



Homely Remedies Guide

Adapted from National Care Forum Homely Remedies Guide

Approved by: Wirral Medicines Management Committee

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Contents

Principles of managing the use of homely remedies	3
What is a homely remedy?	3
Why stock homely remedies?	4
Recommendations	4
Managing homely remedies	5
Administration	5
Storage	5
Process	5
Record keeping	6
Adverse reaction	6
Audit	6
Disposal	6
Review	6
Resident purchases of his/her own supply of OTC medicines.	7
Chart 1	8
Indigestion/Heartburn	8
Homely Remedies for the management of Indigestion/Heartburn	9
Chart 2	11
Pain such as headache	11
Homely remedies for the management of Pain	12
Chart 3	14
Cough	14
Homely Remedies for the management of Cough	15
Chart 4	16
Constipation	16
Homely remedies for the management of Constipation	18
Chart 5	20
Diarrhoea	20
Homely Remedies for the Management of Diarrhoea	21
Chart 6	22
Minor Skin Problems	22
Homely Remedies for the management of Minor Skin Problems	24
Appendix 1: Homely remedy agreement form	27
Appendix 2 Record of homely remedies and audit sheet	29
Appendix 3 Medication administration record chart for homely remedies	30
REFERENCES	31
Notes	31

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 are able to respond in a timely way and help the resident to feel well. Many people living in their own home purchase remedies from the chemist 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 setting, which is their own home, we now refer to this approach as using 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. These homely remedy products are kept in the home to allow access to products that would commonly be available in any household.

Homely remedies fall into two legal categories: general sales list (GSL), 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 also be prescribed for service users at the discretion of the resident's GP in line with local Self Care agreement. 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 good practice on admission to discuss health needs and medicines with the resident and their family. This should also include the use of homely remedies. Residents and their families should always be involved in these discussions and the resident's consent should always be sought. 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 advised that the manager discuss the use of homely remedies with the resident's own GP. An agreement is made on the particular medicines and the length of time they can be given without recourse back to the GP. If the GP or a healthcare professional deems the resident as unsuitable for treatment with any of the homely remedies or decides that their clinical condition warrants early escalation rather than management with the homely remedy, this should be noted in their care plan. The care plan should therefore be consulted before giving a homely remedy to any patient.

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. They should be counted into the home and administered and recorded in the same way as all other medication on a Medication Administration Record (MAR) sheet.

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/emailed) and only apply to the individual named.

Why stock homely remedies?

The Care Quality Commission agrees that a small range of products may be kept as 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

- Use only stock purchased by the care home for administration under the homely remedies policy.
- 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), brought in by the resident, or recommended solely for a particular resident must not be given to another service user as a homely remedy.
- All administered doses of homely remedies must be recorded and indicated as a homely remedy on the MAR sheet or other medication recording documents in accordance with the medicines policy in the home.

Managing homely remedies

Administration

This guidance helps to clarify the actions required by the senior staff of the home who are responsible for the administration of medicines. All staff must recognise and act within the parameters of safe practice. NICE guidance states:

“Care home staff who give 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.” [1]

Accountability for updating knowledge of homely remedies will lie with the lead person for the management of medication within the home; this is usually the manager, deputy or lead nurse. The manager is responsible for ensuring that appropriate training and support is made available to all staff involved in the administration of medicines.

Administration of homely remedies should be limited to a period of 48 hours (except emollients) and should be given in accordance with the patient information leaflet for each product. Any further doses required after the initial 48 hour period will necessitate discussion with GP to re-assess the patient’s condition.

Storage

Homely remedies should be stored in the same location as all other medication but designated clearly to show they are not resident specific.

The contents of the homely remedies cupboard should be date checked at least every month. The date of opening should be marked on liquid medicines which should then be replaced as advised by the manufacturer.

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 stocked medication appropriately. Homes, individual residents or families may need to purchase the homely remedy. 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:

- 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 that the medicine is not prescribed, but it has been agreed with the GP
- 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 license guidelines, for a maximum of 48 hours. If symptoms persist then a referral should be made to the GP. NHS111 or 999 should be contacted sooner where deemed appropriate as per clinical need.

Record keeping

The carer/nurse will clearly record details of the assessment, homely remedy administered and outcome in the resident's care plans. The name of drug, dose, time, date, administered by and reason for administration should be recorded at the back of the MAR sheet or in the Medication Administration Record Chart for Homely Remedies (see appendix 3).

Adverse reaction

In the rare event of any adverse reactions, the GP must be informed immediately.

The yellow card adverse drug reaction reporting scheme is a voluntary scheme through which doctors notify suspected adverse reactions to medicines. It is for the GP to decide, following discussions with the senior staff/nurse, whether to submit a yellow card to the Medicines Control Agency/Committee on Safety of Medicines.

In the event of a serious life threatening adverse reaction the nurse/carer will carry out emergency treatment and call 999 for further support.

Audit

The balance and expiry dates of the homely remedies must be checked regularly. It is good practice to check these monthly. Note that some products may have a shorter shelf-life once opened; check the manufacturer's literature.

Disposal

Expired stock should be disposed of in line with the care home's policy on the disposal of medication.

Review

- The resident should be reviewed if the homely remedy is required beyond the agreed period, usually 48 hours (or 24 hours if symptoms of diarrhoea are

present and fluid intake is poor), or sooner if clinically indicated.

- If the resident is not examined by the GP but it has been agreed that treatment should continue, the GP should confirm this in writing (e.g. fax or email).

