

Homely Remedies Guide for Care Homes

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Principles of managing the use of homely remedies

What is a homely remedy?

There are many times at which a resident may develop a minor ailment that needs to be treated. It is important that staff can respond in a timely way and help the resident to feel well. Many people living in their own home purchase remedies from the pharmacy or the local shop and generally do this without involving the GP. Pharmacists will also provide advice on the best treatment and give advice on its use.

For people living in a care home setting there are two ways in which they can receive treatment for minor ailments.

One approach for residents to treat minor ailments is **self-care**. This means residents or their relatives may purchase their own OTC (over the counter) medicines to treat minor ailments, such as daily vitamins, creams to treat dry skin or lubricating eye drops to treat dry eyes etc. On purchase the community Pharmacist can be asked as to the appropriateness of the medication and to make sure any OTC / P medication is safe for the resident to use alongside any medicines already prescribed or purchased. The GP must also be notified and approve any medicines purchased. Self-care items are not for general use in the home and must remain specific to that resident. They should be checked into the home and administered and recorded in the same way as all other medication on a MAR chart as well as being stored securely in a lockable drawer, cupboard, or trolley.

A GP may also instruct the home staff to purchase a specific product to treat a minor ailment for a particular resident, such as olive oil for treatment of ear wax. This is no different to a person treating themselves in their own home and can be actioned, provided the instructions are supplied by the GP (preferably in writing) so they can be written up in the care plan and on the MAR chart for administration, again this would be referred to as self-care.

Another approach to treat minor ailments is to use **homely remedies**. A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over the counter and does not require a prescription, similar to self-care. Homely remedy products are kept in the home to allow access to products that would commonly be available in any household with the homely remedy stock being used by all residents. The residents must have approval prior to using any homely remedy stock, with the correct and appropriate documentation in place.

The agreement for a resident to use homely remedies must be in writing and signed off by a GP, Pharmacist, or any competent health care professional. The homely remedy documentation can be signed off by an appropriate health care professional who has access to the resident's health records e.g., Care Home pharmacists, PCN/GP practice pharmacist, Advanced Nurse Practitioner (ANP), GP, Paramedic. The policy must include all appropriate homely remedies and exclude any items the resident may already be prescribed or would not be suitable due to drug interactions, allergies, or swallowing difficulties.

Homely remedies fall into two legal categories, GSL (general sales list), which are available widely and sometimes referred to as over the counter medicines or pharmacy (P) medicines which are available only from a pharmacy. Medicines falling into these categories may be prescribed at the discretion of the resident's GP. Any such medicines, which are obtained on prescription, must only be administered to the individual specified on the container label. They are not to be used as a source of stock for the homely remedy cupboard.

It is advised that the manager discusses the use of homely remedies with the resident's GP practice. An agreement is made on the medicines within the policy that are suitable for that resident and a 48hr time period, is given to all homely remedies. If a resident requires a homely

remedy for a longer period than 48 hours the GP must be informed, and the medication prescribed by the GP if appropriate.

It is good practice on admission to a care setting to discuss health needs and medicines with the resident and their family. This should also include the use of homely remedies and self-care. If a person lacks capacity to make decisions, then the decisions may be made by the family or at a best interest meeting.

It is NOT standard practice for residents who have their medication covertly or via a PEG or Enteral tube to be signed off for the use of homely remedies. Special consideration will also need to be given to residents who have swallowing difficulties. Homely Remedy documentation MUST be reviewed at regular intervals and when a resident has a change in their healthcare needs or prescribed medication.

**See Page 17 for template that could be used as an agreement between the care home and the GP to sign to give permission that homely products are suitable for an individual resident within a care setting.*

Why stock homely remedies?

The Care Quality Commission agrees that a small range of products may be kept in stock in a care home for residents for the treatment of minor ailments. Homes who agree to stock such products must develop their own policies with an approved list of products and minor ailments which will be treated in this way.

Staff need to be able to respond quickly to symptoms of a minor nature, such as toothache or headache. This guidance is intended to help in such situations.

Recommendations

- Only stock purchased by the care home for administration under the homely remedies policy may be used.
- Only the named medications/preparations listed in the homely remedy policy may be administered without a prescription (only exception is self-care)
- All administered doses of homely remedies must be recorded and indicated as a homely remedy on the MAR chart and other medication recording documents in accordance with the medicines policy in the home.
- Medications/preparations purchased for self-care by the resident/family are solely for that resident and must not be given to another resident as a homely remedy.

At times residents may develop a minor ailment which in their own home would be easily treatable by accessing a local pharmacy. If a resident does not have a suitable remedy on their repeat prescription the staff may feel that the only course of action is to call the GP or the out of hour's service. This may be for something like a headache. By having homely remedies in the home, an immediate need can be met, and the GP is only called if the symptoms persist.

Discussions and agreement with the GP about the use of homely remedies is essential, a pharmacist will also provide necessary advice. It is generally advised that homely remedies should only be used for 48 hours and then a referral to the GP will need to be made.

Managing homely remedies

Administration

This guidance helps to clarify the actions required by the trained staff of the home who are responsible for the administration of medicines. All staff must recognise and act within the parameters of safe practice. The manager of the care home is responsible for ensuring that appropriate training and support is made available to all staff involved in the administration of medicines.

The appendices within this document include a 'Carers assessment' along with the 'Carers assessment answer sheet.' The use of these resources is, completely optional but you may find they support your care staff to understand the homely remedy policy, procedures, and administration in more depth.

Storage

Homely remedies should be stored in a lockable drug room ideally within a lockable cupboard or trolley. Homely remedy stock must be clearly marked as homely remedies and stored away from other medications, ideally a small storage container (lunchbox size) should be used.

A record should be kept of the homely medicines stored in the home; this should contain the amount purchased, who had the homely medication, the amount given and the balance of stock remaining.

Homely remedy stock should be date checked at least every three months. The date of opening should be marked on liquids and creams, these should then be discarded and replaced as advised by the manufacturer's advice on expiry (from date of opening) or following the care home's own policy on expiry of medications.

Process

The use of homely remedies for the minor ailments named in this document is supported by a flow chart decision aid and it enables staff to use stocks of homely medication appropriately.

Care homes will be required to purchase homely remedy stock, with residents or their relatives purchasing **self-care** items that are to be solely used by that resident.

If the staff are unsure, if a homely remedy is suitable, they must seek the advice of the doctor or pharmacist before use.

The flow charts included in this document provide a decision-making tool for some specific minor ailments.

