



Good Practice Guidance 5: Homely Remedies

Definition

A homely remedy is a medicinal product used to treat minor ailments; it is purchased over the counter and does not require a prescription. These homely remedy products are kept in the home to allow access to products that would commonly be available in any household.

Purpose of the guidance

This guidance is to support care homes that keep homely remedies to develop a homely remedies policy and process.

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
- The maximum daily dose
- Where any administration should be recorded, such as on the medicines administration record (MAR)
- How long the medicine or product should be used before referring the resident to the GP

Care home staff that gives non-prescription medicines or other over-the-counter products (homely remedies) to residents should be named in the homely remedies process. They should sign the process to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions.

Key Points

Administration:

- Administration of a homely remedy must only be undertaken by a trained nurse or care staff who has undertaken the appropriate medication training
- Only trained staff named in the homely remedy policy can administer homely remedies
- Staff who are suitably trained should sign the homely remedy policy to confirm they have the relevant skills to administer these medicines
- Only the named products listed in the policy can be administered in accordance with the manufacturer's directions
- The supplying community pharmacist may be approached to provide advice on uses, doses and possible interactions with prescribed medicines

Duration:

- Homely remedies should **not** be used for more than **48 hours** without consulting the residents' GP. (24 hours for diarrhoea)

Record Keeping:

- It is good practice to keep a record of homely remedies administered to residents in order to monitor the usage - ideally in a separate book with a running balance and expiry date for each homely remedy
- Details of the homely remedy administered should be recorded on the reverse of the medicines administration record (MAR) chart; this record should include drug, dose, time, date, who administered & reason for administration
- It is also recommended that an entry is made in the care plan of the resident detailing the assessment, homely remedy administered and outcome

Purchase and storage of homely remedies:

- Only stock purchased by the care home for administration under the homely remedies policy may be used
- Homely remedies should be stored in the medicines room or cupboard - **clearly separated from prescribed medicines and labelled as 'Homely Remedies'**
- The contents of the homely remedy cupboard should be date checked at least every 6 months
- The date of opening should be marked on liquid medicines which should be replaced as advised by the manufacturer or local guidelines

Things to avoid:

- Do not use named resident's medication as a homely remedy
- Do not use homely remedies for care staff
- Dressings and items for first-aid, vitamins or herbal remedies are **NOT** classed as homely remedies
- No products requiring invasive administration (e.g. suppositories) may be included and it is not appropriate to include products that take up to 48 hours to work (e.g. lactulose)
- If there is ANY doubts as to whether a homely remedy is suitable for a resident contact the GP or supplying community pharmacist
- Homely remedies should not be requested on prescription from GP or medical prescriber

Care home manager responsibilities:

- Ensure there is a policy that lists which homely remedies will be used, the maximum period of their use, their purchase, receipt, administration, storage, record keeping and disposal
- Care home staff must be able to refer to the homely remedies policy at all times
- All staff, residents and their relatives should be aware of the care home policy on the use of homely remedies
- Ensure adequate records are kept of the purchase, receipt, administration, storage, record keeping and disposal of homely remedies
- When residents' are admitted to the home it is good practice to discuss medicines including homely remedies with the resident and their family
- Discuss the use of homely remedies with the residents' GP
- The list of homely remedies should be agreed between the care home and residents' GP
A suggested list of homely remedies is included at the end of this guidance (Appendix 1)

Purchase of homely remedy by resident or friend/relative*

- Residents or relatives may bring in their own homely remedies which have been approved by their own GP. These are not for general use in the home and must remain specific to that resident
- These medicines should be counted into the home and administered and recorded in the same way as all other medication on a MAR chart
- A GP may 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 written by the GP in the individual care plan (or faxed) and only apply to the individual named

** Information from: Safety of Medicines in Care Homes – Homely remedies guide*

Adverse Reactions

- In the rare event of any adverse reaction, the resident's GP must be informed immediately.

Disposal of Homely Remedies

- Disposal of homely remedies should be in the same way as other medications within the care home.

References:

- Safety of Medicines in Care Homes, Homely remedies guide: For local adaption to fit within individual care home medication policies
www.nationalcareforum.org.uk/medsafetyresources.asp
- Managing Medicines in Care homes: NICE SC1:2014 <http://publications.nice.org.uk/managing-medicines-in-care-homes-sc1>
- Good Practice Guidance 2: The use of Homely Remedies (non-prescribed medication), Berkshire east, Version 1, Oct 2012
- Homely Remedies Policy NHS Buckinghamshire 2012

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Appendix 1: Approved List of Homely Remedies for use within Chiltern & Aylesbury CCG

(To be read in conjunction with Homely Remedies – Good Practice Guidance)

Minor Ailment	Homely Remedy	Adult Dose	Maximum Daily Dose	Contra-indications	Special Precautions
Mild pain e.g. headache, raised temperature, common cold	Paracetamol 500mg tablets/caplets or Paracetamol sugar- free liquid 250mg/5ml	0.5 - 1 gram (1 - 2 tablets) every 4 - 6 hours or 10 – 20ml of the liquid up to four times a day leaving at least 4 hours between doses	8 tablets (4 grams) or 80ml (4 grams) of the liquid	Liver damage. Renal impairment. Alcohol dependence	DO NOT give to residents already taking Paracetamol containing products eg: Co-codamol (includes Codipar®, Kapake®, Tylex®, Solpadol®, Zapain®, Tylex®, Medocodene®, Solpadeine®), Co-dydramol (includes Remedeine®), Paracetamol with tramadol (Tramacet®)
Indigestion	Peptac® Liquid	10-20ml after meals and at bedtime	80ml	Consult doctor if patient is on a low salt diet	
Constipation	Senna tablets or syrup	2 tablets at night or 10ml at night	2 tablets / 10ml	Bowel obstruction diverticulitis, IBS or haemorrhoids. Consult doctor if laxative already prescribed	Do not give if abdominal (tummy) pain is present Make sure the resident drinks plenty of water or juice or tea or coffee etc. eats cereals, fruits, etc. and moves about the home if possible.
Diarrhoea	Rehydration sachets e.g. Dioralyte® Dioralyte® Relief Electrolade®	One sachet reconstituted in 200ml of water	Repeat as required	There are no known contraindications to oral Rehydration salts	Discard any unused solution no later than 1 hour after preparation. Make sure the resident drinks plenty of water or juice or tea or coffee etc. If there is blood in the diarrhoea a doctor should be notified as soon as possible Consult doctor if patient is diabetic or on a low salt diet. Contact GP after 24 hours if symptoms persist.
Cough			There is no evidence cough medicines help; we recommend giving hot drinks regularly		

List agreed: GP Name: _____ GP Signature: _____ Date _____

Name of Resident _____

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The Chiltern & Aylesbury CCG does not accept any responsibility in identifying any individual patient's contraindications (including allergy) within this document