

Guidelines for the prescribing and administration of PRN psychotropic medicines

Version number :	4.0
Consultation Groups	Medicines Committee
Approved by (Sponsor Group)	Medicines Committee and the Healthcare Governance Committee
Ratified by:	Medicines Committee
Date ratified:	May 2020
Name of originator/author:	Jennifer Melville, Chief Pharmacist
Executive Director lead :	Iffah Salim
Implementation Date :	June 2020
Last Review Date	March 2020
Next Review date:	March 2023

Services	Applicable
Trustwide	x
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
1.0	January 2007			
2.0	October 2009			New logo added. "Medication" changed to medicine.
3.0	September 2017			Sections added: Definition, review, monitoring, specific patient groups. Zopiclone under night sedation
4.0	March 2020			Inclusion of EPMA medication charts. Section 4 – guidance on EPMA patient & PRN notes, and protocol prescribing added Section 6 – EPMA drug interaction checking added

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Guidelines for the Prescribing and Administration of PRN (Pro Re Nata) Psychotropic Medicines

1.0 Background

The use of PRN psychotropic medication, such as for example, Haloperidol, Lorazepam, Promethazine during inpatient treatment is common practice.

All Trust inpatient EPMA charts have the facility to prescribe such medication for PRN and/ or rapid tranquillisation. Nursing staff are then able to administer these medications to patients at their discretion.

PRN prescribing is a valuable facility, particularly in those with acute, fluctuating conditions. Nonetheless, it is open to misuse and PRN prescribing may be unnecessary or inappropriate.

PRN prescribing increases the risk of patients being given above BNF recommended maximum doses. Findings from a POM UK audit of high dose and combination antipsychotics prescribing (2008) confirm the prescribing of PRN antipsychotics is a potential major contributor to combined and high dose antipsychotic medicines. Hence, the routine and common practice of prescribing PRN antipsychotic medicines needs to be addressed and reviewed on a regular basis.

These guidelines should be read in conjunction with the Trust's High-dose Antipsychotic and Rapid Tranquillisation Guidelines, These policies are available on the ELFT intranet.

2.0 Aim of guidelines

The aim of these guidelines is to:

Help change the culture of prescribing PRN psychotropic medicines.

To ensure safe, effective and appropriate prescribing.

To encourage regular review of PRN psychotropic medication.

3.0 Definition

The definition of PRN psychotropic medication for the purpose of this policy: The short term prescribing and administration of as required (PRN) psychotropic medication to provide symptomatic relief to a patient from distressing behaviours/ symptoms in the context of their mental health disorder.

PRN psychotropics include the following groups of medication: anxiolytics, hypnotics, antipsychotics and 'z drugs'.

4.0 Recommendations For Prescribing PRN Psychotropics:

4.1 Review of regular medication

There should be a review of the overall care plan including medication, to ensure regular medication/ treatment is being optimised

4.2 Choice of Psychotropic Medication

- The prescribing of a psychotropic should be guided by the primary purpose of use e.g. sleep, anxiety, agitation
- First line: Consider Promethazine or an anxiolytic such as Lorazepam.
- When considering an anxiolytic take into consideration previous response and, age of the patient and the potential for paradoxical affects and/ or disinhibition (e.g. CAMHS/MHCOP)
- Second line: Antipsychotic where aiming to manage severe agitation/ aggression
- When prescribing or administering “PRN” antipsychotics one should consider antipsychotics prescribed regularly and take the percentage maximum dose of regular and PRN antipsychotics into account
- Where the combined PRN and regular prescribed antipsychotic(s) are above BNF maximum 100%, it is important to complete High dose monitoring and documentation as per trust policy. These are to be recorded as patient notes on EPMA inpatient charts.

4.3 Rationale for prescribing

- In general, all PRN medicines should be prescribed in the same way that regular prescriptions are written for individual patients.
- PRN medicines should not routinely be prescribed in advance. If it is prescribed in advance then the rationale for doing so should be clearly documented in the clinical notes.
- Should nursing staff assess a patient to be in need of PRN psychotropic medicines, a doctor, who is available 24 hours a day, should first assess the patient’s mental state and then prescribe PRN medicines accordingly.

