

Kent and Medway ICB

When Required Medications

Best Practice Guidance

Version History

Version	Status	Date	Approved by	Comments
1.0	Approved	March 2022	KMMOC Clinical Cabinet	
2.0	Draft	May 2024		Sections on homely remedies and PRN medicines to manage behaviour added. Version control added.
2.0	Approved	June 2024	IMOC	

NHS Kent and Medway - ICMO Team	Approval date: June 2024	Version: 2.0	Review date: May 2026
	Approved by: IMOC Status: APPROVED		

Definitions

‘When required’ or PRN medicines - medicines that should only be taken when the need arises, and/or for intermittent periods of time. These medications are not intended for regular, defined interval use. In addition, medicines may be prescribed as a variable dose or a range of doses that may be suitable such as “Inhale ONE or TWO puffs when required” to accommodate symptom flexibility.

There should be a policy within each home on the use of PRN medications. The policy should cover the ordering and supply, storage, administration, disposal, and recording of PRN medicines.^{1,2}

Prescribing

PRN medication should be prescribed and labelled with:

- The number of tablets to be taken,
- The interval between doses,
- The indication,
- The maximum amount to be taken in the day.

Avoid the term ‘as directed’ - if instructions for administration are unclear, clarification should be sought from the GP.

Documentation in care plans

The following information should be included in a resident’s care plan to ensure PRN medicines are clearly described and ensure carers assess the need for PRN medications on an individualised basis.³

- Medication details: name, strength, formulation, dosage, and indication (what the medication is being used for),
- Symptoms to look out for, and when and how to offer medication, including any specific or special instructions,
- Appropriate alternative interventions to use before medicines are administered,
- If it is appropriate to give a varied dose, and when to do so,
- Whether the resident can express the need for a medicine or if they need prompting or observing for signs of need,
- When the medicines should be reviewed or monitored,
- How long the resident is expected to need the medicine e.g. short term/ long term,
- When to check with the prescriber,

Please see Appendix 1 for a sample ‘when required’ protocol. Appendix 2 shows guidance on what information to document.

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Ordering

It is recommended that PRN medication should be dispensed in its original packaging with the pharmacy label on it. This provides flexibility and **reduces waste**.

- Any PRN medication that is still in use and in date should be '**carried forward**' from one month to the next.
- It is not necessary to destroy unused, in date PRN medication each month. Stock levels of a PRN medication must be appropriate for the resident's changing needs to avoid excess stock levels.

Homely Remedies

Some medicines used PRN are available as a homely remedy - examples include paracetamol for mild to moderate pain relief, and indigestion remedies. Care homes should ensure the Homely Remedy scheme is utilised as it is not always necessary to request a prescription for some treatments required for less than 48 hours.

Please refer to the ICB Homely Remedies Policy for further information on the use of Homely Remedies in Care Homes.

Storage

Care homes should ensure PRN medications are stored securely and that they are accessible throughout the day and night as requests often occur outside of regular medication rounds.

Administration

There should be a record of PRN medication on the MAR chart. PRN medication must be offered at times to meet the needs of the resident, and not just when the medication rounds occur.

The following should be recorded on the MAR chart:

- The exact time the medication was given - the back of the MAR chart can be used. This will help a carer decide if an appropriate interval has passed before administering the next dose.
- The exact amount given - if 'ONE to TWO tablets' is prescribed, the record should show if one or two tablets were administered.

The PRN protocol should clearly state what symptoms to look out for and when such a medication can be offered.

Carers should be fully aware of the availability of the PRN medicine, the quantity to be given, the interval between doses and the maximum daily quantity allowed.

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When a medication is prescribed at a variable dose, the care plan should include information on how a decision is made on the dose to administer (e.g. ONE or TWO tablets).

Carers should give consideration to residents who may not have the capacity to refuse medication offered. It is good practice to provide decision making aids such as the Wong-Baker face scale to assist residents in describing their current symptoms.

Monitoring & when to refer

On a regular basis, residents' requirements for the PRN medicines should be reviewed.

The following should be noted, and may indicate that a medication review is required:

- If side-effects are observed, or if the medication is not tolerated,
- If the PRN medication is being requested frequently,
- If the PRN medication is not having the desired outcome,
- If the PRN medication is regularly declined (including if there is an apparent need),
- If the resident's condition has changed or deteriorated.

If a resident's needs have changed over time, a medication review may be required - this can be done by PCN pharmacists or GPs in collaboration with the resident and the relatives.

The dose should be clearly outlined on the PRN medication paper work. If there is any confusion over when to give the medication or what dose to give, the prescriber or appropriate health care professional should be contacted to clarify.

Medicines used to manage behaviour ¹

If medicines are being used PRN to manage a resident's behaviour, staff should know how to support a person in a different way before using a medicines (for example, understanding any triggers to the resident's behaviour, and changing the resident's environment to reduce the behaviours).

Providers should follow principles laid out in:

- STOMP (stopping overmedication of people with a learning disability, autism or both)
- STAMP (supporting treatment and appropriate medication in paediatrics).

