

Care homes - Homely remedies

Care home staff have a recognised duty of care to be able to respond to minor symptoms experienced by residents. A homely remedy is a medicinal product for the short-term treatment of minor ailments such as indigestion, coughs, mild to moderate pain and constipation. They can be obtained without a prescription and are usually purchased by the care home or sometimes by the resident.

There are two categories of homely remedy: GSL (general sales list) which are widely available from supermarkets, pharmacies and other stores; and P medicines (pharmacy) which are only available from a pharmacy.

The NICE Guideline Development Group (GDG) for the managing of medicines in care homes¹ guidance agreed that where a care home provider offers residents treatment for minor ailments with homely remedies, a process for use should be in place and this should be recorded in the care home medicines policy. Advice from a healthcare professional, such as a GP or pharmacist, on the use of homely remedies should be taken for each resident in advance, or at the time of need.

The GDG recommended that all care home staff using a homely remedies protocol should be named in it and that they should sign to confirm they are competent to administer the medicinal product, acknowledging that they will be accountable for their actions.

The guidance recommends that homely remedies protocols should include:

- Which medicinal product may be administered and for what indication it may be administered.
- Which residents may be excluded from receiving specific homely remedies, e.g. paracetamol is not be given to a resident who is already prescribed paracetamol.
- The dose and frequency.
- Maximum daily dose.
- Recording administration of the homely remedy, such as on the medicines administration record (MAR) chart.
- Duration of use before referring the resident to a GP.

Key points

- If a homely remedy protocol is in use it is good practice to make the GP aware of this and to agree the duration of time that the treatment with the homely remedy can continue before the resident needs to be referred to the GP.
- The use of the homely remedy should be reviewed periodically, and taken into consideration when there are changes to the medication regimen.
- Only stock purchased by the care home for administration under the 'Homely Remedies Policy' may be used and only preparations listed in the homely remedies policy may be administered without a prescription.

Key points continued

- If the resident or their relative has purchased the homely remedy it should be agreed with the GP.
- Products labelled for an individual resident, i.e. for whom a prescription has been issued, must not be given to another resident as a homely remedy. Nor should those purchased by a resident for their personal use be administered to other residents.
- Bulk prescribing is not a suitable way of obtaining homely remedies.

References

Managing medicines in care homes. NICE good practice guidance. March 2014.

<https://www.nice.org.uk/guidance/SC1/>

Information for care home staff

This information can be found in adaptable Word documents (attachments 1, 3 & 4) here:

<http://www.prescqiipp.info/resources/viewcategory/253-care-homes-homely-remedies>

The NICE Guideline Development Group (GDG) for the management of medicines in care homes agreed that where a care home provider offers residents treatment for minor ailments with homely remedies, advice from a healthcare professional, such as a GP or pharmacist, on the use of homely remedies should be taken for each resident in advance, or at the time of need.

If the advice is taken in advance it should be **clearly documented and reviewed periodically (especially if there is a change to the prescribed medication)**. The record should **identify which homely remedies are appropriate for individual residents**. See attachment 3 (see above link) for an example of an advance agreement which may be completed by the GP.

- This can be done when the resident initially goes to reside at the care home. This should be kept either with their care plans or with their current medicine administration record (MAR) chart.
- It is left to the healthcare professional's discretion whether certain drugs are excluded from the list.

If the advice is sought at the time of need, this must be done in a timely manner and there must be a robust process for doing so, which not only includes from whom advice would be sought but how the advice is to be documented.

Obtaining supplies

Homely remedies can be purchased from a community pharmacy, supermarket or other store. A record should be kept of purchases made (see attachment 2 on above link).

- Local agreements on payment vary, however it is usual practice for the pharmacy to invoice the home and to be paid from petty cash.
- Bulk prescribing is not a suitable way of obtaining homely remedies.
- No products requiring invasive administration, e.g. suppositories should be included nor is it appropriate to include products that take up to 48 hours to work, e.g. lactulose.
- External preparations are best excluded from the homely remedy policy as they should ideally be used by an individual to avoid cross contamination.
- Dressings and items for first-aid are not homely remedies, neither are vitamin supplements, herbal or homeopathic preparations. (Note this does not include residents who wish to purchase vitamin supplements, herbal or homeopathic preparations for their own use long-term, this should however be discussed with the GP).

