

‘When Required’ (PRN) Medication - Guidance for Care homes

Version 1.1

December 2023

For local adaptation to fit within individual Care Home medication policies

Document produced by: Care Home Medicines Optimisation Team,
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB)

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Version	Date	Reviewer (s)	Revision Description
Version 1.0	14/10/2021	BLMK Care Home Medicines Optimisation Team	N/A
Version 1.1	12/2023	BLMK Care Home Medicines Optimisation Team	*P6 New section on 'PRN medicines to manage behaviours' Appendix 3 – updated to include non-pharmacological examples Appendix 4 – new example PRN protocol for Lorazepam Appendix 5 – new example PRN protocol for Diazepam Appendix 6 – new table summarising differences between PRN medicines, Homely remedies and self-care

Committee where guidance was discussed/approved/ratified

Committee/Group	Date	Status
BLMK Primary Care Prescribing committee	14/10/2021	Approved Version 1.0
BLMK Primary Care Prescribing committee	14/12/2023	Approved Version 1.1

Responsibilities

All PCN staff responsible for prescribing PRN medicines for care home residents must understand the requirements before prescribing PRN medicines.

All staff responsible for administering PRN medicines in care homes must read and understand the importance of a person-centred PRN protocol.

'When Required' (PRN) Medication - Guidance for Care homes

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'When Required' (PRN) Medication – Guidance for Care Homes

Purpose of Guidance

The purpose of this guidance is to promote best practice management of 'when required' (PRN) medication and ensuring a person-centred approach. Every resident should have a detailed account of when their PRN medication should be administered. BLMK ICB recommend that care homes use PRN Protocols.

This guidance contains:

- a summary flowchart of best practice - [Appendix 1](#)
- an example of a PRN Protocol template - [Appendix 2](#)
- examples of completed person-centred PRN protocols - [Appendices 3,4,5 & 6](#).

What is a PRN medication?

A PRN medication is a medication that is not required on a regular basis. PRN medicines may be prescribed or some residents may self-care with PRN medicines. PRN medication is most often used for acute or intermittent conditions and is not intended to be given as a regular dose. PRN medications are not confined to the times of medication administration rounds and should be administered 'as and when' required – this may be at the resident's request and/or when care home staff ascertain that the medication is clinically required. Some examples of PRN prescribed medication include analgesics, laxatives, and sedatives.

Self-care medicines are purchased by an individual resident for their use only and may be on the advice of a healthcare professional (usually to treat a minor ailment, which does not require a prescription). There are many exceptions to self-care, including treatment of a long-term condition. Certain self-care medications may be needed for PRN use (e.g., lozenges for a sore throat) – in these instances, the usual PRN guidance should be followed.

For more information on Self-care, please refer to the **Self-care Toolkit** produced by BLMK ICB which can be accessed via the 'Care Homes' page on the BLMK Medicines Management website: [Care Homes – Self Care Tool Kit – BLMKICB Medicines Management](#)

Do not confuse PRN Medication with homely remedies. A homely remedy is a medicine used to treat minor ailments and is kept as stock in a care home to give residents access to medicines that would commonly be available in any household. Treatment is limited to 48 hours; therefore, homely remedies are unsuitable to treat long-term conditions.

For more information on homely remedies, please refer to the **Homely Remedies Toolkit** produced by BLMK ICB which can be accessed via the 'Care Homes' page on the BLMK Medicines Management website: [Care Homes Homely Remedies Toolkit – BLMKICB Medicines Management](#)

For the differences between PRN medication, Homely Remedies and Self-care medication, see table in [Appendix 7](#).

Prescribing of PRN Medications

If the PRN medication (or condition) is not suitable for treatment via self-care or homely remedy measures, care home staff should highlight this to their aligned GP practice / PCN / GP, to request a consultation for the acute or intermittent condition.

