

Best Practice in management of “when required” (prn) medication in care homes



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DATA COLLECTED FROM CARE HOMES IN BEDFORDSHIRE

73% of PRNs were not prescribed appropriately

75% of PRN were offered to patients with no explanation

6.5% of PRNs were given as MDS

73% of cases where PRNs were not administered were recorded inappropriately

13% of drugs did not have available codes

47% of PRN drugs were recommended to be removed

31% of PRN meds are destroyed

Background

- Visits to care homes across the county to support medicines management has revealed considerable variation in the use PRN medication & the recording process. Lack of clarity around the purpose of the medications, the ways in which they are offered to patients and lack of clarity on what needs to be recorded.
- A continued lack of administration either due to not being offered or being declined.
- Poor management of stock can result in significant waste,
- Poor clinical directions could potentially lead to overdosing
- A PRN medication with insufficient dosage instruction for regular administration of a PRN medication requested & is not questioned & can signify a clinical decline which needs to be reported to GP
- Giving PRN medication regularly inappropriately when not requested by patient

Objectives

- To identify capacity of patient to understand the need for the prn medication
- To identify inappropriate management of PRN medication
- To identify PRN medication with sufficient dosage instructions
- To ensure care plans include personalised prn instruction for each medication
- To check prn stocks & ordering processes to reduce waste & costs associated with inappropriate ordering.
- To check MAR sheets for medication which has not been administered in the last 3 months
- To check MAR sheets for medication which is being given regularly every day
- To check how staff are recording offering & administration
- To check for the last date of review of clinical need

Aims

- Having identified the issues the aim of the structured work is to support & implement appropriate changes
- To raise awareness of mental capacity assessments to determine capacity to understand the purpose of the medication
- To train staff in the best practice in managing prn medication. Develop guidelines in how to assess need the deal with apparent inappropriate declining of medication
- To engage surgeries to produce clear directions including maximum doses in 24 hours as directed in NICE guidance
- To implement PRN recording templates or prn MAR sheets which include all necessary information personalised to the individual
- To ensure that staff are carrying forward unused PRN medication & that it is dispensed in original containers with expiry dates. Liaise with supplying pharmacy to remove from compliance aids

Further work

A PRN flow chart to be used by both Prescribers & Care Home staff in order to rationalise the use of PRN medication in care homes.

An expiry date list for both opened & unopened creams to eliminate waste.

PRN Drugs per BNF category (%)