Storage

- All homely remedies should be clearly identifiable as a 'homely remedy' (if purchased from a community pharmacy they may label the product to indicate that it is a homely remedy).
- All homely remedies **MUST** be stored in their original packaging together with any information supplied with the product about the medicine use.
- Excessive quantities of homely remedies should not be stored by care homes.
- They should be stored securely in a lockable cupboard or trolley and kept separate to the residents prescribed medication.
- Homely remedies should be stored:
 - » At temperatures below 25°C (unless stated otherwise on the medicine information).
 - » Away from damp and strong light.
 - » In accordance with the patient information leaflet or any instruction on the packaging.
- If the homely remedy is kept in a resident's room it should be stored in a lockable drawer or cupboard.
- Access to homely remedies should be restricted to staff with medicines management responsibilities.

Administration

The administration of a homely remedy can be either in response to a request from the resident or from a member of care home staff. The National Care Forum has treatment flow charts which can be agreed locally and adapted for local use, they are available at:

<http://www.nationalcareforum.org.uk/medsafetyresources.asp>

- **It is the responsibility of the senior carer or duty nurse to check that the administration of the homely remedy is appropriate. If there is any uncertainty the GP or pharmacist should be consulted and the discussion documented.**
- **If the resident self-administers the homely remedy a risk assessment would need to be completed and kept with their care plans.**
- The administration of homely remedies must be recorded according to the care home policy and procedures. The resident's MAR chart is ideal if it is possible to do so; the entry should be annotated 'homely remedy'. It should be clear what was given, when it was given, who administered and why it was given it as well as the effect of the medication. This is particularly important so other members of care staff are aware of when the last dose was given to monitor effectiveness and avoid overdosing.
- The document used to record the purchase of the medicinal product should be updated to indicate that it has been administered to a resident (see attachment 4).
- **Homely remedies should be given for a limited period, usually 48 hours or the period stated in the medicines policy.**
- Once opened, all liquids should have the date opened recorded on the container. Note some products may have a shorter shelf-life once opened, check the manufacturer's literature.

Audit

The balance and expiry dates of the homely remedies must be checked regularly, it is good practice to check these monthly. Note 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.

Information for GPs

This information can be found in an adaptable Word document (attachments 2, 3 & 4) here:

<http://www.prescgipp.info/resources/viewcategory/253-care-homes-homely-remedies>

The NICE Guideline Development Group (GDG) for the management of medicines in care homes states that where a care home provider offers residents treatment for minor ailments with homely remedies, advice from a healthcare professional, such as a GP or pharmacist on the use of homely remedies should be taken for each resident in advance, or at the time of need.

If the advice is taken in advance it should be **clearly documented and reviewed periodically (especially if there is a change to the prescribed medication)**. The record should **identify which homely remedies are appropriate for individual residents**. See attachment 3 (on link above) for an example of an advance agreement which may be completed by the GP.

- This can be done when the resident initially goes to reside at the care home. This should be kept either with their care plans or with their current medicine administration record (MAR) chart.
- It is left to the healthcare professional's discretion whether certain drugs are excluded from the list.
- If the advice is sought at the time of need, there should be an agreement with the care home of how this can be done in a timely manner.
- If a homely remedy protocol is in use it is good practice for the GP to be aware of this and to agree the duration of time treatment with the homely remedy can continue before the resident needs to be referred to the GP.
- No products requiring invasive administration, e.g. suppositories should be included nor is it appropriate to include products that take up to 48 hours to work, e.g. lactulose.
- External preparations are best excluded from the homely remedy policy as they should ideally be used by an individual to avoid cross contamination.
- Dressings and items for first-aid are not classed as homely remedies neither are vitamin supplements, herbal or homeopathic preparations. (Note this does not include residents who wish to purchase vitamin supplements, herbal or homeopathic preparations for their own use long-term, this should however be discussed with the GP).

