

Administration of when required (PRN) medicines in care homes

Procedure:

- Complete an individualized when required (PRN) protocol sheet for any currently prescribed medicine which is to be given when required (PRN). This will help staff know how often to give when requested or offer the medicine to the individual resident.
- When the person the medication is prescribed for requires a dose, check that the product is still prescribed, and the supply is in date.
- Only complete the MAR chart or PRN protocol administration sheet when the dose of medicine is given. There is no requirement to annotate with 'not given' or 'not required' when a PRN medicine is not taken.
- Record on the MAR chart or PRN protocol administration sheet the:
 - ✓ date
 - ✓ time
 - ✓ quantity
 - ✓ signature of the person administering.
- If the care home medicines policy states that staff should complete the PRN protocol for administration records, then the MAR chart needs to refer to this and be annotated with "see PRN protocol sheet".
- Keep a running balance. This makes it much easier to see when a PRN medicine is administered, and it is easier to track changes in medicines use by a person (i.e., pain relief is being given more frequently).

If a medicine is given very infrequently **AND** is included in the care home's Homely Remedy Policy, the carer can discuss the removal of the PRN medicine from the resident's regular medicine with the Care Home Support Pharmacist or GP.

Refer to Appendix 1 for examples of how to correctly complete a PRN protocol.

The Abbey Pain Scale, Appendix 2 can be used to help assess those people who cannot verbalise their pain level.

Protocol for when required (PRN) and Variable Dose Medicines

(Including topical applications)

Patient Name			
Date of Birth		Room Number	
Doctor		Allergy Status	

Name of Medicine•			
Strength of Medicine		Form of Medicine	
Dose If a variable dose, please specify how much to give and when			
Route of Administration e.g., oral, rectal		Intervals between doses	
Special Instructions Can resident verbally request their PRN medication? Y / N If N please document signs to observe that may indicate PRN medication is required →			
Reason for administration••			

Name of Medicine•			
Strength of Medicine		Form of Medicine	
Dose If a variable dose, please specify how much to give and when			
Route of Administration e.g., oral, rectal		Intervals between doses	
Special Instructions Can resident verbally request their PRN medication? Y / N If N please document signs to observe that may indicate PRN medication is required →			
Reason for administration••			

Completed by		Date	
Countersigned by		Date	

•Transcribe directly from the pharmacy label/MAR sheet

••Describe in as much detail as possible the condition being treated, e.g. Symptoms, indications, behaviour(s), triggers, types of pain, where, when etc.

Medication Record – PRN and Variable dose Medicines

Patient Name			
Date of Birth		Room Number	
Doctor		Known Allergies	

Name of Medicine•			
Strength of Medicine		Form of Medicine	
Dose If a variable dose, please specify how much to give and when			
Route of Administration e.g., oral, rectal		Intervals between doses	
Special Instructions Can resident verbally request their PRN medication? Y / N If N please document signs to observe that may indicate PRN medication is required →			
Reason for administration••			

Completed by		Date	
Countersigned by		Date	

Expiry date	In Stock	Date given	Time given	Dose Given	Reason	RGN sign	Balance

Providers should use this guidance in conjunction with Medicine Patient Information Leaflets, NICE Guidance 'Managing Medicines in Care Homes' SC1 and should check the CQC website for recent updates. Prepared by Care Home Support, Medicines Optimisation Team, NHS Coventry & Warwickshire - February 2017. Reviewed July 2022.

Appendix 1

Patient Name	<i>John Smith</i>		
Date of Birth	<i>01/01/1940</i>	Room Number	<i>1</i>
Doctor	<i>Dr Jones</i>	Allergy Status	<i>Penicillin</i>

Name of Medicine•	<i>Lorazepam</i>		
Strength of Medicine	<i>1mg</i>	Form of Medicine	<i>Tablets</i>
Dose	<i>Half to one tablet when required</i>		
If a variable dose please specify how much to give and when	<i>Give half a tablet (0.5mg) if very restless/shouting out Give one tablet (1mg) if shouting loudly/showing signs of physical aggression</i>		
Route of Administration e.g. oral, rectal	<i>Oral</i>	Intervals between doses	<i>12 hours Max 1 tablet in 24 hours</i>
Special Instructions Can resident verbally request their PRN medication? Y / N If N please document signs to observe that may indicate PRN medication is required →	<i>No John might shout out if feeling anxious</i>		
Reason for administration••	<i>To help John feel less anxious</i>		

