

Self-Care Medicines and Homely Remedies

A Guide for Care Homes

**Shropshire, Telford & Wrekin CCG Medicines
Management Team**

Self-care principles including homely remedies

This guide may be used in Care Homes to support residents in self-caring for selected conditions by buying over the counter (OTC) treatments. It also includes information on:

- using a traditional Homely Remedy scheme
- items that historically may have been prescribed but can be considered as personal care items

NHS England guidance (March 2018)¹ focuses on:

1. Conditions that are self-limiting and do not require medical advice or treatment as the condition will clear up on its own; and /or
2. A condition that is a minor illness and is suitable for self-care and treatment with items that can be purchased over the counter from a pharmacy and
3. Vitamins, minerals and probiotics where there is a lack of robust evidence for clinical effectiveness.

There are general exceptions to point 2 (above) some of which are listed below. See NHS England guidance for the full list.

N.B. exemption from prescription charges does not warrant an exception to the guidance.

- Patients that are prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of a minor illness (e.g. severe migraine that is unresponsive to OTC medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms e.g. indigestion with very bad pain).
- Treatment of complex patients (e.g. immunocompromised).
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care.

The CQC state that “People who receive social care should be supported to access OTC products to enable them to self-care, with the appropriate safeguards put in place.

Access to OTC medicines to self-care is an issue of equality and providers should have policies in place to support people who wish to access OTC products in a timely manner.”² (Accessed June 2019).

This guide is divided into three sections:

Part 1: Self-care treatment for specific person guidance

Part 2: Homely remedy guidance

Part 3: Personal care guidance

¹ <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

² <https://www.cqc.org.uk/guidance-providers/adult-social-care/treating-minor-ailments-promoting-self-care-adult-social-care>

Part 1: Self-care Treatment for Specific Person Guidance

The NHS England guidance (March 2018) provided a list of common minor ailments that may be treated as self-care at the recommendation of a GP or other prescriber with pharmacist advice.

Access to self-care medicines should be in-line with, and form part of, the overall medicine policy within the care home.

The table below provides an example of ailments that have the potential to be treated under the self-care guidance.

Medical condition	Example OTC product
Infrequent cold sores of the lip	<ul style="list-style-type: none"> Antiviral cold sore cream
Conjunctivitis	<ul style="list-style-type: none"> Antibacterial eye drops or ointment
Haemorrhoids (piles)	<ul style="list-style-type: none"> Haemorrhoid cream or ointment
Mild cystitis	<ul style="list-style-type: none"> Sodium bicarbonate or Potassium citrate sachets
Dry eyes/sore tired eyes	<ul style="list-style-type: none"> Eye lubricants e.g. hypromellose 0.3%
Earwax	<ul style="list-style-type: none"> Drops containing sodium bicarbonate or Olive oil Almond oil
Mild acne (under 65 years)	<ul style="list-style-type: none"> Products containing benzoyl peroxide or salicylic acid
Mild to moderate hayfever/allergic rhinitis	<ul style="list-style-type: none"> Antihistamine tablets or liquids Steroid nasal sprays Sodium cromoglicate eye drops
Oral thrush	<ul style="list-style-type: none"> Antifungal oral gel
Ringworm/athletes foot	<ul style="list-style-type: none"> Athletes foot cream Antifungal creams and sprays
Threadworm	<ul style="list-style-type: none"> Mebendazole (chewable) tablets/suspension
Travel sickness	<ul style="list-style-type: none"> Travel sickness tablets

Principles of Self-care treatment for specific person

Self-care products are medicinal preparations used to treat minor ailments, which can be bought over the counter at a pharmacy and do not require a prescription. In this situation, they are specific to the patient and may be used for a short term condition e.g. earwax, or longer term e.g. hay-fever.

In a care setting, Residents have the right to purchase their own self-care products. Other medicines or certain foods may interact or have other unfavourable consequences. Therefore in the interest of the care and safety of the resident, senior care staff members should be notified of purchased self-care medicines so that relevant checks and records can be made.

Care/support workers without clinical knowledge are unable to make clinical decisions for those they are caring for. A check must be made and approval gained from a healthcare professional (HCP) with adequate knowledge of the person's care plan before the medicines are administered. A record of this check should be retained within the resident's records. *Appendix 1 Self-Care Medicines & Products for Care Home/Home Care Residents-Record of Healthcare Professional Consultation* can be used for this and must indicate in this instance who has recommended the medication.

The following groups may be appropriate HCPs:

- Pharmacist
- Nurse
- GP

If a care home nurse has any doubt or concern about the safety or appropriateness of the medicines, then they should seek advice from the GP or pharmacist, having all relevant information to hand.

The medicines must be clearly labelled with the individual resident's name.

N.B. Labelling of the medicine with the residents name is the responsibility of the care home and not the Pharmacy/shop where the medicine has been purchased.

GP or other Healthcare Professional recommendation to purchase a self-care treatment

A GP or other HCP with adequate knowledge of the residents' plan of care may suggest the purchase of a specific product to treat a minor ailment such as olive oil for ear wax.

The GP or other HCP should indicate how long the treatment is to continue and state the exact dosing requirement. Dosing advice is often quoted as a range on the advice labels on the product package therefore the recommending healthcare professional needs to be clear as to the dose and frequency they intend the medicine to be administered. Treatments may be required longer term e.g. hay-fever tablets for the duration of the summer season, or short term e.g. mild cystitis for a few days. The care home should be responsible for ensuring this is monitored and a record of the authorisation should be made and retained within the resident's records.

Community pharmacist consultation

The community pharmacist may recommend an appropriate OTC treatment for a resident and will need to advise the care home team around duration of treatment so that records can be updated at

GP practice level. In this instance the resident's GP should be notified of the recommended treatment.