If a PRN Medication is prescribed, prescriptions should¹:

- Include the indication for which the PRN medication is prescribed
- Include the maximum dose within 24 hours
- Have clear directions - 'as directed' is not acceptable

PRN Protocols

To ensure that the PRN medication is administered as intended, a separate PRN Protocol is needed for all PRN medications (whether prescribed or self-care) – see [Appendix 2](#).

PRN protocols should be person-centred and personalised to the individual resident – see [Appendices 3, 4, 5 & 6](#). Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g., with MAR charts).

PRN Protocols should include the following information²:

- The name of the medicine
- Route of the medicine (e.g., oral)
- Dose
- Frequency
- Minimal time interval between doses
- Maximum number of doses in 24 hours
- Clearly state which order medication should be administered when there is more than one option and time interval between doses (e.g., variable doses or multiple analgesics)
- What the medicine is for (indication)
- Any non-pharmacological first line interventions (e.g., prunes for constipation)
- If the resident has capacity to request or refuse the medication, as per a Mental Capacity Assessment
- Symptoms/cues to look for (which may be verbal or non-verbal)
- When to refer to a healthcare professional
- Date for review (see 'Reviewing & Discontinuing PRN Medication section')

¹ NICE – Managing Medicines in Care Homes (NICE SC1), 2014. [Online] <https://www.nice.org.uk/guidance/sc1>

² Care Quality Commission (CQC) – When Required Medicines in Adult Social Care, 2022. [Online] <https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

PRN medicines used to manage behaviours³

There may be some medicines (e.g., Lorazepam, Diazepam etc.) that are prescribed for PRN use to manage a resident's behaviour. It is important that these medicines have a person-centred PRN protocol or care plan on how and when this medication should be administered. This should include non-pharmacological interventions and how to support that resident in a different way before using the medicine e.g., making a change to the resident's environment. This information should be accessible to staff at the time of medicines administration.

For residents in Learning Disability homes, care providers should follow the principles laid out in the [STOMP \(stopping overmedication of people with a learning disability, autism or both\) initiative](#). Care providers should work with prescribers to ensure that psychotropic medicines are regularly reviewed and are only prescribed where there is a clinical need. Medicines could be reviewed during an [Annual Health Check](#).

PRN medicines to manage a resident's behaviours should be prescribed for as short a time as possible. Their use should be recorded and reviewed.

If you have any concerns about overuse you should contact an appropriate healthcare professional for advice. In some cases, overuse of medicines to control behaviours may need to be reported as a safeguarding incident. See [Appendix 5 & 6](#) for an examples of completed PRN protocols for Lorazepam and Diazepam

Administration of PRN Medications

A system should be in place to highlight to care home staff that a PRN medication is available for use by an individual resident.

Care home staff should⁴:

- Check the PRN Protocol for clear guidance on what the medication is being used for, what symptoms to look out for and when to offer.
- Refer to PRN protocol to implement any non-pharmacological approaches in the first instance before administering the PRN medication.
- Offer the medication to the person when they are experiencing symptoms. Do not limit the offers to the medication rounds, or the time of the medication round printed on the MAR. However, do not offer more frequently than the minimum interval between doses and the maximum dose in 24 hours allows.
- Be aware that some residents may request PRN medication in line with their person-centred protocol.
- Contact a healthcare professional if unsure of the quantity to administer.
- Give consideration to residents who may not have capacity.
- Provide decision-making aids such as '[The Universal Pain Assessment Tool](#)' to assist residents in describing their current symptoms.

³ Care Quality Commission (CQC) – When Required Medicines in Adult Social Care, 2022. [Online] <https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

⁴NHS Devon Guidance Sheet 17. [Online] [17 'When required'/ PRN medication - One Devon](#)

Documentation

When a PRN medicine is administered, the following should be recorded⁵:

- The reason(s) for administering the PRN medication
- The exact time of administration
- The dose given (if a variable dose)
- The outcome and whether the medicine was effective
- MAR chart should be signed in usual manner

The administration of all medication should be recorded on the MAR chart immediately to prevent an incident or accidental overdose occurring.