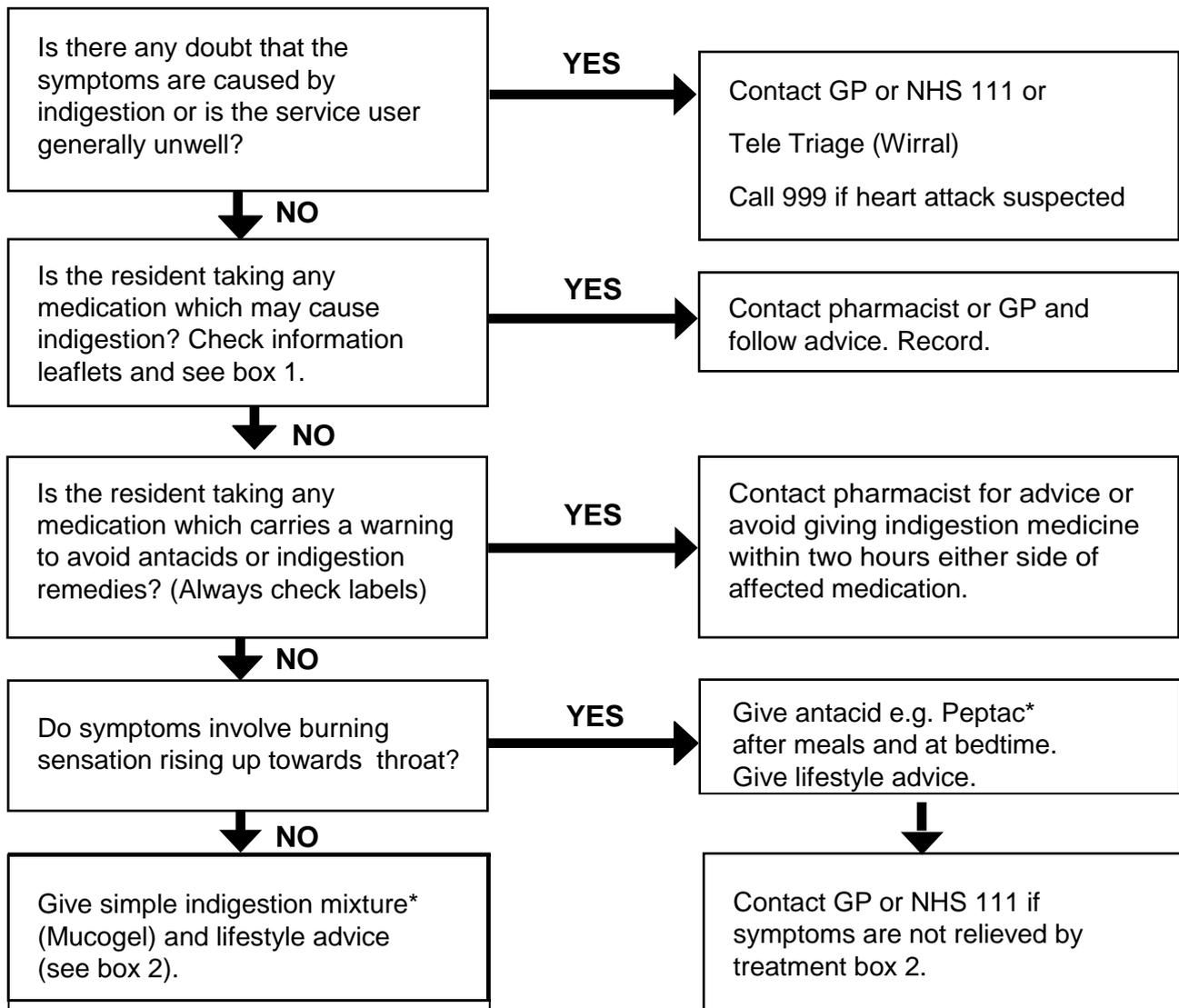
Resident purchases of his/her own supply of OTC medicines.

- OTC medicines are those which can be purchased over the counter, in a pharmacy or other retail outlet.
- Residents and their relatives should be encouraged to inform staff of all these medicines entering the home.
- The safety, storage and recording issues must be discussed and explained, but without invading the patient's privacy.
- The use of such medicines is outside the scope of this guidance and separate policies should be developed by the home in conjunction with the GP and community pharmacist (refer to local Self Care policy).

Chart 1

Indigestion/Heartburn

Indigestion is experienced as discomfort, or a burning pain in the central chest region. When this burning rises up towards the throat it is referred to as heartburn. Flow chart for use when resident has mild pain only. All cases of severe pain must be referred immediately.



Treatment box 1

Some medicines that commonly cause indigestion:

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

Treatment box 2:

