

Appendix 1 Example of Homely Remedy Policy

Homely Remedy Policy - *EXAMPLE*

This policy applies to (insert *name of Care Home*)

<p>Definition</p>	<p>A homely (or household) remedy is a medicinal product for the short-term treatment of minor ailments such as indigestion, mild to moderate pain and constipation. These products can be obtained without a prescription and are usually purchased over the counter by the care home or sometimes by the resident. Having a homely remedy policy in place ensures that access to treatment for minor ailments is as it would be for a patient living in their own home.</p>
<p>Scope</p>	<ul style="list-style-type: none"> • The use of this policy allows residents to be treated with the homely remedies from the list of products for the relief of specific symptoms (See appendix 2 for list). • Members of staff administering a homely remedy must understand that these remedies can only be given to a resident for whom they are suitable. • Only members of staff who have been trained in the use of homely remedies are allowed to administer treatment under this policy. The list of trained staff is attached to this policy. • Appropriate measures must be taken to ensure that the resident to be given the homely remedy: <ul style="list-style-type: none"> ○ Does not have any contraindications to that remedy. ○ Are not already taking the remedy as prescribed medication. • Only those conditions stated in the policy may be treated and may only be treated using the specified products and doses. • Administration of a homely remedy should not continue more than 48 hours before consulting the resident's GP. • If the homely remedy is required for regular treatment, a prescription should be provided.
<p>Inclusion</p>	<p>This policy is restricted to those residents:</p> <p>Who have agreed to their use. For those residents who lack capacity who have made a Lasting Power of Attorney, an agreement should be made with the appointed Attorney(s). If no attorney has been appointed, then a 'best interests' meeting with the next of kin and/or resident's GP is needed.</p>

<p>Agreement</p>	<ul style="list-style-type: none"> • Explain to resident and/or family that the home has a homely remedy policy (for new residents this is part of admission process). This conversation should include the need for the staff to know if any medication is purchased by or on behalf of the resident as safety, storage and recording issues would then need to be discussed. • Once agreement is gained by the resident and/or family, ensure a record of the agreement is documented in the resident's medication file. <p>N.B. There is no requirement for a GP give written authorisation for the administration of a homely remedy unless it is outside the scope of this policy.</p>
<p>Administration:</p>	<ul style="list-style-type: none"> • If a resident displays symptoms of indigestion, mild pain or constipation inform the senior carer on duty. • Senior carer assesses the resident and checks in conjunction with homely remedy treatment chart (see appendix 2): <ul style="list-style-type: none"> ○ The general condition of the resident – no potentially serious symptoms ○ What if anything the resident has previously used for these symptoms ○ The medicine is not contra-indicated or interact with other prescribed medicines or with a pre-existing condition (if unsure contact <i>insert name of pharmacist</i> for advice) ○ The resident is not allergic or intolerant to the medicine or any ingredient. ○ The resident is not already taking prescribed medicine containing the same drug(if unsure contact <i>insert name of pharmacist</i> for advice) ○ Obtain and document verbal consent from the resident who is aware that the medicine is not prescribed. • Once assessment completed and decision is made to administer the senior carer will: <ul style="list-style-type: none"> ○ Follow the directions on the medicine container and product information. ○ Record administration on the reverse of the resident's MAR chart stating: <ul style="list-style-type: none"> • Name of medication given • dose given • time given • date given

	<ul style="list-style-type: none"> • who administered by • reason for administration <ul style="list-style-type: none"> ○ Regularly monitor the resident to assess their response to the medication and to be aware of any side effects or adverse reactions. ○ Refer to the GP: <ul style="list-style-type: none"> ○ If symptoms do not improve or side effects/adverse reactions are noted. ○ If resident's condition deteriorates ○ If symptoms persist for more than 48 hours. ○ If symptoms of diarrhoea present ○ Ensure that other members of staff on duty are aware of when the last dose of a homely remedy was given to monitor effectiveness and avoid overdosing. This is particularly important at staff handover. <ul style="list-style-type: none"> • If the resident wishes to self-medicate ensure that a risk assessment has been completed and recorded.
Review:	<ul style="list-style-type: none"> • The GP should be informed of the administration of a homely remedy at their next visit, and also informed of frequent usage of a remedy.
Storage and record keeping:	<p>The homely remedies used in this home are purchased from <i>insert name of pharmacy</i>.</p> <ul style="list-style-type: none"> • Upon receipt fill in the homely remedy record chart (see appendix 3) this is to ensure that an audit trail of administration is recorded. • Ensure the homely remedies are stored in the secure medication area in the cupboard marked 'homely remedies', and are not stored with prescribed medication. • Ensure the homely remedies are stored in their original packaging together with any information supplied with the product about the medicine use (i.e. patient information leaflet) • Once a liquid is opened ensure the date is marked on the bottle to ensure that it isn't used past its shelf life. • A monthly check must be carried out to: <ul style="list-style-type: none"> ○ Check balances; any discrepancies to be reported to the manager as soon as possible. ○ Check expiry dates; date expired stock should be disposed of in line with the care home's policy on the disposal of medication. ○ Check dates on opened liquids

I can confirm that I have undertaken and successfully completed the homely remedy training provided by *insert name of care home*.

