



DOCUMENT HISTORY/ EQUALITY IMPACT ASSESSMENT FORM

TITLE	Administration of Medication in Childcare and Adult Services – PRN “when required”				
REF	BK2/14/005				
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TYPE	Procedure				
BOOK	2				
SECTION	14 - Medication				
PERSON RESPONSIBLE FOR POLICY			H Burgess		
REVIEWED BY	DATE REVIEWED	NEXT REVIEW	CHANGES		If YES record new version no.
			Yes	NO	
H. Burgess	Sept 18	Sept 19	√		02
This P&P has an impact on:		Impact		Equality Impact Assessment form completed	
		Yes	No	Yes / No	
Age				If No comment:	
Disability					
Ethnicity					
Gender					
Religion or belief					
Sex orientation					
Socio-economic					

EQUALITY IMPACT ASSESSMENT FORM

What is the main purpose or aims of the policy

Who will be the beneficiaries of this policy?

Has the policy been explained to those it might affect directly or indirectly?

Have you consulted on this policy?

What are the expected outcomes of this policy?

Equality Target Group	a) Positive Impact		b) Negative Impact		Reason/Comment
	High	Low	High	Low	

Procedure Ref: *BK2/14/005*
Procedure Title: *Administration of Medication in Childcare and Adult Services – PRN “when required”*

1.0 INTRODUCTION

This procedure describes and in limited to arrangements in place for the administration of PRN, “when required” medication in Nugent’s Childcare and Adult services.

2.0 DEFINITION

“When required” (PRN) medication is administered when the service user presents with a defined intermittent or short-term condition i.e. not given as a regular daily dose or at specific times.

3.0 GOOD PRACTICE FOR PRESCRIPTION, DIRECTION AND PHARMACY LABEL, HIGHLIGHTING SPECIFIC INSTRUCTION REGARDING PRN MEDICATION

Example:

Drug name, strength and formulation of medicine	Codeine Phosphate 30mg Tablets
Number to be given	One to be taken every 4 hours
Expected outcome/specified Condition	When required for pain relief
Maximum in 24 hours	No more than 4 doses in 24 hours

4.0 ENTRY INTO SERVICE USERS RECORDS

Where a service user is prescribed PRN medication, a specific plan for administering this PRN must be documented in their medication and care plan records, State the date when the PRN medication was started by the prescriber as indicated on the MAR chart.

To prevent ambiguity the service user's notes should state:

- Name of drug
- Route of administration for drug
- Dose of drug
- Frequency of drug
- Minimum time interval between doses
- Maximum number of doses in 24 hours
- What the drug is for and expected outcome
- Date for review

The PRN medication should be administered at the request of the service user or when staff observe the need. Consideration should be given to the service user's capacity to refuse the medication.

Records should state:

- The reason for administration e.g. service user requests the medication or care staff observe the need
- The time administered as this is given when the service user is experiencing symptoms and not at specification medication round
- The quantity administered if variable dose
- The response to therapy should be clearly stated in the service user's notes recording whether or not the medication is achieving the expected outcomes
- A set date for review of the PRN medication should be clearly stated in the records. To determine the ongoing clinical need the prescriber must regularly review PRN medication – the medication could be stopped or it may be necessary to alter this to a regular daily dose. The outcome of the review should be documented in the care plan.
- It must be observed if there are any medications of similar therapeutic class which may result in the service user receiving too much of this type of medication e.g. if paracetamol is to be taken as a regular daily dose and co-codamol (containing paracetamol and codeine) is to be taken for breakthrough pain.

Ideally, the prescriber should indicate specific instructions and raise awareness of the paracetamol content in both preparations:

Paracetamol two to be taken three times a day (regular medication)

Co-codamol 8/500 two to be taken at night when required for pain relief (PRN medication)

- Contact the prescriber if the expected outcome is not achieved

- Check if the service user is receiving homely remedies which may contain the same drug.
- If the drug is being administered routinely then a medication review should be called with the prescriber

4.1 ENDORSEMENT ON MAR SHEET

- Record the medication given and quantity prescribed if variable dose
- Record time given – it is **essential** that the time is documented to allow the correct interval between doses to be calculated
- Record reason for use and outcome
- If any PRN medication remains at the end of the month, record quantity of medication carried over to the following month for audit trail purposes
- Record further information on the reverse of the MAR or PRN chart

4.2 DISCONTINUATION OF PRN MEDICATION

- Any changes in the PRN requirements need to be discussed with the prescriber when reviewing the service user's medication. The prescriber will authorise any change which should be documented in the service user's notes.
- If authorisation has been given by the prescriber to stop the PRN then it needs to be crossed out on the MAR and countersigned by another member of staff
- The service user's notes must be updated to reflect this change
- The care home must contact the GP to confirm that the PRN medication is removed from the service user's computer record
- The care home must inform the community pharmacy that the PRN medication has stopped so the medication will be erased from the next MAR, e.g. indicating that this medication is discontinued on the next monthly order
- Any remaining medication should be disposed of following Nugent's procedures
- The service user should be monitored in case symptoms re-occur and requires further review from the prescriber.

4.3 REDUCING WASTE

- Check stock before ordering
- Only order the amount of PRN medication that is required in order to reduce the amount of medication waste
- PRN medication should be requested to be supplied in **original packs** rather than Monitored Dosage Systems (MDS) in order to maintain manufacturer's expiry and therefore longer shelf life
- **Do not dispose** of PRN medication still in use

5.0 MEDICATION ERRORS

If there are any occurrences where an error has been made in the dispensing, or administration or recording of medication, please refer to the Recording and Reporting Serious Incidents and Safeguarding Issues procedure.

6.0 DOCUMENT HISTORY

Procedures are reviewed at least every 2 years.

This document was created Nov 15. Reviewed Sept 18