
Medication to be “Taken as Required” (Including Rescue or Emergency Use Medicines) in Domiciliary Care Policy

This policy provides a framework for the administration of all “Taken as Required” medicines. It should be used in relation to the care service’s other medication policies. It applies where the domiciliary care service has accepted some or total responsibility for the administration of a person’s medication.

The policy as are all other medication policies is written in line with the National Institute for Clinical and Health Excellence (NICE) Guidance NG67: *Managing Medicines for Adults Receiving Social Care in the Community* (March 2017).

Background

Most medication is prescribed or bought with clear instructions of how much should be taken and how often.

However, some medication is prescribed on a “taken as required” dose, sometimes abbreviated as PRN (pro re nata). “To be taken as required” means medication to be taken when needed, eg when a person is in pain. Some non-prescribed medication, which might be bought “over the counter” such as paracetamol can also be taken as required within certain limits depending on the reasons for its use.

PRN medication is usually prescribed to treat short-term or intermittent medical conditions and is not to be taken regularly. Painkillers are commonly prescribed on a PRN basis or obtained on an over-the-counter basis.

PRN medicines are those that do not have prescription regimes concerning the times and amounts to be taken on each occasion, but are to be used when the need arises. They include medicines described as “Emergency Use” or “Rescue” medicines, the use of which should follow common principles of medicines administration applied to particular conditions and circumstances.

All such medication will usually have on its patient information leaflet the limits in which it can be safely used, in terms of amounts and frequency, and whether it might interact adversely with other medication being taken. This information must always be studied and observed by the user and others involved in its administration.

All users of PRN medicines including emergency use and rescue medicines should closely follow all medical and pharmaceutical advice to understand their purpose and under what circumstances a particular medicine might be used.

Policy Statement

In a home care situation, the service's care workers are not present 24 hours a day. Thus, with prescribed medicine to be "taken as required", including any emergency use or rescue medicines provided or with any "over-the-counter" medicines bought by the person or their informal carers, staff may not always be available to help or observe the taking of any such medicines.

To ensure there is no conflict with any other medicines that they are responsible for giving, it is essential, therefore, that staff are kept informed and keep themselves informed of when these medicines are being taken and the doses involved.

Procedures

Where the domiciliary care service accepts responsibility for giving a person's medicines, it should always check if the person has been prescribed any PRN medicines, including "rescue" or "emergency use" medicines, or is taking any "bought over-the-counter medicines".

If yes, carers should continue to check routinely if the person has been taking any of these medicines between visits. They should also do this before agreeing to give any PRN medicines that they are asked to give, eg because the user is in pain at the time.

To ensure all PRN medication is given and taken as intended, there should be a specific plan for administration in the person's care plan, which can be kept with the MAR charts. This will state clearly what the medication is for and the circumstances in which it might be given.

For example, a person who has been prescribed a PRN anti-emetic will have an entry to state that the medication is used to treat nausea or vomiting. If requested to help with the giving of the medicine, or it is evidently needed at the time, visiting care staff must always assess any risks to the medication being given safely. In doing so, it is always important to check with the person what their needs and wishes are.

People and their informal carers might be encouraged to keep a record of the occasions when they have taken any PRN and emergency medicines, but visiting carers should always check verbally as well as noting what has been recorded.

Carers should always be aware that PRN medication might not only be taken on set occasions, but whenever the person requires it, ie whenever they are experiencing symptoms. The checking therefore will also yield information about the person's wellbeing, and if there are indications that the person's health is deteriorating, appropriate action should be taken.

Visiting carers should clearly record all medicines that they have given on the medicines' chart, including any PRN and emergency use medicines, and note the use of any PRN medicines that have been reported to them. They should report any concerns about their use to their supervisor/manager.

When PRN medication is being given on a regular or increasing basis or the person appears to be at risk of being dependent on it, the service might recommend a review of its use. For instance, if a person is taking painkillers more often than formerly this might signal a change in their medical condition. Alternatively, where PRN is no longer required it may need to be discontinued.

PRN medicines should always be provided in their original packaging complete with label and clear instructions for use.

The service monitors and regularly reviews the usage of PRN and emergency use medication in the situations in which it is involved to make sure that it is following current best practice pharmaceutical guidance.

Common Procedures for PRN and Emergency Use/Rescue Medicines

The following procedures provide a common framework for the drawing up of individual PRN care plans and emergency medicines/ protocols suitably adapted to the home care situation and the care services' responsibilities for their safe administration.

- Any PRN or emergency use medicine that has been prescribed or recommended on medical advice should be clearly recorded in the person's care plan with information on why its use has been authorised.
- The care plan should include information on:
 - why the medicine has been prescribed or made available "as required" /for emergency use
 - how it is being used in relation to any responsibilities the care service has for a user's medicines
 - whether the care service should be involved in any way with its use (because it might be needed when a service is not being provided) and how
 - the mode and route of administration eg tablets or liquid, inhaler, or injector with clear instructions on each
 - the recommended dose to be taken at any one time, including any repeats
 - the minimum time between doses allowable in line with the prescribing instructions/PIL
 - the maximum number of doses to be taken in a set period, eg 24 hours
 - how the person usually takes the medicine i.e. can self – administer/needs support or administration by carers/others
 - the required competence of the person to self - administer and of any staff/third party to support or administer the medicines and any instruction/training provided

- any difficulties/issues that the person might have in taking the medicine, eg with injections or use of aids like drivers and how they should be addressed if arising
- whether the medicine is safe to use at the time that it is requested/needed (eg will not conflict with any other medicines being taken at the time)
- how any administration is being recorded
- instructions on any follow up actions eg when to call for emergency medical help and guidance
- instructions on how any adverse incident arising from its use should be reported and will be dealt with.

Training

Care staff are made aware of the policy and procedures on PRN and emergency use medication and are trained in the procedures to be followed to ensure that they administer all medicines for which they are responsible safely.

In this agency all new staff will receive training as part of their induction covering basic information about common medicines and what constitutes PRN medication.

Those who will be involved in medicines administration will have competency assessments and additional training to the level required by their roles and responsibilities.

This will include training relating to the administration of PRN and emergency use medication. All training will reflect up-to-date evidence-based guidelines.

Signed: _____

Date: _____

Policy review date: _____
