

Homely Remedy Guideline

Background

Homely remedies are medicines that can be obtained without prescription from a pharmacy or supermarket for treating minor ailments. They enable a care home resident to have timely access to simple remedies, as they would have if they lived in their own home.

The aim of these guidelines is to ensure that care home staff responsible for the administration of medication are aware of what a homely remedy is and when is it appropriate to use one. These guidelines should be used as a tool to provide safe treatments for commonly presented conditions, when to wait and see the doctor may mean unnecessary delay for the care home resident. These guidelines do not remove the need to contact a doctor where a nurse, senior carer, healthcare assistant or a member of pharmacy staff is unsure or is in doubt about the condition being treated.

Homely Remedies supported by NICE (*NICE SC1 Managing Medicines in Care Homes - Section 1.16*).

Procedure

Homely Remedies can only be administered to those residents who have a signed 'Homely Remedies GP Authorisation Sheet', a template of which is provided as part of this guideline. A record of this **agreement should be kept in a suitable place where staff can easily refer to it when administering medications to be able to cross-check as needed.**

Homely remedies must not be viewed as 'blanket cover', as each resident must be assessed individually for suitability for each remedy. The details on the 'Homely Remedy Authorisation Sheet' can be customised considering what medicines are prescribed for that resident. For example, paracetamol should not be given as a homely remedy if a resident is already receiving prescribed paracetamol. Other factors considered could be the resident's weight, kidney or liver function and medical history. Homely remedies **must not be given for longer than 48 hours (24 hours for oral rehydration sachets)** without medical advice being sought, or earlier if the condition deteriorates. Symptoms not responding to treatment must be reported to the GP in case they are masking more serious underlying conditions.

Homely remedy authorisations should be reviewed annually, unless a change in circumstances or medicines prescribed indicate that there is a need for a review sooner.

All care home staff who can give homely remedies to residents must be named in the homely remedies process (see 'Homely Remedies Staff Signature Sheet'). Care home staff must sign to confirm that they are competent to administer homely remedies and to acknowledge that they will be accountable for their actions.

Homely Remedy Formulary

The following homely remedies are included in this guideline and only these can be held in the care home for the listed indications:

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|-------------------------------------|---|
| Mild to moderate pain &/or fever | Paracetamol 500mg tablets/soluble tablets &/or 250mg/5ml sugar free suspension |
| Indigestion/ Heartburn | Gaviscon Advance liquid |
| Constipation | Sennosides 7.5mg tablets &/or 7.5mg/5ml oral solution |
| Diarrhoea | Oral rehydration sachets |

Receipt and Storage of Homely Remedies

The receipt of each homely remedy must be recorded on the 'Homely Remedies Record Sheet' for that medicine, which can be found in this guideline.

A running balance of the stock must be maintained at all times, being checked regularly and stocks replenished as required. During the stock check, staff must check the expiry dates of the medication, considering the date the product was opened, especially if a liquid.

It is important that homely remedies are stored separately from prescribed medication in a locked cupboard clearly marked as 'homely remedies' and they must be kept at a suitable temperature. Access to homely remedies should be restricted to team members with designated medicines management responsibilities.

Administration and Documentation of Homely Remedies

The decision to administer a homely remedy can only be made by appropriately trained care home staff. They must ensure that the resident has a signed 'Homely Remedies GP Authorisation sheet' and that there are no duplications with any medication that is already being taken by the resident before giving the homely remedy. If there is any uncertainty about this, the resident's GP or community pharmacist should be consulted.

If a medication which is included on the homely remedy list is prescribed by a doctor for a resident, it cannot be used as a homely remedy for that resident but must be given according to the instructions on the prescription.

The administration of a homely remedy must be clearly entered on the back of the resident's MAR chart and in their care plan. The entry on the MAR chart must be clearly marked 'homely remedy' as well as documenting details of the medicine, dose, reason for use, date and time given, along with the signature of the staff member administering the medication.

The dose administered must not exceed the dose detailed on the individual resident's authorisation form. Administration of these remedies should be limited to a period of 48 hours (24 hours for oral rehydration sachets). If symptoms persist or the person does not respond to treatment a doctor must be contacted.

It is important to maintain an audit trail for each homely remedy by completing the relevant sections of 'Homely Remedy Record Sheet' for the medicine being administered. This is in addition to recording the details on the resident's MAR chart and care plan.

Disposal of Homely Remedies

Homely remedies must be disposed of when they are no longer fit for purpose and/or are out of date, in accordance with the care homes disposal of medicines procedure. The disposal of homely remedies should be recorded on the 'Homely Remedies Record Sheet' for that medicine.

