

Audit of 'as required' (PRN) prescriptions on an adult inpatient psychiatric ward

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Introduction

- 'PRN' (pro re nata) or 'as required' medication has been defined as unscheduled medication which, when prescribed, may be administered at the nurses' discretion if the need for it arises.¹ PRN psychotropic medication is often required in the management of acute psychiatric symptoms, particularly in inpatient settings.¹
- However the use of PRN psychotropic medication also has a number of potential disadvantages and risks.
- Therefore it is important that there is a clear rationale for prescribing PRN medications, and that these are prescribed safely and correctly.

Aims

- This audit aimed to assess if the PRN prescriptions on an adult inpatient psychiatric ward at a given time were prescribed safely and according to trust policy.
- The audit criteria were based on the "PRN medication prescribing" section of the trust's "Safe and Secure Handling of Medicines" policy which was updated in May 2020.²

Methods

- All PRN prescriptions for psychotropic medications for all patients on an adult inpatient psychiatric ward on a given day (10 June 2020) were included, and each prescription was assessed against the audit criteria (see figure 1). The audit standard for all criteria was 100%.
- Following implementation of recommendations, this was re-audited 8 weeks later (4 August 2020).
- The audit was registered with and approved by the trust's Clinical Effectiveness department.

	Audit criteria	Standard (%)
1	Is there an indication stated?	100%
2	Is there a clear dose specified?	100%
3	If there is a dosage range, is it stated when to use different doses?	100%
4	Is the maximum dose within 24 hours stated?	100%
5	Is the maximum daily dose within BNF limits, or if not, is there documentation that this has been discussed with the patient's Consultant?	100%
6	Is the minimum interval stated?	100%
7	If a PRN medication is prescribed regularly as well, is there a minimum interval stated between regular and PRN?	100%
8	If a PRN medication has been prescribed both oral and IM, is it grouped as "Administer One Only" to ensure a minimum interval between the two?	100%
9	Has the PRN medication been reviewed in the last 7 days, or is there a clear treatment plan in the notes within 7 days?	100%
10	If the patient is on a T2/T3/Section 62, is the PRN medication covered by that?	100%

Figure 1: Audit criteria for the audit.

Results

- For the initial audit, there were 16 patients on the ward, of which 15 had PRN medications for psychotropic medications, totalling 37 PRN prescriptions.
- Only 38% of PRN prescriptions had been reviewed in the last 7 days (14 out of 37).
- Where there was a dosage range prescribed, 0% of prescriptions had advice on when to use different doses (0 out of 29).
- Five of the audit criteria achieved the target of 100% - indication, clear dose, maximum dose within 24 hours, dose within BNF limits, and complied with T2/T3/section 62.
- Two audit criteria did not meet the target but were above 85% - including a minimum interval (89%), and when prescribed oral and intramuscular (IM), including a minimum interval between oral and IM (86%).
- If a medication had been prescribed regular and PRN, 50% of these PRN prescriptions stated a minimum interval between PRN and regular. However only 2 prescriptions were assessed on this criteria.

