

**State of Connecticut
Department of Developmental Services**

NURSING STANDARD

**Medications Administered On An As Needed/PRN Basis
#NS 09.2**

Date of Issue: March 2009

Effective date: May 1, 2009

Purpose:

To serve as a guideline to licensed nurses who administer medications and/or delegate responsibility to certified non-licensed staff. This standard will identify best practices in the areas of administration and documentation of medications that are prescribed to be administered on an as needed/PRN basis.

Applicability:

This standard shall apply to all licensed nurses employed or contracted by DDS or private agencies licensed or funded by DDS to provide care to persons served by the department in residential, respite, and day programs. This standard shall also apply to certified non-licensed staff who are delegated responsibility for medication administration.

Definitions:

Authorized Prescriber: means a person who is legally authorized to prescribe medications according to Chapter 380 of the Connecticut General Statutes. This includes a physician, dentist, an advanced practice RN (APRN) and/or a physician's assistant (PA).

PRN medications: The acronym PRN (Pro re nata) refers to preparations that are prescribed to be administered on an as needed basis rather than at scheduled intervals.

Introduction:

There has been a practice in place in public and private agencies to have a list of "Standing Orders" that include the identification of over the counter medications and/or treatments that may be administered to individuals subject to the prior authorization of their health care provider. These "Standing Orders" have usually been contained on a document that is separate from the traditional "doctor's order sheet" and have been prescribed for a period of one year. These orders were never transferred to/included on the "doctors order sheets" that were reviewed and re-ordered by the prescriber every 180 or 90 days as required by DDS medication administration regulations. The preparations ordered on the "Standing Orders" were often overlooked when changes in a person's health care status or plan of care were identified. Additionally, "Standing Orders" were not usually included with the medication history/information that was sent to the pharmacist and therefore were not considered for potential interactions as new medications were prescribed. These "Standing Order" preparations were not routinely included on the pre-printed Medication Administration Record (MAR) but rather, would be transcribed onto the person's MAR if/ when they were administered. Additional concerns regarding the use of "Standing Orders" have been raised because some of these "Standing Orders" provide direction that call for an assessment of the presence of a certain condition (i.e., Benadryl ointment for poison ivy, Lotrimin cream for athlete's foot) that non-licensed staff cannot make unless this condition has been diagnosed. Implementation of this best practice standard should ensure the avoidance of past practice concerns that have sometimes resulted in negative outcomes for consumers.

This standard shall not prohibit the practice by the RN of identifying in advance, non-medication interventions to be followed by staff for common health concerns that are reported to the nurse (e.g., monitoring vital signs, monitoring intake and output, gradual resumption of prescribed diet following vomiting/diarrhea, etc.).

DDS Standard: The use of “Standing Orders” is no longer permissible. All medications and treatments, including over the counter preparations, that are to be administered on an as needed/PRN basis shall include the following considerations:

- An authorized prescriber must order all preparations and treatments for a period not to exceed 180 days unless otherwise required by regulation specific to the site.
- All orders must be specific to the person to whom they will be administered and shall be prescribed for predictable or anticipated conditions specific to the person (e.g., elevated temperature, minor discomfort, constipation, recurring skin issues).
- Orders for conditions which are not predictable by past history or generally anticipated for the person shall not be included but rather shall be obtained specific to the occasion to avoid the administration of products which may mask a more serious condition or delay appropriate intervention.
- Orders shall be clearly written to convey the administration instructions (i.e., Hydrocortisone 1% ointment apply PRN twice a day to affected area on left leg for redness, Tylenol 650mg po PRN every 4 hours for elevated temperature above 101 degrees rectally). Orders shall not contain a range of dose or time choices for administration (i.e., every 4-6 hours, administer 1-2 tablets).
- All prescribed medication (including over the counter preparations) shall be incorporated in the 180/90-day orders and be reviewed and re-ordered at the same frequency as other medication orders.
- There shall be specific instructions as to when the RN shall be notified (i.e., upon the initiation of the PRN order as it may reflect a change in condition, following the administration of the prescribed dose without effect, after the administration of a specified number of doses).
- The pharmacist shall be advised of all orders for medications (including as needed/PRN over the counter preparations).
- As needed/PRN orders shall not contain any component that requires non-licensed staff to assess the condition of the individual. If medication is ordered, the directions should be specific for the observed condition/ signs for which the preparation can be administered. Non-licensed staff should have training to assist them to identify non-verbal indicators specific to the individual (i.e., behavior changes, appetite changes, vocalizations/ moaning, rubbing or pulling at body site).
- The RN shall ensure that the prescriber is contacted if changes in the person’s condition and/or plan of care contradict the use of any prescribed preparation.
- Orders for the administration of PRN/as needed medication used for pre-sedation shall be specific to when they are to be used and shall be in compliance with DDS procedure I.E.PR.006
- Licensed nurses and certified staff are expected to indicate their observations regarding the effect of the PRN medication. This is done on the back of the MAR. Making these types of judgments are within the scope of practice for licensed nurses. Certified staff however, must be provided with objective markers/information specific to the person (if the person is unable to respond), which would indicate that there has been a desired effect, some effect, or no effect (i.e., behavioral changes, vital sign measurement).

References:

Connecticut Nurse Practice Act

DDS Medication Administration Regulations

Washington State, Department of Social & Health Services, Aging & Disability Services Administration, “Nurse Delegation: PRN Medication” Revised 1/2007.