

Good Practice Guidance on Homely Remedy Policy For Adult Service Users in Care Homes

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Good Practice Guidance on Homely Remedy Policy For Adult Service Users in Care Homes

This good practice guidance is intended to be used as a framework for care home managers to adapt when writing their own Homely Remedy Policy.

Definition - A homely remedy is a medicinal preparation used to treat minor ailments, which can be bought over the counter and does not require a prescription.

A small stock of preparations may be held at the care home for administration to service users with minor ailments. Giving homely remedies should help to prevent any unnecessary GP visits for minor ailments listed below.

There is a recognised duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature e.g. toothache.

- Only stock purchased by the care home for administration under the 'Homely Remedy Policy' may be used.
- Only the named preparations listed in the policy may be administered without a prescription.
- Products labelled for a particular resident (i.e. for whom a prescription has been issued) **must not** be given to another service user as a homely remedy.
- Bulk prescribing cannot be used for homely remedies. (Guidance on bulk prescribing is available on request).

This guidance covers the treatment of **mild pain, sore throat and diarrhoea**. Restricting this guidance to three minor ailments will promote a manageable homely remedy policy. However, following discussion and agreement with the prescriber, care homes may wish to incorporate additional conditions and remedies in their individual homely remedy policies.

No products requiring invasive administration, e.g. suppositories should be included nor is it appropriate to include products that take up to 48 hours to work, e.g. lactulose. External preparations are also best excluded from the homely remedy policy as they should ideally be used by an individual to avoid cross contamination.

Extra information is provided in the Information Pack for Care Homes on managing a variety of minor illness found here:-

<https://www.intranet.sheffieldccg.nhs.uk/medicines-prescribing/care-homes.htm>

NHS 111 Online: - <https://111.nhs.uk/>

National Care Forum:-

<http://www.nationalcareforum.org.uk/documentLibraryDocument.asp?ID=264>

Care Home Staff

Good Practice 1- authorising the administration of a homely remedy

- The homely remedy medicines should be agreed locally with the GP and restricted to a limited list to reduce the risk of adverse reactions and interaction with prescribed medication. It is at the GP's discretion that certain drugs may be added to or omitted from the list (see [appendix 1](#)).
- Homely remedies can only be administered to service users if the GP has signed an authorisation form held at the care home. This form identifies which homely remedies can be administered to residents in that home (see appendix 3)
- Where possible, it is good practice to request the GP to endorse their agreement to the care homes individual homely remedy policy and procedure.
- The decision to give a homely remedy should be made by a senior member of staff in response to a service user's need.
- It is the responsibility of the senior member of staff to check that administration of the homely remedy is appropriate. If there is any uncertainty, the usual dispensing pharmacist should be consulted since the pharmacy that supplies the service user's medication will have a record of medication dispensed and will be able to advise about the appropriateness of the homely remedy.
- For any cases of diarrhoea refer to standard infection control precautions (also see Information Pack for Care Homes <https://www.intranet.sheffieldccg.nhs.uk/Downloads/Medicines%20Management/Care%20Homes/InformationPackForCareHomesInSheffieldAug2018.pdf>
- Prior to administering the homely remedy establish, where possible:
 - this remedy is not already prescribed for the resident
 - that the resident has no potentially serious symptoms
 - past medical and drug history
 - any known allergies
 - what medicines the resident has used in past for these particular symptoms
 - that the resident or their advocate consents to the treatment
 - that the resident or their advocate is aware that the medicine is not prescribed, but has been agreed by the GP and/or dispensing pharmacist
 - the maximum duration of treatment allowed
- The use of the homely remedy should be reviewed periodically, at least every 6 months or earlier where there are changes to the medication regimen or episode of hospitalisation for an individual care home resident.
- In the rare event of any adverse reaction to any of the homely remedies administered the GP/ Out of Hours doctor is informed immediately.
- Products labelled for an individual resident, i.e. for whom a prescription has been issued, must not be given to another resident as a homely remedy. Nor should those purchased by a resident for their personal use be administered to other residents.
- Bulk prescribing is not a suitable way of obtaining homely remedies.