Lifestyle advice

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

* Homely remedy - Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

Homely Remedies for the management of Indigestion/Heartburn

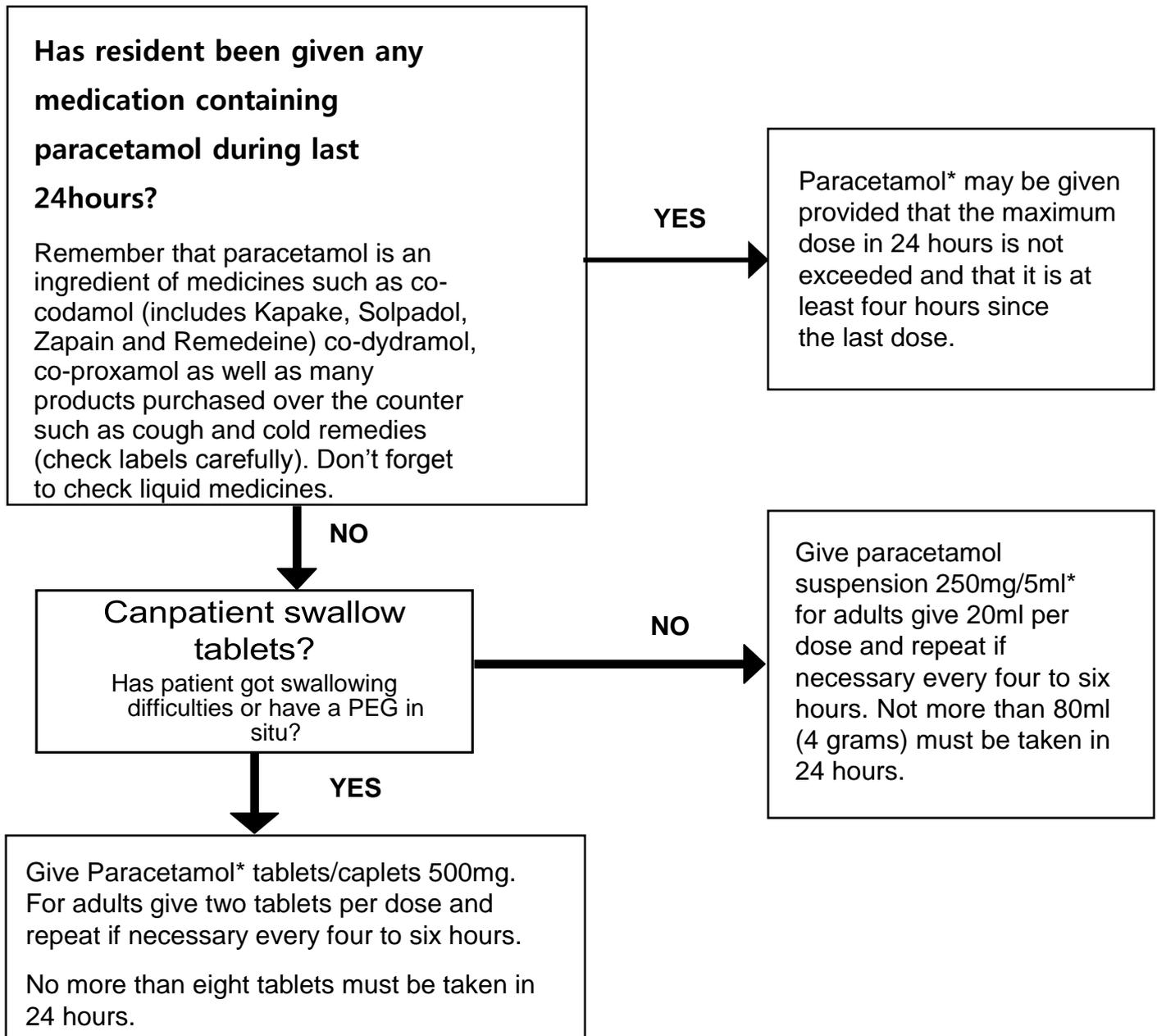
Drug	Antacid e.g. Peptac Suspension
Indication for use	Heartburn and indigestion
Excluded patients	i. Any patient who might be suffering from something other than simple indigestion e.g. heart pain or severe abdominal pain; patients with recurrent/persistent symptoms; patients taking regular NSAID or aspirin or if vomiting or weight loss are present should be immediately referred to the GP ii. Patients already prescribed medicines for heartburn/indigestion e.g. Gaviscon suspension
Strength	N/A
Dose	10 ml up to four times a day, after meals and at bedtime. Can increase dose to 20ml if symptoms not resolved.
Maximum dose in 24 hours	80ml in divided doses
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Contains sodium (6.2mmol in 10mls). Use with caution in hypertensive patients or where sodium restriction is indicated or on a low salt diet. Do not administer at the same time as other medicines as it may impair their absorption. Examples: Lansoprazole, Gabapentin, Enteric coated tablets and certain antibiotics e.g. tetracyclines (like doxycycline), ciprofloxacin etc. Always check the labels. Leave at least 2 hours between doses.
Additional information	Shake well before use Sugar free so suitable for diabetics Record date of opening on the bottle
Additional resources	BNF https://www.medicinescomplete.com/mc/bnf/current/

Drug	Mucogel (co-magaldrox)
Indication for use	Heartburn and gastric hyperacidity
Excluded patients	<p>i. Any patient who might be suffering from something other than simple indigestion e.g. heart pain or severe abdominal pain; patients with recurrent/persistent symptoms; patients taking regular NSAID or aspirin or if vomiting or weight loss are present should be immediately referred to the GP</p> <p>ii. Patients already prescribed medicines for heartburn/indigestion eg Peptac suspension</p>
Strength	N/A combination product
Dose	<p>10ml three times daily 20 minutes to one hour after meals, and at bedtime or as required.</p> <p>Can increase dose to 20ml if symptoms not resolved.</p>
Maximum dose in 24 hours	100ml daily
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	<p>Use with caution in patients who are severely debilitated or suffering from kidney failure.</p> <p>Do not administer at the same time as other medicines as it may impair their absorption. Examples: Lansoprazole, Gabapentin, Enteric coated tablets and certain antibiotics e.g. tetracyclines (like doxycycline), ciprofloxacin etc. Always check the labels. Leave at least 2 hours between doses.</p>
Additional Information	<p>Shake well before use</p> <p>Sugar free so suitable for diabetics</p> <p>Record date of opening on the bottle</p> <p>Must be discarded 28 days after opening</p>
References	<p>BNF https://www.medicinescomplete.com/mc/bnf/current/</p> <p>Patient leaflet http://www.medicines.org.uk</p>

Chart 2

Pain such as headache

Flow chart for use when service user has mild pain only. All cases of sudden onset severe pain must be referred.



Communication of pain is not just verbal. Look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character. Use a scoring system where possible e.g. Abbey pain scale