4.4 Specifics of the Prescription

- All PRN prescriptions should specify a dose and or a minimum range e.g. for Lorazepam 500microgram-1mg, frequency, maximum daily dose and the precise circumstances for which the drug is to be given. On EPMA, this information is to be recorded in the PRN notes section attached to the prescription. Please ensure psychotropic medication prescribed for PRN and RT do not exceed BNF maximum dose in a 24 hour period, for all routes. For example- Lorazepam oral and intramuscular (IM) not to exceed 4mg/24hrs when using for PRN and RT
- On EPMA, prescribers may choose to use the Protocol prescribing function which combines oral and IM medications into one prescription. It is important to note that the maximum doses stated are inclusive of both medication forms.

5.0 Review of PRN Psychotropics

- All PRN prescriptions should be reviewed at least once a week by the multidisciplinary team (MDT) as part of the weekly MDT review.
- The rationale and review of medication to be documented in the patient clinical notes.
- If the psychotropic is no longer required the prescription should be discontinued.
- Should there be a need for the repeated administration of PRN psychotropics, consider review and optimisation of regular medication.

6.0 Monitoring of Side Effects

- Monitor for the potential and/ or actual side effects to the use of PRN psychotropic medication.
- Ensure appropriate measures are in place to respond and/ or treat side effects e.g. PRN Prochlorperazine available for EPSE caused mainly by typical antipsychotics such as Haloperidol
- Monitor for side effects indicating reduction and/ or discontinuation of PRN psychotropic medication such as, over-sedation, EPSE, paradoxical affects and dis-inhibition to name a few.
- On EPMA, the drug interaction checker will highlight medications co-prescribed on the Inpatient Rx that may increase the risk of side effects. Further information on monitoring of side effects can be found on the Clinical Drug Information module.

7.0 Documentation of Administration

- All PRN medicines administered should be documented in the clinical notes with details of the name of drug administered, date and time administered, name and dose of drug, the specific symptoms and conditions which resulted in the drug being administered and a description of the patient's response to the medicines.
- All actions and interventions taken to prevent PRN psychotropics being administered should also be documented in the clinical notes.
- After the event the patient should be offered the opportunity to write an account of their experience of receiving PRN medication and this should be kept in the medical notes. (NICE guidance for schizophrenia, 2006).

8.0 Night Sedation

- Consider the age of the patient when considering night sedation
- Those patients who require night sedation should be prescribed and administered licensed hypnotics
- First line: Consider Promethazine
- Second line: Consider a z-drug such as Zopiclone where poor response/ tolerability to Promethazine
- When treating people with a diagnosis of depressive illness, mania or paranoid psychosis (including schizophrenia) it is preferable to use a sedative antidepressant or antipsychotic, rather than to use a benzodiazepine or similar sedative-hypnotic. This is because benzodiazepines do not improve depression or psychosis and may lead to dependence.
- If a hypnotic is prescribed it should not be continued for no longer than four weeks (preferably one week) according to BNF recommendations.
- When using a non-sedative antidepressant a benzodiazepine may be used briefly to avoid the initial increase in agitation.
- Hypnotics are not licensed for use in children and adolescents (CAMHS) and so first line should be Promethazine

9.0 Specific patient groups

When considering PRN psychotropic medication for older adults and children and adolescents the following should be taken into consideration:

9.1 Older Adults

- Co-morbid physical health conditions
- Regular medication prescribed, both for mental and physical health and the potential interaction between these and PRN psychotropic medication
- Risk of falls, over-sedation and confusion
- Potential for dependence and tolerance

9.2 Children and Adolescents

- Age of the young person
- Medication which are licensed for use in children and adolescents should be first line
- Where off-license psychotropics are prescribed for PRN use, the young person and family must be informed and provided with appropriate information (please refer to Unlicensed Medicines Policy on the ELFT intranet)
- Potential risk of paradoxical affects and/ or dis-inhibition
- Potential for dependence and tolerance