

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

PRN OR STAT ORDERS:

PRN orders provide a flexible and timely mechanism for nursing staff to respond to unstable clinical circumstances. Conversely, however, PRN orders permit administration of medication without immediate prior physician evaluation of the patient. For this latter reason, several important principles must be observed in writing PRN orders.

Additionally, STAT medications are typically administered during unstable clinical circumstances. Thus, several important principles apply to the use of STAT medications.

- I. PRN orders shall specify the indications, as well as the frequency with which the PRN medication can be administered. Indications shall be clearly defined in either the order itself or in nursing policy. Additionally, both PRN and STAT orders shall clearly specify the medication and dose to be given.
- II. PRN and STAT orders shall be specific as to whether intramuscular, subcutaneous, oral, or other route of administration is to be used and under what circumstances. Intravenous administration can only be performed under direct physician supervision (i.e., the physician must be physically present).
- III. Administration of PRN or STAT doses of a given medication on more than 15 days per month shall require Medication Review Committee or Therapeutic Review Committee consultation or review. This does not apply during the first 45 days of hospitalization or to hypnotic medications given to patients being treated for human immunodeficiency virus (HIV) infection. Lesser frequencies of PRN or STAT administration (e.g., twice in 24 hours or three times in one week) shall trigger review as indicated by individual DSH facility policies.
- IV. Generally, only one PRN medication should be written for a single indication. Exceptions to this are those cases in which evidence-based combinations have been demonstrated to be more effective or safer than single PRN medications (e.g., haloperidol with lorazepam in the context of severely psychomotorically agitated psychotic patients).

Importantly, if more than one PRN medication is made available for related indications (e.g., psychomotor agitation versus severe psychomotor agitation), the orders shall be clearly written to permit nursing staff to choose among the medications ordered.

- V. Whenever possible, the same medication should be used for PRN or STAT treatment as is being used routinely (e.g., if the person were being treated with aripiprazole, olanzapine, risperidone, or ziprasidone routinely, then it would be preferable to select injectable or rapidly dissolving forms of these medications for relevant PRN or STAT indications).

NOTE: Repeated intramuscular doses of olanzapine have been associated with orthostatic hypotension. Per the olanzapine package insert, "Concomitant administration of intramuscular olanzapine and parenteral benzodiazepine is not recommended due to the potential for excessive sedation and cardiorespiratory depression, especially in patients naive to α -adrenergic antagonists."

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

Additionally, it should be noted that both olanzapine tablets and rapidly dissolving wafers require 6 to 9 hours to reach peak plasma concentrations after administration. Thus, oral olanzapine is generally an ineffective choice for acute PRN or STAT indications.

The U.S. Food and Drug Administration has warned against administering numerous intramuscular doses of ziprasidone in 24 hours due to concern about potential QT interval prolongation, especially if the individual is concurrently being treated with oral ziprasidone.

- VI. Intravenous doses of medications which may prolong QT interval (e.g., haloperidol or droperidol), shall be given only when cardiac monitoring is in place and cardiac life support is readily available.
- VII. The ordering physician shall instruct nursing staff to rely upon their observations of relevant indications, as well as on requests of treated individuals, in deciding whether to administer a PRN medication. Further, nursing staff shall be instructed that if they are uncertain regarding whether a PRN dose should be administered, they are to request physician evaluation and guidance.
- VIII. The treating physician shall document the rationale for use of a PRN or STAT medication, the rationale for use of the medication chosen, the frequency of PRN or STAT usage, the observed benefit from use of the PRN or STAT medication, and any adverse effect resulting from use of a PRN or STAT medication.