

Good Practice Guidance for Care Homes

How to manage 'When required' and Variable Dose Medications.

This document has been updated to support care homes to put the recommendations in NICE Guidance (SC1)¹: Managing medicines in care home into practice

Definition

The Latin term 'P.R.N.' (*Pro re nata*) translates as 'as the thing is needed'. Therefore, the term 'P.R.N.' is often used to refer to medication that should be taken only when required or as needed and should be offered when the service user presents with a defined intermittent or short-term condition i.e. not given as a regular daily dose or at specific times e.g. medication rounds. Common examples of 'when required' medicines include: pain relief, laxatives and sleeping tablets.

In addition medicines may be prescribed as a variable dose or a range of doses that may be suitable such as "1 or 2 tablets to be taken" or "1 or 2 puffs to be inhaled". Variable doses are often prescribed for 'when required' medicines to allow further flexibility to manage symptoms.

What should be included in the plan for administering a 'when required' medication?

When a service user is prescribed 'when required' or a variable dose medication, a specific plan for administering this medication should be documented in their clinical records/care plan. It is recommended that the following information is included to ensure that the care plan accurately describes what the medication is for and also describes how staff should make an assessment on whether the service user requires the 'when required' medication:

- Drug name including strength and formulation
- Dose and route of administration,
- Minimum time interval between doses (if appropriate) and maximum number of doses in 24hrs
- What the medication is for and the expected outcome
- What is the prompt for administration? This must be specific to the medication and the person. For example: paracetamol 500mg tablets prescribed 'two to be taken up to four times a day when required for pain relief'. This could be
 - At the request of the resident e.g. 'I have a headache, can I have some pain relief?'
 - The staff observe certain behaviours e.g. resident with dementia holding their head
 - The medicine is offered at specific times e.g. a resident is asked at each medication round if they would like any pain relief.

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- For a variable dose medication - how the decision regarding which dose to be given should be described.
- How the response - whether or not the medication is achieving expected outcomes, is recorded and reviewed.
- What to do if a resident refuses a 'when required' medicine despite apparent need. A resident refusing a laxative despite having constipation may require hospital admission for impaction.
- Review date for use of the 'when required' medication

Facilitating safe administration of a 'when required' medication.

- Residents should not receive multiple 'when required' medications for a similar therapeutic reason e.g. multiple pain relief (paracetamol/co-codamol) or laxatives (senna/macrogol). If necessary, further information and advice should be sought from the prescriber. The prescriber should indicate specific instructions for each medication and when it should be used or omitted.
- All staff administering 'when required' medication must have sufficient training and knowledge of the medication to allow them to do so (Regulation 12²). It is the responsibility of each individual to practise only within the bounds of their own competency. This includes checking a medicine in a similar class, either prescribed or a homely medicine has not already been administered.
- It is recommended that a 'when required' medicine protocol ([link to template](#)) should be completed for all 'when required' medication and be held with the service user's Medication Administration Record (MAR) chart (see [Appendix 2](#) for a completed example). All staff should consult the 'when required' medicine protocol sheet before administration of a 'when required' medication.
- Ensure the pharmacy accurately prepares the MAR chart. Usually putting specific times for 'when required' on the chart is NOT recommended as it is not known when the medicine may be needed. If there is a discrepancy or apparent variation between the MAR chart and the care plan, then clarification should be sought prior to administration.
- 'When required' medicines should be reviewed on a regular basis

Recording administration of a 'when required' medication.

It is recommended that only administration is recorded on the MAR chart although some care home policies state that staff must record evidence that the medicine has been offered and not needed (and may be recorded using a defined code)

- If the care plan/ protocol states that the resident requests the pain relief , the MAR should only be signed after administration
- If the care plan/ protocol states that the carer assesses the resident, the MAR should only be signed after administration. The care home should decide how and where to record assessment of need.

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- If the care plan states that the resident is prompted at each medication round, the care home should decide where and how the prompting is recorded.
- If a resident assessed as requiring the “PRN” medicines refuses to take it, this should be marked as a refusal on the MAR chart.

A record of the administration of the ‘when required’ medicine should be made immediately after it has been given in, using the approximate time slot on the MAR chart.

Then use the reverse of the MAR to record:

- The quantity of medicine given if variable dose e.g. 1 or 2;
- The time given. (It is essential that the time is documented to allow the correct interval between doses to be calculated),
- The reason for administration e.g. pain.
- The signature of staff involved in the administration
- Any other relevant supporting information regarding the administration
- If the resident refuses a ‘when required’ medication despite the apparent assessed need this should be marked as a refusal on the MAR sheet.
- The response to the ‘when required’ medication should be assessed and recorded indicating if the symptoms are resolved.

Ordering and supply of ‘when required’ medication

- Check stock levels before ordering. Keeping a running balance of ‘when required’ medication will facilitate this.
- ‘When required’ medication that is still in use and in date should be carried over from one month to the next and **not** be disposed of.
- To reduce waste, only order the amount of ‘when required’ medication that is required
- A record of the quantity carried over should be recorded on the new MAR sheet
- ‘When required’ medication **should not** be placed in a monitored dosage system (MDS). This allows for the medication to be safely stored up to the manufacturer’s expiry date and minimizes waste.
- If a ‘when required’ medicine such as paracetamol or senna (which can be purchased from a pharmacy) is used only very occasionally, the supply could be made from the homely medicines stock instead of a prescription.
- **Please note: IT IS NOT ACCEPTABLE TO DISPOSE OF ‘WHEN REQUIRED’ MEDICATION AT THE SAME TIME AS RE-ORDERING A NEW SUPPLY.**

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Reviewing use of ‘when required’ medication.

On a regular basis, review residents’ requirements for the ‘when required’ medicines. The review should also consider if the medicine is having the desired outcome or if it is being refused despite apparent need.

Discontinuing ‘when required’ medication

- Only the prescriber can authorise any changes to ‘when required’ medication.
- If the ‘when required’ medicine was issued as a one off acute medication and has not been used for 2 months, this can be removed from the MAR and the stock destroyed.
- If the ‘when required’ medicine is on the repeat medication list and has not been used for 3 months, contact the GP to review - an exception to this would be medicines such as Glyceryl Trinitrate spray to prevent an angina attack or Salbutamol inhaler to prevent an asthma attack.
- If authorisation has been given by the prescriber to stop the ‘when required’ medication the following actions should be taken:
 - A record of the change should be documented in the service user’s clinical record / care plan.
 - Write ‘discontinued by prescriber’ on the MAR chart (after the last administration entry for the discontinued prn medication). This should be dated and countersigned by another member of staff.
 - The care home should inform the dispensing community pharmacy of the change.
 - The change should be communicated to all staff responsible for administering medication.
 - Any remaining medication should be disposed of following the care homes procedure.
 - It is important to monitor the service user in case symptoms recur therefore requiring further review by the prescriber.

Changing from ‘when required’ to Regular Medication?

- Only the prescriber can authorise any changes to ‘when required’ medication.
- If a ‘when required’ medicine is used on a regular basis the GP should be contacted to review the dose.
- A prescriber can alter the dose by either signing a new instruction on the MAR chart, or by providing other written instructions e.g. fax or email.
- A record of the change should be documented in the service user’s clinical record / care plan.
- The MAR chart should be updated and any change communicated to care staff.