When using the flow charts the carer/nurse must ascertain/check:

- That the resident has no potentially serious symptoms
- Past medical and drug history
- Any known allergies
- What the resident has used in the past for these particular symptoms
- That the resident consents and is aware the medicine is not prescribed, but it has been agreed with the GP, Pharmacist, or a competent health care professional.
- That the homely remedy medicine will be used for up to 48 hours only

The carer/nurse will regularly review and reassess the resident's response to the medication. Further doses can be administered in accordance with the medicinal products GSL or P licence guidelines, for a maximum of 48 hours. If the symptoms persist, then a referral should be made to the GP.

Record keeping

The carer/nurse will record details of the assessment, homely remedy administered and outcome in the resident's care plans and the MAR chart. The homely remedies stock book must also be completed.

Monitor the usage of all homely remedies.

Adverse reaction

In the rare event of any adverse reactions immediately inform GP or 111 for advice

In the event of a serious life-threatening adverse reaction call 999 (the nurse/carer can carry out emergency treatment only if trained to do so)

Flow charts relating to the following symptoms are provided below.

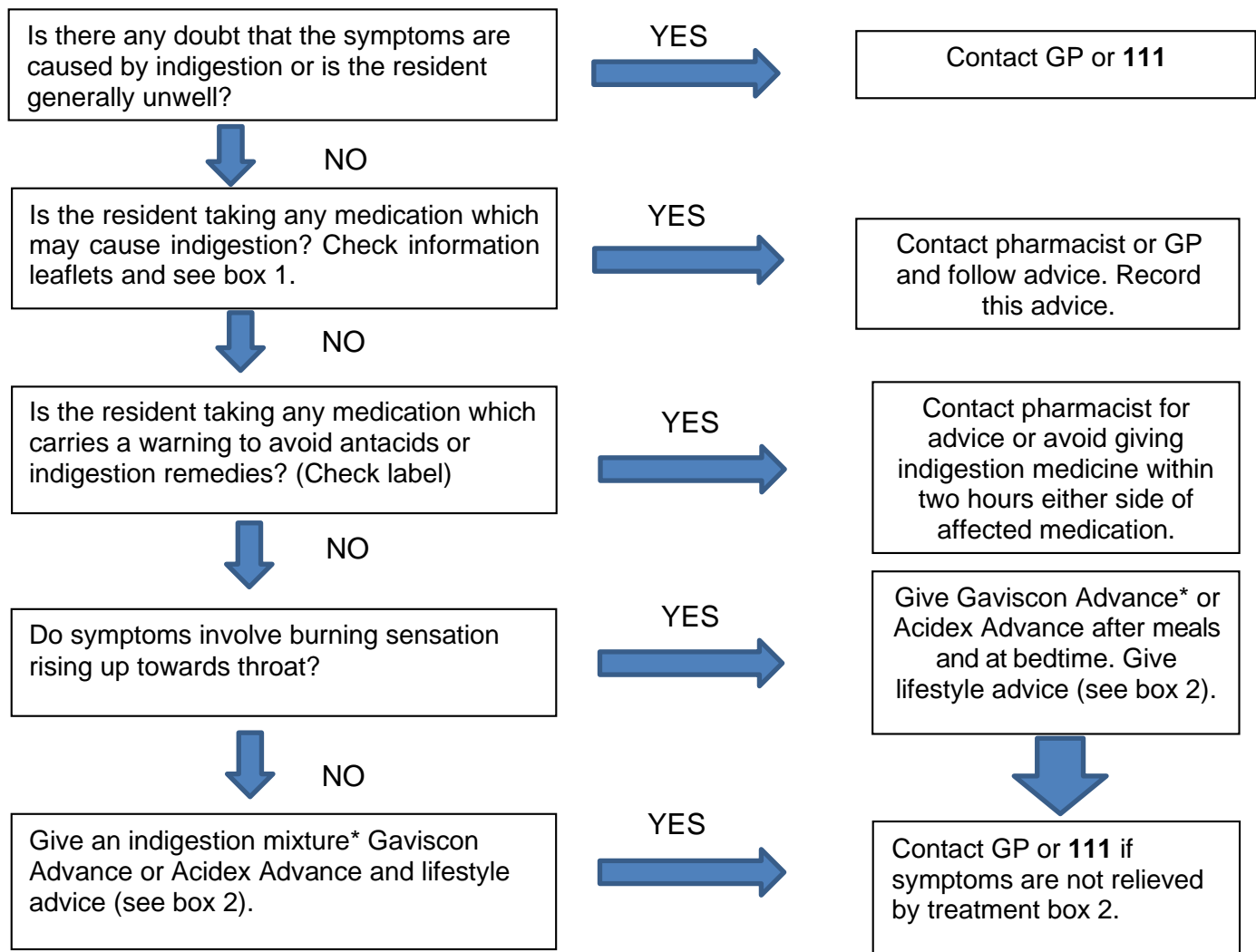
These charts should be used in conjunction with the homely remedy's toolkit.

Chart	Page	Symptom	Medicine
1	6	Indigestion/heartburn	Gaviscon Advance or Acidex Advance
2	9	Pain (mild to moderate)	Paracetamol (<i>other medicines containing Paracetamol may have been prescribed for some residents and this must be carefully checked</i>)
3	10	Dry cough/irritating cough	Simple linctus sugar free.
4	12	Constipation	Senna, Lactulose solution
5	15	Diarrhoea	Oral rehydration therapy, e.g., Dioralyte

Chart 1

Guidance for treatment of minor ailments with homely remedies - Indigestion/Heartburn

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. Flow chart for use when resident has mild pain only. All cases of acute or severe pain must be referred immediately.



Treatment Box 1

Some medications that commonly cause indigestion.

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

Treatment Box 2 (Lifestyle)

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

*Homely remedy - remember that treatment with homely remedies must be recorded on the MAR chart and must not be used for **MORE THAN 48 hours** without contacting the residents GP. Ensure the next shift is informed about any homely remedies that have been given.

PRODUCTS NAMED IN FLOW CHART 1 – Indigestion / heartburn.