Further information:

<https://www.medicines.org.uk/emc> – for product information from the manufacturer

<https://www.nhs.uk/> – NHS website

<https://bnf.nice.org.uk/> - British National Formulary

Care Home Medicines Support Line: 0300 303 0227 or cwicb.carehomessupport@nhs.net

Disclaimer

It is the responsibility of the care home and the individual administering homely remedies to ensure that this guidance is up to date with any changes that have come about since it was written (for example NICE guidance, product information, CQC etc.).

Homely Remedies Staff Signature Sheet

All members of care home staff that are responsible for administering homely remedies should read the Homely Remedy guideline in full.

Care home staff should complete the details below to confirm that they have understood the homely remedies process before administering them to residents, to confirm they are competent and to acknowledge that they will be accountable for their actions.

Only staff members who have signed below are authorised to administer homely remedies.

| Print name | Signature | Date |
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Homely Remedies GP Authorisation Sheet

Resident Name: **Resident Date of Birth:**

Care Home:

For **short term use**, for the management of minor conditions

- Homely Remedies should only be administered in accordance with the manufacturer's directions and only to those residents whose GP has agreed to their use. The 'Homely Remedies GP Authorisation Sheet' signed by the GP, should be kept in the in a suitable place where staff can easily refer to it when administering medications to be able to cross-check as needed. These medicines must not be given for longer than 48 hours (24 hours for oral rehydration sachets) without medical advice being sought, or earlier if the condition deteriorates. Symptoms not responding to treatment must be reported to a doctor.
- The administration of homely remedies must be recorded; stating drug, dose, time, date, administered by and reason for administration. Recording is best done on the same sheet as the record of administration of prescribed medicines e.g. by using the back of the MAR sheet or eMAR.
- It is important to maintain an audit trail for each homely remedy by completing the relevant sections of 'Homely Remedy Record Sheet' for the medicine being administered. This is in addition to recording the details on the residents MAR chart and care plan.

I authorise the use of these homely remedies as listed (delete as appropriate) to the patient under my care named above:

| Minor illness requiring treatment | Drug/ Medicine | Maximum dose to be taken at one time | Directions |
|--|---|---|---|
| Pain relief for mild to moderate pain &/or fever | Paracetamol 500mg tablets/soluble tablets OR Paracetamol sugar free suspension 250mg/5ml | Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension) | Four to six hours between doses, up to maximum FOUR times a day Maximum dose in 24 hours: Over 50kg: 4g (eight 500mg tablets or 80ml of 250mg/5ml suspension) Under 50kg: 2g (four 500mg tablets or 40ml of 250mg/5ml suspension) |
| Constipation | Sennosides 7.5mg tablets OR 7.5mg/5ml oral solution | One to two tablets or one to two 5ml spoonfuls of syrup | Once a day - usually at bedtime |
| Diarrhoea | Oral rehydration sachets | One sachet reconstituted according to manufacturer's product information | To be given after each loose stool. Do NOT exceed dose recommended in manufacturer's product information |
| Indigestion/ Heartburn | Gaviscon Advance Suspension | One to two 5ml spoonfuls | After meals & at bedtime. Maximum four times daily. |

I understand that the home staff will follow the Homely Remedies Guidelines.

GP Name: **GP Practice:** **Date:**

Signed by GP or on their behalf by Care Home Support Pharmacist:

This authorisation sheet should be reviewed annually with the GP/Care Home Support Pharmacist, or when changes to the individual's health or prescribed medicines occur.

PARACETAMOL

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| Name/forms of Medicine (document which form is given to a resident) | Paracetamol 500mg tablets Paracetamol 500mg soluble tablets Paracetamol 250mg/5ml sugar free suspension |
| Indication (when it can be used) | For the relief of mild to moderate pain and/or fever |
| Route | Oral |
| Dose | Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension) |
| Frequency | Four to six hours between doses, up to maximum FOUR doses in 24 hours |
| Maximum dose in <u>24 hours</u> | Over 50kg: 4g (eight 500mg tablets or 80ml of 250mg/5ml suspension) Under 50kg: 2g (four 500mg tablets or 40ml of 250mg/5ml suspension) |
| Do NOT give in these circumstances | Do NOT administer with other medications containing paracetamol (e.g. co-codamol, co-dydramol, Solpadol, Zapain, Remedeine etc) Paracetamol intolerance Alcohol dependence Liver impairment/disease or any investigation of the liver Severe kidney impairment Hypersensitivity to any components of the preparation |
| When to seek medical advice | Inform doctor if symptoms persist and document any advice provided |
| Warnings/Adverse reactions (see product information for full details) | Rashes, blood disorders, liver damage following overdose |

