

PRN Protocols – Restrictive Practices

1.0 Background

The term PRN (from the Latin pro re nata: for an occasion that has born/arisen) is given to a medication which is to be taken 'when required' and is usually prescribed to treat short-term or intermittent medical conditions and not to be taken regularly, i.e. not given as a regular daily dose or to only be offered at specific times, e.g. medication rounds. Analgesics, occasional night-time sedatives and laxatives are amongst common examples of medicines prescribed in this way.

PRN prescribing is a highly advantageous and effective way for a participant to be treated if they are suffering from an acute or irregular condition. However, the participant is also open to abuse if the medication is used inappropriately or excessively.

The PRN Protocol is used as a tool to support good practice. It is designed to both provide sufficient information to staff workers and highlight any overlooked areas, to minimise risk and encourage appropriate use of PRN medication that is administered to participants.

To ensure the medication is given as intended, a specific plan for the administration of PRN medication must be made. Information on why the medication has been prescribed and how to give it should be sought from:

- the prescriber
- the supplying pharmacist
- other healthcare professionals involved in the treatment of the participant.

As it is for occasional use only, the PRN medication should only be offered or provided at times listed on the Medication Administration Record (MAR) Chart. The participant should be offered the medication when they are experiencing the symptoms or as specified by the prescriber (as per the medication plan information provided by the prescriber).

2.0 PRN as a chemical restraint

If a participant has behaviours of concern, a functional behavioural assessment must be completed, regardless of whether chemical restraint is used.

If a medication is not correct, it should be reviewed by a psychiatrist or other specialist.

If the participant has difficulty communicating, then a communication assessment will help find strategies the person could use to communicate their issues.

When unsure if the use of medication is classed as a chemical restraint, our organisation will seek appropriate advice.

A chemical restraint is a restrictive practice that involves the use of a medication or chemical substance (often referred to as psychotropic medications) for the primary purpose of influencing a participant's behaviour. It excludes the use of medication prescribed by a medical practitioner for the treatment, or to enable treatment, of a diagnosed mental disorder, physical illness or condition.

Information is gathered using the PRN Intake Checklist, and a PRN Restrictive Practice Plan (Chemical Restraint) are to be completed and recorded in the participant's file.

A delegated officer with relevant training, knowledge and restrictive practice experience will record, manage and review chemical restraint requirements. The types of data collected by this person are listed below:

- circumstances in which the chemical restraint is to be used, including information about when, where, location, time, how
- description of anticipated positive and negative effects of the medication on the person
- a statement as to how the medication can be considered the least restrictive way of ensuring the safety of the participant and others
- a statement as to how the use of the medication is in proportion to the potential risk of harm to the participant and others
- strategies for fading out the use of the restrictive practice – identify a staged plan that outlines how the chemical restraint will be reduced and eventually eliminated over time
- details of monitoring and data collection procedures regarding the use of the chemical restraint including information about:
 - who is responsible,
 - how this will be recorded,
 - managed and
 - shared.

There is evidence supporting some medications (e.g. Risperidone and Lithium) to manage some behaviours of concern. In general, however, the evidence for using medication to treat behaviours of concern (e.g. aggression in people with an intellectual disability) is not strong.

It has the potential for long-term side effects. Also, many medications are not licensed for this particular purpose. Two examples of when a medication requires authorisation as a chemical restraint are outlined below:

Example 1:

Chemical restraint – Authorisation is required

Diazepam is prescribed (other than for a diagnosed anxiety disorder) to help a participant remain calm through the day to **address and minimise the likelihood of behaviours of concern**.

Not a chemical restraint - Authorisation is not required

Diazepam prescribed and used for the primary purpose of treating a physical illness (e.g. used as a muscle relaxant after **seizure activity**) and not as a chemical restraint.

Example 2:

Chemical restraint – Authorisation is required

Sodium valproate prescribed to **stabilise a participant's mood** to decrease the likelihood of target behaviours and is used for the primary purpose of influencing the participant's behaviour. This is classed as a chemical restraint.

Not a chemical restraint - Authorisation is not required

Sodium valproate prescribed to treat or **minimise seizure activity** for the primary purpose of treating a neurological condition. This is not classed as a chemical restraint.

High doses of psychotropic medications can cause side effects, including drowsiness, tardive dyskinesia (e.g. tongue protrusion, tremor and restless legs) and toxicity. A medical practitioner should regularly review medications and reduce doses where possible.

Taking a mix of different medications (e.g. benzodiazepines, antipsychotics, and antidepressants) can increase risks of side effects and toxicity in the participant. Although participants are often prescribed a combination of medications, it should be avoided where possible.

