



Regional Medicines Optimisation Committee

Homely Remedy Template Guidelines

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)

Summary of stakeholder responsibilities

Care home's responsibility:

- To ensure that all staff members are suitably trained in line with NICE guidance on the proper and safe use of medicines.
- To be able to demonstrate if required to do so (i.e. during periods of inspection) that the homely remedy policy is adhered to in a safe and effective manner.
- To undertake regular review of policy to ensure in line with current guidance

Care home manager's role:

1. To ensure relevant staff are trained to assess minor ailments, including when and whether it is appropriate to treat a resident using a homely remedy.
2. To have a written policy in place which includes the following:
 - Procedure for:
 - Obtaining consent from the resident (to include how to gain consent if the resident lacks capacity)
 - Ensuring that the resident being given a homely remedy isn't taking any medication purchased by themselves, relatives or friends.
 - Ensuring medication purchased by resident, relative or friends recorded
 - How receipt, administration and disposal of medicines will be recorded.
 - The names of all care home staff administering homely remedies and signatures to confirm that they have the skills to administer them with an acknowledgement that they are accountable for their actions.
 - List of homely remedies available to be administered and for what indication it may be administered. This list to include:
 - the dose and frequency in accordance with manufacturer's direction
 - the maximum daily dose in accordance with manufacturer's direction
 - Where administration of homely remedy should be recorded (i.e. MAR chart)
 - List of residents who are excluded from receiving specific homely remedies (e.g. paracetamol not to be given to a resident who is already prescribed paracetamol or paracetamol containing medicines)
 - How long the homely remedy should be used before referring the resident to GP (i.e. 48 hours).
 - What action to take if resident's condition does not respond to the homely remedy or if condition worsens within the 48 hour maximum period.
3. Purchase of homely remedies

Community Pharmacy role:

(i.e. the pharmacy that supplies medication to the home)

- a. Provide advice on:
 - i. Use
 - ii. Doses

- iii. Possible interactions with prescribed medicines (and non-prescribed medicines where applicable)
- iv. Shelf life of products once opened

Clinician's* role:

- To be aware and supportive of these guidelines.

*Clinician is the patient's GP or other clinician (practice nurse or practice pharmacist) with responsibility for the patient. The terms 'GP' and 'clinician' can be used interchangeably within this document.

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.

Version 1.0, November 2018

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 to the named resident:

Minor condition requiring treatment	Drug/ Medicine (DELETE AS APPROPRIATE)	Maximum duration of treatment before seeking advice
Pain relief for mild to moderate pain &/or fever (ORAL)	<ul style="list-style-type: none">• Paracetamol 500mg tablets• Paracetamol 250mg/5ml oral solution	48 hours
TOPICAL pain relief	<ul style="list-style-type: none">• Ibuprofen 5% gel	48 hours
Constipation	<ul style="list-style-type: none">• Bisacodyl 5mg tablets• Senna 7.5mg Tablets• Senna 7.5mg/5ml oral solution• Macrogol sachets	48 hours
Diarrhoea	<ul style="list-style-type: none">• Oral rehydration sachets	Up to 24 hours if refusing to drink
Indigestion/ Heartburn	<ul style="list-style-type: none">• Gaviscon advance liquid	48 hours
Cough	<ul style="list-style-type: none">• Simple linctus	48 hours
Ear Wax	<ul style="list-style-type: none">• Olive oil ear drops• Sodium Bicarbonate ear drops	48 hours

PLEASE SEE INDIVIDUAL MEDICATION MONOGRAPH (APPENDIX X) FOR INSTRUCTIONS ON DOSAGE AND FURTHER INFORMATION REGARDING MEDICATION ADMINISTRATION

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



Appendix 3

Example Homely Remedies Record Sheet

Medicine	Name		Strength		Formulation	
Date	Quantity Obtained	Quantity Administered	Quantity Disposed	Details For example: <ul style="list-style-type: none"> • purchased • name of resident administered to • stock check 	Running Balance	Staff signature
Balance transferred to new sheet						

- A separate sheet is required for each medicine, form and strength.
- Also record medication administered on the resident's MAR chart and care plan

Based on a template provided by Yorkshire and Humber Commissioning Support Medicines Management Social Care Support Team



PARACETAMOL

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Paracetamol 500mg 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)
Considerations	Has the resident been given any medication containing paracetamol in last 24 hours? If using liquid in diabetic resident ensure it is SUGAR FREE
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) <i>*This list of brands is not exhaustive. Check with the pharmacist if you are unsure if product contains paracetamol</i> 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