* Homely remedy - Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

Homely remedies for the management of Pain

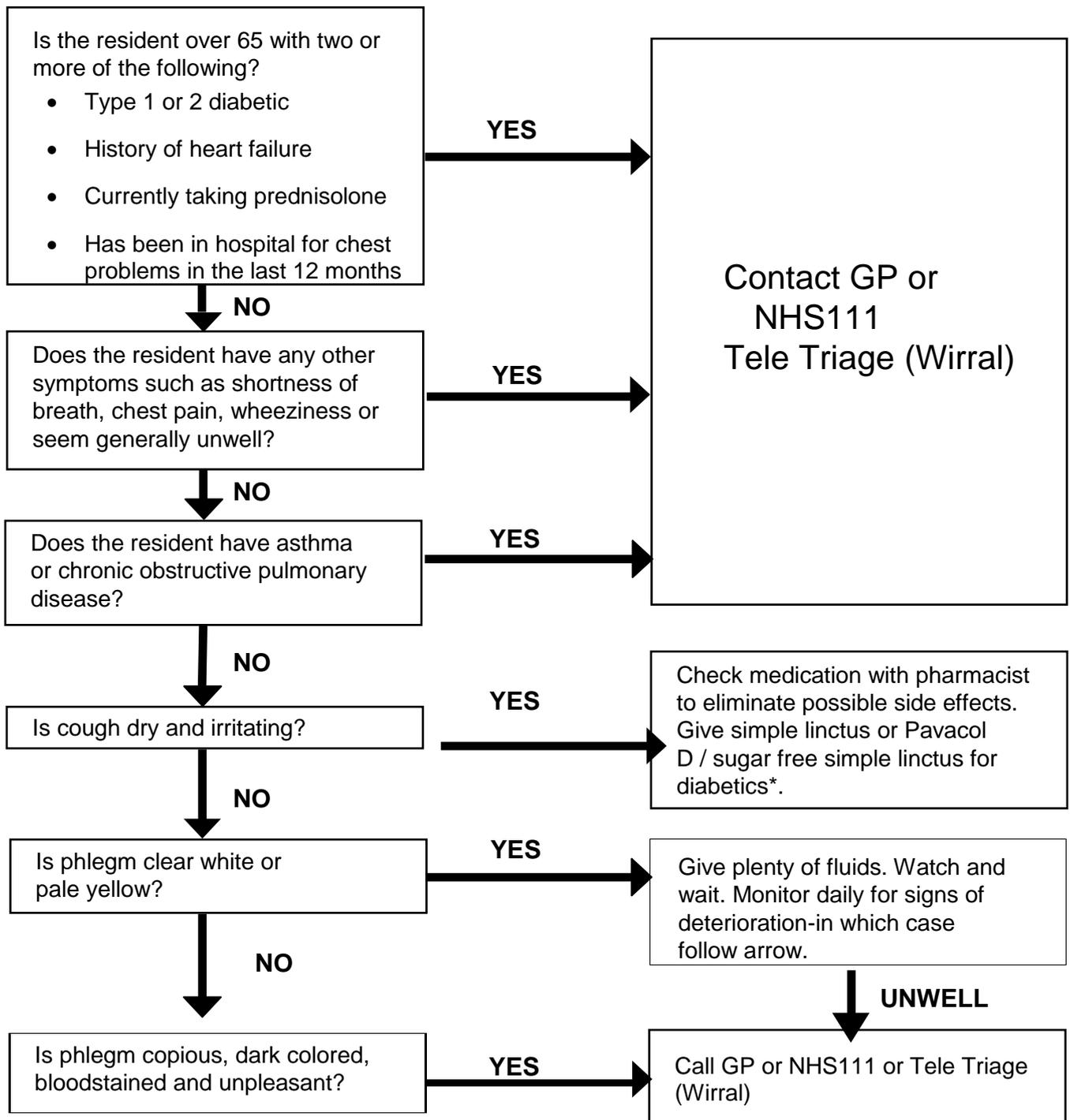
Drug	Paracetamol Tablets/Capsules/Caplets
Indication for use	Relief of mild pain
Excluded patients	i. Liver disease ii. Kidney disease iii. Alcohol dependence iv. Prescription of any other drugs containing paracetamol, i.e. co-dydramol, co-codamol. Also check prior intake of the over-the-counter paracetamol and paracetamol containing products, especially cold and flu remedies. Over dosage with paracetamol is particularly dangerous as it may cause hepatic (liver) damage, which may not be apparent for 4 to 6 days
Strength	500mg tablets/capsules/caplets
Dose	Two tablets up to four times a day
Maximum dose in 24 hours	8 tablets (4g) in divided doses (maximum of two tablets or 1g in any four 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 <39kgs, 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 https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet http://www.medicines.org.uk

Drug	Paracetamol Suspension
Indication for use	Relief of mild pain
Excluded patients	i. Liver disease ii. Kidney disease iii. Alcohol dependence iv. Prescription of any other drugs containing paracetamol, i.e. co-dydramol, co-codamol. Also check prior intake of the over-the-counter paracetamol and paracetamol containing products, especially cold and flu remedies. Over dosage with paracetamol is particularly dangerous as it may cause hepatic (liver) damage, which may not be apparent for 4 to 6 days
Strength	250mg/5ml suspension (e.g. Calpol six plus)
Dose	Four 5ml spoonful's (20ml) up to Four times a day
Maximum dose in 24 hours	80ml (4g) in divided doses (maximum of 20ml or 1g, in any four 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 <39kgs, 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. Record date of opening on the bottle
Additional resources	BNF https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet http://www.medicines.org.uk