Drug	Gaviscon Advance Suspension
Indication for use	Heartburn and indigestion
Strength	N/A combination product
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 (4.6mmol in 10mls), avoid in hypertensive or where sodium restriction is indicated
Additional information	Sugar free so suitable for diabetics SHAKE WELL before use
Additional resources	Patient information leaflet/Pharmacist advice

OR

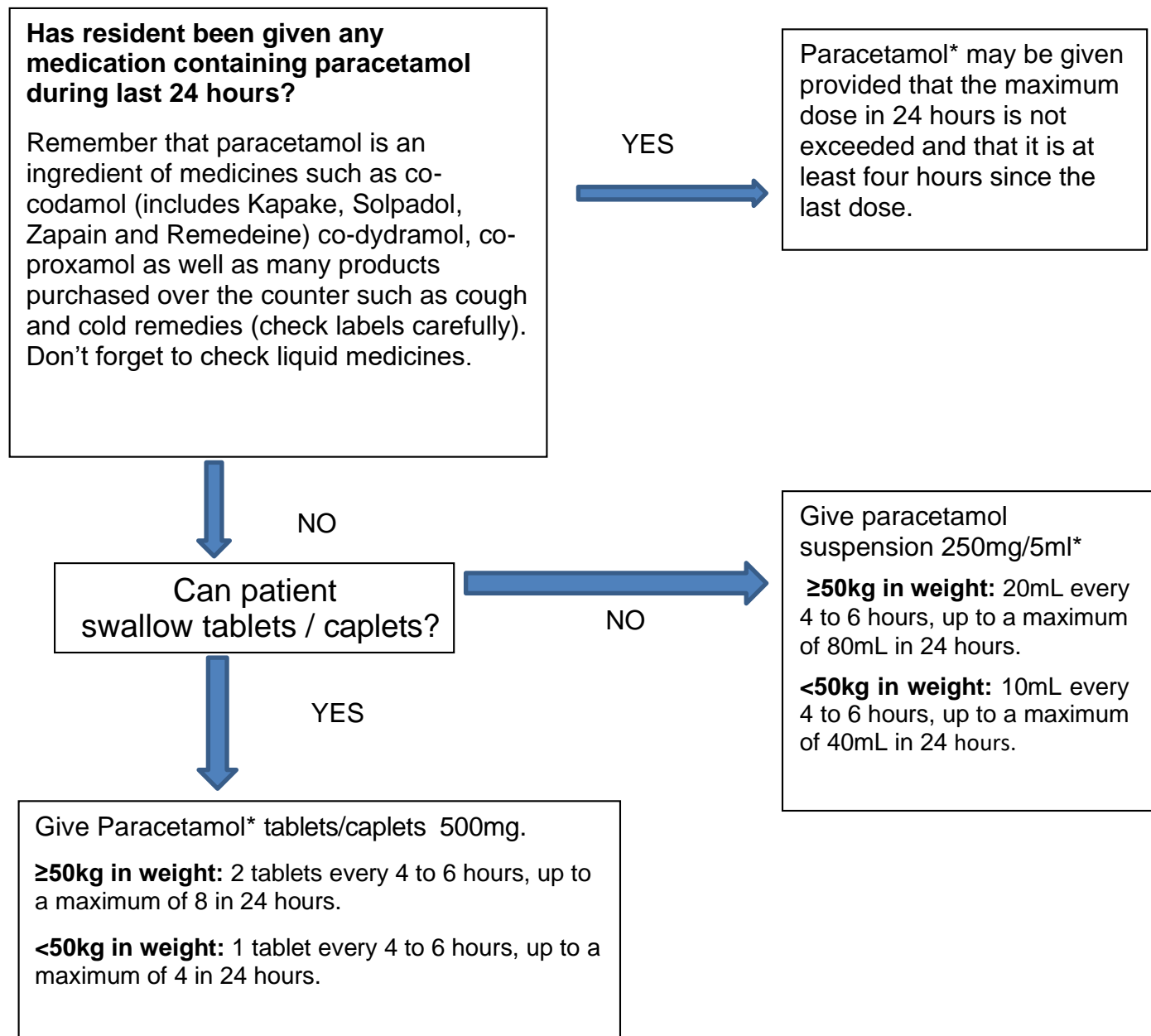
Drug	Acidex Advance oral suspension (Aniseed or peppermint flavoured)
Indication for use	Heartburn and Indigestion
Strength	N/A combination product
Dose	5-10mls after meals and at bedtime
Maximum dose in 24 hours	40ml in divided dose
Maximum duration of treatment as homely remedy	Up to 48 hours, then seek advice of GP
Cautions	Contains sodium (5.1mmol in 10mls), avoid in hypertensive or where sodium restriction is indicated. Time of 2 hours should be considered between intake of Acidex Advance and administration of other medicinal products.
Additional information	Sugar free so suitable for diabetics SHAKE WELL before use
Additional resources	Patient information leaflet/Pharmacist advice

Chart 2

Guidance for treatment of minor ailments with homely remedies – PAIN, such as headaches

Flow chart for the relief of mild to moderate pain or raised temperature. All cases of sudden onset severe pain must be referred.

'If pain or fever has not subsided following administration of paracetamol, or if pain increases in severity following administration of Paracetamol, notify medical staff.'



Communication of pain is not just verbal. Look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character for that individual. Use validated pain charts where appropriate.

***Homely remedy. Available to purchase as tablets, capsules, caplets, and liquid.**

*Homely remedy - remember that treatment with homely remedies must be recorded on the MAR chart and must not be used for **MORE THAN 48 hours** without contacting the residents GP. Ensure the next shift is informed about any homely remedies that have been given.

PRODUCTS NAMED IN FLOW CHART 2 - PAIN

Drug	Paracetamol Tablets
Indication for use	Relief of mild to moderate pain or raised temperature
Strength	500mg tablets/capsules/caplets
Dose	≥50kg in weight: 2 tablets every 4 to 6 hours <50kg in weight: 1 tablet every 4 to 6 hours
Maximum dose in 24 hours	≥50kg in weight: 2 tablets every 4 to 6 hours, up to a maximum of 8 in 24 hours. <50kg in weight: 1 tablet every 4 to 6 hours, up to a maximum of 4 in 24 hours.
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Do not administer with other paracetamol containing products (check all current medication taken). Not suitable if history of severe liver disease or alcohol abuse if body weight is <50kgs, consider giving one tablet up to four times a day.
Additional information	Many medicines also contain paracetamol. If in doubt check with pharmacist.
Additional resources	BNF 4.7.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