Completed by	<i>Staff signature</i>	Date	<i>19/07/18</i>
Countersigned by	<i>Witness staff signature</i>	Date	<i>19/07/18</i>

Patient Name	<i>John Smith</i>		
Date of Birth	<i>01/01/1940</i>	Room Number	<i>1</i>
Doctor	<i>Dr Jones</i>	Allergy Status	<i>Penicillin</i>

Name of Medicine•	<i>Paracetamol</i>		
Strength of Medicine	<i>500mg</i>	Form of Medicine	<i>Tablets</i>
Dose	<i>One or two tablets when required</i>		
If a variable dose please specify how much to give and when	<i>Give one tablet if scoring 0-7 on Abbey pain scale Give two tablets if scoring 8-14+ on Abbey pain scale</i>		
Route of Administration e.g. oral, rectal	<i>Oral</i>	Intervals between doses	<i>4 hours Max 8 tablets in 24 hour</i>
Special Instructions Can resident verbally request their PRN medication? Y / N If N please document signs to observe that may indicate PRN medication is required →	<i>No John may be grimacing or rubbing his elbow a lot</i>		
Reason for administration••	<i>To relieve John of any pain he may be experiencing</i>		

Completed by	<i>Staff signature</i>	Date	<i>19/07/18</i>
Countersigned by	<i>Witness staff signature</i>	Date	<i>19/07/18</i>

Appendix 2

Abbey Pain Scale							
<i>For measurement of pain in people with dementia who cannot verbalise.</i>							
How to use scale : While observing the resident, score questions 1 to 6.							
Name of resident :							
Name and designation of person completing the scale :							
Date : Time :							
Latest pain relief given was at hrs.							
Q1. Vocalisation eg whimpering, groaning, crying Absent 0 Mild 1 Moderate 2 Severe 3	Q1 <input style="width: 40px; height: 25px;" type="text"/>						
Q2. Facial expression eg looking tense, frowning, grimacing, looking frightened Absent 0 Mild 1 Moderate 2 Severe 3	Q2 <input style="width: 40px; height: 25px;" type="text"/>						
Q3. Change in body language eg fidgeting, rocking, guarding part of body, withdrawn Absent 0 Mild 1 Moderate 2 Severe 3	Q3 <input style="width: 40px; height: 25px;" type="text"/>						
Q4. Behavioural Change eg increased confusion, refusing to eat, alteration in usual patterns Absent 0 Mild 1 Moderate 2 Severe 3	Q4 <input style="width: 40px; height: 25px;" type="text"/>						
Q5. Physiological change eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor Absent 0 Mild 1 Moderate 2 Severe 3	Q5 <input style="width: 40px; height: 25px;" type="text"/>						
Q6. Physical changes eg skin tears, pressure areas, arthritis, contractures, previous injuries Absent 0 Mild 1 Moderate 2 Severe 3	Q6 <input style="width: 40px; height: 25px;" type="text"/>						
Add scores for 1 - 6 and record here			Total Pain Score <input style="width: 60px; height: 25px;" type="text"/>				
Now tick the box that matches the Total Pain Score			<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">0 - 2 No pain</td> <td style="width: 25%;">3 - 7 Mild</td> <td style="width: 25%;">8 - 13 Moderate</td> <td style="width: 25%;">14 + Severe</td> </tr> </table>	0 - 2 No pain	3 - 7 Mild	8 - 13 Moderate	14 + Severe
0 - 2 No pain	3 - 7 Mild	8 - 13 Moderate	14 + Severe				
Finally, tick the box which matches the type of pain			<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">Chronic</td> <td style="width: 33%;">Acute</td> <td style="width: 33%;">Acute on Chronic</td> </tr> </table>	Chronic	Acute	Acute on Chronic	
Chronic	Acute	Acute on Chronic					
<small> Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L; Parker, D and Lowcay, B. Funded by the JH & JD Gunn Medical Research Foundation 1998 - 2002 (This document may be reproduced with this acknowledgement retained) </small>							