Chart 3

Cough

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



* Homely remedy - Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

Homely Remedies for the management of Cough

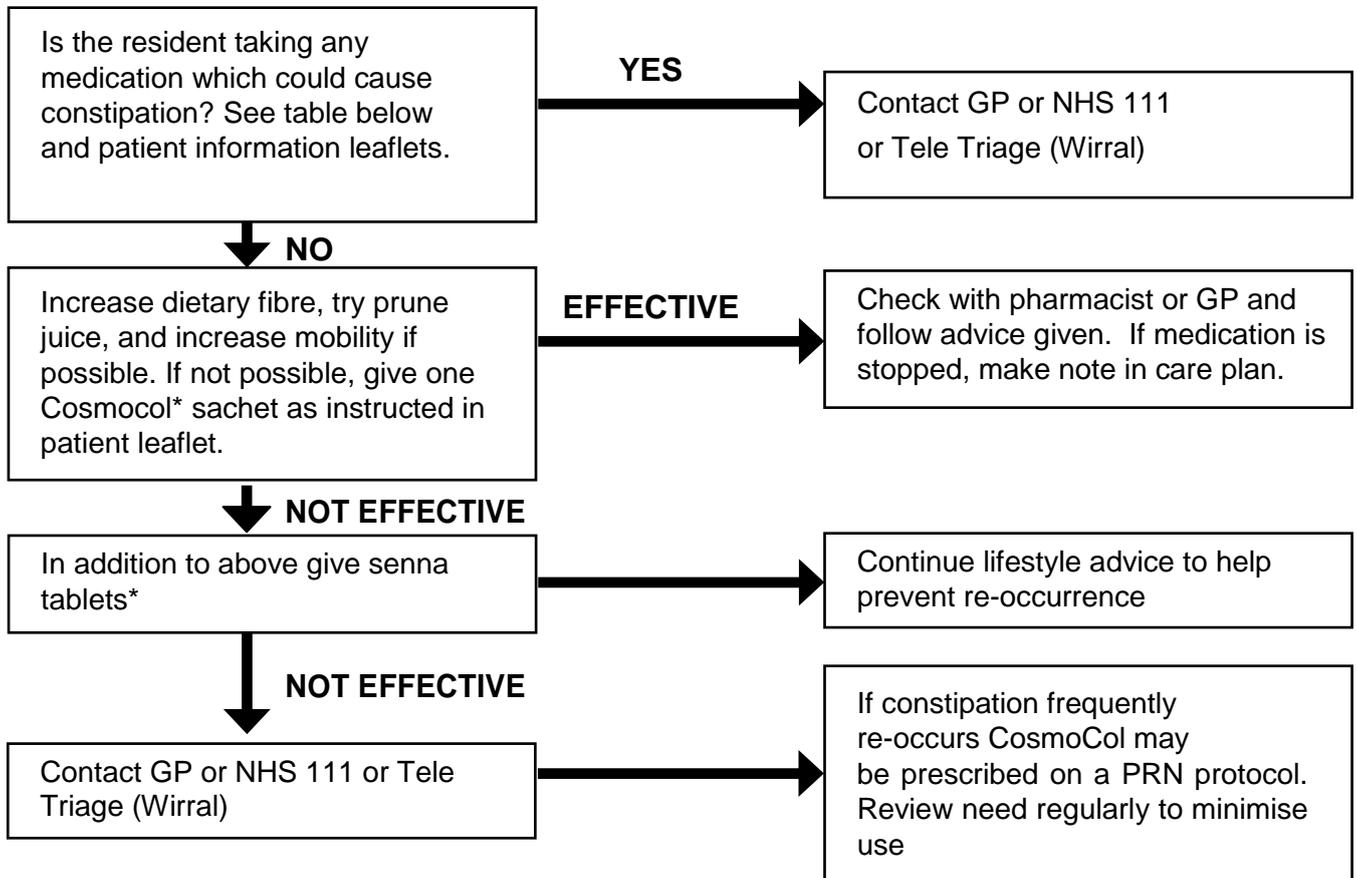
Drug	Simple linctus
Indication for use	For relief of occasional non-persistent cough
Excluded Patients	Diabetics
Strength	N/A
Dose	5-10ml up to four times a day
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	High sugar content, do not use for diabetics
Additional information	More soothing if taken with warm water
Additional resources	BNF https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet http://www.medicines.org.uk

Drug	Pholcodine linctus (sugar free) e.g. Pavacol D
Indication for use	For relief of occasional non-persistent cough
Excluded Patients	<ul style="list-style-type: none"> i. Not suitable for productive coughs ii. Not suitable for severe liver or kidney failure
Strength	5mg/5ml
Dose	5ml up to three or four times a day. Can increase dose to 10ml if symptoms persist.
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	May cause addiction
Additional information	<p>More soothing if taken with warm water</p> <p>Sugar free so suitable for diabetics</p> <p>Record date of opening on the bottle</p>
Additional resources	BNF https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet http://www.medicines.org.uk/emc/search

Chart 4

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. Little and often fluid intake is more effective than having large glasses of fluid in one go.



* Homely remedy - Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

Information

Some common drugs which can cause constipation:

- Indigestion remedies containing Aluminium
- Antidiarrhoeals 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 e.g. calcium channel blockers like verapamil