OR

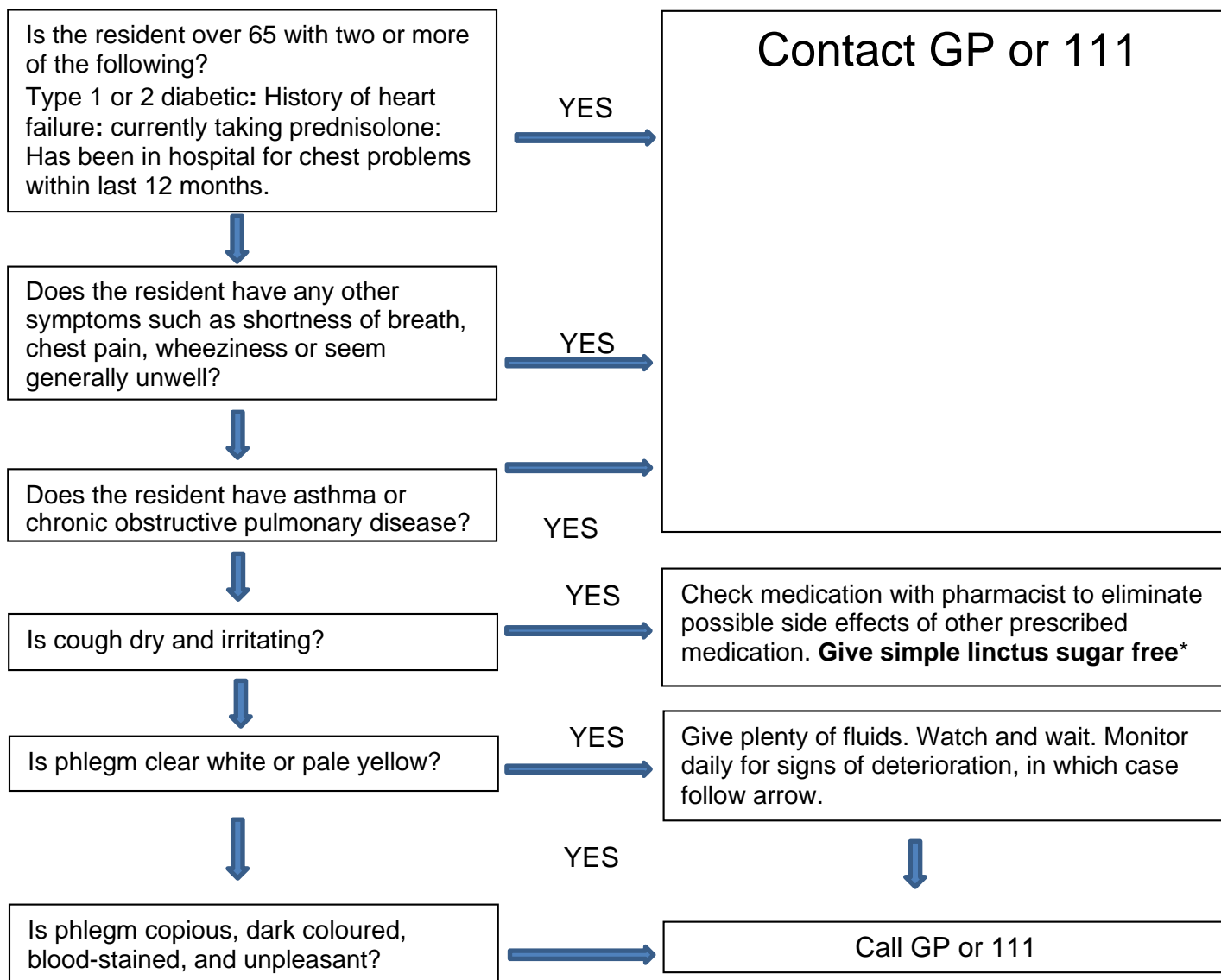
Drug	Paracetamol Suspension
Indication for use	Relief of mild to moderate pain or raised temperature
Strength	250mg/5ml suspension (Calpol six plus)
Dose	≥50kg in weight: 20mL every 4 to 6 hours <50kg in weight: 10mL every 4 to 6 hours
Maximum dose in 24 hours	≥50kg in weight: 20mL every 4 to 6 hours, up to a maximum of 80mL in 24 hours. <50kg in weight: 10mL every 4 to 6 hours, up to a maximum of 40mL in 24 hours.
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Do not administer with other paracetamol containing products (check all current medication taken). Not suitable if history of severe liver disease or alcohol abuse If body weight is <50kgs, consider giving 10ml up to four times a day
Additional information	Many medicines also contain paracetamol. If in doubt check with pharmacist. Sugar free is. also available for diabetics.
Additional resources	Patient information leaflet / Pharmacist advice

Chart 3

Guidance for treatment of minor ailments with homely remedies - COUGH

Flow chart for onset of cough. Antibiotic treatment is not indicated for the majority of otherwise well patients with coughs.

REMEMBER: If COVID-19 symptoms are suspected then you MUST follow your care home policy, which has been produced and actioned in line with Government Guidance.



*Homely remedy-remember that treatment with homely remedies must be recorded on the MAR chart and must not be used for **MORE THAN 48 hours** without contacting the residents GP. Ensure the next shift is informed about any homely remedies that have given.

PRODUCTS NAMED IN FLOW CHART 3 – COUGH

Drug	Simple linctus SF (Sugar Free)
Indication for use	For relief of occasional non-persistent cough
Strength	N/A
Dose	5-10ml up to four times a day
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	This medicine contains maltitol liquid. Patients with rare hereditary problems of fructose intolerance should not take this medicine. This medicinal product contains small amounts of ethanol (alcohol), less than 100mg per 5mL dose.
Additional information	More soothing if taken with warm water
Additional resources	Patient information leaflet / Pharmacist advice