A community pharmacist can also provide advice on the appropriate use of an OTC self-care product that has been recommended by a GP or other HCP, and consultation with local community Pharmacists is encouraged.

Key points for self-care treatments for a specific person

<ul style="list-style-type: none">• All patients receiving care either in their own home or in a care setting should be supported to access over the counter products to enable them to self-care, all care providers should have a policy in place to support these patients ensuring appropriate safeguards are put into place in order for these products to be accessed in a safe and timely manner.
<ul style="list-style-type: none">• The medicines are not for general use in the home and must remain resident specific.
<ul style="list-style-type: none">• A record of the purchase and return of the medicine should be retained in the home.
<ul style="list-style-type: none">• The medicine should be recorded as for any other medication, by adding to the Medicines Administration Record (MAR), with an accuracy check made by a second, suitably trained member of staff. The entry on the MAR chart must be clearly marked 'Self-Care/OTC'.
<ul style="list-style-type: none">• If the medicine is administered by care staff, this must be recorded on the MAR.
<ul style="list-style-type: none">• A record of the effects/outcome of the medicine should be maintained and if symptoms worsen, the GP or other relevant HCP should be informed sooner than the initial recommended duration and advice sought.

Part Two: Homely Remedy Guidance

The term Homely Remedy is given to an over the counter medicine which is purchased by a care home and kept as a supply to use for the short-term management of minor, self-limiting conditions. Minor conditions will include cold symptoms, headache, occasional pain or indigestion.

The NICE Social Care Guideline (SC1)³ Managing Medicines in Care Homes includes a recommendation that care home providers offering non-prescription medicines or other OTC products for treating minor ailments should consider having a homely remedies process or policy.

The Care Quality Commission agrees that if care homes are offering residents treatment for minor ailments with homely remedies, they should have a clear process for how to do this safely and this process should be included in the care home medicines policy.⁴

There is a sample Homely Remedy Protocol Template available which can be adapted by care homes in this guidance document, see Appendix 2.

Access to treatment for minor ailments should be the same for people regardless of where they are living and in a care home setting an approved list of products which are to be used as homely remedies to treat minor ailments should be considered. The homely remedy template includes an example which should be adapted to suit the particular care home.

Key points for homely remedies

- Homely remedies must be purchased by the care home and should not be labelled for individual residents or used for staff members.
- Homely remedies should usually only be given for up to 48 hours, before referring to the GP if symptoms persist.
- If there is concern that the resident is unwell or not responding appropriately the GP will need to assess the resident and provide advice.
- Homely remedies should not be requested on prescription from GPs or non-medical prescribers.

³ <https://www.nice.org.uk/guidance/sc1/ifp/chapter/Non-prescription-medicines-and-over-the-counter-products>

⁴ <https://www.cqc.org.uk/guidance-providers/adult-social-care/treating-minor-ailments-promoting-self-care-adult-social-care>

Example conditions and products for homely remedies are tabled below. Please refer to the quick guides included within the homely remedy template for additional information.

Condition	Homely Remedy product	Refer to quick guides
Mild to moderate pain/ discomfort/fever e.g.: <ul style="list-style-type: none"> • aches and sprains • headache • period pain • back pain • tooth ache 	Paracetamol <ul style="list-style-type: none"> • Other medicines containing paracetamol may have been prescribed for some residents and this must be carefully checked • Dose will depend on person's weight and renal function – GP or other HCP with adequate knowledge of person's plan of care must advise. • Refer to Appendix 3 <i>Guideline for prescribing weight-adjusted oral paracetamol in adults</i> 	Quick guide 1
Constipation	Macrogol (Laxido/ Movicol) Senna tablets or syrup	Quick guide 2
Indigestion and heartburn	Gaviscon Advance Acidex Liquid	Quick guide 3
Diarrhoea	Oral rehydration therapy e.g. Dioralyte	Quick guide 4

Care Home responsibility for Homely Remedies:

- Ensure that only the agreed products are administered and done so in accordance with the manufacturer's directions.
- Follow the care home procedures correctly and exercise due care i.e. obtaining medical advice if symptoms do not improve after 48 hours.
- Keep a record of staff permitted to administer homely remedies.
- Consult with and request agreement from the responsible healthcare professional of any residents that the home wish to add to the protocol.
- Keep a record of any resident who is permitted homely remedies under the protocol.
- Ensure informed consent is gained by the resident prior to administration.
- Ensure administration of a homely remedy is only undertaken by a trained nurse or named member of care staff who has the appropriate medication management and administration training.
- Ensure homely remedies are only administered to residents who have been approved as part of the scheme.
- Take into account the interactions and contraindications for specific residents and gain the advice from a healthcare professional where necessary.
- Consult the supplying community pharmacist to provide advice on uses, doses and possible interactions with prescribed medicines.
- Prior to administering a homely remedy the care home should ensure that there have been no changes in resident's condition/medication.
- Ensure that any pre-determined/preferred alternative measures to administering homely remedies are documented in care plans.
- Update the information if anything changes.
- Ensure that an audit trail of homely medicines is maintained.
- Inform the relevant healthcare professional of any change to medication or condition of any resident who is included in the protocol.

Part Three: Personal Care Guidance

Conditions and remedies listed as personal care are deemed to be outside the scope of medical care. They include remedies that are easily available off the shelf in the health aisle of a retail establishment.

NHS England has provided a list of common **minor** ailments that may be treated with as self-care but do not necessarily have to be discussed with a GP or Pharmacist.

