

Aims of standards:

- To **promote safe, effective and appropriate prescribing and administration of ‘as required’ medication**, including those used for physical health conditions, in all care settings
- To **encourage regular review** of ‘as required’ prescriptions
- To **discourage unnecessary or routine** ‘as required’ prescribing

Think PRN

Always consider if non-pharmacological interventions can be used?

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Prioritise

Think which medication to give first

- Before prescribing ‘As required’ medication, can non-pharmacological interventions be utilised?
- Have a clear purpose for using ‘as required’ medication, including target symptoms and expected response.
- When more than one medication is needed for managing the condition, clearly indicate the 1st and 2nd line and the rationale of when to use each prescription, including pro-active use

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Review

regularly

- ‘As required’ medication (prescribed by TEWV) should be reviewed and documented regularly in line with the patient’s presentation or minimum standards for inpatients (see page 2 [link](#))
- This should include a regular review of ongoing need for ‘as required’ medication and intervention plans
- Monitor response, effectiveness, benefits and side effects - this should be documented within the Electronic Patient Record (EPR).
- If repeated doses of ‘as required’ medication are required, consider review and optimisation of regular medication.

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Needed?

Consider stopping or plan to de-prescribe

- Review and discontinue if symptoms have resolved
- Consider any potential for withdrawal effects when ‘as required’ medication is stopped, depending on the frequency it has been used and the duration of treatment e.g. benzodiazepines/opioid analgesics. Where there is a risk a withdrawal, a plan should be implemented.

Document:

- Actions and proactive interventions taken to prevent ‘as required’ medication being administered. These should be clearly documented within the EPR / safety plan / individual protocols.
- Specific symptoms / reasons which may result in any ‘as required’ medication being administered within the EPR / individualised protocols and ensure that any use is clearly recorded for both mental and physical health.
- Patient’s response (and, for inpatients, all monitoring outcomes / observations following administration, including patient’s views) to any ‘as required’ medication.

MSS 33: Standards for 'as required' prescribing, administration and supply - Inpatients

Prescription details – inpatient EPMA

Ensure right Dose, Form, Frequency expressed as Minimum Dose Interval, Maximum dose in 24 hours, Duration (where applicable)

Always include Indication and Review date

The most common 'As required' doses have been added to EPMA as regimens, when selecting always check they are clinically appropriate

The 24-hour period is a rolling period, NOT midnight to midnight. Exception is hypnotics which can be administered once per night.

'As required' prescriptions for lorazepam, promethazine and zopiclone automatically have a 7-day review period set, thereafter reviewer manually sets review period depending on the patient's presentation and specialty.

Minimum Inpatient standards for reviewing and monitoring 'as required' prescriptions

- New prescriptions for 'As required' medication should be reviewed every 7 days by the MDT
 - ALL 'As required' prescriptions MUST be reviewed every 4 weeks (8 weeks on SIS, H+J, planned care e.g. rehabilitation wards)
 - Discontinue if symptoms have resolved or the medication has not been administered within the last 4 weeks (8 weeks on SIS, H+J, planned care e.g. rehabilitation wards)
- Exceptions:**
- rescue medication for medical emergencies – see [MSS 34](#)
 - Some 'as required' medication is issued to patients on repeat from GP to manage chronic conditions, including exacerbations, potentially with intermittent use that needs to be available during inpatient episode.
- All 'as required' reviews MUST be documented on EPMA or EPR
 - See page 3 for EPMA guidance [link](#)

Leave / Transfer of care (ward discharge)

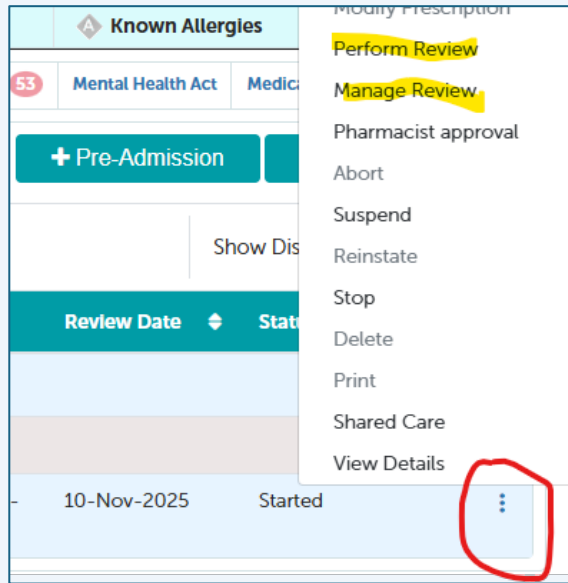
- Review need for 'as required' medication. considering quantity to supply and pack size. Always take into consideration patients overdose risks in Safety Summary
- Consider asking Community team to review post discharge if newly started during admission or provide limited supply at discharge
- EPMA will prompt for the number doses 'as required' medication If prescribed pre-admission on GP repeat is it still needed?
- Consider number doses needed when to be supplied for leave and discharge prescriptions.
- Ensure have supply of rescue medication e.g. salbutamol, adrenaline auto-injector
- Nursing staff should give a clear description to the patient of how to use the 'as required' medication for leave or at Transfer of Care (discharge)
- Where appropriate, a patient information leaflet should be provided for the patient, carers or relatives (choiceandmedication.org)

These standards should be read in conjunction with other guidance e.g. [Supporting Behaviours that Challenge policy](#), [Anxiety medication pathway](#), insomnia pathway, Use of oral medication for agitation, Management of agitation, [MSS 35 EPSE](#), [Rapid Tranquilisation Policy](#). For the prescribing and management of as required medication for physical health see relevant guideline e.g. [MSS34 - Rescue medication](#), [pain algorithms](#), management of constipation.

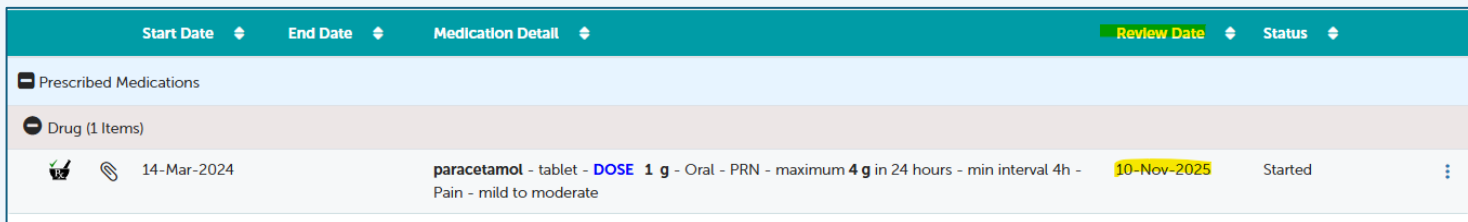
MSS 33: Standards for 'as required' prescribing, administration and supply – inpatients EPMA guidance

- How to set up a review on EPMA prescribing

- Accessing manage and perform review



- Viewing review information



For further information see EPMA guide [link](#)

- How to view reviews from EPMA administration