Chart 4

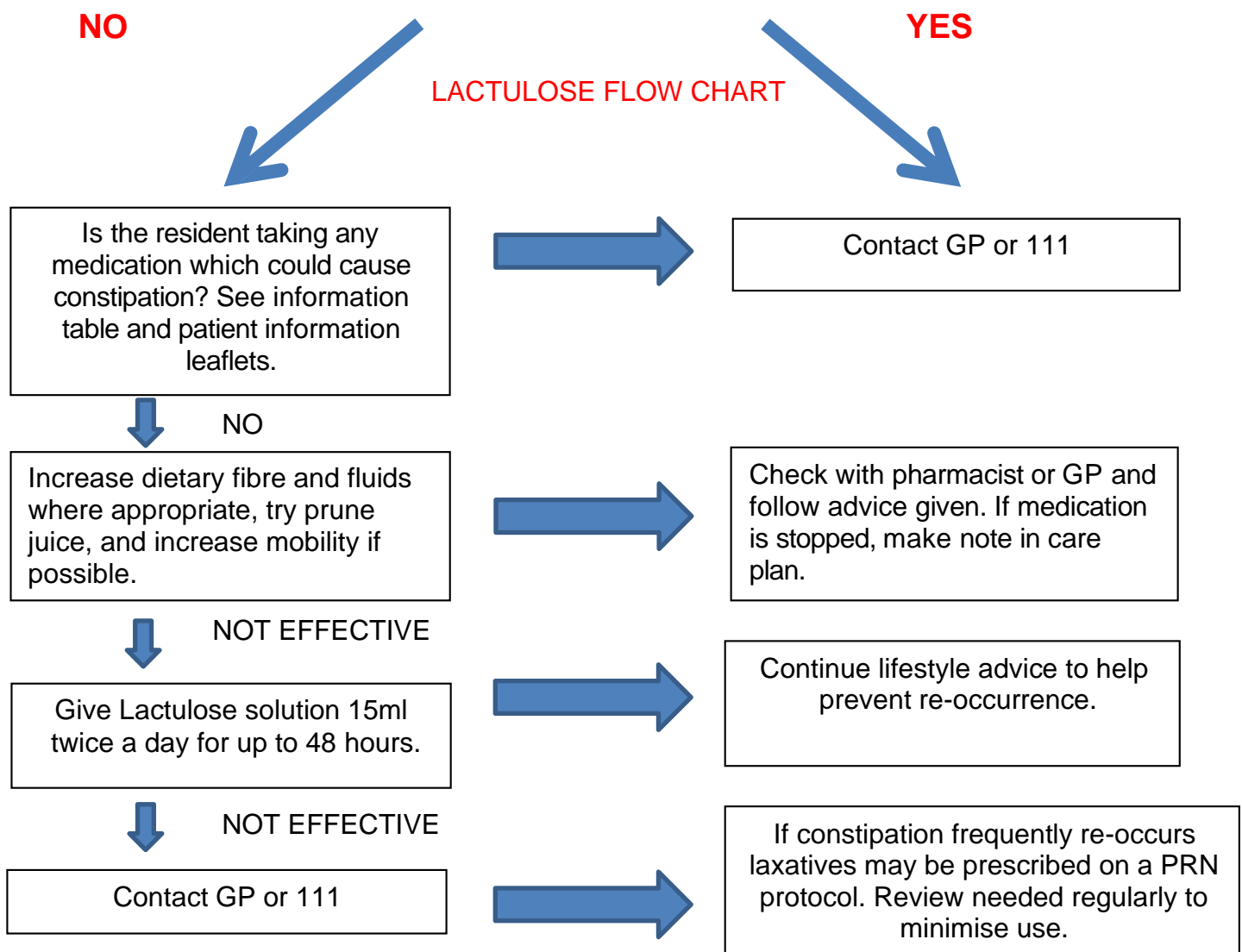
Guidance for treatment of minor ailments with homely remedies - CONSTIPATION

Initial changes in bowel habits should be reported to GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake so large glasses of fluid should be avoided. Little and often is more effective.

On the homely remedy form attached to this guide are two types of laxative-senna and lactulose. Both have different mechanisms of action to help treat constipation. Senna is known as a stimulant laxative. It stimulates nerve ending in the bowel to promote the movement of faeces. Lactulose is an osmotic laxative, it works by keeping fluid in the bowel and faeces, making them easier to pass. Lactulose is gentler than senna. Senna usually works in around 8-12 hours; lactulose can take up to 3 days to work.

The decision of which laxative to use will depend on the individual resident. It may be the choice is decided by a laxative which been previously effective for the resident in treating constipation. If you are unsure which laxative to use, please seek advice from a healthcare professional. Do not use lactulose and senna together without consulting a healthcare professional.

Has the resident ever had a bowel obstruction / faecal impaction or severe abdominal pain?

