



Regional Medicines Optimisation Committee

POL048 - Homely Remedy Template Policy

For use in Care Homes by adults

November 2018

Background

This policy ensures that if homely remedies are used within a care home, then staff are aware of the circumstances of when appropriate administration can be made, and who can administer. The policy should be used as a framework to ensure the provision of safe and timely treatments for commonly presented minor conditions. This policy does not remove the need to seek additional medical advice where there is doubt or concern about the condition being treated.

Definitions used:

- Homely remedy—a non-prescription medicine that a care home can purchase over-the-counter (i.e. the medicines are owned by the care home) for the use of its residents
- Self-care—self-care or self-management is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with a care provider.
- Minor conditions—self-limiting minor health problems such as headache, toothache, occasional diarrhoea, symptoms of a cold, sore throat.

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), and from the National Care Forum ([Safety of Medicines in Care Homes: Homely Remedies Guide](#), 2013) have been taken into account. The RMOC recognises the value of the flow charts issued by the National Care Forum which provides specific decision making tools for minor conditions.

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

Suitability

Each resident must be assessed individually for suitability for each remedy. This should include the medicine itself, and also the indication for which it will be used. It is recommended that this should be done using the 'Homely Remedies Authorisation Sheet' (**Appendix 1**). This authorisation can take place by a healthcare professional such as a GP, Pharmacist (from the care home or community) or the care home nurse. If the care home nurse has any doubt or concern about the safety or appropriateness of these medicines, then they should seek advice from the GP or pharmacist.

When authorising the homely remedy it should be taken into account what medicines are already prescribed for that resident, and what medicines they may be taking over-the-counter. For example paracetamol should **not** be given as a homely remedy if a resident is already receiving prescribed paracetamol or paracetamol-containing products. Other factors such as weight, kidney or liver function, medical and drug history, should be taken into account. Consideration should also be given to any increased risk of adverse reactions and interactions with the prescribed medication.

If a medication which is included on the homely remedy list has been prescribed and dispensed for a resident, it cannot be used as homely remedy stock, and must not be given to any other resident.

The 'Homely Remedies Authorisation Sheet' should ideally be completed for the resident in advance of any remedies being required. However, remedies can also be authorised at the time of need. Any advice given by a healthcare professional must be clearly documented. This information should be kept with the Medicines Administration Record (MAR) charts so it is accessible to the staff administering medication.

Homely remedies should be administered for a limited amount of time. 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. Additional medical advice must be sought (e.g. from a GP, pharmacist, or NHS 111) if the condition deteriorates or symptoms have not responded.

The Homely Remedies Authorisation sheet should be kept either with the resident's care plan or with their current MAR chart. It should be reviewed at least annually, and ideally at the medication review or care plan review, unless a change in circumstances or medicines prescribed indicates that there is a need for a review sooner.

Choice of medicine

The Homely Remedies Policy should contain a list of medicines which the care home will stock, in order to be responsive to minor conditions. Consideration should be given for stocking medicines from the following groups. The specific medications should be listed within the policy:

- Analgesics
- indigestion remedies
- constipation remedies
- remedies for diarrhoea
- cough remedies
- topical preparations for minor skin conditions

Only those items which have been agreed to be kept, and listed in the Homely Remedies Policy, can be administered. Any deviations from this list need to be approved by a healthcare professional.

Residents (or their representatives) may bring in over-the-counter medicines for self-administration. The care home staff must be made aware of any medicines entering the care home and authorisation of use must be given. The medicine should be labelled by the care home for that particular resident, and should not be used for other residents.

Administration

All care home staff who are appropriately trained (refer to NICE Guidance [SC1](#) Managing Medicines in Care Homes, March 2014) and can give homely remedies to residents should be named; see 'Homely Remedies Staff Signature Sheet' (**Appendix 2**). Care home staff should sign to confirm that they understand the Homely Remedies Policy, are competent to administer homely remedies, and to acknowledge that they will be accountable for their actions.

