Company Name: George Springall Homecare Partnership

GEORGE SPRINGALL HOMECARE

Leading the way in outstanding care

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MEDICINES POLICY

ADMINISTRATION OF "PRN" MEDICATION TO A SERVICE USER

This Policy defines the principles of good practice to be observed for the safe and effective administration of "when required" (PRN) medication to the service user. This addresses instances where a certain level of assistance will be required (ref. Policy No 3300, sections 4 and 5).

This Policy should be read in conjunction with the following additional policies, as appropriate to circumstances:

Policy No 3300 Medicines Policy - *General Policy for Managing Service Users' Medicines*
Policy No 3301 Medicines Policy - *Safe Storage of Medicines in the Service User's Home*
Policy No 3302 Medicines Policy - *Administration of Medicines to the Service User*
Policy No 3303 Medicines Policy - *Safe Disposal of Unwanted or Out-of-Date Medicines*
Policy No 3304 Medicines Policy - *Medication Problems & Errors*

1. *Definition and Prescription:*

1.1 "When required" medication is also known as "PRN" medication. This is administered for the service user with a defined intermittent or short-term condition; i.e. the medication is given as needed and not administered as a regular daily dose as part of a planned medication regime.

1.2 Where the service user is prescribed PRN medication a specific plan for administering this PRN will be documented in the service user's care records. The service user's records will contain the following information for each PRN medicine:

- Name of medicine
- Route of administration of medicine
- Dosage of medicine
- Frequency of dose of the medicine
- Minimum time interval between doses
- Maximum number of doses in 24 hours
- What the medicine is for, and expected outcomes
- Date for review of the medicine

2. *Administration and Recording of PRN medication:*

2.1 PRN medication can be administered at the request of the service user, or when care staff observe the need. In this respect, consideration should be given to the service user's capacity to refuse the medication.

2.2 The administration of all PRN medicines will be recorded on the appropriate Medicines Administration Record (MAR Chart). These records must contain the following information for each medicine administered:

2.2.1 The reason for the administration; e.g. the service user requests the medication, or care staff observe the need.

2.2.2 The times when the medicine is administered – these will be event-related (i.e. onset of symptoms) rather than to a rigid drug administration regime. It is a critical requirement that times are documented to allow the correct intervals between doses to be calculated.

2.2.3 The identity of the medicine, and quantities administered (where dosages are variable).

2.2.4 The response of the service user to the PRN medicine to verify that expected outcomes have been achieved.

2.2.5 Checks must be made on the service user's holistic medication regime to determine whether there are medicines of a similar therapeutic nature that may contra-indicate with the PRN medication, or may result in the

service user receiving too much of the same drug. *This must include instances where the service user is taking household / homely remedies.*

2.2.6 A date for review of the PRN medication with the prescriber must be established and clearly identified in the records. To determine the on-going clinical need for the service user, the prescriber is required to regularly review PRN medication. This is to achieve one of three outcomes, the result of which will be included in the service user's records:

- Any changes to the dosage regime in response to changes in clinical needs;
- No changes required; i.e. maintain current regime;
- Discontinuation of the PRN medication (see clause 2.3 below).

2.2.7 At the end of each calendar month, any remaining PRN medication will be carried over to the following month for audit trail purposes.

2.3 Discontinuation of PRN medicines:

2.3.1 Per clause 2.2.6, any changes in PRN requirements will need to be discussed with the prescriber who will authorise any changes. If authorisation has been given to stop the PRN medication then this will be crossed out on the MAR and countersigned by another authorised staff member.

2.3.2 The pharmacy responsible for dispensing and supplying medication will be informed that the PRN medication is no longer required and should be discontinued from the regime (as the next monthly order of medication for that service user).

2.3.3 Any residual or unused medication will be disposed of in accordance with *Policy No: 3303*.

2.3.4 Thereafter, the service user should be closely monitored in case symptoms re-occur which may require further review from the prescriber.

3. Concerns & Contraindications with Alcohol and / or Recreational Drugs:

3.1 Care staff must remain aware of the service user's medical history where abuse of alcohol and / or recreational or prescription drugs are indicated.

3.2 When medication is due, if the service user appears to be intoxicated, or under the influence of drugs, there is a possibility of contraindications with the service user's prescribed medication. In ALL such cases the care worker MUST immediately contact his / her Manager for advice and direction. Where possible, this should be done *before* assisting the service user with administration of their medicines. However, the service user's human rights, and in particular the right to live the lifestyle of his / her choosing, must be taken into account but balanced against possible adverse affects to the service user's health and safety.

3.3 Full records must be maintained of all such instances, the advice given and subsequent course of action taken, together with the outcomes for the service user.

FORMS REFERENCES:

Form No: 3-301 Management of Service User Medication
Form No: 3-302 Medicine Administration Record
Form No: 3-303 Medicine Administration Record - Monthly Record