It is also good practice to record in the resident's daily notes when they were offered each PRN medication e.g., pain relief assessed at each medication round.

Care home staff may need to contact a healthcare professional if the medication does not have the expected effects or if the resident experiences any adverse effects.⁵

Reviewing & Discontinuing PRN medication

To determine the ongoing need and the efficacy of the PRN medication, regular reviews should take place. Dates for a formal review of the medication should be stated in the resident's clinical records and the outcome of the review must be documented in the care plan. Time periods between reviews will differ between individual residents and circumstances; however, it is suggested that PRN medications and their corresponding PRN protocols should be reviewed at least every 6 months, unless required more frequently.

Reviews should be completed collaboratively, with the care home, healthcare professional(s) and resident, as appropriate.

Examples of questions to be considered during a PRN medication review:

- Is the indication for which the PRN medication is being used for still applicable?
- Has the medical condition for which the PRN medication is prescribed deteriorated?
- Is the expected outcome of the PRN medication being achieved?
 - If not, should an alternative be considered?
- Is the resident taking or requesting the PRN medication frequently?
 - If so, should this be considered to become a regular medication?
- Is the resident requesting/taking the PRN infrequently?
 - If so, is this medication still needed?
- Is the current quantity prescribed enough/too much?

⁵ Care Quality Commission (CQC) – When Required Medicines in Adult Social Care, 2022. [Online] <https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

If the decision is made to discontinue a medication:

- The MAR chart should be updated to clearly indicate that the item is discontinued from the date agreed (with a single line through any future administration boxes) and countersigned (following authorisation from a prescriber if a prescribed medicine)
- Do not cross out retrospective doses (where the doses have previously been administered)
- Notes and care plans should be updated
- Community pharmacy should be informed
- Remaining medication should be disposed of, as per care home medication disposal policy.
- GP Practice to ensure item is removed from resident's repeat list on the clinical system (to reduce risk of items being issued inadvertently and for clinicians to have an accurate record of current medications)

Reducing PRN Medication Waste

To reduce unnecessary medication waste, care homes should:

- Check medication stock, quantity and expiry dates before re-ordering PRN medication.
- Only request the predicted required quantity of the PRN medication.
- Carry forward any unused PRN medication remaining at the end of the cycle (providing manufacturer's expiry dates are followed correctly).
- Record carried over quantities of PRN medication on the MAR chart.
- Store PRN medication in original packaging⁶. This is to maintain manufacturer's expiry date information and may lead to a longer shelf life. ('Date opened' should be noted on all liquids, creams, and ointments).

It is also important to consider that some PRN medicines are not used or needed as regularly so they may not need to be ordered frequently. Frequent unnecessary ordering of certain PRN medication (for example, salbutamol inhalers or a glyceryl trinitrate (GTN) spray) may inappropriately flag poor symptom control or worsening condition.

Reducing medication waste and unnecessary prescriptions for PRN medication means resources can be used for other priority areas and improving patient outcomes, as well as reducing time spent disposing of medication within the care home.

⁶ NICE – Managing Medicines in Care Homes (NICE SC1), 2014. [Online] <https://www.nice.org.uk/guidance/sc1>

⁷ PrescQIPP, *Reducing medicines waste in care homes* [Online] <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1238%2fb93-care-homes-reducing-waste-information-for-prescribers-21.pdf>

Appendix 1 - 'When Required' (PRN) Medications in Care Homes - Summary Flow Chart

What is a PRN Medication?

Medication that is not required on a regular basis. PRN medication is most often prescribed for acute or intermittent conditions. It should not be given regularly during medication rounds. Some examples include analgesics, laxatives, and sedatives.

Tips for Prescribers

- Include the maximum dose in 24 hours on the prescription.
- Prescription MUST have clear directions ('as directed' is not acceptable).
- Include the indication on the prescription.