The decision to administer a homely remedy can only be made by appropriately trained care home staff, who must establish the following:

- the resident has no potentially serious symptoms
- there have been no changes to the medication or the person's health since the homely remedies authorisation sheet was last reviewed.
- allergy status
- what the resident has used in the past for these symptoms
- whether the resident has any difficulties swallowing
- the resident is aware that the medicine is not prescribed and has given their consent, or a 'best interests decision' is in place

If there are any additional concerns about potential interactions or contra-indications, or if there is any other uncertainty, additional medical advice should be sought.

The administration of a homely remedy must be clearly entered on the residents MAR chart and in their care plan. The entry on the MAR chart must be clearly marked 'homely remedy' as well as documenting the following:

- name, strength, and form of the medicine
- dose and frequency
- reason for use (can alternatively be documented in the care plan)
- date and time administered
- signature of the staff member administering the medication.
[note it is good practice to obtain a second signature for checking administration]

The dose administered must not exceed the dose detailed on the individual resident's 'Homely Remedies Authorisation Sheet' (**Appendix 1**).

It is important to maintain an audit trail for each homely remedy by also completing the relevant sections of the 'Homely Remedy Record Sheet' (**Appendix 3**) for the medicine being administered. This is in addition to recording the details on the residents MAR chart and care plan.

As good practice, it is also useful to have pertinent information about the homely remedy, which can be kept with the Homely Remedy Record Sheet, so that this information can be easily accessed. Paracetamol is given as an example of this (**Appendix 4**). The patient information leaflet or product packaging can also be referred to.

If the resident self-administers their medicines, the relevant care home policy regarding self-administration should include the provision and administration of homely remedies. Homely remedies should be supplied in their original packaging together with the patient information leaflet.

Effectiveness

Staff should regularly check with the resident that the homely remedy is effective/relieving symptoms. Further doses should be administered as necessary, treatment stopped, or additional advice sought, depending on how the resident is responding.

Adverse Reactions

In the rare event of an adverse reaction, the GP or pharmacist must be informed. If a life threatening adverse reaction occurs then, if appropriate, emergency treatment must be carried out by trained staff. The resident must also be immediately referred to the nearest Emergency Department.

Receipt and Storage of Homely Remedies into the Care Home

Homely remedies must be supplied and retained in their original packaging. The receipt of each homely remedy should be recorded on the 'Homely Remedies Record Sheet' (**Appendix 3**) for that medicine.

A running balance of the stock must be maintained at all times, being checked regularly and stocks replenished as required. During the stock check, staff must check the expiry dates of the medication. For liquids and creams the date the product was opened must be marked on the container. Opened liquids and creams should be discarded according to the time frame given by the manufacturer, or the local medicines policy.

It is important that homely remedies are stored separately from prescribed medication. This could be the same location as other medicines, but the homely remedies must be separated and marked as homely remedies. Homely remedies must be stored in a locked cupboard and kept at a suitable temperature. Access to homely remedies should be restricted to staff with designated medicines management responsibilities.

Disposal of Homely Remedies

Homely remedies must be disposed of when they are no longer fit for purpose and/or are out of date, in accordance with the care homes disposal of medicines procedure. The disposal of homely remedies should be recorded on the 'Homely Remedies Record Sheet' (**Appendix 3**) for that particular medicine.

Summary of documentation advised

- Care Home Policy for Homely Remedies
- Self-administration policy to include the provision and administration of homely remedies
- Homely Remedies Authorisation Sheet for each individual resident (**Appendix 1**) detailing what each resident can have.
- Homely Remedies Staff Signature Sheet' (**Appendix 2**) detailing who can administer homely remedies.
- Homely Remedy Record Sheet (**Appendix 3**) to be completed each time a homely remedy is received, administered, or disposed of.
- Disposal of Medicines Procedure, to include the disposal of homely remedies.
- Medicines information about the homely remedy (**Appendix 4**) so that this can be accessed easily and quickly
- Flow charts for each minor condition (refer to the National Care Forum [Safety of Medicines in Care Homes: Homely Remedies Guide](#), 2013)