Good Practice 2 –Documentation

- The details should be entered on to
 - the Homely Remedies Register (see example [appendix 2](#))
 - the service user’s records
 - the service user’s MAR chart (by transcribing) stating this is a homely remedy. All transcribed details must include any specific direction and follow good practice guidance – see care home medication administration and transcribing guidance

Medication		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Dioralyte sachet - <i>Homely Remedy</i>																	
The contents of one sachet to be dissolved in 200ml water and taken after each loose bowel motion. Contact GP if symptoms persist after <u>24</u> hours																	
js <i>mx</i>																	
Qty:	Received:	By:															

Two signatures required for hand written MAR and to check transcribing

Contact GP if symptoms persist after 24 hours

Indicate date starting treatment e.g. block out days prior to treatment starting and identify duration before seeking GP advice if symptoms persist

- The reason for administration, the time it was given and effect of the medication should be documented in the service user’s record (and on the reverse of the MAR chart, where this has the facility for recording carer’s notes).
- A running balance of all homely remedies must be kept on the Homely Remedies Register which should be checked weekly.
- If advice from the dispensing pharmacist is sought then they should be informed of any non-prescribed medicines being taken by people who use the service.

Good Practice 3 - Duration of Treatment

- If symptoms persist for more than **48 hours (or 24 hours if symptoms of diarrhoea are present)**, the resident’s GP / Out of hours must be consulted for review.

Good Practice 4 - Storage of Homely Remedies

- All homely remedies must be stored in a lockable cabinet. These preparations must be stored separately from the service users’ prescribed medication and should be identifiable as homely remedies.
- Once opened, all liquids should have the date opened recorded on the container. Note some products may have a shorter shelf-life once opened, check the manufacturer’s literature or seek guidance from the pharmacist.
- The balance and expiry dates of the homely remedies must be checked regularly (preferably monthly).

Prescriber

Good Practice 1 – authorising homely remedy administration

- The GP is asked to approve and authorise ([appendix 3](#)) a list of homely medicines and indications for use. This list should be limited to reduce the risk of adverse reactions and interaction with prescribed medication. It is at the GP's discretion that certain medicines may be added to or omitted from the list (see [appendix 1](#)).
- The GP may consider excluding a service user from being administered a homely remedy. The names of these service users should be listed on this form.
- When a new service user registers with the care home the GP should consider whether this person is to be included to be administered homely remedies
- Authorisation of homely remedies should be reviewed intermittently, for example at medication review, or when service users condition changes.

Good Practice 2 - continuing treatment beyond 24/ 48 hours

- If symptoms persist for more than **48 hours (or 24 hours if symptoms of diarrhoea are present)**, the resident's GP / Out of hours must be consulted for review.

Appendices

[Appendix 1](#) – Suggested list of homely remedies

[Appendix 2](#) – Sample homely remedy register

[Appendix 3](#) – Sample authorisation form for GP to complete

References and resources

- Information Pack for Care Homes
<https://www.intranet.sheffieldccg.nhs.uk/Downloads/Medicines%20Management/Care%20Homes/InformationPackForCareHomesInSheffieldAug2018.pdf>
- Homely Remedy Guide: for local adaptation to fit within individual care home medication policies
<http://www.nationalcareforum.org.uk/documentLibraryDocument.asp?ID=264>
- Managing medicines in care homes. NICE good practice guideline SC1. March 2014
<https://www.nice.org.uk/guidance/sc1>
- PrescQIPP Care Homes Homely Remedies:-
<https://www.prescqipp.info/our-resources/bulletins/bulletin-72-care-homes-homely-remedies/>
- NHSE Guidance on conditions for which over the counter items should not routinely be prescribed in primary care: FAQs People living in care homes
<https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-implementation-resources/faqs/#where-can-i-find-more-information-about-the-use-of-otc-medicines-in-care-homes>

