

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 1 of 8	
Administration of PRN Medicines.		

Policy on Administration of PRN Medications and Antipsychotic medications..	
Developed by: Drogheda Services for Older People.	Date Developed: January 2016.January 2019, October 2021, Sept 2023
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Status of the Policy: Final	

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 2 of 8	
Administration of PRN Medicines.		

1.0. Policy Statement.

Prn medications are medications prescribed to be given only when a client requires it. A prn Prescription includes the frequency with which the medication may be given, such as q4h prn. This time frame means that the client needs to wait at least four hours between doses. The purpose of the medication should also be identified in the order (e.g., for sleep, pain, nausea). When administering prn medications, nurses must document their assessment, the time the medication was administered and the effectiveness of the medication. Nurses must not administer any prn medication for a purpose other than the one identified in the order. For the purpose of this Policy, PRN Psychotropic medication is defined as unscheduled Psychotropic medication which, when prescribed, may be administered at the nurses' discretion if the need for it arises. Pro re nata is a Latin phrase that is commonly used in medication management to mean "as needed" or as the situation arises. It is generally used as the acronym PRN to refer to the dosage of prescribed medication that is not scheduled on a regular basis. PRN administration of medication is an important adjuvant to the administration of medicines in residential care, where the prescriber is not available at all times.

Purpose

Psychotropic medication is a cornerstone of the treatment of mental disorders, and in inpatient settings it is viewed as a key part of the treatment function of admission (Bowers, 2005). Because such medication can take several weeks to be effective (particularly antipsychotic medication), additional medication (which is to say, PRN medication) is commonly needed in the interim in case of agitation and distress. Indeed, between 20% and 50% of residents with Mental Health issues and/or dementia receive at least one dose of PRN psychotropic medication during their admission (Chakrabati et al, 2010). The most frequently administered PRN psychotropic drugs are antipsychotics, anxiolytics, hypnotics, and anticholinergics.

Precautions with PRN Medications particularly antipsychotic medication.

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 3 of 8	
Administration of PRN Medicines.		

Despite this important role in the management of acute psychiatric symptoms, the use of PRN psychotropic medication has been criticised on the grounds that it increases risks of morbidity, can be inappropriately used, may result in above-recommended dosages or polypharmacy, and can complicate the assessment

of the efficacy of regular scheduled medications, while there are non-pharmacological alternatives to PRN psychotropic medication which are effective and associated with fewer side-effects (Hilton & Whiteford, 2008).

Good practice in PRN use

1. Service users should be more involved in all processes concerning PRN. This should be individualised, involving joint decision-making, negotiation, and should whenever possible take account of advance directives and preferences, and the involvement of relatives.
2. Prescribing and administering PRN should be based on assessment, leading to a clear, proactive indication for use in the prescription. When administered, PRN should be for the reason it was prescribed. Indications for use therefore need to be clear and agreed by all:
3. Prescriptions should be time-limited, thereby encouraging the process of review, which should include evaluation of the effectiveness and treatments and take into account service users' experience of taking PRN.
4. Staff need to develop knowledge and awareness about potential side effects prior to using PRN.
5. **ALL PRN MEDICATION SHOULD BE REVIEWED ON A MONTHLY BASIS AND NOT QUARTERLY AS WITH OTHER MEDICINES.**

Nurses should:

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 4 of 8	
Administration of PRN Medicines.		

1. Consider the Resident (knowledge, preferences and choices).
2. In a multidisciplinary way work at improving prescription quality.
3. PRN as part of the clinical management plan.
4. Evaluate the effects and side-effects of PRN.
5. Frequent review of PRN.
6. Enhanced documentation by the multidisciplinary team.
7. Prevent distress when using PRN.
8. PRN as a last resort encouraging the use of non-pharmacological interventions.
9. Additional training and education is required for all staff.

Regular medication as an alternative to PRN medication: The need for PRN medication could arguably be reduced by changing clinical practice around regular medication.