PRN Protocol Best Practice

- Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g. with MAR charts).
- A separate PRN protocol is prepared for each PRN medicine and must be reviewed regularly - see appendix 2.
- Should be person-centred - see appendices 3,4,5 & 6.

Medication being considered for PRN use.

Is the medication (or condition) suitable for self-care or homely remedies?

No

Yes

Follow relevant toolkit.

What is a homely remedy?

A homely remedy is a medicine used to treat minor ailments. They are purchased over the counter. They do not need to be prescribed. They are kept as stock in a care home to give any resident access to medicines that would commonly be available in any household. Treatment is limited to 48 hours.

[BLMK ICB Homely Remedies toolkit](#)

What is a self-care medication?

Self-care medicines are purchased for an individual resident for their use only. This may be on the advice of a healthcare professional to treat a minor ailment.

[BLMK ICB Self-Care Toolkit](#)

Prescribing - GP Practice / PCN

If medication or condition is not suitable for treatment with self-care or homely remedies, care home to contact their aligned GP practice / PCN / GP, as appropriate, to request a consultation for the acute or intermittent condition.

PRN Medication Commenced - Care Home

Upon commencement of a PRN medication, ensure all relevant care plans are updated for that particular resident.

Care home staff to complete a PRN protocol for each PRN medication.

PRN Medications in Use in the Care Home

- PRN medications should be offered routinely throughout the day (not only on medication rounds), but not more frequently than prescribed.
- Note the minimum interval between doses and the maximum dose in 24 hours.

Tips for Care Homes:

- PRN medicines should be stored securely and accessible upon request.
- They should be kept in original packaging with pharmacy label on the medicine
- Keep appropriate stock levels to meet the resident's changing needs.
- Where appropriate, residents should be made aware of their PRN medication so they can ask for it if needed.

Resident requests or accepts the offer of a PRN medication.

Monitoring

- Monitor the resident and record response to the medicine.
- Contact GP if resident experiences side effects, no benefit from the medication, requests the PRN medication more frequently than prescribed or the medical condition deteriorates.
- The PRN medication should be reviewed routinely and the review date clearly stated in care plan.

Documentation

- It is good practice to record in the resident's daily notes when they were offered each PRN medication.
- If the PRN medication is given, record: the dose (if variable), the exact time of administration and the reason for administration.
- Sign MAR chart immediately to avoid accidental overdose.

NOTE: If PRN medication is needed & administered regularly, contact GP for clinical review.

PRN Medication rarely being utilised.

Best Practice for Discontinuation

- Notify GP/practice for item to be reviewed/removed.
- MAR chart should be updated to clearly indicate that the item is discontinued from the agreed date (with a single line through any future administration boxes) and countersigned (following authorisation from a prescriber if a prescribed medicine).
- Community pharmacy should be informed.
- Notes and care plans should be updated.

Waste Reduction

- ALWAYS check stock before ordering.
- ONLY order the amount that is required.
- ALWAYS keep PRN medication in original packs to maintain longer shelf life.
- DO NOT dispose of medication just because it is the end of the cycle.
- ALWAYS carry stock forward to the next month.

Appendix 2: Blank PRN Protocol Template When Required' (PRN) Medication Protocol Template

The following information **must** be referred to before offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g., with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name:	Date of Birth:
Name of medication & start date (if known):	Formulation (e.g., tablets, liquid):
Strength:	Route (e.g., oral, topical):
Dose and Frequency:	Minimum time interval between doses:
Maximum dose in 24 hours:	Prescribed or self-care?
Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i>	
Any special instructions (e.g., before or after food):	Predictable side effect (use current BNF or patient information leaflet):
Any additional comments or information:	
Prepared by - Name & signature *:	Designation:
Checked by - Name & signature *:	Designation:
Date:	Review date:

*PRN protocols should be completed and checked by care home staff who have completed adequate medication training (as per care home policy). It does not need approving or signing by a GP or other healthcare professional.