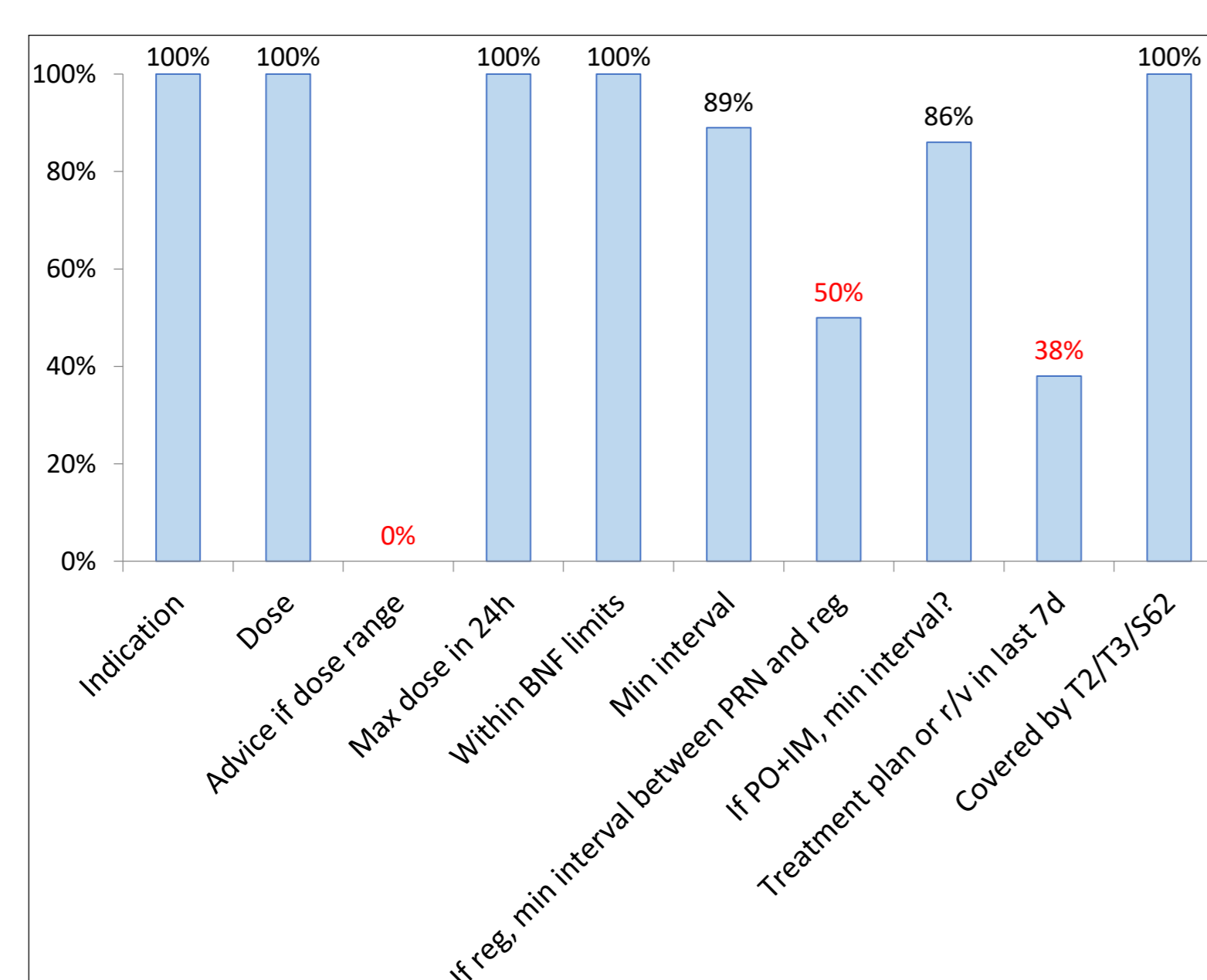


Figure 2: Results of the audit

Re-audit

- The audit was repeated 8 weeks after the first audit. There were 20 patients on the ward, all of whom had PRN medications for psychotropic medications, totaling 57 prescriptions.
- Five criteria achieved the target of 100%, and all eight that had data scored above 90% (see figure 3).
- Including advice if there was a dosage range scored 90% (previously 0%).
- 100% of PRN prescriptions had been reviewed in the last 7 days (previously 37%).
- Two criteria could not be assessed in the re-audit as there were no prescriptions that applied to the criteria.

