

# Care Homes Good Practice Guidance

## When Required (PRN) Medicines

### Introduction

When required or PRN medicines can be used to treat an acute or intermittent medical condition such as pain, indigestion or insomnia. They are not intended to be used on a regular basis and directions may include a variable dose to allow some flexibility to manage symptoms e.g. Paracetamol 500mg tablets - Take one or two tablets every 4 to 6 hours when required, maximum four times a day. People with long term conditions may also use when required medicines e.g. a reliever inhaler for people with asthma.

Before requesting a prescription for a PRN medicine, refer to the following [guidance](#) to check if the condition is suitable for treatment under the self-care protocol or homely remedies protocol.

### Medicines policy

Care home providers should ensure that a process for administering PRN medicines is included in the care home medicines policy.

### Prescribing

When prescribing PRN medicines, the following information should be included on the prescription:

- Drug name (e.g. lactulose)
- Dosage instruction (e.g. take 10mls)
- The maximum amount to be taken in a 24-hour period (e.g. maximum twice daily)
- Interval between doses, if appropriate
- How long the medicine should be used, if appropriate
- Any additional information (e.g. can take up to 48 hours to work)

When prescribing, additional information such as the reason for prescribing the medication (e.g. constipation), when to review the medication, any monitoring required, and how long the person should expect to take it, should be documented, and communicated with the care home.

### Care plan

Details of PRN medicines should be recorded using a PRN protocol (one for each PRN medicine. It is good practice to keep these with the Medicines Administration Record (MAR) chart. If using electronic MAR charts, care homes may decide to use either paper-based or electronic PRN protocols.

A person-centred PRN protocol should contain enough information to support staff to administer PRN medicines. Whether paper-based or electronic, they should include the following information:

- The reason for administration.
- Dose instructions, including the maximum amount to be taken in a day and minimum interval between doses (if appropriate). Where a variable dose is



prescribed, the PRN protocol should include information on how a decision is made on the dose to administer (e.g. 1 or 2 tablets).

- Signs and symptoms to look out for and when to offer the PRN medication.
- Whether the person can ask for their medicines or if they need prompting or observing for signs of need e.g. non-verbal cues. If observation charts are being used to determine need e.g. pain charts, stool charts, make reference to these in the protocol.
- Details of alternative support and interventions to use before giving the medicine (for example, non-pharmacological measures prior to using a medicine for agitation).
- Where more than one PRN medicine is available for the same condition (e.g. multiple painkillers), it should be made clear when it is appropriate to use each one.
- How long the person should expect to take the medicines.
- When to review the medicine, for example, what to do if the medicine is taken regularly or not used for a long period of time. Time periods will vary depending on the medication, resident and circumstances.

An example of a PRN protocol template can be found in [Appendix 1](#). An example of a completed PRN protocol can be found in [Appendix 2](#).

## Administration

Administration of PRN medicines should not be limited to medication rounds or timings printed on MAR charts.

Record PRN medicines on the MAR chart only when they have been given. There is no requirement to make a record on the MAR chart every time a PRN medicine has been offered but not taken, however some care homes may choose to do this.

Following administration, document the following information on the MAR chart:

- Date of administration
- Time of administration (this enables the carer to check that the appropriate time period has passed before administering the next dose)
- Dose administered, particularly where there is a variable dose (e.g. one to two tablets)
- Details of the nurse/ carer administering the medication
- The amount remaining (this helps to make sure there is enough in stock and to reduce waste)

In addition, document the following information either on the back of the MAR chart or a separate record (kept with the MAR chart):

- The reasons for giving the PRN medicine (e.g. back pain, vomiting, constipation)
- The outcome (i.e. whether the medicine has been effective). Also record the time that the outcome has been assessed.

## Monitoring and review

Care homes and prescribers should monitor and review PRN medicines regularly.

Care home staff should contact the prescriber if the resident:

- Is experiencing adverse side effects



- Is not responding to, or benefitting from the medication
- Requests/ requires the medication more frequently than usual
- Requires the medication regularly
- Has deteriorated in their medical condition
- Rarely requests or regularly declines the PRN medication. In this case, check if it would be appropriate to switch to a homely remedy. Refer to the following [guidance](#) for further information.

Once a review has taken place, the corresponding PRN protocol should be updated accordingly.

## Storage, ordering and disposal

- PRN medicines should be kept in their original packaging, and not in monitored dosage systems.
- PRN medicines requiring prompt administration (for example a salbutamol inhaler for asthma, or a GTN spray for angina) should be stored safely whilst ensuring the medicines can be accessed quickly when needed.
- Keep appropriate stock levels that meet the resident's changing needs.
- If PRN medicines are left over at the end of the monthly cycle, and it is still current and in date, these should be 'carried forward' to the next medication cycle to avoid unnecessary medicines waste. Refer to the guidance on [Reducing medicines waste](#), which includes expiry date guidelines.
- Keep a running balance of PRN medication and record the quantity of medication carried forward on the new MAR chart.
- If PRN medicines are discontinued, dispose of these in the usual manner as with any other medication.