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).
- If the resident is not examined by the GP but it has been agreed that treatment should continue, the GP should confirm in writing (e.g. fax) that treatment is to continue.
- If the homely remedy is required for regular treatment, a prescription should be provided.

Example of homely remedy agreement form

This form can be found in an adaptable Word document (attachment 3) here:

<http://www.prescqipp.info/resources/viewcategory/253-care-homes-homely-remedies>

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].

This agreement does not remove the requirement that staff involved in the administration of homely remedies must ensure that the medicine to be administered is suitable for the resident's particular circumstances at the time of administration.

Care home name:			
GP practice name:			
GP signature		Care home manager/nurse in charge signature	
Please print name		Please print name	
Date		Date	
Review date			

The homely remedy should not be used for longer than 48 hours without seeking medical attention.

Product	Indication	Adult dose	Maximum daily dose	Additional information	Please indicate which products have been authorised (and annotate those that are excluded)
Gaviscon Advance oral suspension	For the relief of heartburn or indigestion	5 – 10 mls after meals and at bedtime	40mls in divided doses	Sodium and potassium content should be taken into consideration if a highly restricted salt diet is recommended.	
Senna 7.5mg tablets	For the relief of constipation	2 – 4 tablets (usually) at night	4 tablets	May colour urine	

Product	Indication	Adult dose			Maximum daily dose	Additional information	Please indicate which products have been authorised (and annotate those that are excluded)
Senna syrup	For the relief of constipation	10 – 20mls (usually at night)			20mls	May colour urine	
Paracetamol 500mg tablets(also caplets & capsules)	For the relief of mild to moderate pain or raised temperature	Weight * ≤ 40kg 500mg Four times daily Max 2 g daily	Weight * 41kg to 49kg 500mg - 1g Three times daily Max 3 g daily	Weight * > 50kg 500mg - 1g four times daily Max 4 g daily	Maximum dose depends on weight see adult dose column.	Do not give with other paracetamol containing products. Paracetamol Position Statement Mar 2022.pdf (basl.org.uk) *Dry weight should be used	
Paracetamol 250mg/5ml oral suspension	For the relief of mild to moderate pain or raised temperature	Weight * ≤ 40kg 10 ml (500mg) Four Times a day Max 2 g (40 ml) daily	Weight * 41kg to 49kg 10 – 20 ml (500mg -1g) Three times a day Max 3 g (60ml) daily	Weight * > 50kg 10ml – 20ml (500mg -1g) four times a day Max 4 g (80 ml) daily	Maximum dose depends on weight see adult dose column.	Do not give with other paracetamol containing products. Paracetamol Position Statement Mar 2022.pdf (basl.org.uk) *Dry weight should be used	
Simple linctus sugar free	For dry irritating cough	5 – 10mls up to 4 times a day (suitable for diabetics)			40mls in divided doses	Not suitable for productive coughs.	

B72. Care homes - Homely remedies 2.1

Oral rehydration sachets	For treatment of fluid and electrolyte loss associated with acute diarrhoea	One or two reconstituted sachet(s) after each loose motion	20 - 40mls/kg	The solution may be refrigerated for up to 24 hours after which it should be discarded.	
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For variable doses make sure and document the exact amount given, i.e. whether one or two tablets has been administered.

Additional information	
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Record of homely remedies and audit sheet

This form can be found in an adaptable Word document (attachment 4) here:

<http://www.prescqipp.info/resources/viewcategory/253-care-homes-homely-remedies>

Name and strength of homely remedy	
Please use one sheet per product	

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

Additional PrescQIPP resources



Information leaflets, templates

Available here: <http://www.prescqipp.info/resources/viewcategory/253-care-homes-homely-remedies>

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Contact help@prescqipp.info with any queries or comments related to the content of this document.

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

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