IBUPROFEN 5% GEL

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Ibuprofen 5% gel
Indication <i>(when it can be used)</i>	Joint aches/pains
Route	Topical
Dose	Apply to the affected area up to 3 times a day
Considerations	Ensure external medicinal products are purchased on an individual basis for residents and stored separately from homely remedies that are not resident specific External medicinal products must be labelled with the resident's name and date of opening.
Frequency	Up to three times a day
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Do NOT give in these circumstances	Previous reaction to topical Ibuprofen gel
Warnings/Adverse reactions (see product information for full details)	
Lifestyle interventions	Can also use hot/cold compression on the affected area

BISACODYL 5mg TABLETS

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Bisacodyl 5mg tablets
Indication <i>(when it can be used)</i>	Constipation
Route	Oral
Dose	1-2 tablets before bedtime
Frequency	Once a day (usually at night)
Maximum dose in <u>24 hours</u>	2 tablets.
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Considerations	<ul style="list-style-type: none"> • 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
Do NOT give in these circumstance	<ul style="list-style-type: none"> • Potential bowel obstruction
Warnings/Adverse reactions (see product information for full details)	
Lifestyle interventions	<p>Constipation can be due to insufficient fluids – water little and often more effective than large glasses of water</p> <p>Increase dietary fibre, try prune juice</p> <p>Increase mobility if possible</p>
Medications that can 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

SENNA

Medicines Information

Name/forms of Medicine (document which form is administered to the resident)	Senna 7.5mg tablets Senna 7.5mg/5ml solution
Indication (when it can be used)	Constipation
Route	Oral
Dose	Senna 7.5mg tablets: 1-2 tablets before bedtime. Senna liquid: 5ml-10ml of Senna oral solution before bedtime.
Frequency	Once a day (usually at night)
Maximum dose in <u>24 hours</u>	Senna tablets: Maximum 2 tablets in 24hours. Senna Liquid: Maximum 10ml in 24hours.
Considerations	<ul style="list-style-type: none"> 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
Maximum duration of treatment as a homely remedy	<ul style="list-style-type: none"> Up to 48 hours, then seek advice
Do NOT give in these circumstances	Potential bowel obstruction
Warnings/Adverse reactions (see product information for full details)	
Lifestyle interventions	<p>Constipation can be due to insufficient fluids – water little and often more effective than large glasses of water</p> <p>Increase dietary fibre, try prune juice</p> <p>Increase mobility if possible</p>
Medications that can 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

MACROGOL SACHETS

Medicines Information

Name/forms of Medicine (document which form is administered to the resident)	Macrogol sachets
Indication (when it can be used)	Constipation
Route	Oral
Dose	One sachet reconstituted in 125ml of water up to three times daily.
Frequency	Up to 3 times a day
Maximum dose in 24 hours	
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Considerations	<ul style="list-style-type: none"> • 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
Do NOT give in these circumstances	<ul style="list-style-type: none"> • Possible bowel obstruction
Warnings/Adverse reactions (see product information for full details)	
Lifestyle interventions	<p>Constipation can be due to insufficient fluids – water little and often more effective than large glasses of water</p> <p>Increase dietary fibre, try prune juice</p> <p>Increase mobility if possible</p>
Medications that can 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

ORAL REHYDRATION SACHETS

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Oral Rehydration sachets
Indication <i>(when it can be used)</i>	Diarrhoea
Route	Oral
Dose	1 sachet dissolved in 200ml of drinking water after each loose motion.
Frequency	After each loose stool
Maximum dose in 24 hours	Max 5 sachets per day.
Considerations	<ul style="list-style-type: none"> Does the patient have any fluid restrictions?
Maximum duration of treatment as a homely remedy	Up to 24 hours if refusing to drink. Seek advice soon if concerned about severe dehydration.
Do NOT give in these circumstances	
Warnings/Adverse reactions (see product information for full details)	<ul style="list-style-type: none"> Caution with use in patients with liver or kidney disease Caution with use with patients on low potassium or sodium diets Caution in patients with diabetes.
When to refer	<ul style="list-style-type: none"> Signs of severe dehydration (dry mouth, drowsiness or confusion, passing little urine, sunken eyes) Persistent change in bowel habit Presence of blood/mucus in the stools Symptoms persist for > 48 hours. Suspected drug-induced diarrhoea (see below) Severe abdominal pain.
Lifestyle interventions	<ul style="list-style-type: none"> Drink plenty of water Reduce caffeine intake
Medicines that can cause diarrhoea	<ul style="list-style-type: none"> Antibiotics Colchicine NSAIDs (such as ibuprofen and naproxen) PPIs (e.g. omeprazole, lansoprazole, pantoprazole and rabeprazole) SSRIs (e.g. Citalopram, Fluoxetine, Paroxetine, Sertraline etc.)