Homely remedies for the management of Constipation

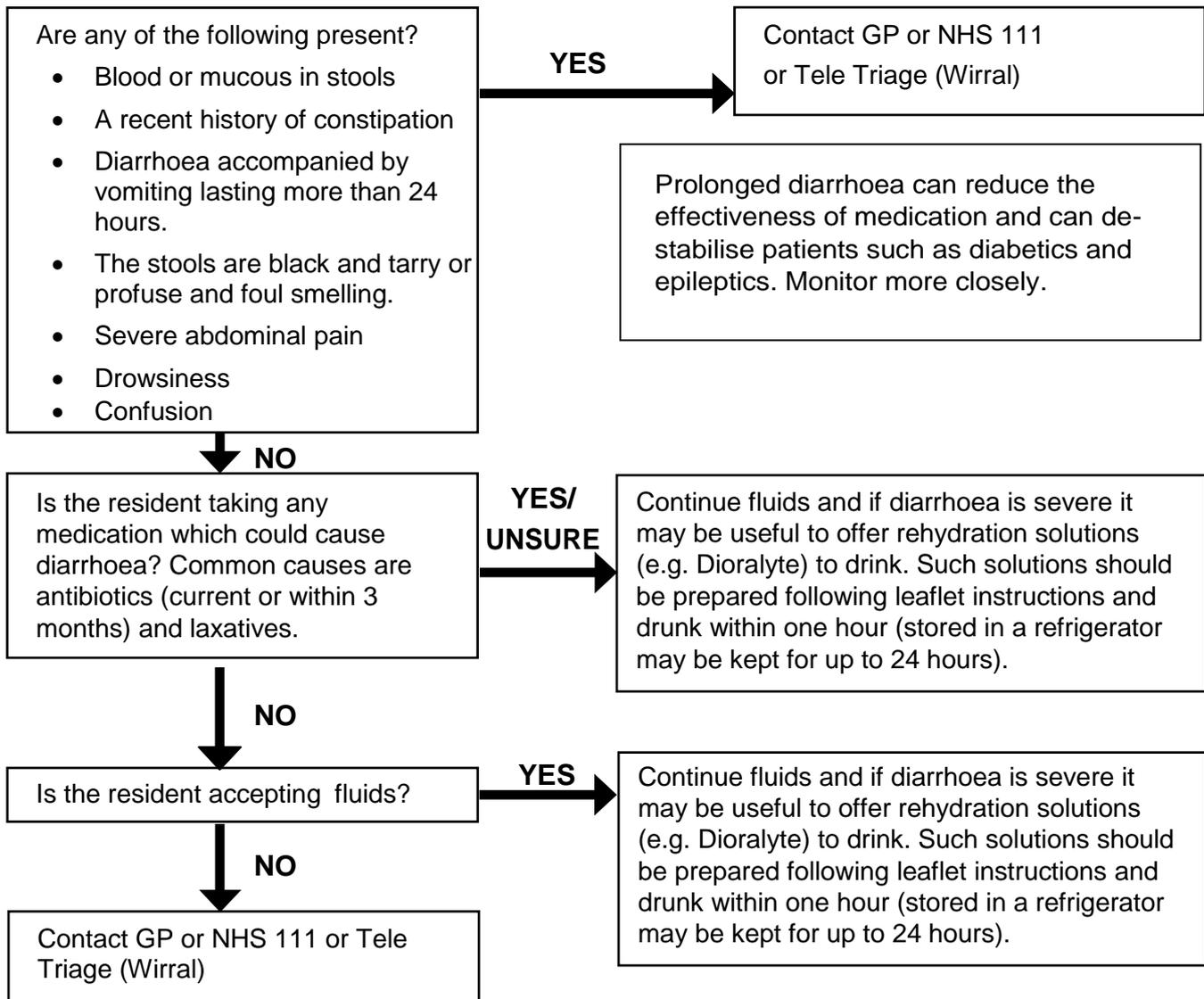
Drug	Macrogols '3350' e.g. CosmoCol sachets
Indication for use	For relief of constipation
Excluded patients	<ul style="list-style-type: none"> i. Constipation accompanied by other symptoms, i.e. abdominal pain/vomiting, bleeding from the back passage ii. Pregnancy <p>Urgent referral to a GP is required:</p> <ul style="list-style-type: none"> iii. If constipation is associated with vomiting, loss of appetite, inability to pass wind or abdominal swelling, as these symptoms could indicate a more serious blockage (intestinal obstruction) iv. Patients who have had previous abdominal operations v. Sudden change in bowel habit and/or weight loss vi. Patients with severe inflammatory bowel disease such as ulcerative colitis, Crohn's disease or toxic megacolon
Strength	N/A
Dose	One sachet daily
Maximum dose in 24 hours	One sachet
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	<p>As a precaution administer at least an hour after other medication.</p> <p>One sachet contains 65mmol/l of sodium and other electrolytes following reconstitution in 125 ml of water</p>
Additional information	<p>Must be made up in 125ml of water (half a glass). Reconstituted sachets must be discarded after 24 hours if not taken</p> <p>Can be chilled in fridge before giving</p>
Additional resources	<p>BNF https://www.medicinescomplete.com/mc/bnf/current/</p> <p>Patient leaflet https://www.medicines.org.uk</p>

Drug	Senna tablets
Indication for use	For relief of constipation
Excluded patients	<ul style="list-style-type: none"> i. Constipation accompanied by other symptoms, i.e. abdominal pain/vomiting, bleeding from back passage etc ii. Pregnancy <p>Urgent referral to a GP is required:</p> <ul style="list-style-type: none"> iii. If constipation is associated with vomiting, loss of appetite, inability to pass wind or abdominal swelling, as these symptoms could indicate a more serious blockage (intestinal obstruction). iv. Patients who have had previous abdominal operations v. Sudden change in bowel habit and/or weight loss occur
Strength	7.5mg
Dose	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	
Additional information	<p>Can cause abdominal cramps</p> <p>Also available as a liquid as Senokot syrup for those who cannot take tablets</p>
Additional resources	<p>BNF https://www.medicinescomplete.com/mc/bnf/current/</p> <p>Patient leaflet https://www.medicines.org.uk/emc/search</p>

Chart 5

Diarrhoea

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



Prolonged diarrhoea can reduce the effectiveness of medication and can destabilise patients such as diabetics and epileptics. Monitor more closely.

Continue fluids and if diarrhoea is severe it may be useful to offer rehydration solutions (e.g. Dioralyte) to drink. Such solutions should be prepared following leaflet instructions and drunk within one hour (stored in a refrigerator may be kept for up to 24 hours).

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Infection control
Staff and residents must exercise rigorous hand hygiene as diarrhoea can spread through hand - surface contact to other residents. Seek medical advice from GP if more than one case occurs. Further advice is also available from Wirral Infection Prevention and Control Team: 0151 604 7750 or email ipc.wirralct@nhs.net

Consider C difficile Infection
Is the resident taking any of the following:
1. Antibiotics e.g. co-amoxiclav, clindamycin (or has done in the past 3 months)
2. Proton Pump Inhibitors e.g. lansoprazole, omeprazole
If diarrhoea persistent and lasts for over 24 hours, contact GP to confirm diagnosis.
In confirmed C difficile Infection then contact the Wirral Infection Prevention and Control Team for further advice: 0151 604 7750 or email ipc.wirralct@nhs.net

Homely Remedies for the Management of Diarrhoea

Drug	Dioralyte sachets
Indication for use	For fluid and electrolyte replacement
Excluded Patients	<ol style="list-style-type: none"> 1. Patients excluded from the treatment under the policy: <ol style="list-style-type: none"> i. Patients with inflammatory bowel disease ii. Patients with active ulcerative colitis or antibiotic - associated colitis iii. Severe hepatic impairment iv. Patients with bloody diarrhoea v. Patients with diverticular disease vi. Patients who appear severely ill or dehydrated viii. People with diabetes ix. Intestinal Obstruction requiring surgery
Strength	N/A
Dose	One sachets after each loose stool Can increase to 2 sachets if required.
Maximum dose in 24 hours	N/A
Maximum duration of treatment as homely remedy	Up to 24 hours if refusing to drink Up to 48 hours if diarrhoea is persistent then seek advice
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	BNF https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet https://www.medicines.org.uk

Chart 6

Minor Skin Problems

The cause of a rash is often very difficult to identify and can be associated with bacterial or viral infections. Life threatening rashes are accompanied by systemic symptoms where the patient is clearly unwell but for minor skin problems there is rarely a need for immediate referral.

