

This document has been updated to support care homes to put into place the recommendations outlined in NICE Guidance (SC1)<sup>1</sup>: Managing medicines in care homes.

#### 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 pre-arranged times of the day 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 to support staff in 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?

<sup>1</sup> NICE Guidance: SC1 Managing Medicines in Care Homes. <https://www.nice.org.uk/Guidance/SC1>

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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.
- 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, e.g. on the reverse of the administration chart
- 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 (e.g. which pain relief to use first) or if any should be omitted.
- All staff administering 'when required' medication must have sufficient training and knowledge of the medication to allow them to do so<sup>2</sup>. 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 (for example, see:<https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/>) should be completed for all 'when required' medication and be held with the service user's Medication Administration Record (MAR) chart. All staff should consult the 'when required' medicine protocol before administration of a 'when required' medication, and also check when the medication was last given to ensure it is safe to administer at that time.
- 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

<sup>2</sup> Health and Social Care Act 2008 <http://www.legislation.gov.uk/ukxi/2014/2936/contents/made>

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## 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, however the care home should decide how and where to record evidence of assessment of need.
- If the care plan states that evidence is required to demonstrate that a resident is asked whether they want to receive a ‘when required’ medicine at each medication round, the care home should decide where and how this is recorded.
- If a resident is assessed by staff as requiring the ‘when required’ medicine, and subsequently refuses to take it, this should be marked as a refusal on the MAR chart. Further comments may be made on the carers notes (usually on the reverse of the MAR)

A record of the administration of the ‘when required’ medicine should be made immediately after it has been given, using the nearest 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 accessed 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

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- A record of the quantity carried over should be recorded on the new MAR sheet to facilitate easier audit
- ‘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 minimises 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. Consider discussing this at the next medicine review for this person
- **Note: Please ensure that stocks of ‘when required’ medicines are carried forward to the following medicine cycle. IT IS NOT ACCEPTABLE TO DISPOSE OF ‘WHEN REQUIRED’ MEDICATION AT THE SAME TIME AS RE-ORDERING A NEW SUPPLY.**

### 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.

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- 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. by secure email or note in care plan.
- 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.
- 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 practice 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).

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