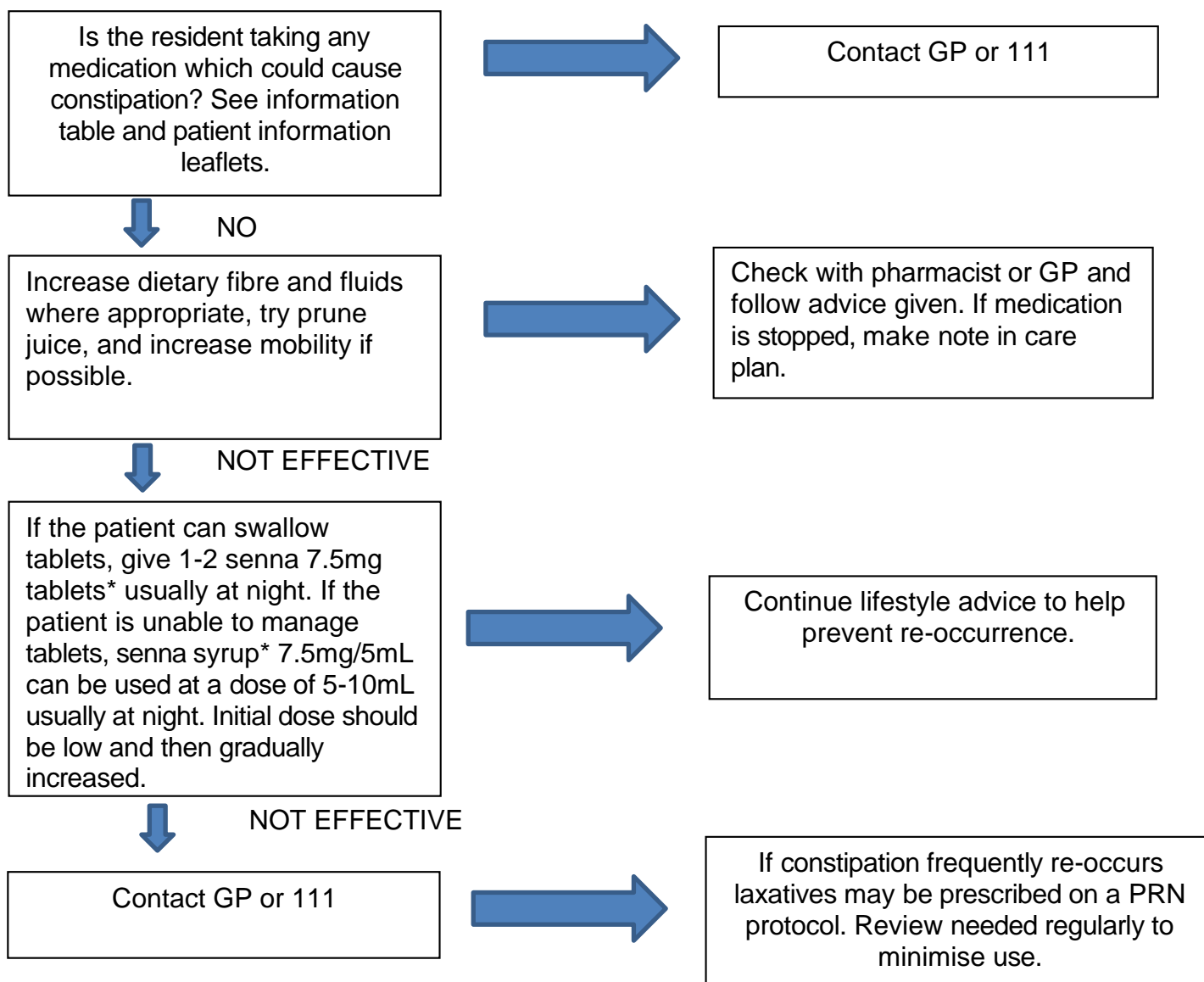


Has the resident ever had a bowel obstruction / faecal impaction or severe abdominal pain?

NO

YES

SENNA FLOW CHART



Information: some common drugs which can cause constipation:

indigestion remedies containing aluminium · **antidiarrheal** e.g., loperamide (imodium) · **antihistamines** e.g., chlorphenamine (piriton), promethazine (Phenergan) · **antipsychotics** · **cough suppressants** e.g., codeine and pholcodine · **diuretics** e.g., Bendroflumethiazide, furosemide (if dehydration occurs) · iron and calcium supplements · **pain killers** containing opiates e.g., codeine, dihydrocodeine, morphine, tramadol · some **antidepressants** e.g., amitriptyline, dosulepin, imipramine · some **Parkinson's** drugs e.g., levodopa · some drugs to treat high blood pressure.

*Homely remedy-remember that treatment with homely remedies must be recorded on the MAR chart and must not be used for **MORE THAN 48 hours** without contacting the residents GP. Ensure the next shift is informed about any homely remedies that have been given.

PRODUCTS NAMED IN FLOW CHART 4 – CONSTIPATION

Senna Tablets

Drug	Senna tablets
Indication for use	For relief of constipation
Strength	7.5mg
Dose	One to Two tablets at night
Maximum dose in 24 hours	Two tablets
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Do not use if any suspicion of obstruction.
Additional information	Can cause abdominal cramps. May colour urine yellow/red brown Available as a liquid also as Senokot syrup for those who cannot take tablets. Encourage fluids and fruit/vegetables to aid constipation.
Additional resources	Patient information leaflet / Pharmacist advice

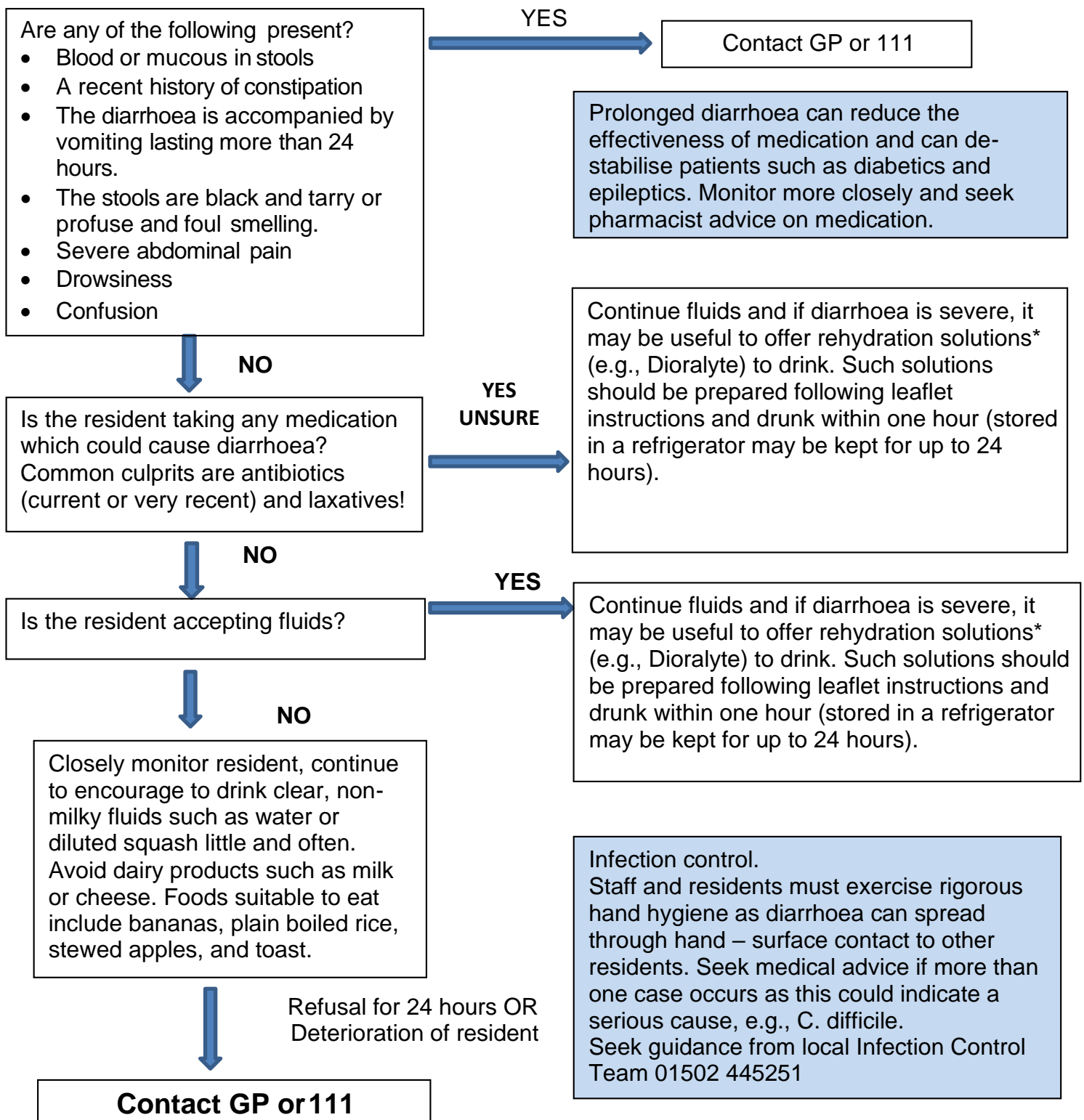
Lactulose Solution

Drug	Lactulose Solution
Indication for use	For relief of constipation
Strength	3.3-3.7g / 5ml
Dose	15ml Twice daily
Maximum dose in 24 hours	30ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Not to be given to lactose intolerant patients. Do not use if any suspicion of obstruction.
Additional information	May take up to 48hours to work. Encourage fluids and fruit/vegetables to aid constipation.
Additional resources	Patient information leaflet / Pharmacist advice

Chart 5

Guidance for treatment of minor ailments with household remedies - DIARRHOEA

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



*Homely remedy-remember that treatment with homely remedies must be recorded on the MAR chart and must not be for **NO MORE THAN 48 hours** without contacting the residents GP. Ensure the next shift is informed about any homely remedies that have been given.

