

Medication to be administered on a PRN (when required) basis by a care worker in a care home environment

The PRN Purpose & Outcome Protocol (PRN POP)

Background

The term PRN (from the Latin *pro re nata*: for an occasion that has born/ arisen) is given to a medication which is to be taken “when required” and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Analgesics, night time sedatives and laxatives are amongst common examples of medicines prescribed in this way.

An extract taken from a *pharmacy tip* by the Care Quality Commission on Medication prescribed to be taken when required (October 2008) states:

To ensure the medication is given as intended a specific plan for administration of PRN medication must be recorded. Information on why the medication has been prescribed and how to give it should be sought from the prescriber, the supplying pharmacist or other healthcare professionals involved in the treatment of the person.

As it is for occasional use PRN medication should not be offered or given only at the times listed on the medication administration record or at specific medication rounds. The person should be offered the medication at the times they are experiencing the symptoms or at the times specified by the prescriber.

Rationale

PRN prescribing is a highly advantageous and effective way for a person to be treated if they are suffering with an acute or irregular condition. However the person is also open to abuse if the medication is used inappropriately or excessively.

The PRN Purpose & Outcome Protocol may be used as a tool to support good practice. It is designed to both assure sufficient information is provided and highlight any overlooked areas in order to minimize risk and encourage the appropriate use of PRN medication administered to residents by care workers in a care home setting.

PRN Purpose & Outcome Protocol

Resident.....date of birth.....

Care worker completing the protocol.....date.....

Medication.....date prescribed.....

Dose.....

	Question	Mark as appropriate	Provide details where necessary
1	Who initiated the medication? E.g. GP, consultant psychiatrist.		
2	Who was involved in the initiation process i.e. patient, care worker, family?		
3	Has the prescriber given complete details for the reason the medication was prescribed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Is there a record on the MAR chart of what the medication has been prescribed for and is this detailed further in the care plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Has the prescriber given complete details for the times the medication is to be offered/administered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Have the details for the times the medication is to be offered/administered been recorded in the care plan/MAR?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Is there a specific time of day/night the patient needs to take the medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Is the medication time-limited?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	If the medication is time-limited is the duration recorded on the MAR/in the care plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Who is to make the decision as to whether the patient requires the medication once it has been prescribed i.e. care worker, patient?		
11	Is the way in which this will be communicated between the care worker and the patient recorded in the care plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	Is the way in which the symptoms manifest themselves recorded in the care plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13	Is the maximum dose to be given in twenty four hours recorded on the MAR chart?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Is the length of time to leave between doses recorded on the MAR chart?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15	Is the medication to be taken at times other than the usual medication rounds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16	Have steps been taken to ensure this happens?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Are there any other interventions that could/should be made before the medication is administered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

18	Once administered, is there provision for the desired outcome to be recorded in the care plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19	Should the outcome experienced by the patient be communicated to anybody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
20	Is a record kept when the outcome is communicated to anybody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21	Is the medication to be administered immediately the symptoms occur?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22	Is there a protocol in place to ensure that a dose of medication is not duplicated or given at the wrong time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
23	Is there a mechanism in place to check whether the medication is being taken regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
24	If the medication is being taken regularly is there provision for the reason to be recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
25	If the medication is being taken regularly is there a protocol in place to ensure that a referral is made to the prescriber for a review?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
26	If the medication is time limited, is it ensured that a review is made?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
27	If the patient should experience symptoms but is not offered the medication is this recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
28	Is a record kept of how the outcome is communicated to the care worker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
29	Is a record of how to assess the outcome kept?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
30	Has a record of when to review the medication been made if it is not initially time-limited?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Action Points (if any of the above are not addressed, state the actions required below).