure that it is acknowledge how important her family are to her allowing her to chat about her family. Try to provide reassurance, orientating her to time and place. Try different distraction methods, she likes having a cup of tea whilst looking at old photos. If despite these measures Citizen Jones' anxiety continues only then should the Lorazepam be administered. It is important to note that it will take 15minutes before the Lorazepam starts to take effect. Citizen Jones will require increased supervision post administration as there is an increased risk of falls and confusion.	
Any Special Instructions: e.g. before or after food, on empty stomach, given covertly <ul style="list-style-type: none"> Any drinks containing caffeine or grapefruit juice should be avoided as they can affect how Lorazepam works. Prolonged use of Lorazepam should be avoided as this can lead to dependence Abrupt withdrawal should be avoided 	Predictable Side Effect: Use current BNF or product information leaflet to list these Confusion, dependence, drowsiness & light-headedness (note this may continue the following day post administration), amnesia and muscle weakness. Note the increased risk of falls.
Any Additional Comments/Information Monitor Citizen Jones' response to the Lorazepam when administered, informing Dr GP of any side effects , if the medication does not reduce anxiety or the frequency of administration is increasing	
Prepared by: Name & Signature Care Home Manager A	Designation Manager
Checked for accuracy by: Name & Signature Senior Care A	Designation Senior Carer
Start Date: 1 st Jan 2018	Review Date: 1 st March 2018

Medication Administration Record for 'When Required' (PRN) Medication

[illegible]

Checklist for ensuring the safe purpose & outcomes for citizens receiving 'when required' (PRN) medication

Questions to consider	Mark as appropriate YES/NO
1. Documented whom has prescribed the 'when required' (PRN) medication	
2. Was the citizen and/or family, care staff involved in the decision making process, have they been fully informed of any associated risks etc..	
3. Has the prescriber provided clear instructions to the reason for prescribing	
4. Is the medication documented on the pre-printed MAR chart or does it require transcription	
5. Has the instructions for administration been made clear, i.e. how often, dose, time intervals or is there a specific time i.e. bedtime etc...	
6. Clear details to how the medication should be requested or indicated that it is required in the care plan i.e. can the citizen verbalise or does the care home staff member need to be aware of other indicators.	
7. Is the medication time-limited, if so is this indicated on the MAR chart	
8. Date set for review of medication	
9. Is the details of the symptoms to be treated documented	
10. Is it clearly documented what the maximum dose in 24hours should be	
11. Are staff aware that the medication should not just be offered at set times i.e. medication round	
12. Documentation of the outcomes following administration will take place	
13. Are there any other interventions/ monitoring that are required before or addition to the administration of the 'when required' (PRN) medication	
14. Does the prescriber or another healthcare professional need to be informed of the outcome of the administration before the set review date. (this communication should be documented)	
15. What measures are in place to ensure that duplicate doses are not given or administration does not take place at the wrong time.	
16. Awareness of the need to inform the prescriber if the medication is being taken on a regular basis	
17. Citizens other medication has been reviewed to ensure that there is no medication of the same/similar therapeutic class	
Additional information/ action points	