Disposable gloves must be used when applying any skin preparations. Dispose of gloves immediately after use and before treating another resident. Pump devices or tubes of ointments or creams are preferable to jars as they reduce risk of contamination and degradation of product. Always use a separate tube/jar for each resident. Never share.

Dry skin

Dry skin often occurs in the elderly and can lead to problems (especially of the feet) if left untreated. An emollient such as Zerobase* or Zerodouble * can be tried. For continued need it can be prescribed.

White soft paraffin*(Vaseline) is useful for dry lips. Dry, itchy scalps can be treated by rubbing olive oil* into scalp, leaving overnight and washing hair as normal.

Emollients – can be used to soothe the skin, reduce irritation, prevent skin from drying and may be directly applied to skin or added to bathwater. Zerobase and Zerodouble are the named emollients but there are many others and resident preference and tolerance is important. For homely remedy use, purchase small tubes and when opened only use for the individual resident. Olive oil and Vaseline (white soft paraffin) are readily available OTC products.

Sweat rash

Commonly occurs under breasts and in groin. Keep dry and if it becomes sore and inflamed contact GP.

* Homely remedy - Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

Pressure areas

Any sign of development of a pressure area must be referred to GP or nurse in charge or district nurse without delay as it can rapidly deteriorate.

Incontinence rash – barrier cream e.g. Medi Derma-S cream® is recommended as a barrier cream. Other creams (e.g. Sudocrem) or powders should be used on residents who may at times be incontinent as this affects the absorbency of the incontinence pads and makes the pad ineffective.

Residents with red excoriated skin should have their urine tested to exclude urinary tract infection.

Residents should be washed with non-perfumed soap, dried and pad applied. Small amounts of barrier cream can be used if excoriation continues but should be reviewed.

Barrier creams do not prevent pressure sores, if redness is due to pressure; pressure assessment needs to be completed. Medi Derma S cream® is recommended for those residents who are faecally incontinent.

Insect bites and stings

Bites and stings can be treated with calamine lotion* or cream* which soothe by cooling. A homely remedy treatment like hydrocortisone 1% cream or Wasp-eze can be used to soothe the associated irritation and itching.

Complications of bites are allergic reactions, infection and cellulitis. These would need immediate referral. Look for excessive swelling and widespread hotness and redness. Persons known to be allergic to wasp or bee stings must keep their emergency treatment with them at all times. Severe swelling and redness must be referred to GP or NHS 111.

* Homely remedy - Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

Homely Remedies for the management of Minor Skin Problems

Drug	Emollients e.g. Zerobase or Zerodouble
Indication for use	For symptomatic treatment of dry skin
Excluded patients	Hypersensitivity to any of the ingredients
Strength	Zerobase: Liquid paraffin 12.6% w/w, white soft paraffin 14.5% w/w. Zerodouble: Liquid paraffin 15%, isopropyl myristate 15%
Dose	Apply to the affected areas of skin two or three times a day when required. Rub well into the skin
Maximum dose in 24 hours	N/A
Maximum duration of treatment as homely remedy	As per clinical need. Refer to GP if skin condition is worsening.
Cautions	May cause local skin reactions (e.g. contact dermatitis) or allergic reactions (possibly delayed) Avoid contact with eyes Risk of fire if come into contact with dressings, clothing or bedding; warn patients to avoid naked flames. FOR EXTERNAL USE ONLY
Additional information	GP may suggest continued treatment
Additional resources	BNF https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet https://www.medicines.org.uk

Drug	Barrier cream e.g. Medi Derma-S cream
Indication for use	Incontinence rash
Excluded patients	Hypersensitivity to any of the ingredients
Strength	N/A
Dose	Apply after every 3 rd wash or after 72 hours. May need to be applied more often if skin needs washing more frequently or after each episode of incontinence.
Maximum dose in 24 hours	N/A

Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)
Cautions	FOR EXTERNAL USE ONLY
Additional information	GP may suggest continued treatment Use one tube per patient. Personalize application as per patients' care plan
Additional resources	BNF https://www.medicinescomplete.com/mc/bnf/current/  Medi Derma-S leaflet

Drug	Hydrocortisone 1% cream
Indication for use	For symptomatic treatment of all insect bites and stings
Excluded patients	i. Hypersensitivity to hydrocortisone acetate or to any other excipients listed. ii. In the presence of untreated infections of bacterial, viral, tuberculous or fungal origin.
Strength	1% w/v
Dose	Apply sparingly to a small area, once or twice a day
Maximum dose in 24 hours	One finger-tip unit twice in 24 hours
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)
Cautions	The product should not be used on the eyes or face, the ano-genital area or on broken or infected skin including impetigo, cold sores, acne, athlete's foot, scabies or infected bites or stings. Not for use with an occlusive dressing or on large areas of the body. FOR EXTERNAL USE ONLY
Additional information	GP may suggest continued treatment but should then be prescribed Use one tube per patient
Additional resources	BNF https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet https://www.medicines.org.uk

Drug	Wasp-eze bite and sting spray
Indication for use	For symptomatic treatment of all insect bites and stings
Excluded patients	Patients allergic/sensitive to any of the ingredients
Strength	Contains benzocaine 1% and mepyramine 0.5%
Dose	Spray locally onto skin (see additional information below) Can be repeated once after 15 minutes if the bite or sting still hurts
Maximum dose in 24 hours	See product information
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)
Cautions	Do not apply to large areas of skin, eczematous, sunburnt or broken skin. Do not use the spray on the face FOR EXTERNAL USE ONLY
Additional information	Hold nozzle approximately five inches from the skin and spray once for 2-3 seconds. Stop spraying immediately if a white deposit or 'frost' appears. Flammable. Do not use near fire or flame. Pressurised container. Protect from sunlight and do not expose to temperatures exceeding 50°C. Do not pierce or burn, even after use. Do not spray on a naked flame or any incandescent material. Do not use near or place container on polished or painted surfaces.
Additional resources	BNF: https://www.medicinescomplete.com/mc/bnf/current/ Patient leaflet https://www.medicines.org.uk/emc/search

Appendix 1

Homely remedy agreement form

Care home name:	
GP practice name:	

I agree that a suitably trained senior person on duty at [insert care home name] may administer the medication listed above for the indications stated, to [insert name of patient]

OR [delete one sentence as applicable]

I [insert GP name] agree that a suitably trained senior person on duty at [insert care home name] may administer the medication I have authorised in this form for the indications stated, at the dose stated and for appropriate patients under my care at [insert care home name].