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| Date purchased: | Quantity purchased: | Expiry date: | Signed by: |
|-----------------|---------------------|--------------|------------|
| | | | |

- Only to be administered for up to 48 hours for each resident
- Before administering always check when the last paracetamol dose was administered and check the maximum dose has not been exceeded over the previous 24 hours
- Remember to record medication administered on the resident's MAR chart and care plan

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SENNOSIDES

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|---|---|
| Name of Medicine (document which form is given to a resident) | Sennosides 7.5mg tablets Sennosides 7.5mg/5ml oral solution |
| Indication (when it can be used) | Constipation |
| Route | Oral |
| Dose | One to two 7.5mg tablets or 5ml – 10ml oral solution |
| Frequency | Once daily at bedtime |
| Maximum dose in <u>24 hours</u> | 15mg (maximum once daily) |
| Do NOT give in these circumstances | Constipation accompanied by other symptoms i.e. undiagnosed abdominal pain, vomiting, intestinal obstruction, rectal bleeding, passing mucous, unexplained weight loss, loss of appetite, or constipation alternating with diarrhoea (seek prompt medical advice) Inflammatory or ulcerative bowel conditions Appendicitis Hypersensitivity to any components of the preparation |
| When to seek medical advice | Inform doctor if symptoms persist and document any advice provided |
| Warnings/Adverse reactions (see product information for full details) | May cause abdominal cramps/mild stomach pain Can colour urine red-brown (will return to normal when treatment ends) Maintain adequate fluid intake and increase fibre in diet if appropriate Patients who are prescribed long term osmotic laxatives (e.g. lactulose or macrogol) may have senna additionally if they report occasional constipation |

(*Delete as appropriate – have sheet for each form of sennosides)

N.B.:

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ORAL REHYDRATION SACHETS

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| Name of Medicine | Oral rehydration sachets (various products available) |
| Indication (<i>when it can be used</i>) | Diarrhoea (for replacement of water and salt loss associated with short-term diarrhoea) |
| Route | Oral |
| Dose | One sachet reconstituted according to manufacturer's guidelines |
| Frequency | After each loose stool |
| Maximum dose in <u>24 hours</u> | Do NOT exceed dose recommended in manufacturer's information |
| Do NOT give in these circumstances | <p>Intestinal obstruction</p> <p>Severe kidney or liver impairment</p> <p>Blood in diarrhoea</p> <p>Diabetes</p> <p>Restricted sodium or potassium diet</p> <p>Hypersensitivity to any components of the preparation</p> |
| When to seek medical advice | Inform doctor if symptoms persist more than 24 hours and document any advice provided |
| Warnings/Adverse reactions (see product information for full details) | Monitor for signs of dehydration |

ORAL REHYDRATION SACHETS

| Date purchased: | Quantity purchased: | Expiry date: | Signed by: |
|-----------------|---------------------|--------------|------------|
| | | | |

- Only to be administered for up to 24 hours for each resident
- Before administering always check when the last dose was administered and check the maximum dose has not been exceeded over the previous 24 hours
- Remember to record medication administered on the resident's MAR chart and care plan

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GAVISCON Advance Suspension

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|--|---|
| Name of Medicine | Gaviscon Advance Suspension |
| Indication (when it can be used) | Indigestion/heartburn |
| Route | Oral |
| Dose | 5ml to 10ml after meals and at bedtime |
| Frequency | Up to four times daily |
| Maximum dose in <u>24 hours</u> | 40ml |
| Do NOT give in these circumstances | <p>Dyspepsia with GI bleeding</p> <p>Highly restricted sodium diet</p> <p>Known or suspected hypersensitivity to the active substances or to any of the excipients, including methyl parahydroxybenzoate (E218) and propyl parahydroxybenzoate</p> |
| When to seek medical advice | <p>Inform doctor if symptoms persist and document advice provided</p> <p>Inform doctor if any alarm signs: GI bleeding, difficulty swallowing, unintentional weight loss, abdominal swelling, persistent vomiting</p> |
| Warnings/Adverse reactions (see product information for full details) | <p>Care needs to be taken in treating patients with hypercalcaemia, and recurrent calcium containing renal calculi.</p> <p>Allergic reactions (possibly delayed).</p> <p>Avoid taking at the same time as other medicines as may impair absorption and may damage enteric coated tablets</p> |

Gaviscon Advance Suspension

| Date purchased: | Quantity purchased: | Expiry date: | Signed by: |
|-----------------|---------------------|--------------|------------|
| | | | |

- Only to be administered for up to 48 hours for each resident
- Before administering always check when the last dose was administered and check the maximum dose has not been exceeded over the previous 24 hours
- Remember to record medication administered on the resident's MAR chart and care plan

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