GAVISCON

Medicines Information

Name/forms of Medicine (document which form is administered to the resident)	Gaviscon Advance oral suspension
Indication (when it can be used)	Heartburn/indigestion
Route	Oral
Dose	10–20 mL after meals and at bedtime
Frequency	Three times a day
Maximum dose in <u>24 hours</u>	80mls in divided doses (4 doses of 20ml)
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Considerations	<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?
Do NOT give in these circumstances	If there is any doubt that the pain is caused by indigestion- if pain radiates down arm, increased shortness of breath, excess sweating call NHS 111/999.
Warnings/Adverse reactions (see product information for full details)	<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.
Lifestyle interventions	<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
Medications that can commonly cause indigestion	<ul style="list-style-type: none"> Anti- inflammatory medicines e.g. aspirin, ibuprofen, diclofenac, naproxen. Oral corticosteroids e.g. prednisolone. Anti-inflammatories and oral corticosteroids should be administered with or after food which will help avoid indigestion.

SIMPLE LINCTUS

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Simple linctus
Indication <i>(when it can be used)</i>	Cough
Route	Oral
Dose	5ml taken up to 4 times a day if required.
Considerations	Use sugar-free if patient is diabetic
Frequency	When needed
Maximum dose in <u>24 hours</u>	
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Do NOT give in these circumstances	
When to refer	<ul style="list-style-type: none"> • Chest pain • Shortness of breath/wheezing • Cough that may be drug-induced (see below) • Yellow, green, brown or blood stained sputum
Warnings/Adverse reactions (see product information for full details)	
Lifestyle interventions	<ul style="list-style-type: none"> • Drink plenty of water • Honey and lemon drink
Medicines that can cause a cough	<ul style="list-style-type: none"> • ACEi's (e.g. Ramipril, Enalapril, Lisinopril, Captopril) • Nasal sprays (e.g. fluticasone)

OLIVE OIL EAR DROPS

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Olive oil ear drops
Indication <i>(when it can be used)</i>	Ear wax
Route	Topical (to ears)
Dose	Place 2-3 drops in the ear and gently massage around the outside of the ear. Use twice a day for up to 7 days.
Frequency	Twice daily
Maximum dose in <u>24 hours</u>	
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Do NOT give in these circumstances	<ul style="list-style-type: none"> • Suspected foreign body in the ear • Pain • Dizziness • Tinnitus • Suspected perforated ear drum • Recent ear surgery • Recent ear infection. • Recent ear injury
Warnings/Adverse reactions (see product information for full details)	Be aware that some olive oil ear drops products (e.g. Cerumol) contain arachis oil (peanut oil) and therefore should be avoided in patients with nut allergies.
Considerations	Do NOT use cotton buds to attempt to remove the ear wax

SODIUM BICARBONATE EAR DROPS

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Sodium bicarbonate ear drops
Indication <i>(when it can be used)</i>	Ear wax
Route	Topical (to ears)
Dose	Use three or four drops twice daily for 3-5 days. Allow the solution to remain in the ear for 5-10mins.
Frequency	Twice daily
Maximum dose in <u>24 hours</u>	
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Do NOT give in these circumstances	<ul style="list-style-type: none"> • Suspected foreign body in the ear • Pain • Dizziness • Tinnitus • Suspected perforated ear drum • Recent ear surgery • Recent ear infection. • Recent ear injury
Warnings/Adverse reactions (see product information for full details)	
Considerations	Do NOT use cotton buds to attempt to remove the ear wax

References

NICE good practice guidance published in March 2014 <https://www.nice.org.uk/guidance/sc1>

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 12 (part 3) www.legislation.gov.uk

https://www.cqc.org.uk/sites/default/files/20150510_hzca_2008_regulated_activities_regs_2104_current.pdf

National Care Forum, Homely remedies guide: For local adaptation to fit within individual care home medication policies 2013.

www.nationalcareforum.org.uk/documentLibraryDocument.asp?ID=264

Additional Resource

PrescQIPP, Bulletin 72 Care homes – Homely remedies 2.1

<https://www.prescqipp.info/component/jdownloads/send/116-care-homes-homely-remedies/1423-bulletin-72-care-homes-homely-remedies>