(GP to delete item(s) from this list, if they are not appropriate for use)

Authorisation to administer homely remedies for a maximum of 48 hours for the treatment of the conditions listed below. After this period, if symptoms persist the GP will be contacted.

Agreed drugs for use as Homely Remedies:

PATIENTS NAME:

DOB:

Symptom	Medicine	Dr Approved (please tick and initial)
Indigestion/heartburn	Peptac suspension Mucogel (co-magaldrox)	
Pain (mild to moderate)	Paracetamol tablets/capsules/caplets or liquid (other medicines containing Paracetamol may have been prescribed for some residents and this must be carefully checked.)	
Dry cough	Simple linctus for non-diabetic residents, Pholcodeine linctus e.g. Pavacol D	
Constipation	Macrogols e.g. Cosmocol Senna	
Diarrhoea	Oral rehydration therapy, e.g. Dioralyte	
Skin problems - dry skin and scalp, sweat rash, incontinence rash, insect bites and stings	Zerobase, Zerodouble cream, Vaseline, Olive oil, Hydrocortisone cream 1%, Wasp-eze, Medi Derma-S cream.	

SIGNATURE OF MANAGER OF HOME..... DATE

SIGNATURE OF DOCTOR DATE

Appendix 2

Record of homely remedies and audit 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. Record the date of opening clearly on the bottle.
2. For residents who purchase their own homely remedies, record separately to those purchased and stocked by the care home

REFERENCES

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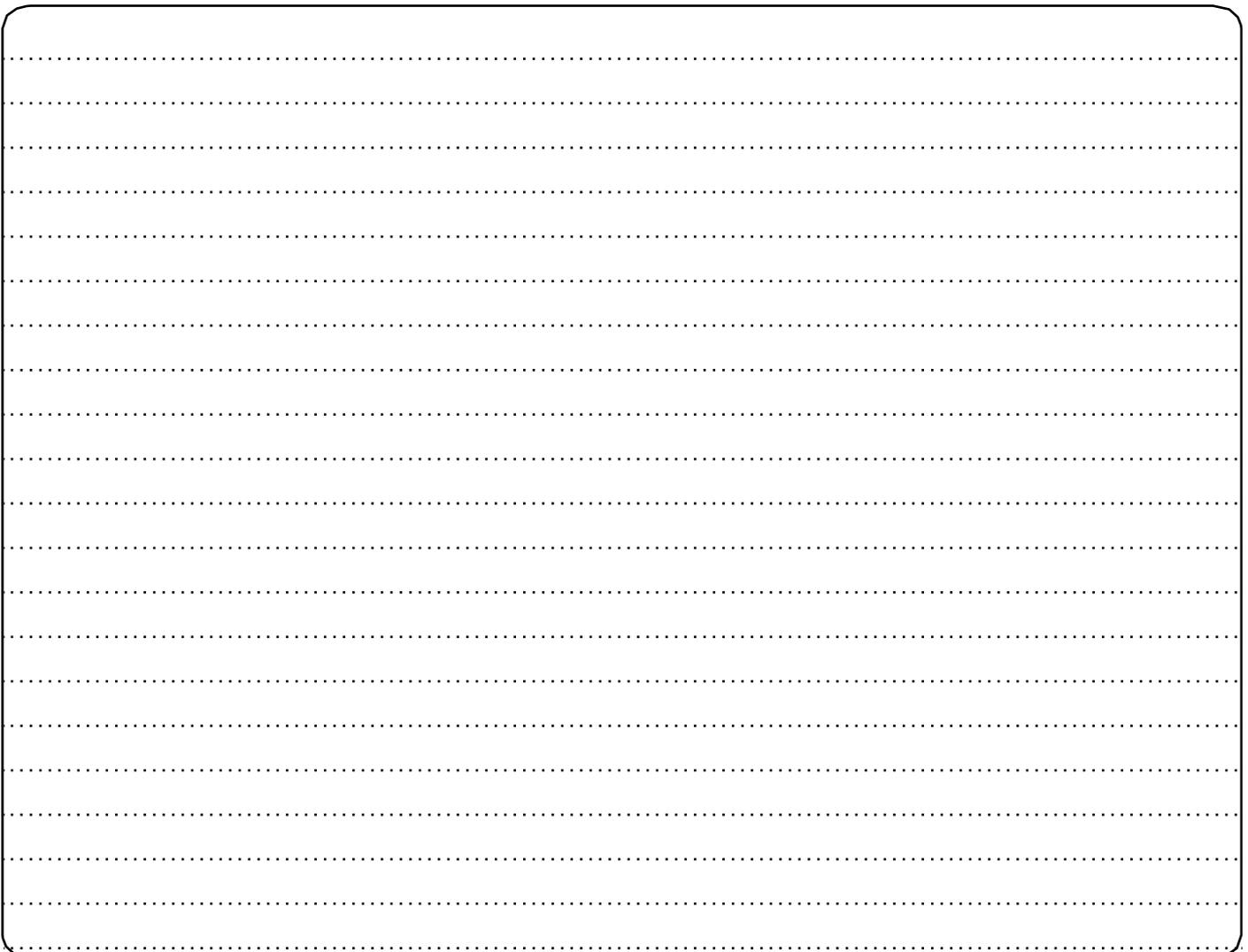
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Notes



Improving medication management in care homes is a system wide issue, which needs to be tackled by many different groups working together. This work is now being taken forward in an integrated programme led by the National Care Forum, funded by the Department of Health, working as part of a wider cross-sector partnership. This partnership involves:



Age UK



English Community Care Association



National Care Forum



Royal College of General Practitioners



Royal College of Physicians



Royal Pharmaceutical Society



Care Provider Alliance



National Care Association



Registered Nursing Home Association



Royal College of Nursing



Royal College of Psychiatrists



The Health Foundation