Condition	Example OTC products
Acute sore throat	Lozenges e.g. Lockets
Coughs and colds and nasal congestion	Glycerol, saline nasal drops, menthol vapour rub, honey and lemon drink
Dandruff	Anti-dandruff shampoo e.g. Neutrogena, Polytar
Head Lice	Creams and lotions for head lice e.g. Hedrin
Mild dry skin	Emollient creams and lotions e.g. E45, Aveeno
Mild sunburn	Multitude of after sun creams
Sun protection	Multitude of skin protection creams
Mouth ulcers	Antiseptic mouthwash e.g. Corsodyl, Listerine, Bonjela Refer to GP if not resolved in 7 days or multiple/painful/red
Prevention of dental caries	Normal fluoride toothpaste
Warts and verruca	Creams, gels, skin paints and medicated plasters containing salicylic acid Refer to GP or podiatrist if diabetic

Use of these products does not always have to be added to the MAR chart, however a record that they are in use should be made in the care plan and a daily/regular record made on the personal care log if appropriate. It is recommended that items such as vitamins and minerals that are to be administered regularly should be added to the MAR to ensure regular dosing and stock management.

Monitoring of the resident's condition is important and it must be noted that if symptoms worsen, or don't improve within a reasonable timeframe the GP or pharmacist should be contacted for advice.

List of Appendices

- **Appendix 1 – Self-Care Medicines & Products for Care Home/Home Care Residents - Record of Healthcare Professional Consultation**
- **Appendix 2 – Homely Remedy Protocol Template**
- **Appendix 3 – Guidelines for prescribing weight-adjusted oral paracetamol in adults**

Appendix 1

Self-Care Medicines & Products for Care Home/Home Care Residents Record of Healthcare Professional Consultation

This is a record of the consultation with a healthcare professional i.e. GP or Pharmacist/healthcare professional with adequate knowledge of the person's plan of care, when a person receiving medicines support is using/intends to use a "self-care" medicine or product.

NOTE: The healthcare professional must be given enough information from the care home in order to make an informed decision to recommend/authorise use of the medication.

This form is to be retained in the Resident's records and may be copied for family/advocate use/information as appropriate*

Resident's name:	DoB:
Address:	
Condition to be treated:	
Medication: (The pharmacist may recommend the most cost-effective treatment when purchasing)	
Dose instructions: (including dose, frequency of administration and length of treatment)	
Healthcare professional recommending purchase/authorising use of medication:	
Date of consultation with healthcare professional:	
Completed by: (Care Home staff member)	
Date:	

Care Home responsibility:

- The administration of this medication will be recorded on the resident's MAR
- It will be made clear on the medication that it is for the above, named resident's use only
- A record of the purchase & disposal of the medicine will be made and kept in the home
- There will be a process for communicating necessary information to relevant staff and other healthcare professionals where appropriate

Refer to resident's care plan for the following:

- Consent details
- What support the resident will need in order to receive the medication
- The resident's preferences around taking/using the medication
- The expected outcome for the resident as a result of taking/using the medication
- What may prompt a review/referral to a healthcare professional

***Refer to the medicines policy for additional information including consent/audit etc.**

Appendix 2 Homely Remedy Protocol Template

Homely Remedies inCare Home

Definition

A homely remedy is a medication which does not require a prescription and can be bought over the counter to use for a minor ailment. These medicines are kept in the care home to allow access to products that would commonly be available in any household.

Recommendations & Guidance

The following recommendations and guidance should be taken into account when implementing procedures homely remedies:

- The recommendations on homely remedies by NICE: NICE SC1 Managing Medicines in Care Homes, March 2014)
- The Care Quality Commission CQC Homely remedy guidance updated July 2018

NICE Guidance on Managing Medicines in Care Homes (2014) states:

Care home providers offering homely remedies for treating minor ailments should consider having a homely remedies process, which includes the following:

- The name of the medicine or product and what it is for
- Which residents should not be given certain medicines or products (e.g. paracetamol should not be given as a homely remedy if a resident is already receiving paracetamol)
- The dose and frequency and the maximum daily dose of each medicine
- Where the administration should be recorded
- How long the medicine or product should be used before referring the resident to the GP

Access to homely remedies should be in-line with the overall medicine policy within the care home.

Homely Remedy Protocol

Care home staff that administer homely remedies to residents are to be named in the homely remedies procedure documentation. They should sign the documentation to confirm they have the skills to administer the homely remedy and acknowledge their accountability. Appendix A ***Staff member/s permitted to administer under the Homely Remedy protocol.***

The list of homely medicines selected for purchase should be reviewed regularly by the care home and residents' GP/s, and other healthcare professionals such as pharmacists should be consulted for advice where necessary.

Each resident must be assessed individually for suitability for each remedy. This should include the medicine and the indication for which it will be used and the health of the resident. A record that this assessment has taken place should be made and kept in the individual resident's medication profile.

See Appendix B ***Homely Remedies Authorisation Sheet***

The authorisation can take place by a healthcare professional such as a GP or other healthcare professional with adequate knowledge of the residents' plan of care including a Pharmacist or the Care home Nurse. The care home must take responsibility for ensuring they provide the healthcare professional with enough information to make any necessary decisions.

Residents must be involved in the discussions about homely remedies if they are being considered as part of the scheme.

Community pharmacists do not currently have access to the medical records therefore access to the required information may be restricted. It is however within their remit to provide advice on over the counter medication and that advice may include directing the care home to seek the advice of the resident's GP for complex patients. If care home staff have doubts or concern about the safety or appropriateness of the medicines, they should seek further advice from a relevant healthcare professional.