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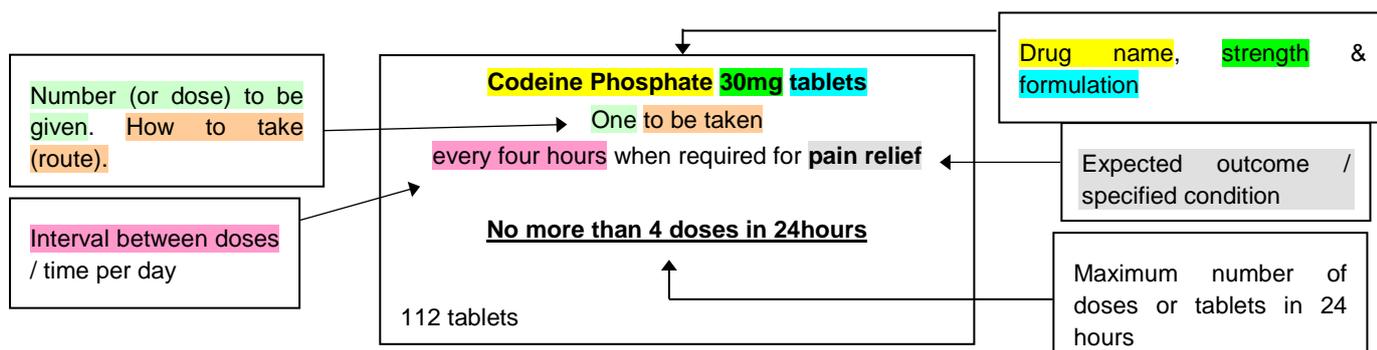
- The label of the current supply has now been superseded by the new instruction. To highlight this we recommend putting a * next to the label and the MAR chart entry to alert care staff of the new instruction. When the current supply of medicine has been used up a new supply can be ordered which will have the updated administration instructions.

Prescription and Labelling Requirements.

In order for specific dosing instructions to appear on the MAR chart and label, the prescriber must state the specific instructions on the prescription. Best practice¹ is for a prescription for a ‘when required’ medicine to include:

- Drug name (e.g. paracetamol)
- Strength & formulation (e.g. 500mg tablets)
- Dose and route (e.g. two tablets to be taken)
- Frequency of dose (e.g. up to 4 times a day) &/or interval between doses (every 4 hours)
- Maximum number of doses in 24hrs if not clear from dose and frequency.
- Expected outcome (e.g. for pain relief) or indication (e.g. for pain).

Example of a pharmacy label for ‘when required’ medication:



Appendix 1: References

- 1) NICE Guidance: SC1 Managing Medicines in Care Homes.
<https://www.nice.org.uk/Guidance/SC1>
- 2) Health and Social Care Act 2008
<http://www.legislation.gov.uk/ukxi/2014/2936/contents/made>
- 3) CQC Guidance about compliance
http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf

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Appendix 2 : Example: 'When required' and variable dose medicine protocol

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Example: 'When required' and variable dose medicine protocol for Glyceryl Trinitrate (GTN) Spray

This guidance needs to be adapted to reflect the needs of the individual person

Name Daisy Flower	DOB 25.12.1930
Medication Glyceryl Trinitrate (GTN)	Form Spray
Strength 400mcg per spray	Route of Administration Under Tongue
Dosage: spray two puffs under tongue	
Minimum interval 5 minutes	Maximum dose in 24 hours
Does the resident self-administer? No –medication stored in trolley.	
Reasons for Administration: Chest Pain- Angina or to prevent angina pain prior to Exertion	
Desired Outcome - Relief of chest/angina pain	
Is resident able to express need for this medication? Yes _(how) No Exertion for Daisy would be equivalent of 2 flights of steps. If Doris has chest pain, she may hold her chest or grit her teeth and sit down.	
Variable Dosage Criteria One puff if used before exertion , two puffs for angina pain	
How to use Ensure Daisy is sitting down. Ask her to take a few deep breaths, then open her mouth spray and spray two puffs under her tongue. Ask Daisy to close her mouth and hold her breath for five seconds and not inhale spray. If pain is still there after 5 mins repeat dose. If the pain does not subside after a further 5 minutes seek urgent medical attention (dial 999). Do not wait longer than 20 minutes.	
Additional Information Make sure Daisy sitting down before use Inform GP after each time spray is used for angina After any angina attack, ensure somebody stays close to Daisy for an hour.	
Consult with prescriber if (desired outcome not achieved in time scale)	
Recording Record only when administered. Put exact time and reason for administration on reverse of MAR.	
Review Review with GP if required more than 3 times in one month or twice in one day.	
Care Manager:	Date:
	Review Date:

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