Appendix 3: Example of Completed PRN Protocol – Senna When Required’ (PRN) Medication Protocol Template

The following information **must** be referred to before offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g., with MAR charts). Response to therapy should be recorded in the resident’s clinical note or care plan.

Resident’s Name: John Doe	Date of Birth: 05/11/1940
Name of medication & start date: Senna 7.5mg tablets Start date: 10/05/2021	Formulation (e.g., tablets, liquid): Tablets
Strength: 7.5mg	Route (e.g., oral, topical): Oral
Dose and Frequency: ONE to TWO tablets at night when necessary for constipation.	Minimum time interval between doses: 24 hours
Maximum dose in 24 hours: Two tablets (15mg)	Prescribed or self-care? Prescribed by GP (Dr A)
<p>Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i></p> <p>John suffers from back pain due to his arthritis. He takes paracetamol tablets to manage his pain daily. If John is more uncomfortable because of his pain he takes longer to come out of bed and struggles more than usual to walk short distances. He will ask for more assistance while walking. This is when he will verbally request to take his PRN codeine medication as well. Joe has capacity and understands what his medication is for and he is aware that he can request his painkillers when needed.</p> <p>The codeine tablets can sometimes make John constipated. He knows this and does not like taking codeine unless he is in severe pain. Staff must observe John as he does not always verbally inform staff he is constipated. If he is holding onto his stomach as he sits or walks it may be an indication he is constipated. He will also lose his appetite as he worries if he eats, he will not be able to use the toilet. John’s bowel movement is normally every two days. Monitor his bowel movements by using a bowel chart. He can use the toilet himself but does need to be encouraged to keep hydrated so he can pass stool with ease.</p> <p>In the first instance exercise and dietary changes should be encouraged to help with John’s constipation. He enjoys dancing and playing the piano. John’s diet should include a healthy variety of fruit and vegetables high in fibre such as prunes, pears, broccoli, carrots, and beans. Staff should offer additional prune juice to try and help with the constipation. John sometimes gets a urinary tract infection (UTI). Constipation increases the risk of developing a UTI so it is important to keep him hydrated. John likes drinking strawberry flavoured water which staff should encourage and offer.</p> <p>If by day two John has not had a bowel movement and is showing signs of constipation (holding his stomach) staff should gently remind John, he has constipation (senna) tablets that will make him feel better by encouraging a bowel movement. Start John with the lower dose of ONE tablet at NIGHT. If he does not empty his bowels within 24 hours increase to the maximum dose of TWO tablets at NIGHT.</p> <p>Staff should observe for any signs of a UTI, especially if constipated (e.g., cloudy urine, burning sensation, urinating more often than usual). Low stomach pain may also be associated with a UTI and should not be confused with stomach pain associated with constipation.</p> <p>You will notice John is feeling better when he is expressing how much he is looking forward to supper. He also likes to walk around to invite his friends to eat with him as this is one of his favourite times of the day.</p>	
Any special instructions (e.g., before or after food): Senna normally causes a bowel movement within 6 to 12 hours. So, it is best to take at night to produce a bowel movement the next day.	Predictable side effect (use current BNF or patient information leaflet): Senna tablets may discolour urine. Uncommon side effects include stomach cramps/abdominal pain and spasms.
Any additional comments or information: Refer to health care professional if there is no bowel movement for more than 48 hours after administering Senna or if there is diarrhoea for more than 24 hours. This can be monitored by keeping a bowel chart for John.	
Prepared by - Name & signature: Staff A	Designation: Carer
Checked by - Name & signature: Staff B	Designation: Senior Carer
Date: 29/09/2023	Review date: 6 months (29/03/2024)

⁸BNF Online, *Senna* [Online] [Senna](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Appendix 4: Example of Completed PRN Protocol – Paracetamol 'When Required' (PRN) Medication Protocol Template