Non-pharmacological alternatives: The disadvantages of PRN medication discussed above clearly suggest that effective non-pharmacological alternatives to it are desirable. Usher et al (2009) report that most clinicians participating in their study agreed that PRN should only be administered after alternatives had been tried and found unhelpful. Geffen et al (2002) found that nursing staff identified more non-pharmacological alternatives to PRN medication for managing both agitation and psychotic symptoms than doctors, and that nurses reported using non-pharmacological alternatives more frequently than doctors.

Scope

All prescribers and nurses involved in medication management and the administration of PRN Medication

All Residents/Families in receipt of PRN Medication,

Procedure

No PRN Medications should be administered unless possible alternatives have been explored, discussed with all team members and documented unless absolutely necessary.

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 5 of 8	
Administration of PRN Medicines.		

The prescription should state the interval, the maximum dose in 24 hours, the method of administration including g whether it should be crushed, whether a liquid alternative is available and the review date

The decision to administer PRN Medication is that of the Nurse who is accountable for same and for documenting the rationale for administering same. The nurse must report to the CNM or senior nurse on duty their rationale for administering the medicines

PRN Medications must only be administered at the times stated.

The nurse must monitor for efficacy of the medicines based on rationale for giving same.

The nurse must also monitor and document possible side effects such as:

Side-effects

- Sleepiness and slowness
- Blurred vision also leading to falls
- Dry mouth which can lead to increase in agitated behaviours.
- Weight gain
- Interference with sex life
- Increased chance of developing diabetes.
- Some can affect blood pressure and CAUSE DIZZINESS LEADING TO INCREASED RISKS OF FALLING.
- In high doses, some have the same Parkinsonian side-effects as the older medications (stiffness of the limbs).
- Long-term use can produce movements of the face (tardive dyskinesia) and, rarely, of the arms or legs.

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 6 of 8	
Administration of PRN Medicines.		

Dosages and side effects. Some drugs are very potent and the doctor may prescribe a low dose. Other drugs are not as potent and a higher dose may be prescribed.

Unlike some prescription drugs, which must be taken several times during the day, some antipsychotic medications can be taken just once a day. In order to reduce daytime side effects such as sleepiness, some medications can be taken at bedtime. Some antipsychotic medications are available in "depot" forms that can be injected once or twice a month.

Most side effects of antipsychotic medications are mild. Many common ones lessen or disappear after the first few weeks of treatment. These include drowsiness, rapid heartbeat, and dizziness when changing position.

Some people gain weight while taking medications and need to pay extra attention to diet and exercise to control their weight. Other side effects may include a decrease in sexual ability or interest, problems with menstrual periods, sunburn, or skin rashes. If a side effect occurs, the doctor should be told. He or she may prescribe a different medication, change the dosage or schedule, or prescribe an additional medication to control the side effects.

NURSES MUST MAKE SURE THAT THERE IS NOT AN UNDERLYING DELIRIUM THAT HAS NOT BEEN DETECTED OTR TREATED.

Where PRN Medicines are prescribed, the same procedures should be followed in prescribing, transcribing, storage, checking, stocks, supplying administration and recording.

The same procedure applies to the Policy in relation to the Disposal of unused or out of date PRN Medicines.

Summary.

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 7 of 8	
Administration of PRN Medicines.		

Prn medications are medications prescribed to be given only when a client requires it. A prn prescription includes the frequency with which the medication may be given, such as 4h prn. This time frame means that the client needs to wait at least four hours between doses. The purpose of the medication should also be identified in the order (e.g., for sleep, pain, nausea). When administering prn medications, nurses must document their assessment, the time the medication was administered and the effectiveness of the medication. Nurses must not administer any prn medication for a purpose other than the one identified in the order.

The Village Residence	POLICY NO:	
	Date reviewed	January 2016 January 2019, October 2021, Sept 2023
	Page 8 of 8	
Administration of PRN Medicines.		

Read and Understood.

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