When authorising the homely remedy, prescribed and over-the-counter medicines that the resident may be taking, must be taken into account and consideration given to any increased risk of adverse reactions and interactions. For example paracetamol should not be given as a homely remedy if a resident is already receiving prescribed paracetamol-containing products. Other factors such as kidney or liver function and weight and frailty must be taken into account and healthcare professional guidance obtained where necessary.

Consideration must be given for the maximum treatment duration before referring to the GP or pharmacist; this may differ depending on the medicine and condition, but is usually 48 hours. Additional medical advice must be sought (e.g. from a GP, pharmacist, or NHS 111) if the condition deteriorates or symptoms have not responded within the expected timeframe.

The resident's medical history, preferences and any other problems such as swallowing difficulties should also be taken into account.

Due to the risk of cross contamination, there will be no creams or ointments on the homely remedy list. Should it be decided that a topical preparation is required then the home is directed to implement the process for Personal-Care and follow guidance accordingly for individual residents.

Expiry dates must be checked regularly and the date of opening added to liquids and other medicines that have a shortened expiry once opened. Homely remedies are for the use of residents and not staff. They should be stored securely and separately from other medicines with access restricted to designated staff.

As with prescribed medicines, informed consent must be gained from the resident prior to administration of a homely remedy.

The homely remedy should be administered for a limited amount of time and consideration must be given for the maximum treatment duration before referring to the GP or pharmacist; this may differ depending on the medicine and condition, but is usually 48 hours. It is advised that the length of treatment is documented on the **Homely Remedies Authorisation Sheet**. (Appendix B)

Any homely medicine administered must be recorded on the resident's MAR with the date, dose, time taken, reason and signature of person administering the medication. The resident's wellbeing following administration of a homely remedy should be monitored regularly and all outcomes recorded in the care plan. Additional medical advice must be sought (e.g. from a GP, pharmacist, or NHS 111) if the condition deteriorates or symptoms have not responded within the expected timeframe.

Obtaining supplies of homely remedies

Homely remedies can be purchased from the regular pharmacy supplier and it is important that communication is established with the pharmacy. The quantity of paracetamol tablets and capsules that can be purchase is restricted by law. Packets of 32 are available over the counter from a pharmacy; packets of 16 can be purchased off the shelf in a pharmacy or other outlet.

A record of homely remedies purchased and disposed of should be made as with any other medication and include a running balance. Appendix C **Homely Remedy Stock Record Sheet** can be used for this purpose.

Medicines not suitable as homely remedies

- Products requiring invasive administration e.g. suppositories
- Medicines that take up to 48 hours to work e.g. lactulose
- External preparations as these should only be used for individuals to avoid cross contamination
- Dressings and items for first aid
- Vitamins, herbal or homeopathic supplements

Storage

- All homely remedies should be clearly identifiable as such e.g. with a sticker or marker pen.
- They are restricted for the use of residents and not staff and should be stored in a lockable cupboard or trolley and kept separate to residents' prescribed medicines.
- Access should be restricted to staff with medicines management responsibilities.
- All homely remedies must be stored in their original packaging in accordance with the instructions in the patient information leaflet, together with any information supplied with the product about the medicine use.
- Stocks and expiry dates should be checked regularly and the remedy should be replaced if necessary in a timely manner.
- The date of opening should be recorded on the bottle/label for products where the shelf-life is shortened once opened.

Administration of homely remedies

It is the responsibility of the senior carer or duty nurse to check that the administration of the homely remedy is appropriate. If there is any uncertainty the GP or pharmacist should be consulted and the discussion documented.

The administration of a homely remedy can be either in response to a request from the resident or offered to a resident in response from a member of care home staff. Homely remedies should be given for a limited period, usually 48 hours or the period stated in the medicines plan.

- The resident must be aware that the medicine is not prescribed and have given their consent for administration.
- The administration must be recorded on the resident's MAR with the entry annotated 'homely remedy' and the date, dose, time taken, reason for administration and signature of person administering the medication.
- The document used to record the purchase of the medicinal product should be updated to indicate that it has been administered, each time any medication is administered ensuring good stock control.
- If a homely remedy is required regularly, this must prompt a review of the resident and their medicine with the GP and/or other healthcare professional/pharmacist at the GP practice.
- Care plans should indicate other measures which need to be implemented before administering a homely remedy for example ensure the resident is hydrated/has appropriate activities/quiet room etc.
- The resident's wellbeing following administration of a homely remedy should be monitored regularly and outcomes recorded in the care plan.

Disposal

Expired stock should be disposed of in line with the medicines policy on the disposal of medication and recorded on the Homely Remedies Stock Record sheet (Appendix C).

Temporary/short term residents

Where a resident is temporarily registered with the care home and/or GP practice, the home will need to obtain a full, current list of medication as soon as possible from the previous GP/care home. This will better inform the GP or other healthcare professional when making a decision as to whether the resident is able to have a homely remedy administered.

Homely Remedy Protocol Template

List of Appendices

Appendix A - Staff member/s permitted to administer under the Homely Remedy protocol

Appendix B - Homely Remedies Authorisation Sheet for short term use, for the management of minor conditions

Appendix C - Homely Remedies Stock Record Sheet

Appendix D - Medicines information Quick Guides

Appendix A

Staff member/s permitted to administer under the Homely Remedy protocol

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

Care home staff should complete the details below to confirm that:

- they have understood the homely remedies Policy;
- they are competent to administer to residents;
- they acknowledge accountability for their actions.