Suggested list of Homely Remedies

Appendix 1

Indication/Symptoms	Homely Remedy	Instructions for use in adults	GP to be consulted if symptoms persist for longer than:
<p>Mild pain eg toothache , relief of cold symptoms, headache</p>	<p>Paracetamol tablets (500mg)</p> <p>Paracetamol soluble tablets (500mg) NB; only consider soluble if service user unable to take ordinary paracetamol tablets</p>	<p>ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. Do not give with other paracetamol containing medicines.</p> <p>NB : ONE tablet to be given 4-6 hourly if required for pain relief – if the service users weight is less than 50Kg</p>	<p>48 hours</p>
<p>Sore throat</p>	<p>Glycerin, honey and lemon lozenges</p> <p>Paracetamol soluble tablets (500mg)</p>	<p>One to be sucked when required for sore throat. (Note: not to be used if service user considered to be at risk of choking)</p> <p>ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. Do not give with other paracetamol containing medicines.</p> <p>NB : ONE tablet to be given 4-6 hourly if required for pain relief – if the service users weight is less than 50Kg</p>	<p>48 hours</p>
<p>Diarrhoea – for replacement of water and salt loss in treatment of acute diarrhoea.</p>	<p>Oral Rehydration Salts - e.g, Dioralyte sachets,</p>	<p>The contents of one sachet to be dissolved in 200ml water and taken after each loose bowel motion. If vomiting has occurred small amounts should be taken regularly. Cover and store any remaining solution in the fridge for up to 24 hours. This should be labelled with service user’s name, date of birth, date and time of reconstitution.</p> <p>Patient information leaflet http://www.medicines.org.uk/emc/medicine/25542/XPIL/Dioralyte+Blackcurrant+++Citrus+++Natural/</p>	<p>24 hours</p> <p>Do not use if the service user has any of the following (consult GP immediately): Persistent vomiting Diabetes Low sodium / potassium diet</p>

HOMELY REMEDIES REGISTER - PARACETAMOL 500MG TABLETS

Check balance of stock weekly

Before administering paracetamol tablets, the service user's **Medicine Administration Record (MAR)** must be checked to ensure that no other medication containing paracetamol is prescribed

Maximum Adult dose: ONE or TWO tablets to be taken 4 - 6 hourly when required for pain relief. No more than 8 tablets in 24 hours

Use 1 tablet (maximum 4 tablets per 24 hours) where service user weight is less than 50kg

Paracetamol administered from the homely remedies stock must be recorded on this register, on the service user's MAR chart and in the service user's records. The reason for administration and effect of the medication should be documented in the service user's notes (and reverse of MAR if available)

Batch number

Number in unopened box.....

Expiry Date

Contact prescriber if symptoms persist for longer than 48 hours

Date	Time	Service User Name	Reason Given	Amount Taken	Senior Staff Member Signature	Balance

HOMELY REMEDIES REGISTER - PARACETAMOL 500MG TABLETS (Soluble)

Check balance of stock monthly (or weekly if frequency of use is increasing)

Before administering soluble paracetamol tablets, the service user's **Medicine Administration Record (MAR)** must be checked to ensure that no other medication containing paracetamol is prescribed

Maximum Adult dose: ONE or TWO tablets to be taken 4 - 6 hourly when required for pain relief. No more than 8 tablets in 24 hours

Use 1 tablet (maximum 4 tablets per 24 hours) where service user weight is less than 50kg

Soluble paracetamol administered from the homely remedies stock must be recorded on this register, on the service user's MAR chart and in the service user's records. The reason for administration and effect of the medication should be documented in the service user's notes (and reverse of MAR if available)

Batch number

Number in unopened box.....