Disclaimer

- Responsibility for ensuring all homely remedies documentation and training is up to date lies with the lead person for medicines management within the care home.
- Responsibility that homely remedies are reviewed regularly lies with the lead person for medicines management within the care home.
- This policy has been written to support decision making and provide assurance regarding dealing with minor conditions. However, it cannot address individual situations, and if there is any concern or doubt, additional advice should be sought, e.g. from the GP, pharmacist, or NHS 111.

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Correct at time of publication. Review date: November 2021



Appendix 1

Example Homely Remedies Authorisation Sheet

Resident Name:

Resident Date of Birth:

Care Home:

NHS number:.....

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

- Homely Remedies should only be administered in accordance with the manufacturer's directions and only to those residents whose GP, pharmacist, or nurse has agreed to their use. The signed 'Homely Remedies Authorisation Sheet' should be kept in the **individual** resident's medication profile. These medicines must not be administered indefinitely and maximum treatment duration should be agreed for each medication (generally 48 hours). If symptoms have not responded to treatment, additional medical advice must be sought.
- The administration of homely remedies must be recorded. This should ideally be done in both the MAR chart and the resident's care plan.
- It is important to maintain an audit trail for each homely remedy by additionally completing the relevant sections of 'Homely Remedy Record Sheet' for the medicine being administered.
- Homely remedies should be reviewed at least annually, and ideally at the medication review or care plan review, unless a change in circumstances indicates the need for a review sooner.

I authorise the use of the following homely remedies (delete/add as appropriate) to the named resident:

Example chart:

Minor condition requiring treatment	Drug/ Medicine	Maximum dose to be taken at one time	Directions (including maximum daily dose)	Maximum duration of treatment before seeking advice
Pain relief for mild to moderate pain &/or fever	Paracetamol 500mg tablets/soluble tablets OR Paracetamol sugar free suspension 250mg/5ml	Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension)	Four to six hours between doses, up to 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
Constipation	Senna 7.5mg tablets or 7.5mg/5ml syrup	One to two tablets or one to two 5ml spoonfuls of syrup	Once a day—usually at Bedtime	48 hours
Diarrhoea	Oral rehydration sachets	One sachet reconstituted according to manufacturer's product information	To be given after each loose stool. Do NOT exceed dose recommended in manufacturer's product information	Up to 24 hours if refusing to drink
Indigestion/ Heartburn	Gaviscon Advance Suspension	One to Two 5ml spoonfuls	After meals & at bedtime. Maximum four times daily.	48 hours

Name:

Place of Work:

Date:

.....

Signature:.....

Designation:.....



Appendix 2

Example 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.

Name	Signature	Initials	Manager authorisation	Date



PARACETAMOL

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Paracetamol 500mg tablets Paracetamol 500mg soluble tablets Paracetamol 250mg/5ml sugar free suspension
Indication <i>(when it can be used)</i>	For the relief of mild to moderate pain and/or fever
Route	Oral
Dose	Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension)
Frequency	Four to six hours between doses, up to maximum FOUR doses in 24 hours
Maximum dose in <u>24 hours</u>	Over 50kg: 4g (eight 500mg tablets or 80ml of 250mg/5ml suspension) Under 50kg: 2g (four 500mg tablets or 40ml of 250mg/5ml suspension)
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Do NOT give in these circumstances	If the resident is already receiving prescribed paracetamol or other medications containing paracetamol (e.g. co-codamol, co-dydramol, Solpadol, Zapain, Remedeine etc) Paracetamol intolerance Alcohol dependence Liver impairment/disease or any investigation of the liver Severe kidney impairment Hypersensitivity to any components of the preparation
Warnings/Adverse reactions (see product information for full details)	Rashes, blood disorders, liver damage following overdose