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

Name	Signature	Initials	Manager authorisation	Date

Appendix B
Homely Remedies Authorisation Sheet
For short term use, in adults for the management of minor conditions

Resident's name:

DoB:

Care Home:

Condition	Medicine	Maximum dose to be taken at one time	Directions (including maximum daily dose)	Maximum duration of treatment
Mild to moderate pain &/or fever	Paracetamol 500mg tablets/soluble tablets OR Paracetamol sugar free suspension 250mg/5ml	<i>Ensure up to date guidance for the administration of weight-adjusted oral paracetamol in adults is taken into account</i> <ul style="list-style-type: none"> 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 max FOUR times a day 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)	48 hours (before seeking advice)
Constipation	Senna 7.5mg tablets or 7.5mg/5ml syrup	<ul style="list-style-type: none"> One to two tablets or one to two 5ml measures of syrup 	Once a day (usually at Bedtime) Max. 30 mg daily	48 hours (before seeking advice)
	OR			
Constipation	Macrogol '3350' powder sachet (Laxido / Movicol)	<ul style="list-style-type: none"> One to three sachets daily in divided doses – maximum 3 sachets 	Each sachet is to be made up in 125mL of water (half a glass). Can be mixed with any juices of preference. Maximum 3 sachets daily	Up to 48 hours then seek advice from GP
Diarrhoea	Oral rehydration sachets	<ul style="list-style-type: none"> One or two sachets reconstituted according to manufacturer's information 	To be given after each loose stool. Do NOT exceed dose recommended in manufacturer's product information	Up to 24 hours if refusing to drink
Indigestion/ Heartburn	Gaviscon Advance Suspension	<ul style="list-style-type: none"> One to Two 5ml measures 	After meals & at bedtime. Maximum four times daily	48 hours (before seeking advice)

I authorise the use of homely remedies (delete as appropriate) to the above named resident.

Name:

Signature:

Date:

- Homely Remedies are to be administered in accordance with the manufacturer's directions and only to residents whose GP or other healthcare professional with adequate knowledge of the residents' plan of care has agreed to their use.
- These medicines must not be administered indefinitely; a maximum treatment duration should be agreed for each medication. If symptoms have not responded to treatment, additional medical advice must be sought by the care staff in a timely manner.
- Homely remedies should be reviewed at least annually; ideally when the medication or care plan is reviewed, unless a change in circumstances indicates the need for a review sooner.
- Ensure up to date guidance for the administration of *weight-adjusted oral paracetamol in adults* is taken into account.
- Additional administration guidance can be found in Appendix D Medicines Information Quick Guides

Appendix C

Homely Remedies Stock Record Sheet

Medicine	Name		Strength		Formulation		
	Date	Quantity Obtained	Quantity Administered	Quantity Disposed	*Details	Running Balance	Staff signature
Balance transferred to new sheet							

* For example:

- purchased
 - name of resident administered to
 - stock check
- A separate sheet is required for each medicine, form and strength.
 - Also record medication administered on the resident's MAR chart and care plan

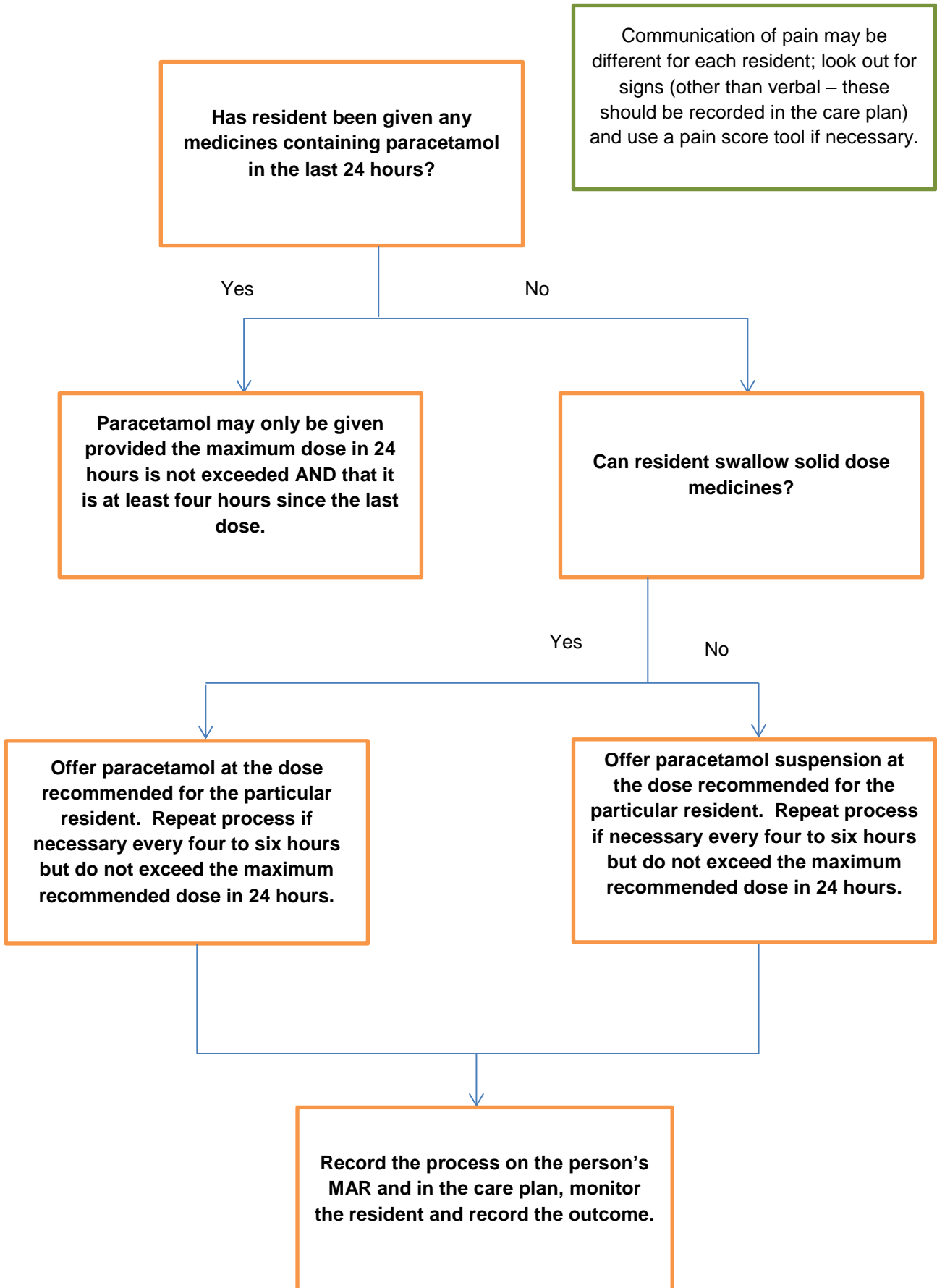
Appendix D Medicines information Quick Guides