## References

1. [Managing Medicines in Care Homes. NICE; 2024](#)
2. [When required medicines in adult social care. CQC. 3 November 2022.](#)
3. [Electronic medicines administration records \(eMAR\) in adult social care. CQC. 20 February 2023.](#)
4. [Storing medicines in care homes. CQC. 3 November 2022.](#)

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<b>Date Ratified:</b>	December 2024 (Medicines Optimisation Delivery and Implementation Group)



## Appendix 1 – PRN protocol template

<b>Resident name:</b>	<b>Date of birth:</b>	<b>Unit and room number:</b>
<b>Name of medication</b>	<b>Prescribed / homely remedy / over the counter</b> ( <i>delete as appropriate</i> )	
<b>Strength:</b>	<b>Form</b> (e.g. <i>tablet, syrup, capsule</i> ):	
<b>Route</b> (e.g. <i>oral, topical</i> ):	<b>Dose and frequency:</b>	
<b>Minimum time interval between doses:</b>	<b>Maximum dose in 24 hours:</b>	
<p><b>Reason for administration (when the medication should be given):</b>  <i>Describe in as much detail as possible: Signs and symptoms to look out for, whether the person can ask for their medicine or if they need prompting or observing for signs of need e.g. non-verbal cues (state if observation charts are being used e.g. behavioural chart, pain charts, stool charts), expected outcome and what to do if the medication does not have the desired effect.</i></p>		
<b>Special instructions:</b> (e.g. <i>before or after food, on an empty stomach</i> )	<b>Predicted side effects:</b> (Use current BNF or patient information leaflet [PIL] to list)	
<b>Any additional comments/ information:</b> (e.g. <i>food/drink to avoid</i> )		
<p><b>PRN protocol created by (sign):</b>  <b>Designation:</b>  <b>Date:</b>  <b>Next review date:</b></p>		
<b>Review date:</b>	<b>Review date:</b>	
<b>Reviewed by:</b>	<b>Reviewed by:</b>	
<b>Outcome:</b>	<b>Outcome:</b>	
<b>Next review date:</b>	<b>Next review date:</b>	



## Appendix 2 – Example of a completed PRN protocol

<b>Resident name:</b> Winnie Winter	<b>Date of birth:</b> 14/01/1932	<b>Unit and room number:</b>
<b>Name of medication</b> Lorazepam	<b>Prescribed / <del>home remedy / over the counter</del> (delete as appropriate)</b>	
<b>Strength:</b> 0.5mg	<b>Form (e.g. tablet, syrup, capsule):</b> Tablets	
<b>Route (e.g. oral, topical):</b> Oral	<b>Dose and frequency:</b> 0.5mg up to twice daily PRN; a minimum gap of 8 hours between doses	
<b>Minimum time interval between doses:</b> 8 hours	<b>Maximum dose in 24 hours:</b> Maximum of 1mg in 24 hours	
<p><b>Reason for administration (when the medication should be given):</b> Describe in as much detail as possible: Signs and symptoms to look out for, whether the person can ask for their medicine or if they need prompting or observing for signs of need e.g. non-verbal cues (state if observation charts are being used e.g. behavioural chart, pain charts, stool charts), expected outcome and what to do if the medication does not have the desired effect.</p> <p>Winnie has advanced dementia. She can sometimes become unsettled, which can present as frustration towards others where she shouts and swears at staff and residents, this can sometimes leave residents feeling intimidated by Winnie. There isn't always a trigger for Winnie's behaviour, but it usually happens when her family have visited and left the home as she can get upset by this. Winnie also appears to become more frustrated when it is too noisy around her. Winnie also has back pain and cannot always communicate her needs in asking for pain relief when she needs it, therefore an Abbey Pain Scale is in place for staff to assess her pain. Her pain can sometimes lead to some of these behaviours. On other occasions, there may not be a trigger for the behaviours.</p> <p>The following approaches should be tried to help alleviate Winnie's distress before administering lorazepam: Use the Abbey Pain Scale to assess whether Winnie's change in behaviour could be due to pain. If so, refer to the PRN protocol for paracetamol. Encourage Winnie to go to a quieter area or to sit with you. If she doesn't want to do this, offer to take her for a walk in the garden. Offer Winnie a warm drink. She enjoys having a cup of tea which can often help to relax her.</p> <p>If these measures have not helped and Winnie is becoming more unsettled and increasingly distressed in her behaviour, or there is a risk of her harming herself or others, then a 0.5mg dose of lorazepam can be administered.</p>		
<b>Special instructions:</b> (e.g. before or after food, on an empty stomach) Can be taken with or without food	<b>Predicted side effects:</b> (Use current BNF or patient information leaflet [PIL] to list) Dizziness, drowsiness, decrease in alertness, confusion, fatigue, headache, muscle weakness	
<p><b>Any additional comments/ information:</b> (e.g. food/drink to avoid) Monitor and record Winnie's response to lorazepam. If the need for lorazepam is increasing, for example it is being given on a more regular basis, then the GP/ prescriber must be consulted.</p>		
<p><b>PRN protocol created by (sign):</b> A. Carer</p> <p><b>Designation:</b> Senior carer</p> <p><b>Date:</b> 01/11/24</p> <p><b>Next review date:</b> 01/12/24</p>		
<b>Review date:</b>	<b>Review date:</b>	
<b>Reviewed by:</b>	<b>Reviewed by:</b>	
<b>Outcome:</b>	<b>Outcome:</b>	
<b>Next review date:</b>	<b>Next review date:</b>	