PRODUCTS NAMED IN FLOW CHART 5 – 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 diarrhoea persists for longer than 24 hours GP must be notified.
Cautions	No known 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/Pharmacist advice

Homely remedy-remember that treatment with homely remedies must be recorded on the MAR chart and must not be used for **MORE THAN 48 hours** without contacting the residents GP. Ensure the next shift is informed about any homely remedies that have been given.

Acknowledgments.

Adapted from NHS Bedfordshire “safety of medicines in care homes, homely remedies guide.

British Pain Society and British Geriatrics Society, *Guidance on the assessment of pain in older people, 2007*, <http://www.bgs.org.uk/Publications/Publication%20Downloads/Sep2007PainAssessment.pdf>

Care Quality Commission, <http://www.cqc.org.uk/standards>

Care Quality Commission, 'What providers should do to comply with the Section 2.0 regulations of the Health and Social Care Act 2008' in *Essential Standards of Quality and Safety, March 2010*

Royal Pharmaceutical Society of Great Britain, *The handling of medicines in social care*, <http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf>

Blenkinsopp A, Paxton P, Blenkinson, J. *Symptoms in the pharmacy: A Guide to the Management of Common Illness, 2009, 6th ed. London: Wiley-Blackwell*

Arden and GEM CSU *Best Practice guidance in Homely Remedies*

Homely Remedy Form

Resident Name:	
Date of Birth:	
Care Home:	

I agree that a suitably trained senior person on duty at may administer the medication I have authorised in this form. for the resident above.

This agreement does not remove the requirement for staff involved in the administration of homely remedies to ensure that the medicine to be administered is suitable for the resident’s circumstances at the time of administration.

- Homely Remedies should only be administered in accordance with the manufacturer's directions and only to those residents whose GP, pharmacist, or nurse has agreed to their use. These medicines must not be administered indefinitely, and maximum treatment duration should be agreed for each medication (48 hours unless specified otherwise). If symptoms have not responded to treatment, additional medical advice must be sought.
- Resident allergy status and regular medication list must always be checked before administering a homely remedy.
- Where there is uncertainty surrounding administration of a homely remedy, a healthcare professional should be consulted.
- The administration of homely remedies must be recorded. This should be done on the MAR chart and in the resident’s daily care notes.
- 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. Review recent administrations before giving a homely remedy.

Authorising signature (GP, Pharmacist, Nurse)	
Please print name & role	
Date (valid for 12 months)	

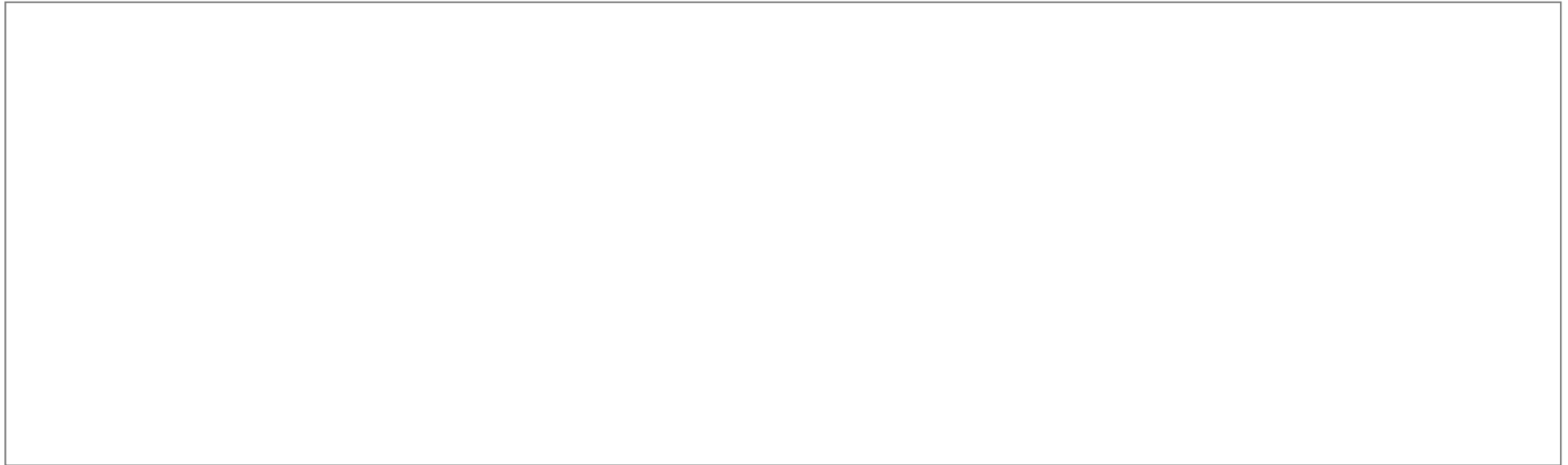
Care Home Manager Signature: _____

A homely remedy should **NOT BE USED FOR LONGER THAN 48 HOURS** without seeking medical attention.