Medicines Information Quick Guide 1: Pain

Drug	Paracetamol
Indication for use	Relief of mild pain/fever
Strength	500mg tablets/capsules/caplets
Dose	ONE or TWO tablets up to FOUR times a day (see cautions below)
Maximum dose in 24 hours	8 tablets (4g) in divided doses over 24 hours (Maximum of 2 tablets (1g) in any 4 hours)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from GP
Cautions	<p>Do not administer with other paracetamol containing products (check all current medication taken).</p> <p>Not suitable if history of severe liver disease or alcohol abuse. Body weight must be taken into account - take professional advice.</p> <p>For patients with severe kidney failure, dosing interval should be increased to 6 hourly. See Appendix 3 Guidelines for prescribing weight-adjusted paracetamol in adults.</p>
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist.
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased), BNF
Drug	Paracetamol suspension
Indication for use	Relief of mild pain/fever
Strength	250mg/5ml suspension
Dose	TWO to FOUR 5ml spoonfuls (10ml to 20ml) up to FOUR times a day (see cautions below)
Maximum dose in 24 hours	80ml (4g) in divided doses over 24 hours (Maximum of 20ml (1g) in any 4 hours)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	<p>Do not administer with other paracetamol containing products (check all current medication taken).</p> <p>Not suitable if history of severe liver disease or alcohol abuse. Body weight must be taken into account - take professional advice.</p> <p>For patients with severe kidney failure, dosing interval should be increased to 6 hourly. See Appendix 3 Guidelines for prescribing weight-adjusted paracetamol in adults.</p>
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist.
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased), BNF

Medicines Information Quick Guide 1: Pain (part 2)

Mild pain only. All cases of sudden onset severe pain must be referred.



Medicines Information Quick Guide 2: Constipation

Drug	Macrogol '3350' powder sachet (Laxido / Movicol)
Indication for use	For relief of constipation
Strength	Macrogol 3350, with potassium chloride, sodium chloride and sodium bicarbonate.
Dose	One to three sachets daily in divided doses
Maximum dose in 24 hours	3 sachets
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from GP
Cautions	Each sachet is to be made up in 125mL of water (half a glass). Can be mixed with any juices of preference. Reconstituted sachets must be discarded after 6 hours if not taken.
Additional information	Can be chilled in fridge before giving.
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased), BNF

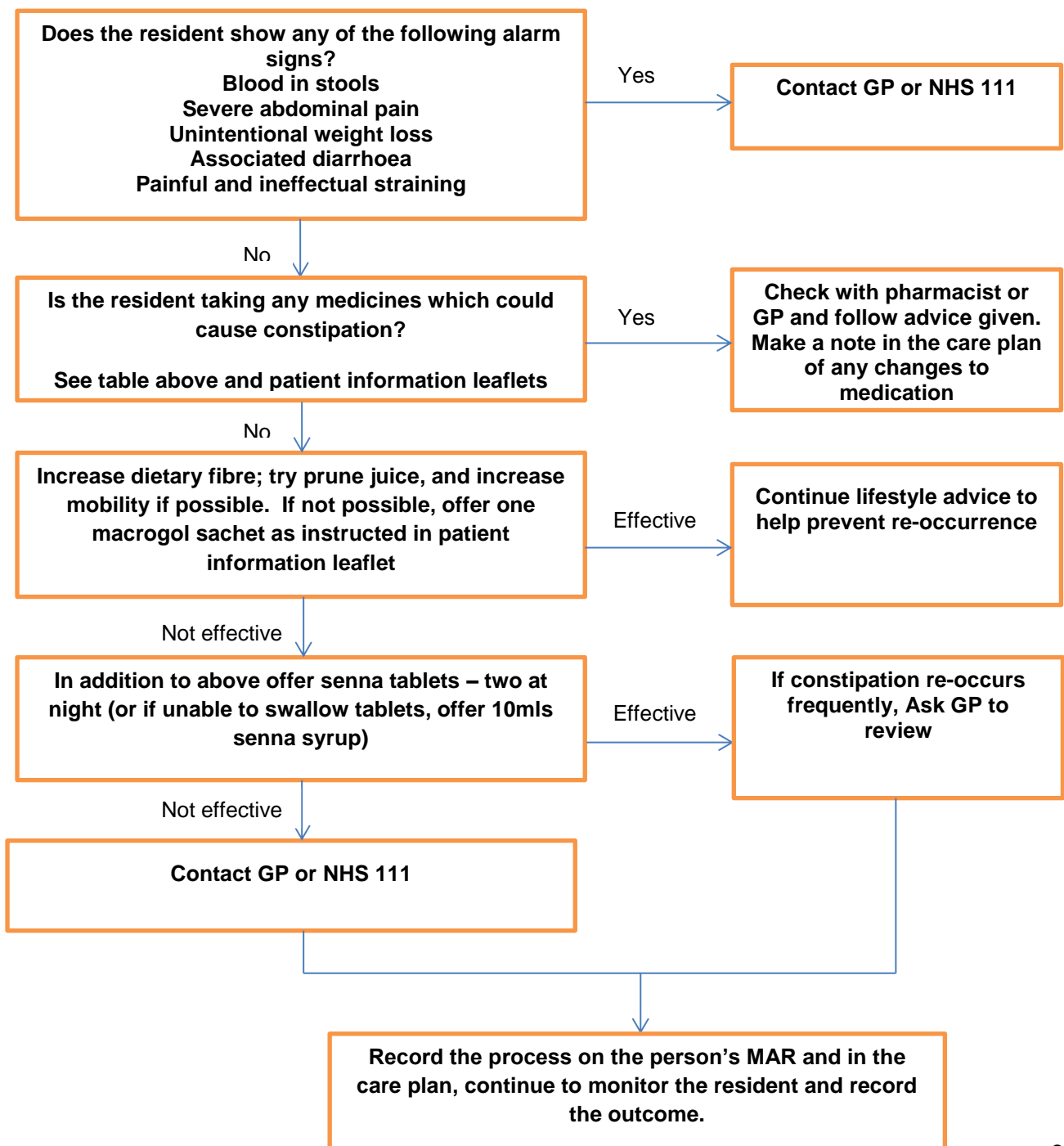
Drug	Senna
Indication for use	For relief of constipation
Strength	7.5mg tablet; 7.5mg/5ml syrup
Dose	ONE to TWO tablets at night; 5 to 10ml at night
Maximum dose in 24 hours	TWO tablets, 10ml syrup
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from GP
Cautions	This product should not be used when abdominal pain, intestinal obstruction, nausea or vomiting is present.
Additional information	May colour urine For use when Macrogols are not tolerated
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased), BNF