Providers should work with prescribers to ensure that psychotropic medicines used to manage behaviour are regularly reviewed. They should only be prescribed where there is a clinical need, and for as short a time as possible.

The use of these medicines should be recorded and regularly reviewed, including at the resident's annual health check. If there are any concerns about overuse of these medicines, the prescriber should be contacted for advice.

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Record Keeping

It is recommended that only administration is recorded on the MAR sheet. However, 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 a resident is assessed as needing the PRN medicine but refuses to take it, this should be marked as a refusal on the MAR sheet and documented in the resident's care plan.

The care plan should state clearly when PRN medication should be administered. This is usually either at the request of a resident, or if an assessment is carried out (by care home staff), or by prompting the resident. If the resident is to be prompted, the care home should decide where and how the prompting is recorded.

Any such administration or refusal record should be recorded immediately on the MAR sheet. It is good practice to record the following on the reverse of the MAR sheet for a corresponding administered/refused PRN dose:

- The quantity of medicine given if variable dose e.g. ONE or TWO,
- 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., headache, back pain, bowels not opened for xx days, rash on arm),
- The signature of staff involved in the administration,
- The outcome of the medication being given - the resident should be monitored after the dose is given to ensure desired outcome of the medication is achieved or if further action is to be taken,
- Any other relevant supporting information regarding the administration.

Any additional recording requirements for PRN medication (for example, if the medication is a controlled drug or a homely remedy) should also be recorded as stated in their respective policies.

Discontinuing PRN medication

Only the prescriber can authorise changes to PRN medication.

If the PRN medicine was issued as a **one-off acute** prescription (for short term use) medication and has not been used for TWO or more months, this could be removed from the MAR and the stock destroyed.

If the PRN medicine is on the repeat medication list and has not been used for THREE or more months, contact the resident's 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 which should be prescribed as PRN on the resident's MAR chart.

If the resident continues to use PRN medication at regular intervals, it may be more appropriate to cease the PRN medication and refer to the prescriber to request the medicine as a regular medication.

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Any homely remedy being used for a resident should be discontinued once the episode of treatment is complete.

References

1. Care Quality Commission (2022) When required medicines in adult social care [online] Available at: <https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>
2. Care Quality Commission (2023) Regulation 12: Safe care and treatment [online] Available at: <https://www.cqc.org.uk/guidance-providers/regulations/regulation-12-safe-care-treatment>
3. National Institute for Health and Care Excellence (2014) Managing medicines in care home, NICE Social Care Guideline SC1 [online] Available at: <https://www.nice.org.uk/guidance/sc1>

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Appendix 1: Sample 'When Required' Protocol

Name:	
DOB:	Room number:
Medication:	Form:
Strength:	Route of administration:
Reason for prescribing (indication):	
Dose and frequency:	Minimum time between doses:
Maximum dose in 24 hours:	
Reason for administration:	
How decision is reached to give dose:	
When to administered varied dose:	
Actions to take prior to administration:	Actions to take after administration:
Expected outcome:	Potential side effects:
Additional information:	When to refer to GP:
Expected duration of treatment:	
Completed by:	
Date completed:	
Review date:	

Appendix 2: Guidance on information to be documented

Name: <i>Resident's name</i>	
DOB: <i>xx/xx/xxxx</i>	Room number: <i>x</i>
Medication: <i>Brand and/or generic name</i>	Form: <i>Tablet, Capsule, Liquid, etc.</i>
Strength: <i>e.g., 100mg, 10mg/5mL, etc.</i>	Route of administration: <i>Oral, Topical, etc.</i>
Reason for prescribing (indication): <i>For example, pain, indigestion, breathlessness</i>	
Dose and frequency: <i>e.g., How many tablets per dose, how many times per day.</i>	Minimum time between doses: <i>Minimum number of hours between doses</i>
Maximum dose in 24 hours: <i>Total maximum dose in 24 hours</i>	
Reason for administration: <i>When the medication should be given - describe in as much detail as possible the condition being treated. For example, signs and symptoms, behaviours, type of pain - where and when, expected outcomes). Topical items should indicate where they should be applied.</i>	
How decision is reached to give dose: <i>Can the resident express the need for the medication? If unable to express need, how do staff know to administer? For example, non-verbal signs, behaviours, use of decision-making aids, duration of symptoms (e.g., not opened bowels for xx days).</i>	
When to administer varied dose: <i>Details on how to decide what dose to give, if the dose has a range (e.g., ONE or TWO tablets).</i>	
Actions to take prior to administration: <i>Non-medication interventions. Other medications available.</i>	Actions to take after administration: <i>What should be monitored after the medication is given.</i>
Expected outcome: <i>What is the intended outcome of the medication (e.g., relief of pain, passing bowel movements).</i>	Potential side effects: <i>Use patient information leaflet or BNF to document common side effects,</i>
Additional information: <i>To be given with/without food. Avoid alcohol. Do not take with any other paracetamol-containing products.</i>	When to refer to GP: <i>Not effective at upper dose. Never requested. Requesting regularly. Side-effects experienced.</i>
Expected duration of treatment: <i>For example, short-term or long-term, or ___ days / weeks / months</i>	
Completed by:	
Date completed:	
Review date:	