The following information **must** be referred to before offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g., with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name: Jane Doe	Date of Birth: 05/08/1940
Name of medication & start date: Paracetamol 500mg tablets. Start date: 10/05/2021	Formulation (e.g., tablets, liquid): Tablets
Strength: 500mg	Route (e.g., oral, topical): Oral
Dose and Frequency: ONE to TWO tablets up to FOUR times a day when necessary for pain	Minimum time interval between doses: 4 to 6 hours
Maximum dose in 24 hours: 4000mg = 8 tablets Maximum of 4 doses in 24 hours.	Prescribed or self-care? Prescribed by GP (Dr A)
<p>Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i></p> <p>Jane (preferred name) enjoys participating in the care home gardening activities. She used to love taking care of her own garden at home, so this brings her much joy. Jane is given knee pads to use for when she must kneel. She often gets carried away in the gardening. However, kneeling can make Jane's knees sore and achy.</p> <p>Jane has advanced dementia. She does not always verbally communicate she is in pain which could result in behaviours of concern which can present as frustration towards staff and may include throwing objects around the room. Staff should take Jane aside, sit her down and ask if she is in any pain. It may help if staff point to her knees to try and establish if this is where the pain is and show her a box of paracetamol. Once she sees the box, she recognises them and will nod to indicate yes, she is in pain. Staff should gently remind Jane that the paracetamol tablets will help with her knee pain and ask if she wants to take some to feel better.</p> <p>Start Jane on the lower dose of ONE tablet FOUR times a day and monitor her pain. You can monitor Jane's pain using the Abbey Pain Scale. It is important to use the pain scale while she is being moved during her general care by observing her facial expressions. Is she whimpering, frowning, or crying? Observe her body language, any physiological or physical changes-temperature, pulse, and blood pressure. Is she perspiring more than normal? Is she still displaying behaviours of concern? Jane can also communicate well with picture cards. If her pain levels have not improved increase to the higher dose of TWO tablets FOUR times a day.</p> <p>Staff should also ensure Jane is not gardening for long periods of time. If Jane does not want to leave her gardening remind her there are plants to water in the care home. If the plants do not need watering yet you can use an empty watering can as Jane does not recognise the difference.</p>	
<p>Any special instructions (e.g., before or after food): Can be taken with or without food. Swallow the tablet whole with a glass of water. If weight <50kg the lower dose of 'ONE' tablet should be given. Check if taking any other medication which may contain paracetamol. Do not over administer.</p>	<p>Predictable side effect (use current BNF or patient information leaflet): Itchy lumpy rash and breathing difficulties - stop taking paracetamol and consult GP.</p>
<p>Any additional comments or information: If Jane is taking paracetamol regularly to manage pain or if pain is not managed with paracetamol, GP to review.</p>	
Prepared by - Name & signature: Staff A	Designation: Senior Carer
Checked by - Name & signature: Staff B	Designation: Care Home Manager
Date: 29/09/2021	Review date: 6 months (29/03/2022)

⁹BNF Online, *Paracetamol* [Online] [Paracetamol](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Appendix 5: Example of Completed PRN Protocol – Lorazepam 'When Required' (PRN) Medication Protocol Template