Medicines Information Quick Guide 2: Constipation (part 2)

Bowel charts should be kept in care plans for monitoring purposes and initial changes in bowel habits should be reported to the GP. Constipation in the elderly can often be attributed to insufficient fluid intake. Offer frequent, small glasses of fluid.

Some common drugs which can cause constipation:

- Anticholinergics for urinary frequency e.g. oxybutynin
- Anti-diarrheals e.g. loperimide (Imodium)
- Antihistamines e.g. chlorphenamine (Piriton)
- Promethazine (Phenergan)
- Antipsychotics
- Diuretics e.g. bendroflumethiazide
- Iron & calcium supplements
- Pain relief containing opioids e.g. codeine, morphine
- Some antidepressants e.g. amitriptyline, dosulepin
- Some Parkinson's drugs e.g. levodopa
- Some blood pressure drugs e.g. amlodipine
- Furosemide (if dehydration occurs)
- Indigestion remedies containing aluminium



Medicines Information Quick Guide 3: Indigestion/Heartburn

Drug	Gaviscon Advance suspension – peppermint or aniseed flavour
Indication for use	Gastric reflux and heartburn
Strength	500mg sodium alginate, 100mg potassium bicarbonate per 5 ml
Dose	5-10ml after meals and at bedtime
Maximum dose in 24 hours	40ml in divided doses
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Contains sodium (2.3mmol in 5mls) and 1mmol of potassium in 5mls. Avoid where sodium restriction is indicated
Additional information	Shake well before use. Sugar free, so suitable for diabetics
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased), BNF

Drug	Acidex® liquid aniseed/peppermint
Indication for use	Heartburn and gastric hyperacidity
Strength	133.5mg sodium bicarbonate, 250mg sodium alginate and 80mg calcium carbonate in 5ml.
Dose	10-20ml after meals, and at bedtime.
Maximum dose in 24 hours	80ml daily
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Should not be used in patients who are severely debilitated or suffering from kidney failure. Antacids inhibit the absorption of tetracyclines and vitamins and should not be taken at the same time. Leave at least 1-2 hours between doses
Additional information	Shake well before use Sugar free so suitable for diabetics
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased), BNF

Medicines Information Quick Guide 3: Pain Indigestion/heartburn (part 2)

Indigestion is experienced as discomfort or a burning pain in the central chest region. When this burning rises towards the throat it is referred to as heartburn. The flow chart is to be used in mild pain only. **ALL CASES OF ACUTE OR SEVERE PAIN MUST BE REFERRED IMMEDIATELY.**