Product	Indication	Adult dose	Maximum daily dose	Additional information <i>(Full information is found in the patient information leaflet for each medicine)</i>	Please indicate which products have been <u>authorised</u> for use. <i>(And any comments)</i>
Gaviscon Advance/ Acidex Advance	For the relief of heartburn or indigestion.	5 – 10 mL after meals and at bedtime	40 mL in divided doses	Sodium and potassium content should be taken into consideration if a highly restricted salt diet is recommended.	
Senna 7.5mg tablets	For the relief of constipation.	1-2 tablets (usually) at night	Two tablets	May colour urine yellow/red brown. Do not use if any suspicion of obstruction.	
Senna syrup 7.5mg/5 mL	For the relief of constipation.	5 – 10 mL (usually) at night	10 mL	Encourage fluids and fruit/vegetables to aid constipation. Can cause stomach cramping.	
Paracetamol 500mg tablets (also caplets & capsules)	For the relief of mild to moderate pain or raised temperature.	≥50kg: 2 tablets every 4 to 6 hours, up to a maximum of 8 in 24 hours. <50kg: 1 tablet every 4 to 6 hours, up to a maximum of 4 in 24 hours.	≥50kg: 8 tablets in divided doses <50kg: 4 tablets in divided doses	Do NOT give with other paracetamol containing products (e.g., co-dydramol, co-codamol, co-proxamol). Check the contents of branded medicines e.g., Lemsip® for paracetamol contents. Not to be given where there is history of liver damage or alcohol abuse.	

Product	Indication	Adult dose	Maximum daily dose	Additional information <i>(Full information is found in the patient information leaflet for each medicine)</i>	Please indicate which products have been <u>authorised</u> for use. <i>(And any comments)</i>
Paracetamol 250mg/5mL oral suspension	For the relief of mild to moderate pain or raised temperature.	<p>≥50kg: 20mL every 4 to 6 hours, up to a maximum of 80mL in 24 hours.</p> <p><50kg: 10mL every 4 to 6 hours, up to a maximum of 40mL in 24 hours.</p>	<p>≥50kg: 80mL in divided doses</p> <p><50kg: 40mL in divided doses</p>	<p>Do NOT give with other paracetamol containing products (e.g., co-dydramol, co-codamol, co-proxamol). Check the contents of branded medicines e.g., Lemsip® for paracetamol contents.</p> <p>Not to be given where there is history of liver damage or alcohol abuse.</p>	
Simple linctus <u>sugar free</u>	For relief of dry irritating cough.	5 – 10 mL up to four times a day (suitable for diabetics as sugar free).	40 mL in divided doses	Not suitable for productive/chesty coughs.	
Lactulose oral solution	For the relief of constipation.	15 mL TWICE daily <i>(Needs 24-48hrs of regular dosing to have desired effect)</i>	30 mL	<p>Not to be given to lactose intolerant patients.</p> <p>Do not use if any suspicion of obstruction.</p> <p>Encourage fluids and fruit/vegetables to aid constipation.</p>	
Oral rehydration sachets e.g., Dioralyte®	For treatment of fluid and electrolyte loss associated with acute diarrhoea.	ONE or TWO reconstituted sachet(s) dissolved in 200mL drinking water after each loose motion.	20 - 40 mL/kg	<p>The solution may be refrigerated for up to twenty-four hours after which it should be discarded.</p> <p>Diarrhoea for over 24 hours warrants GP referral.</p> <p>Refer if dehydration apparent e.g., dry membranes, low urine output, drowsy.</p>	

Additional comments/instructions from GP or Pharmacist:

A large, empty rectangular box with a thin black border, intended for additional comments or instructions from a GP or Pharmacist. The box is currently blank.

Homely Remedy Record Sheet



Name and strength of homely remedy Please use one sheet per product	
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Date obtained	Quantity obtained	Date administered to resident	Name of resident homely remedy administered to	Dose administered to resident	Administered by	Balance	Date, quantity, and expiry date checked by

- NB**
1. Note some products may have a shorter shelf-life once opened, check the manufacturer’s literature. Please clearly record the date of opening on the bottle.
 2. For residents who purchase their own medication(s), these would come under self-care. They should be recorded separately to those purchased and stocked by the care home. Please check self-care medication is suitable for resident to take with prescribed medication with either a GP or pharmacist.

Homely Remedies Staff Signature Sheet

All members of care home staff that are responsible for administering homely remedies should read the Homely Remedy 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. Staff must be deemed competent to do so by the registered manager.

Name	Signature	Initials	Manager authorisation	Date

Homely Remedies – Carer Assessment



Carer Name:	
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I confirm I have read and understood the Homely Remedy policy.

Carer Signature:	
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Date:	
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1. Which medicines may be administered to service users under your Homely Medicines Policy? Include name, indication (use), dose and frequency.

2. What follow up action is needed after administering a medication under the homely remedy protocol?

3. How is the administration of a homely remedy recorded?

4. What must you check before giving a homely remedy to a service user?

5. Which medicines should not be given alongside paracetamol?

6. How long can a service user be administered Homely Remedies before contacting their GP?

7. How are Homely Remedies stored?

Deemed Competent to administer Homely Remedies

Signature of Manager:

Date:

Homely Remedies – Carer Assessment Answer sheet

Carer Name:	
I have read and understood the Homely Remedy policy	
Carer Signature:	
Date:	

1. Which medicines may be administered to service users under your Homely Medicines Policy? Include name, indication (use), dose and frequency.
Confirm answers with the homely remedy agreement signed by appropriate healthcare professional.

2. What follow up action is needed after administering a medication under the homely remedy protocol?
The outcome of administration should always be checked e.g., pain relieved, bowels opened.
 Monitor resident and consider further doses if necessary.

3. How is the administration of a homely remedy recorded?
Administration should be recorded on the back of the MAR chart with a clear date and time.
 The stock/balance sheet should also be completed.

4. What must you check before giving a homely remedy to a service user?
Consent from resident. Confirm symptoms are not serious at this time and do not warrant GP referral. Service user allergies, interacting medicines, previous administrations of homely remedies, current medication regimen, any medical conditions that would prevent use. Patient information leaflet provides more details.
 Consider formulation of medication e.g., liquid or tablet

5. What medicines should not be given alongside paracetamol?
Co-codamol, co-dydramol and co-proxamol.
 Consider cold/flu remedies e.g., Lemsip®, Benylin® which may also contain paracetamol.

6. How long can a service user be administered Homely Remedies before contacting their GP?
48 hours (or as otherwise agreed with GP)

7. How are Homely Remedies stored?
Homely remedies should be stored in a lockable drug room ideally within a lockable cupboard or trolley. Homely remedy stock must be clearly marked as homely remedies and stored away from other medications, ideally a small storage container (lunchbox size) should be used.

A record should be kept of the homely medicines stored in the home; this should contain the amount purchased, who had the homely medication, the amount given and the balance of stock remaining.

Homely remedy stock should be date checked at least every three months. The date of opening should be marked on liquids and creams, these should then be discarded and replaced as advised by the manufacturer's advice on expiry (from date of opening) or following the care home's own policy on expiry of medications.