The following information **must** be referred to before offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g., with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name: Joe Bloggs	Date of Birth: 10/10/35
Name of medication & start date: Lorazepam 0.5mg tablets. Start date: 15/01/2023	Formulation (e.g., tablets, liquid): Tablets
Strength: 0.5mg	Route (e.g., oral, topical): Oral
Dose and Frequency: 0.5mg up to twice a day when needed	Minimum time interval between doses: 4 hourly
Maximum dose in 24 hours: Maximum of 2 doses (1mg) in 24 hours.	Prescribed or self-care? Prescribed by GP (Dr A)
<p>Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i></p> <p>Joe has advanced dementia. When Joe becomes unsettled, the behaviours of concern can present as frustration towards other residents or members of staff and includes shouting very loudly and swearing. This could also result in him physically lashing out at staff and sometimes other residents. On occasions he may also throw objects around the room. This happens more so when a family member has visited and left the home as Joe gets upset by this and wants to leave with them, on other occasions there may not always be a trigger for these behaviours.</p> <p>Joe also has osteoarthritis of the knees and due to his dementia he cannot always communicate his pain as he may not understand that he is in pain, so it is important to use the Abbey Pain Scale to assess whether his behaviour change could be due to any pain. If so, then please consider administering his paracetamol tablets as per his PRN protocol. If the behaviours of concern are not due to pain or the paracetamol has not helped, then other de-escalating and distraction techniques (as below) should be tried first before administering the Lorazepam.</p> <p>Joe should be encouraged to go for a walk and may be offer him a cup of tea and light snack to try and deflect his frustration. If this fails, he should be taken to his room with two carers and may be put on a favourite TV programme for him, he enjoys watching 'The Repair Shop' and other programmes about antiques.</p> <p>If the above de-escalation techniques have not helped and he is becoming more distressed, or there is a risk of him hurting himself, staff, or other residents then a dose of Lorazepam (0.5mg) can be administered if staff involved on the shift agree. Administration of the dose must be recorded on the MAR chart and in the daily notes and Joe should be monitored closely for any side effects.</p> <p>The Lorazepam usually takes 20-30mins for the effects to be noticeable and Joe will appear calmer and more relaxed. He will often just choose to sit and watch TV for a while after and have a cup of tea.</p> <p>If Joe still continues to display behaviours of concern after the Lorazepam dose, then the manager must be informed and the GP and/or local crisis team must be contacted for further advice and support.</p>	
Any special instructions (e.g., before or after food): Can be taken with or without food. Swallow the tablet whole with a glass of water. Not to be taken with any alcohol drinks	Predictable side effect (use current BNF or patient information leaflet): Daytime drowsiness, dizziness, poor muscle control, muscle weakness, fatigue
Any additional comments or information: Alternative methods of de-escalation and distraction techniques must always be tried and documented before Lorazepam is administered. If Joe is being given Lorazepam more frequently, then the GP/crisis team must be consulted.	
Prepared by - Name & signature: Staff A	Designation: Senior Carer
Checked by - Name & signature: Staff B	Designation: Care Home Manager
Date: 17/01/2023	Review date: 3 months (17/04/2023)

¹⁰BNF Online, *Lorazepam* [Online] [Lorazepam](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Appendix 6: Example of Completed PRN Protocol – Diazepam 'When Required' (PRN) Medication Protocol Template

The following information **must** be referred to before offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g., with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name: Suzy Smith	Date of Birth: 16/01/2002
Name of medication & start date: Diazepam 2mg/5ml Liquid. Start date: 13/11/2023	Formulation (e.g., tablets, liquid): Liquid
Strength: 2mg in 5ml	Route (e.g., oral, topical): Oral
Dose and Frequency: One 5ml (2mg) spoon as needed up to twice a day when needed	Minimum time interval between doses: 8 hourly
Maximum dose in 24 hours: Maximum of 2 doses (4mg) in 24 hours.	Prescribed or self-care? Prescribed by GP (Dr A)
Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i>	
<p>Suzy has autistic spectrum disorder and can display behaviours of concern towards herself and others, when she becomes frustrated or distressed, she may hit herself on her thighs or scratch herself. During these periods of distressed behaviour she can also kick staff or property which can cause injury to herself and others. This may escalate further, and she will be screaming, crying and visibly upset.</p> <p>Suzy has a detailed Positive Behavioural Support (PBS) plan which staff should familiarise themselves with and use the techniques from, Suzy also responds well to "deep breaths Suzy" or she will say "think think think" when she is trying to calm down. Suzy has a relaxation plan which encourages her deep breathing. Other distraction techniques can also be used e.g., offer to go for a short walk, read her favourite book, offer her a drink or healthy snack. If Suzy's usual de-escalation methods are unsuccessful and Suzy appears to be becoming increasingly distressed, or if there is a risk of her causing harm to herself then a dose of Diazepam (ONE 5ml spoon) can be administered if all staff are in agreement.</p> <p>Staff should document this on the MAR chart and in Suzy's daily notes and be monitoring her closely. There should also be a corresponding detailed Incident Report or Behaviour Chart to explain Suzy's behaviour prior to the PRN being administered to enable staff to learn from the incident and minimise the risk to Suzy in future. Suzy's key worker will also add the incident to her Risk Assessment Addendum to enable them to review Suzy's incidents and risk assessments monthly.</p> <p>When Suzy has had a dose of Diazepam it will typically take around ten minutes for the effects to be noticeable, she will appear much more relaxed and will often choose to continue with her favourite activities such as watching TV or playing on the computer. She will usually not show any further signs of distress.</p>	
Any special instructions (e.g., before or after food): Can be taken with or without food. Not to be taken with any alcohol drinks	Predictable side effect (use current BNF or patient information leaflet): Daytime drowsiness, dizziness, poor muscle control, muscle weakness, fatigue
Any additional comments or information: Alternative methods of de-escalation and distraction techniques must always be tried and documented before Diazepam is administered. If Suzy is requiring Diazepam more frequently, then the PBS team and LD team must be consulted, as well as Suzy's psychiatrist.	
Prepared by - Name & signature: Staff A	Designation: Deputy Manager
Checked by - Name & signature: Staff B	Designation: Care Home Manager
Date: 14/11/2023	Review date: 3 months (14/02/2024)

