



Protocol for Homely Remedies

What is a homely remedy?

A homely remedy is a medicine that is usually available at home for short term management of minor conditions. The aim is to encourage care homes to respond quickly and effectively to symptoms of self-limiting ailments. This reduces the burden placed on GPs, community matrons and non-medical prescribers from minor illness which can be resolved quickly and easily whilst putting patient welfare first. *GPs will not be prescribing for minor illness where self-care is appropriate.*

North East Essex CCG suggests that care homes keep a small range of products used to treat minor illness.

- Staff using a Homely Remedies policy require training to ensure competency and a signed list of names should be kept by the home manager
- A suitable record keeping method should be in place for the receipt, administration and disposal of homely remedies.
- Care homes will need to purchase their homely remedies.
- A written document should be kept with each patients care plan or MAR chart stating which Homely Remedies are suitable.
- No medication is given without approval from the local pharmacist.

Administration

All staff must recognise and act within the parameters of safe practice.

The manager is responsible for ensuring adequate training and support is available to staff involved in the administration of homely medicines.

1. A trained member of staff assesses the resident's symptoms and their duration.
2. Phone your usual pharmacy supplier Pharmacist and discuss the best course of action.
3. Staff member confirms all current medication on MAR chart with the usual pharmacy supplier.
4. Record pharmacist's name, registration no: and recommendations on the MAR chart.
5. Pharmacist should record medication recommendations on the patient's computer PMR.

Treatment should not exceed 48/72 hours; (clarify length of time with pharmacist) if symptoms still persist the GP should be contacted. If symptoms worsen during treatment or you have any concerns you should contact the GP or out of hours service immediately for further advice.

When a member of staff is administering a homely remedy or non-prescription item accurate records must be kept in the care plan and on the patients MAR chart to ensure the homely remedy is administered at the appropriate intervals. The records must contain:



- The resident's reason for needing the homely remedy (signs and symptoms),
- The resident's consent to receiving the medication.
- Name of the pharmacy, pharmacist and their registration number.
- Name of drug given.
- Dosage, strength, formulation given.
- Time administered.
- Date and signature of the carer.

Storage

Homely Remedies can be stored in the same cupboard as other medication; however they should be placed in a separate box or basket in original packaging with any information leaflets. It should be clearly labelled as "Homely Remedies" showing they are not resident specific and at all times kept separate from residents' medication.

Care homes should not store excessive quantities of homely remedies; an audit trail should be kept recording the purchase, administration and disposal of homely remedies. This should be checked monthly to ensure there is a sufficient supply of homely remedies available. Check expiry dates and the running stock balance is accurate and all medication is accounted for.

Homely remedies purchased by patient or relative

If a resident or relative wants to purchase their own homely remedy, the relevant staff should be informed and the medicine should be kept in a safe place. This should be kept separate from other homely remedies. The local Pharmacist should be contacted to check for potential interactions with prescribed medication and other contraindications.

Can we use a different homely remedy list?

This homely remedy list serves as a guideline for care homes in North East Essex. If individual care homes wish to use alternative medication this should be discussed with the residents GP and Pharmacist then documented accordingly before use in the care home.



Indication	Product	Adult dose	Additional information	Possible side effects
For the relief of heartburn or indigestion	Alginate oral suspension	10 -20 mls after meals and at bedtime	Avoid taking at the same time as other medication as it may impair the absorption	Constipation, flatulence, stomach cramps, belching
For the relief of constipation	Senna 7.5mg or	2 – 4 tablets (usually) at night	Laxatives should not be taken where there is severe abdominal pain or used regularly for prolonged periods except on medical advice May colour urine	Nausea and vomiting, abdominal cramps, diarrhoea
	Bisacodyl tablets or	1-2 tablets at night		
	Senna syrup	10 – 20mls (usually) at night		
For the relief of mild to moderate pain or raised temperature	Paracetamol 500mg tablets (also caplets & capsules) or	1 or 2 tablets every 4 to 6 hours, up to a maximum of 8 in 24 hours	Do not give with other paracetamol containing products. If body weight < 50kg, dose should be reduced to one tablet up to four times a day	On rare occasions a rash may present
	Paracetamol 250mg/5ml oral suspension	10 – 20mls every 4 – 6 hours, maximum of 4 doses in 24 hours		
For dry irritating cough	Simple linctus sugar free or	5 – 10 mls up to 4 times a day (suitable for diabetics)	Not suitable for productive coughs. Do not use more than one preparation at the same time. Drink plenty of fluids	Drowsiness, nausea, vomiting, constipation
	Pholcodine linctus SF			
For treatment of fluid and electrolyte loss associated with acute diarrhoea	Oral rehydration sachets	One or two reconstituted sachet(s) after each loose motion	The solution may be refrigerated for up to 24 hours after which it should be discarded. It should be clearly marked with the resident's name, date and time prepared. If vomiting present, then take in small, frequent sips	

For variable doses, document the exact amount given, i.e. whether one or two tablets has been administered.



Homely Remedy stock recording example

Name.....*Hall House*..... (Care home)

Example: Accountability log for ...*Paracetamol 500mg tablets*..... (Name of Homely Remedy)

Notes	Date and time	Resident	Quantity received in	Quantity given	Quantity left in stock	Staff signature
<i>Quantity received / carried forward</i>	<i>3/4/10 2pm</i>	<i>N/A</i>	<i>32</i>	<i>N/A</i>	<i>32</i>	<i>as</i>
	<i>14/4/10 9am</i>	<i>A Patient</i>	<i>N/A</i>	<i>2</i>	<i>30</i>	<i>as</i>
	<i>14/4/10 4pm</i>	<i>A Patient</i>	<i>N/A</i>	<i>2</i>	<i>28</i>	<i>BM</i>
	<i>28/4/10 8pm</i>	<i>J Bed</i>	<i>N/A</i>	<i>2</i>	<i>26</i>	<i>TC</i>
<i>Stock check</i>	<i>1/5/10 9pm</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>26</i>	<i>as</i>



MAR sheet recording example

		Week 1 1 st January 2016							Week 2							Week 3							Week 4						
	Commencing	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Medication	Dose time																												
Aspirin Tabs 75mg One tablet to be taken each Morning	08.00 1	as	as	as	R	as	TG	as	as																				
	12.00																												
	16.00																												
	20.00																												
Sig	Quantity 28	Date Balance carried forward returned																											
Commenced 09.10.14	Route O																												
Ramipril 10mg caps One capsule to be taken at Night	08.00																												
	12.00																												
	16.00																												
	20.00 1	TG	as	as	R	as	TG	as	R																				
Sig	Quantity 28	Date Balance carried forward returned																											
Commenced 12.11.15	Route O																												
<i>Senna 7.5mg tablets Take Two tablets at night for constipation.</i>																													
	20.00 2																												
Homely Remedy																													
Advised by S Pill - Pharmacist Reg No: 765430, 05.01.16 11.05 am																													
Sig as/SD	quantity	Date Balance carried forward returned																											
Commenced 05.01.16	Route Oral																												

This policy is intended for use in care homes to reduce the delay in treating residents with minor ailments and support how residents would treat themselves if they were able. Care homes should seek advice from a pharmacist in the first instance before administering any of the agreed list of remedies and ensure robust recording procedures are in place. The pharmacist should be consulted before the start of each new episode of treatment to determine the best course of action for each resident.

This document supports the NEECCG self-care policy and self-care patient leaflet <http://www.neessexccg.nhs.uk/Library/Prescribing%20Information.html> and NICE guidance recommendations for care homes <https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations>