

PRN 'when required' medicine

Guidance



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The purpose of this document is to provide clear guidance to enable you to understand when to administer 'when required' medicines and how to record their administration.

After reading this guidance you will be able to:

- Describe what PRN medicines are, what they may be used for and when they may be taken
- Explain what information should be kept in the individual's care notes and what information should be provided on the prescription and MARR
- Explain what should be recorded when a PRN medicine is administered and where it should be recorded, in accordance with your local policies and procedures

What symptoms can PRN medicines commonly be used to help manage?

- Sleeplessness
- General Pain
- Chest pain in Cardiovascular conditions
- Heartburn and indigestion
- Shortness of breath in asthma or COPD

What is a PRN medicine and when should they be administered?

PRN (Pro Re Nata) medicine should be administered 'when required', usually when the individual deems they are in need of it. In some circumstances, according to the individual's care plan and local policies and procedures, the care giver may also be required to make a decision about the appropriate administration of a PRN. 'When required' medicine is managed differently to normal monthly cycle medicine, which is only offered during the normal medicine rounds. It is to be administered when the individual requires it, so it should be offered and available outside of these times. It is advisable to have clear instructions about managing, administering and recording PRN medicines as part of your local policies and procedures.

(NICE guidelines)



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Recording the right information:

What is recommended to be recorded in the individual's care notes?

(E.g. care plan/protocol)

As good practice, the care home should have a clear record of the following:



- The name of the medicine
- The purpose of the medicine (e.g. to relieve pain)
- The dose of the medicine (whether this is non-variable, such as take 1 tablet to manage pain, or variable, such as take 1-2 tablets according to the pain). This should be detailed by the prescriber, to underline in what circumstances each dose of medicine should be given
- The route of administration (e.g. to be taken orally)
- How to take the medicine (e.g. tablets, to be swallowed whole, to be taken with a meal)
- The frequency of the medicine (e.g. every four hours until symptoms subside)
- The minimum interval between doses
- The maximum allowance in 24 hours (e.g. no more than 8 tablets in 24 hours)
- What the drug expected outcome is (e.g. no longer in pain)
- The review date and any possible symptoms that would trigger an automatic review (e.g. if they present with these symptoms, please call the doctor immediately)
- The outcomes of each review also should be noted to keep the individual's notes up to date
- Other medicines being taken that contain a similar ingredient or are of a similar therapeutic class, which may cause an overdose (e.g. are they taking paracetamol and a paracetamol containing medicine such as co-codamol)

(NICE guidelines) (NHS Choices)

The above information is normally provided by the prescriber either on the prescription or verbally. The pharmacist is obliged to put all instructions from the prescription on the medicine label and print them onto the MARR, so it can be followed by the care giver.

If there is information missing then please discuss this with the prescriber, with the individual's consent.



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Recording the administration:

Before any medicine is administered, the person administering the medicine may review the total dose administered in the last 24 hours to ensure further administration does not exceed the maximum dosage. This highlights the importance of clear and detailed recording.

What you might choose to record...

The person administering the medicine might consider recording the following information each time the PRN is administered according to the local policies and procedures:

- The reasons the individual has requested the medicine or the observed need to administer the medicine - what symptoms were present at that time?
- The time and date that it was administered. (this is important to note the minimum interval between doses, and the maximum dose in 24 hours)
- Quantity administered, especially if the dose is variable (e.g. 1 tablet)
- The patient's response to the medicine – did the medicine have the desired effect? (e.g. she was not longer in pain). You may choose to record the period of time you would anticipate an improvement in symptoms following advice from the prescriber.

Where it needs to be recorded...

It is important that details for the administration of PRN medicines are recorded. Where you record the administration will depend on your local policies and procedures. This may include recording the administration on the MARR chart, with any additional information detailed on the back, or you may choose to use a specific PRN administration record.

However your care setting chooses to record the administration of PRN medicines, it is important that the process for recording is documented clearly in the policies and procedures.



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Packaging, storage, discontinuation and disposal...

Because PRN medicines may be required outside of normal medicine rounds, it is best stored in a place that is accessible outside of these times. This location should still comply with good storage requirements for example, medicines need to be locked away and be stored below 25°C. If you are unsure about the storage of PRNs please ask your local pharmacist or refer to the Patient Information Leaflet.

PRN medicine is also best supplied in original packaging so the staff and individual can become familiar with it, and have easy access to the Patient Information Leaflet. It also makes it easier to use as and when required because there is no confusion over missed doses. Furthermore, the box contains the expiry date, which can help to prevent unnecessary wastage.

As PRN medicine is not administered in the same way as monthly medicines, it is likely there will be carried forward medicines at the end of the medicine cycle. It is important, if appropriate, to carry forward these medicines on the MARR, to reduce stock of medicines in excess of the individual's needs, and also reduces wastage. Before any medicine is carried forward the expiry date should be checked. If the requirement for the PRN medicine become more frequent, it is recommended to inform the individual's doctor, with their permission.

(NICE guidelines)

It is important to keep the MARR and individual's care plan up to date with any changes to medicines, to ensure it is in line with the individual's needs. This includes PRNs, especially if the medicine is no longer required. Any changes to PRN medicine should be discussed with the prescriber, who needs to authorise the stopping or alteration in dosage. In this case it should be crossed out on the MARR and counter signed by two trained members of care staff, telling any other care givers that it is no longer to be offered. It is good practice, when a change is made to the prescription of a PRN, to inform the pharmacy, via a service user update form, so they can update the individual's records accordingly.

Whatever medicine remains after its discontinuation should be disposed of according to the care homes policies and procedures. When a PRN has been discontinued, it is important that the individual's symptoms are continued to be monitored in case they re-occur or worsen.

Want to know more?

For further information on PRN medicines please refer to the NICE guideline 'Managing medicines in care homes', Boots Care Learning Safe Handling of Medicines – Patient Pack Module and Care of Medicines Foundation Module and your Local Clinical Commissioning Group Best Practice Guidance.