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Appendix 7: Differences between Homely Remedies, Self-care and PRN medicines

	Homely Remedy	Self-care	PRN
What is it?	Product used to treat a minor ailment which can be bought over the counter and does not require a prescription.	Action taken by people to recognise, treat and manage their own health – includes purchase of over the counter medicines	Medication that is not required on a regular basis and is not intended to be given as a regular dose
When would it be purchased?	Homely Remedies are kept as stock in the care home to allow access to products that would commonly be available in any household	A self-care product is purchased for or by an individual in response to a specific medical condition	Often used for acute, short-term or intermittent conditions for an individual for a specific medical condition
Who can it be given to?	Can be administered to any appropriate resident as per Homely Remedies toolkit	Can only be given to the individual resident for whom it was purchased	Can be given to the individual person for whom it was prescribed (or purchased if a self-care prn product)
What products are included?	Only the named preparations listed in the Homely Remedies policy	Products for conditions listed in Self-care toolkit	If self-care – as listed in self-care toolkit If prescribed – any appropriate licensed product
Who pays for it?	Funded by Care home	Funded by resident or their representative	If self-care, funded as per self-care toolkit If prescribed, NHS prescription charges apply unless patient exempt
Does the GP need to approve before administration?	Provided the care home follows the BLMK ICB Toolkit, care home can start without consulting a GP/HCP. GP/HCP sign off is not required if the BLMK ICB approved list of products and toolkit is used	Provided the guidance in the BLMK ICB Toolkit is followed, GP/HCP approval is not required BUT care home staff should seek advice from GPs or HCPs to check if the product is suitable for the individual resident where appropriate.	If not under self-care, should be prescribed by GP/authorised prescriber. Prescriptions should include the indication for which the medication is prescribed, include the maximum dose in 24 hours and have clear directions. PRN protocols do not need to be signed off by a GP/HCP
How long can it be used for?	Used for limited period of time (usually 48 hours)	Duration of use dependent on condition and/or GP/HCP advice	Dependent on conditions and/or GP/HCP advice – should be regularly reviewed
Who can administer it?	Care home staff who have been trained in how to use Homely Remedies	Care home staff in accordance with Self-care Toolkit and any appropriate GP or HCP advice	Care home staff in accordance with PRN protocols and any appropriate GP or HCP advice
Whose property is it?	It is care home property	It is the property of the individual	It is the property of the individual
Exceptions	Care home staff should follow the flowcharts in the Toolkit and seek further guidance as indicated	The self-care toolkit has a table listing exceptions to self-care	Subject to regular reviews