

When required (PRN) & Variable dose Guidelines for Care Homes

For all staff responsible for administering PRN/Variable dose medicines in care homes

Definition

When Required (PRN) medications are usually prescribed to treat short term or intermittent medical conditions and are not administered on a regular basis.

Some common medical conditions treated in this way include pain, nausea and vomiting, indigestion, anxiety, and insomnia. Some types of inhalers (e.g. salbutamol) are also used in this way for asthma or COPD.

PRN medications are sometimes prescribed with varying dosages. Examples 'Take ONE or TWO tablets FOUR times a day' or 'Take ONE tablet TWO to THREE times a day'.

Purpose of this guidance

To support safer administration of PRN/Variable dose medications and highlight key issues to consider when care home staff administer these medications.

Care Plan

The resident's care plan should contain enough information to ensure that the PRN/Variable dose medication is administered as intended by the prescriber.

Use a personalised PRN protocol for all PRN/Variable dose medications (see Appendices 1 & 2 for examples). This should be kept with the resident's Medication Administration Record (MAR) charts.

Information on the PRN protocol should include the following:

- The medical condition the medication is prescribed for.
- Dose instructions. This includes:
 - o The maximum amount to take in a day
 - o Minimum time interval between doses
 - o Where a variable dose is prescribed there should be clear directions as to what dose should be given.
- Alternative strategies to be attempted before the medication is administered, as stated in the Care Plan.
- The resident's awareness of symptoms.
- The resident's capacity to request or refuse the medication.
- Symptoms to look for, e.g., non-verbal expressions of distress.
- When to offer and how to give the medication, e.g. if medication needs to be given covertly.
- Where more than one when required medicine is available for the same condition, it should state how, and in which order they will be administered.

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.

Some PRN medications should be offered routinely throughout the day, and not only at medication rounds.

Recording administration

When the PRN medication is given the MAR should be signed and the following details recorded on the reverse of the resident's MAR chart or PRN log to prevent errors (e.g. double doses/overdoses):

- Number of tablets/ doses 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.
- The reason for giving PRN medication.
- The outcome and whether the medication was effective.

You do not need to record on the MAR every time a PRN medicine is offered and not taken unless this requirement is laid out in the resident's Care Plan. However, it is good practice to record if the resident has been offered a PRN medication.

The code used to record this offer should indicate 'not required'.

Care homes should not use the code indicating 'refused' – if the medication is offered but not needed this will show an inaccurate record. 'Refused' is used for regular medications only.

At the end of each 28 day cycle the PRN log should be attached to the corresponding MAR chart to provide a full record of administration and ensure appropriate re-ordering of stock.

Monitoring & review

Contact the GP for advice or review if the resident:

- 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
- Has a medical condition which is deteriorating
- Rarely requests or regularly declines the PRN medication

The PRN medication should be reviewed regularly, and the review date clearly stated in the patient's Care Plan & PRN Protocol.

Stock control

Keep appropriate stock levels to meet the resident's changing needs.

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.

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.

PRN medicines should be stored securely and be accessible on request where appropriate.

References

1. <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765> Last updated May 2020
2. <https://www.cgc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care> Last updated 10th Feb 2021

PRN 'when required'/Variable dose Medication Protocol

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 resident's Medication Administration Record (MAR) charts for reference. Response to therapy should be recorded on the reverse of the residents MAR chart or PRN log, details to include are the date, time and quantity given, the reason for administration and the result/effect.