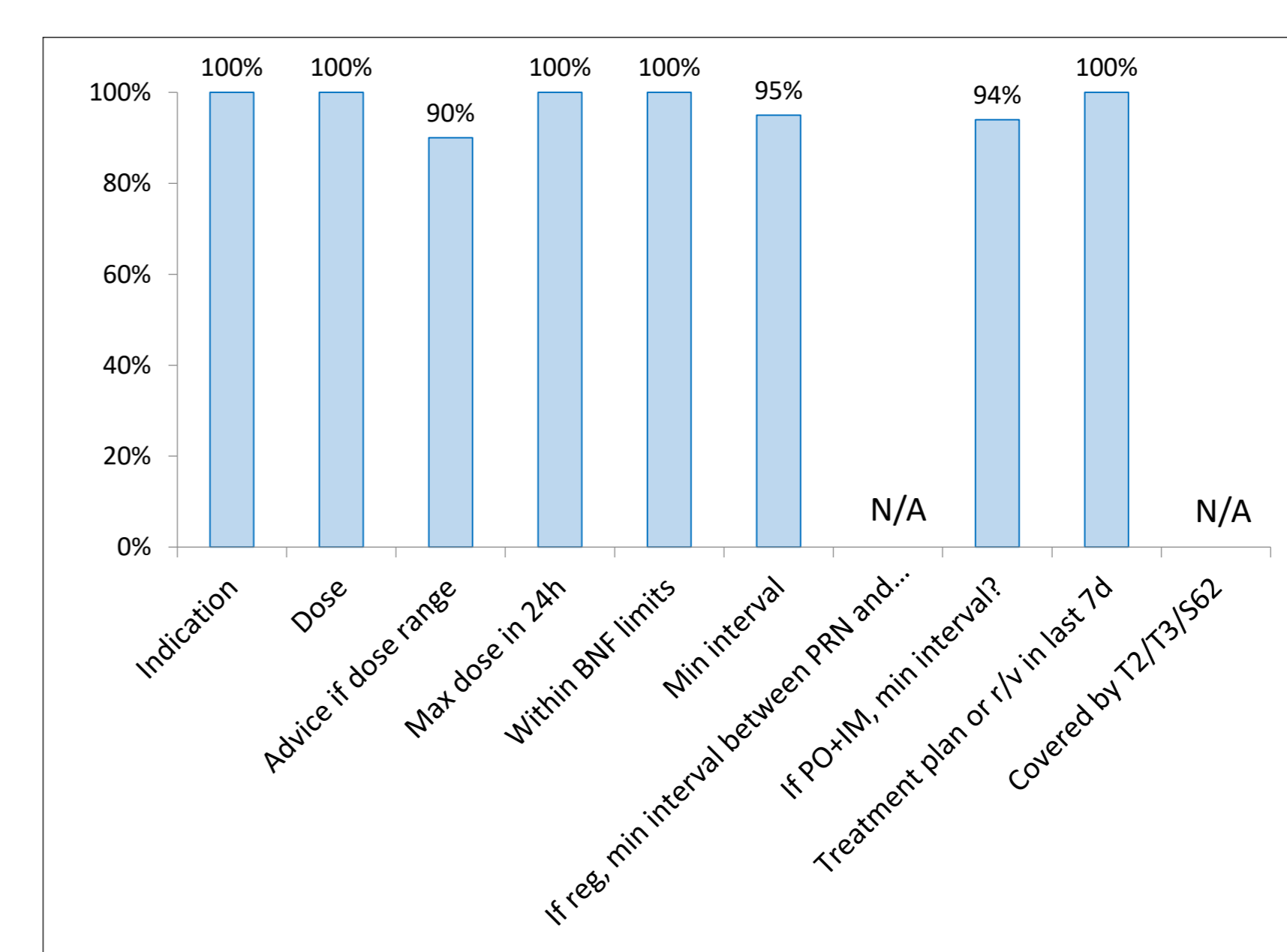


Figure 3: Results of the re-audit

Recommendations

- The results were discussed with other members of the MDT including the pharmacist and nursing staff, regarding how these could be improved.
- The results were communicated to inpatient junior doctors, particularly with regard to:
 - including PRN medication in a treatment plan.
 - guidance for PRN dose ranges, such as for medications for agitation: "dose given based on level of agitation", and for zopiclone "give lower dose, if no response, give a further dose after 1 or 2 hours".
 - Reviewing PRN medications for patients each week.
- A column was added to the junior doctor patient list for when PRN medications were last reviewed and if/when that is due.

Conclusions

- This audit identified that PRN medications were generally prescribed according to trust guidelines, but two aspects were not done consistently - including advice if there was a dose range and review in the last 7 days.
- Following discussion with the MDT, raising awareness with junior doctors and adding a column for PRN review on the junior doctor patient list, these two aspects improved to 90% and 100% respectively on re-audit.
- To attempt to maintain and improve these results, the audit will be discussed at the local education meeting, and these topics will now be covered in the e-prescribing training for all doctors. Regular re-audit should be done.

References

- Wright, S., D. Stewart, and L. Bowers. "Psychotropic PRN medication in inpatient psychiatric care: A literature review." *Section of Mental Health Nursing, Institute of Psychiatry at the Maudsley, Kings College, London* (2012).
- RDaSH Safe and Secure Handling of Medicines policy (2020). www.rdash.nhs.uk/25312/safe-and-secure-handling-of-medicines-policy