3.0 Side effects

There are five major categories of medications that may be used to alter behaviour; they are as follows:

1. **Antipsychotic medications:** (e.g. Olanzapine or Risperidone) Used to treat psychosis, as they can reduce or eliminate delusions, hallucinations and thought disorders.
2. **Benzodiazepines:** (e.g. Diazepam and Nitrazepam) Create a calming effect by depressing the central nervous system and can have a sedative or sleep-inducing effect. They are sometimes used to manage the side effects of other medications and seizures or to manage short term anxiety or sleep disturbance.
3. **Mood stabilisers:** (e.g. Clonazepam and Lithium Carbonate) Mood stabilisers used to treat mood disorders such as bipolar illness and depression, seizures and epilepsy. They are sometimes described as an anticonvulsant.
4. **Antidepressants:** (e.g. Fluoxetine and Sertraline Hydrochloride) Used to treat depression, manage anxiety or obsessive-compulsive disorders. May also be used to reduce sexual arousal in men.
5. **Hormonal medications:** Hormonal medications have different purposes and effects for women and men:
 - Women take hormonal medication (e.g. Mestranol) for contraception, gynaecological issues or to suppress menstruation.
 - Men take hormonal medications (e.g. Cyproterone Acetate) to deliberately reduce sexual arousal.

Our organisation will access the Health Direct website to locate medication by searching using the medication name or active ingredient. The delegated staff worker will:

1. Access the Health Direct website <https://www.healthdirect.gov.au/medicines>
2. Identify the drug or active ingredient.
3. Locate the side effects of the drug.
4. Link to participant information.
5. Inform other staff workers of the side effects.

4.0 Records

There must be appropriate medication records available for all PRN medication, including the outcome for the participant once the medication is taken.

Information about the medication will be identified and recorded using the following:

1. Medication Administration Record (MAR) Chart.
2. PRN Intake Checklist - Staff will review the PRN against participant current medication and requirements.
3. PRN Care Plan.

5.0 Medication administration record chart

PRN medication must be recorded on the MAR Chart stating the:

- name of medication
- route (if other than oral)
- dose
- frequency
- minimum time interval between doses
- maximum number of doses in 24-hours.

6.0 PRN Care Plan

A specific person-centred care plan (PRN Care Plan) must be drawn up for every PRN medication prescribed to the participant. A copy of the plan will be kept with the participant's medication records.

So clinical decisions are not made by non-clinical staff workers, clear dosage instructions must be obtained for each PRN medication. For the dosage instructions to appear on the medication label and MAR Chart, the prescriber must first provide specific instructions on the prescription.

Note: If a variable dose is prescribed there should be clarity at the outset on how the decision to administer, for example, one or two tablets by non-clinical staff will be made.

A statement must be made on the reasons for considering the medication, effects of the medication on the person, potential risk of harm to the person or others. The delegated officer will create a staged reduction plan that is designed to lead to elimination.

The response to medication should be clearly stated in the information gathered, and a record of whether or not the medication is achieving the expected outcomes should be made.

Other medications that the participant may be taking must also be considered. For example, paracetamol is taken as a regular daily dose, and co-codamol (which also contains

paracetamol) is prescribed as a PRN for breakthrough pain. The prescriber/pharmacist must provide specific instructions and raise awareness of the paracetamol content in both preparations. The appropriate direction should be provided for staff workers. It is essential that administering staff workers are educated to understand the requirements to give only one of the medicines within the required timeframe.

7.0 Reviewing PRN medication

The delegated officer will determine who will:

- monitor data
- collect data
- record information

The delegated officer also determines the stakeholders' that our organisation will share information regarding the PRN medication review.

The PRN medication will be regularly reviewed to determine the ongoing need and efficacy. A date for a formal review of the medication should be stated in the participant's PRN Care Plan. However, feedback from the staff worker is essential as part of the review process. Should staff recognise a need for a review before the stated review date, then the prescriber should be contacted.

The outcome of the review must be documented in the PRN Care Plan. Some examples for staff to consider are as follows:

- Is the expected outcome being achieved?
- Is the participant taking the PRN frequently?
 - Should this become a regular medication?
 - Should an alternative be considered?
- Is the participant taking the PRN very infrequently?
 - Is there still a need for medication?

8.0 Discontinuing PRN medication

Should the prescriber authorise the medication to be stopped, then the following must take place:

- Cross out the medication on the MAR Chart, writing the date it was stopped and by whom. The chart will be signed and countersigned by a second member of staff.
- Update the participant's notes to reflect the change.

- Contact the general practitioner to confirm that the records at the practice reflect the change.
- Notify the supplying pharmacy that the medication has stopped, so it does not appear on the next MAR Chart.
- Monitor the participant in case symptoms reoccur, in which case a further review will be required.
- Dispose of remaining medication as per medication disposal procedure.

9.0 Ordering PRN medication

PRN medication should be provided in its original pack rather than in a Monitored Dosage System (MDS) blister pack, as this will maintain the manufacturer's expiry and also reduce waste. Any in-date medication that remains at the end of the month must be carried forward to the next month.

A record of the quantity carried forward must be made (ideally on the MAR Chart) for audit trail purposes. All stocks will be checked and considered before ordering. Staff workers will only order the quantity required to take the participant to the next cycle.

The supplying pharmacy provides MAR Charts. If no PRN medication is requested for a particular cycle, the MAR Chart should still include that item until informed by the prescriber that the medication is no longer required. At this point, the medication should be removed by the pharmacy from the MAR Chart.

10.0 Related documents

- Medication Administration Record Chart (pharmacy provided)
- PRN Care Plan
- PRN Intake Checklist