I am able to administer homely remedies in accordance with this policy

Name of staff member	Signature	Date	Name of manager	Signature	Date

EXAMPLE

INDIGESTION/HEARTBURN – discomfort or burning pain in the central chest region. When this burning rises up towards the throat it is referred to as Heartburn.

If pain mild see below.

In cases of acute or severe pain refer immediately

Homely Remedy to be used:
PEPTAC

Lifestyle Advice	<ul style="list-style-type: none"> • Eat small, regular meals • Chew food well • Avoid bending or stooping after meals • Reduce or stop smoking, alcohol, caffeine • Avoid spicy foods • Avoid clothing that is tight around the waist
Directions for use:	<ul style="list-style-type: none"> • Dose: 10–20 mL after meals and at bedtime • Max total use in 24 hours 80mls in divided doses (4 doses of 20ml) • Shake well before use
Consider	<ul style="list-style-type: none"> • Is the resident taking any medication that may cause indigestion? • Is the resident taking any medication that carries a warning to avoid antacids or indigestion remedies?
When to refer	<ul style="list-style-type: none"> • If there is any doubt that the symptoms are caused by indigestion? • If there is increased shortness of breath, excessive sweating, if the pain radiates down the arm or the resident is generally unwell – CONTACT NHS DIRECT 111 OR 999
Cautions	<ul style="list-style-type: none"> • Should not be used in patients who are severely debilitated or suffering from kidney failure. • Antacids inhibit the absorption of tetracyclines and vitamins and should not be given at the same time – leave at least TWO hours between doses • This product contains a high level of sodium salt and is not recommended where a low sodium diet has been recommended for a patient. • Leave gap of 2-3hrs hours between administration of Peptac and other oral drugs.
Medicines that commonly cause Indigestion	<ul style="list-style-type: none"> • Anti- inflammatory medicines e.g. aspirin, ibuprofen, diclofenac, naproxen • Oral corticosteroids e.g. prednisolone

CONSTIPATION – initial changes in bowel habit should be reported to the GP.

Bowel charts should be kept in care plans for monitoring purposes.

Constipation in the elderly is often due to insufficient fluid intake

– large glasses of fluid should be avoided; little and often is more effective

Homely Remedy to be used:
BISACODYL TABLETS 5MG

Lifestyle Advice	<ul style="list-style-type: none"> • Constipation can be due to insufficient fluids – water little and often more effective than large glasses of water • Increase dietary fibre, try prune juice • Increase mobility if possible
Directions for use:	<p>Dose: 1-2 tablets before bedtime Maximum dose in 24hours: 2 tablets</p>
Consider	<ul style="list-style-type: none"> • Is resident taking any medication which could cause constipation? • Is constipation recurrent?
When to refer	<ul style="list-style-type: none"> • Any initial changes in bowel habit
Cautions	<ul style="list-style-type: none"> • Antacids should not be given one hour after taking the tablets.
Medicines that commonly cause constipation	<ul style="list-style-type: none"> • Indigestion remedies containing Aluminium • Antidiarrhoeals e.g. loperamide • Antihistamines e.g. chlorphenamine, promethazine • Antipsychotics e.g. risperidone, promazine • Cough suppressants e.g. codeine and pholcodine • Diuretics e.g. bendroflumethiazide, furosemide • Iron and Calcium Supplements • Pain killers containing opiates e.g. codeine, dihydrocodeine, morphine, tramadol • Some antidepressants e.g. amitriptyline, dosulepin, imipramine • Some drugs used to treat Parkinson's e.g. levodopa

MILD PAIN, E.G. HEADACHE, GENERAL MUSCLE ACHES AND PAINS, TOOTHACHE FEVER (ABOVE 37.5C)		Homely Remedy to be used: Paracetamol 500mg tablets/250mg/5ml liquid
Lifestyle Advice	Communication of pain is not just verbal – look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character.	
Directions for use:	Dose: 1-2 tablets up to FOUR times a day (MAX 2 tablets every 4-6 hours and 8 tablets in 24 hours) Liquid 250mg/5ml DOSE: 10ml – 20ml up to FOUR times a day (MAX 20ml every 4-6 hours and 80ml in 24 hours)	
Consider	<ul style="list-style-type: none"> • Has the resident been given any medication containing paracetamol in last 24 hours? • Consider giving ONE tablet or 10ml liquid if weight <39 Kg • If using liquid in diabetic resident ensure it is SUGAR FREE 	
When to refer	<ul style="list-style-type: none"> • Resident has liver impairment, suspected liver impairment • Headache is as a result of an injury/trauma • Resident has a previous history of self-poisoning with paracetamol • Resident has a history of alcohol abuse • Resident has a rash, vomiting, is intolerant to light or has a temperature that does not respond to first dose of paracetamol 	
Cautions	<ul style="list-style-type: none"> • Anticoagulants – warfarin dosage may need adjustment if paracetamol is taken regularly at maximum doses • Carbamazepine – may accelerate the rate at which paracetamol is metabolised by the body • Colestyramine – reduces the absorption of paracetamol • Metoclopramide / Domperidone – increase the rate at which paracetamol is absorbed by the body. • Many medicines contain paracetamol – if in doubt check with the pharmacist 	
Medicines that contain paracetamol	<ul style="list-style-type: none"> • Paracetamol • Co-codamol • Co-dydramol • Over the counter cough and cold remedies 	

