



The Regulation and
Quality Improvement
Authority

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Advice on the Management of When Required Medicines to Service Users Displaying Distressed Reactions

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Assurance, Challenge and Improvement in Health and Social Care

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Introduction

Over the years, concerns have been expressed in the media about the administration of anxiolytic and antipsychotic medicines to service users for the management of distressed reactions in registered establishments. There is also an increasing awareness that in service users with a diagnosis of dementia, pain may be the underlying cause of the distressed reaction but these medicines may be prescribed and administered due to a lack of understanding on how to recognise and treat pain.

The Regulation and Quality Improvement Authority decided that the management of when required (PRN) prescribed anxiolytic and antipsychotic medicines for the treatment of distressed reactions would be specifically examined in the three year medicines management inspection cycle of nursing and residential care homes commencing 1 April 2014. It is hoped that RQIA will be in a position to evaluate our findings when we have completed this programme of inspections.

This short advisory paper has been produced by the pharmacist inspectors in RQIA. It aims to support staff in registered establishments to review their current practice regarding the management of PRN medicines and to implement policies and procedures which are based on good practice and the relevant care standards published by the Department of Health, Social Services and Public Safety.

Advice

1. Staff should be aware that one of the most common reasons for distressed reactions may be that a service user is in pain and unable to express this. Staff should use an appropriate pain assessment tool to assess whether service users are in pain and administer prescribed pain relief, if needed.
2. There should be multidisciplinary involvement in the use of medicines for the management of distressed reactions and engagement with the service user and their relatives where possible.
3. Systems should be in place to ensure that staff recognise and respond to service users displaying distressed reactions using a person centred approach.
4. A care plan should be in place that highlights the triggers of distressed reactions and the strategies in place to minimise such reactions. This should be evaluated monthly or more frequently if required.
5. Staff should ensure that the parameters for the administration of PRN medicines, including the rationale for use, the prescribed minimum dosage frequency and maximum daily dose are clearly recorded on the personal medication record and care plan.

6. A record should be kept of all distressed reactions in order to be able to identify triggers and patterns. Records should identify when and why prescribed PRN anxiolytic or antipsychotic medicines are administered.
7. There should be systems in place to inform the prescriber of any increased frequency in administration or the need for regular administration of these medicines and to seek his/her advice.



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