Home Name/Unit:	Room Number:
Patient Name:	Date of Birth:

Name of medication:		Strength:	
Route:		Form:	
Dosage: If variable, the circumstance under each dose is required. (e.g., Take ONE or TWO tablets)			
Frequency: If variable, the circumstance under each dose is required. (e.g., Take TWO to THREE times a day)			
Minimum time interval between doses:		Maximum dose in 24 hours:	
Reasons for medication prescribed:		Expected effect of medication:	
Administration details: When the medicine should be given. <ul style="list-style-type: none"> - Alternative strategies to be attempted before the medication is administered, as stated in the care plan. - The resident's awareness of symptoms. - The resident's capacity to request or refuse the medication. - Symptoms to look for, e.g., non-verbal expressions of distress. - When to offer and how to give the medication, e.g. if medication needs to be given covertly. - Where more than one when required medicine is available for the same condition, it should state how and in which order they will be administered. 			
Special instructions: Printed on medication label (e.g., Take before or after food)			
Common side effects: Use current BNF or information leaflet			
Additional Comments/information: (e.g., Food/drink to avoid, fire risk)			

Circumstances for reporting to GP:	<input type="checkbox"/> Persistent use of upper-level dose for 7 days <input type="checkbox"/> Requesting too often <input type="checkbox"/> Medication not having the desired effect <input type="checkbox"/> Never requesting/accepting/Carried forward +3months <input type="checkbox"/> Side effects experienced
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Prepared by:	Role:
Approved by:	Role:
Start Date:	Review Date:

Appendix 1

PRN 'when required'/Variable dose Medication Protocol

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 PRN log, details to include are the date, time and quantity given, the reason for administration and the result of the outcome.

Home Name/Unit: <i>The Care Home</i>	Room Number: 1
Patient Name: <i>Minnie Mouse</i>	Date of Birth: 01/12/1935

Name of medication: <i>Codeine</i>		Strength: 15mg	
Route: Oral (e.g., Oral/Topical)		Form: Tablet (e.g., Tablet/Capsule/Syrup/Cream/Ointment)	
Dosage: If variable, the circumstance under each dose is required. (e.g., Take ONE or TWO tablets)		ONE to TWO tablets <i>Minnie mouse is able and likes to decide according to pain</i>	
Frequency: If variable, the circumstance under each dose is required. (e.g., Take TWO to THREE times a day)		Up to FOUR times a day	
Minimum time interval between doses:	4 hours	Maximum dose in 24 hours:	8x15mg tablets (120mg)
Reasons for medication prescribed:	<i>Intermittent back pain (Takes regular paracetamol)</i>	Expected effect of medication:	To reduce pain
Administration details: When the medicine should be given. <ul style="list-style-type: none"> - Alternative strategies to be attempted before the medication is administered, as stated in the care plan. - The resident's awareness of symptoms. - The resident's capacity to request or refuse the medication. - Symptoms to look for, e.g., non-verbal expressions of distress. - When to offer and how to give the medication, e.g. if medication needs to be given covertly. - Where more than one when required medicine is available for the same condition, it should state how and in which order they will be administered. 		Minnie has regular paracetamol but sometimes still experiences back pain. She is unable to verbalise when she is in pain. Staff will need to look for the following behaviours which may indicate that she is in pain: <ul style="list-style-type: none"> - Shouting out - Crying - Teeth grinding - Fist clenching - Holding/clawing at her back If Minnie is demonstrating these behaviours the codeine will need to be administered. Minnie will take this from a spoon or a pot.	
Special instructions: Printed on medication label (e.g., Take before or after food)			
Common side effects: Use current BNF or information leaflet		Drowsiness, Constipation, confusion, hallucination, dizziness, flushing, nausea.	
Additional Comments/information: (e.g., Food/drink to avoid, fire risk)		Avoid alcohol	

Circumstances for reporting to GP:	<input checked="" type="checkbox"/> Persistent use of upper-level dose for 7 days <input checked="" type="checkbox"/> Requesting too often <input checked="" type="checkbox"/> Medication not having the desired effect <input checked="" type="checkbox"/> Never requesting/accepting/Carried forward +3months <input checked="" type="checkbox"/> Side effects experienced
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Prepared by: Donald Duck	Role: Care assistant
Approved by: Pluto	Role: Unit Lead
Start Date: 20/1/2022	Review Date: 20/1/2023

For medication queries & support, contact the
BSW ICB Medicines Optimisation Team via:
bswibc.prescribing@nhs.net



**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board

PRN Medication Log

Date	Time	Medication	Dosage given	Reason	Outcome	Staff Signature