Box 1

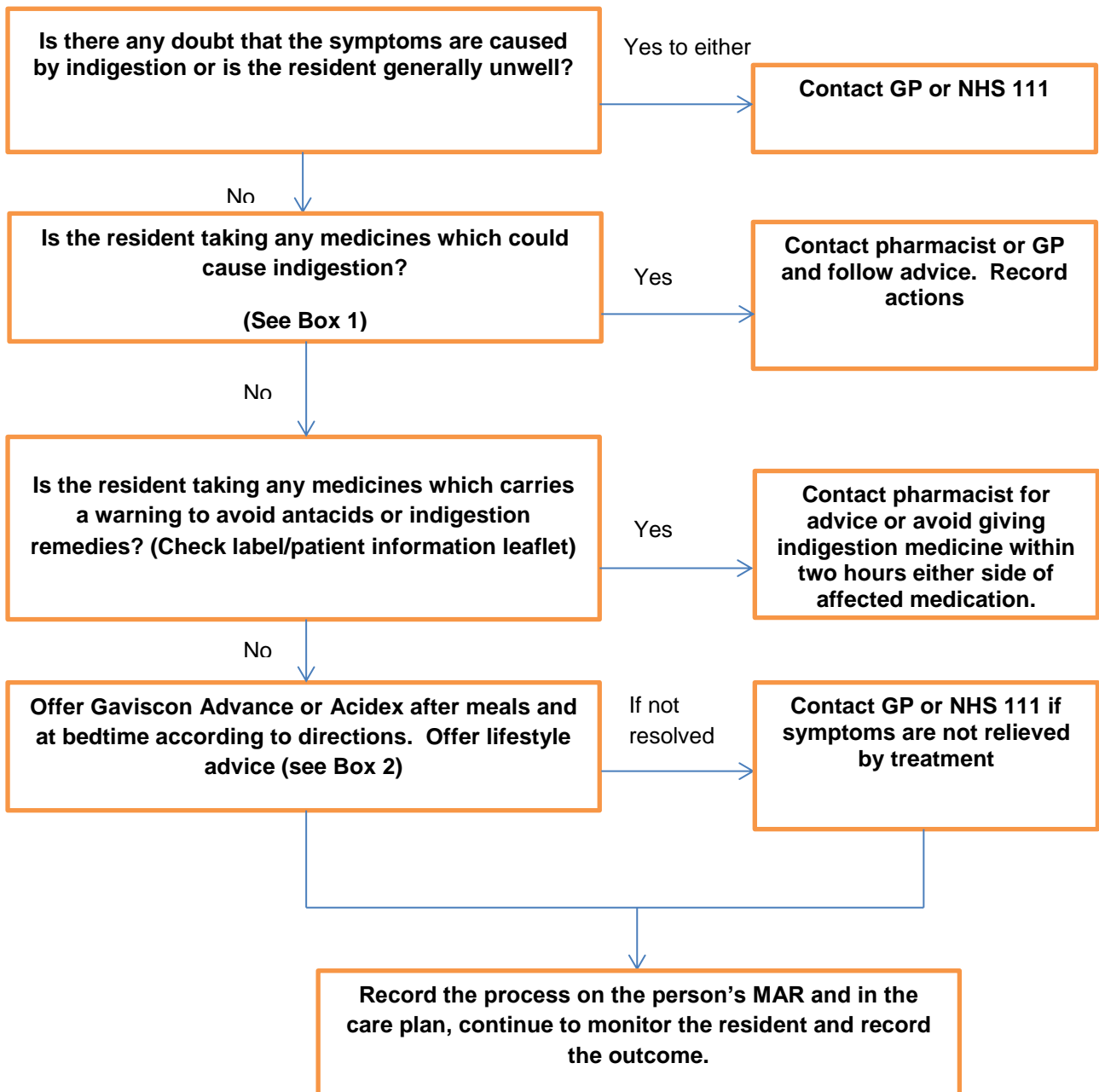
Some medicines that commonly cause indigestion:

- Anti-inflammatory medicines e.g. aspirin, ibuprofen, naproxen
- Oral corticosteroids e.g. prednisolone

Box 2

Lifestyle suggestions:

- Eat small, regular meals & chew food well
- Avoid bending or stooping during or after meals
- Cut down or stop smoking, alcohol, caffeine (contained in coffee, tea, cola drinks, and some pain killers) if possible
- Avoid spicy or fatty foods
- Avoid clothing which is tight around the waist



Medicines Information Quick Guide 4: Diarrhoea

Drug	Dioralyte sachets
Indication for use	For fluid and electrolyte replacement
Strength	N/A
Dose	One or two sachets after each loose stool
Maximum dose in 24 hours	N/A
Maximum duration of treatment as homely remedy	Up to 24 hours if refusing to drink. Up to 48 hours, if diarrhoea is persistent then seek advice of GP.
Cautions	
Additional information	Contents of each sachet should be dissolved in 200ml of drinking water. The solution may be stored for up to 24 hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded.
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased), BNF

Medicines Information Quick Guide 4: Diarrhoea (part 2)

Diarrhoea in the frail elderly can quickly lead to dehydration and deterioration in health.

Infection Control

Staff and residents must exercise rigorous hand hygiene as diarrhoea can spread through hand-surface contact to others. Seek medical advice if more than one case occurs as this could indicate a serious cause e.g. *C.difficile*. Follow IPC advice.

Prolonged diarrhoea can reduce the effectiveness of medication and can de-stabilise patients such as those with diabetes and epilepsy. Monitor more closely.

Are any of the following present?

- Blood or mucus in stools
- Recent history of constipation
- Diarrhoea accompanied by vomiting lasting more than 24 hours
- Stools that are black and tarry or profuse and foul smelling
- Severe abdominal pain
- Drowsiness
- Confusion

Yes

Contact GP or NHS 111

No

Is the resident taking any medicines which could cause diarrhoea? E.g. antibiotics (current or very recent) or laxatives.

Yes/unsure

Contact pharmacist or NHS 111 AND encourage resident to drink plenty of clear fluids such as water or diluted squash. Avoid dairy products such as milk and cheese.

No

Is the resident the resident experiencing uncomplicated sudden, short term diarrhoea?

Yes

Continue fluids and if diarrhoea is severe it may be useful to offer rehydration solutions (e.g. Dioralyte) to drink. Such solutions should be prepared following leaflet instructions and drunk within 1 hour (stored in a fridge – may be kept for up to 24 hours).

No

Contact GP or NHS 111

Record the process on the person's MAR and in the care plan, continue to monitor the resident and record the outcome.

Appendix 3

Guidelines for prescribing weight-adjusted oral paracetamol in adults