Expiry Date

Contact prescriber if symptoms persist for longer than 48 hours

Date	Time	Service User Name	Reason Given	Amount Taken	Senior Staff Member Signature	Balance

HOMELY REMEDIES REGISTER - GLYCERIN, HONEY AND LEMON LOZENGES

Check balance of stock monthly (or weekly if frequency of use is increasing)

Before administering lozenges to the service user, ensure they are not at risk of choking

Adult dose: ONE to be sucked when required for sore throat

Glycerin, Honey and Lemon lozenges administered from the homely remedies stock must be recorded on this register, on the service users MAR chart and in the service user's records. The reason for administration and effect of the medication should be documented in the service user's notes (and reverse of MAR if available)

Batch number

Number in unopened box.....

Expiry Date

Contact prescriber if symptoms persist for longer than 48 hours

Date	Time	Service User Name	Reason Given	Amount Taken	Senior Staff Member Signature	Balance

HOMELY REMEDIES REGISTER - ORAL REHYDRATION SALTS

Check balance of stock monthly (or weekly if frequency of use is increasing)

Oral rehydration salts e.g. Dioralyte® sachets can be given for replacement of water and salt loss in treatment of acute diarrhoea

Adult dose: The contents of one sachet to be dissolved in 200ml water and taken after each loose bowel motion.

If vomiting has occurred small amounts should be taken regularly. Store any remaining solution in the fridge for up to 24 hours. This should be clearly labelled with the service user’s name, date of birth, date and time the sachet was prepared.

Oral rehydration salts administered on from the homely remedies stock must be recorded on this register, on the service users MAR chart and in the service user’s records. The reason for administration and effect of the medication should be documented in the service user’s notes (and reverse of MAR if available)

Do not use if any of the following are present (consult GP immediately) persistent vomiting, service user is diabetic or is on low sodium/ potassium diet.

Name of preparation

Batch number

Number in unopened box.....

Expiry Date

Contact prescriber if symptoms persist for longer than 24 hours

Date	Time	Service User Name	Reason given	Amount taken	Senior staff member signature	Balance

Authorisation form for the GP to complete for a group of service users under their care.

I authorise service users under the care of..... (*practice name*) to receive any of the listed products in-line with your Homely Remedy Policy For Adult Service Users. This policy states that only senior members of staff may administer these preparations. Before administration the carer must confirm with the service user's dispensing pharmacy that it is appropriate to administer the medication to the service user

Indication/ Symptoms	Homely Remedy	Instructions for Use	Authorisation given (please indicate)
Mild pain eg toothache, relief of cold symptoms, headache	Paracetamol tablets (500mg) or Paracetamol soluble tablets (500mg)	ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. One tablet (maximum 4 tablets per 24 hours) where service user weight is less than 50kg Do not give with other paracetamol containing medicines. GP to be consulted if symptoms persist for longer than 48hours	
Sore throat	Glycerin, honey and lemon lozenges	One to be sucked when required for sore throat (Note: not to be used if service user requires supervision ie if considered to be at risk of choking on lozenge)	
	Paracetamol soluble tablets (500mg)	ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. One tablet (maximum 4 tablets per 24 hours) where service user weight is less than 50kg Do not give with other paracetamol containing medicines. GP to be consulted if symptoms persist for longer than 48 hours	
Diarrhoea – for replacement of water and salt loss in treatment of acute diarrhoea.	Oral Rehydration Salts eg Dioralyte sachets	The contents of one sachet to be dissolved in 200ml water and taken after each loose bowel motion. If vomiting has occurred small amounts should be taken regularly. Store any remaining solution in the fridge for up to 24 hours. GP to be consulted if symptoms persist for longer than 24 hours Do not use if the service user has (consult GP immediately): Persistent vomiting Diabetes Low sodium/potassium diet	

Listed below are service users who should not be given any of the above homely remedies

Name of service user

Reason for not administering homely remedy

.....

.....

Signed by GP Date/...../.....

Please return the completed form to the care home