

## Medicines Optimisation

# Best Practice Guidance for Care Homes/Services

## Homely Remedies

Homely remedies are medicines that are used in a care service to treat minor ailments in the same way a person would treat themselves in their own home. They are for short-term use only. They are medicines **ONLY** for the person(s) use **not** for care staff use. They are not prescription medicines and can be bought over the counter in most pharmacies.

If a home wishes to use homely remedies, they must develop a policy which should include:

- A list of approved homely remedies with clear instructions for use
- A protocol detailing how and when to administer, and situations when they should not be administered (for example paracetamol should not be given to a person already taking a medication containing paracetamol)
- Storage
- Record keeping
- How long to treat before seeking further advice from a GP

It is good practice to discuss homely remedies with the GP surgery before introducing them to the care service. It is recommended that each person should have a document in their care plan signed by a GP, PCN Pharmacist or care home Pharmacist containing a list of approved homely remedies and explaining situations when these should be administered. This document should be reviewed at least once a year or if there is a change to the persons condition or treatment that may affect the Homely medication. Homely remedies should only be given for a limited period of up to 48 hours or the period stated in your medicine policy, 24 hours if symptoms of diarrhoea are present and fluid intake is poor before contacting a GP for further advice, although medication policies may vary. **Patient returns should not be used as homely remedies.** CQC can request to see the receipts for homely remedy purchases.

If a home does not stock homely remedies staff may feel the only course of action is to call the GP or out of hours service, this could be for something like a headache. By having homely remedies in the home, **an immediate need can be met**, and the GP is only called if symptoms persist<sup>2</sup>. This saves GP time, reduces the use of 111 (out of hours services) and reduces waste medication.

The ICB has further guidance on Homely Medication and a policy that can be adopted or amended for use within a care service. You can find this on the KnowledgeNow website [https://nwknowledgenow.nhs.uk/ Homely Remedies Guide](https://nwknowledgenow.nhs.uk/HomelyRemediesGuide).

## Person's own medication.

There may be occasions when a person wishes to purchase their own supply of medication. Please see [Best Practice Bulletin Self-Care<sup>3</sup>](#) for guidance on person's own medication.

## Suggested Homely Remedies for use in the Care Home

Product	Indication	Adult dose	Maximum daily dose	Additional information
Senna 7.5mg/5ml syrup	For the relief of constipation	5 – 10 mL (usually) at night	10 mL	May colour urine yellow/red brown. Do not use if any suspicion of obstruction
Senna 7.5mg tablets	For the relief of constipation	1-2 tablets (usually) at night	2 tablets	
Paracetamol 500mg tablets (also caplets & capsules)	For the relief of mild to moderate pain or raised temperature	<b>Over 50kg:</b> 2 tablets every 4 to 6 hours, up to a maximum of 8 in 24 hours. <b>Under 50kg:</b> 1 tablet every 4 to 6 hours, up to a maximum of 4 in 24 hours.	<b>Over 50kg:</b> 8 tablets in divided doses <b>Under 50kg:</b> 4 tablets in divided doses	Do <b>NOT</b> give with other paracetamol containing products (e.g., co-dydramol, co-codamol, co-proxamol). Check the contents of branded medicines e.g., Lemsip® for paracetamol contents. Not to be given where there is history of liver damage or alcohol abuse.
Paracetamol 250mg/5mL oral suspension	For the relief of mild to moderate pain or raised temperature	<b>Over 50kg:</b> 20mL every 4 to 6 hours, up to a maximum of 80mL in 24 hours. <b>Under 50kg:</b> 10mL every 4 to 6 hours, up to a maximum of 40mL in 24 hours.	<b>Over 50kg:</b> 80mL in divided doses <b>Under 50kg:</b> 40mL in divided doses	
Gaviscon Advance/ Acidex Advance	For the relief of heartburn or indigestion.	5 – 10 mL after meals and at bedtime	40 mL in divided doses	Sodium and potassium content should be taken into consideration if a highly restricted salt diet is recommended.
Simple linctus sugar free	For relief of dry irritating cough.	5 – 10 mL up to 4 times a day (suitable for diabetics as sugar free).	40ml in divided doses	Not suitable for productive/chesty coughs.
Lactulose oral solution	For the relief of constipation.	15 mL TWICE daily <i>(Needs 24-48hrs of regular dosing to have desired effect)</i>	30 mL	Not to be given to lactose intolerant patients. Do not use if any suspicion of obstruction. Encourage fluids and fruit/vegetables to aid constipation.
Oral rehydration sachets e.g., Dioralyte®	For treatment of fluid and electrolyte loss associated with <b>acute</b> diarrhoea.	ONE or TWO reconstituted sachet(s) dissolved in 200mL drinking water after each loose motion.	20 - 40 mL/kg	The solution may be refrigerated for up to 24 hours after which it should be discarded.  <b>Diarrhoea for over 24 hours warrants GP referral.</b>  Refer if dehydration apparent e.g., dry

**For variable doses make sure and document the exact amount given, i.e. whether one or two tablets has been administered.**

## Administration and Record Keeping

Homely remedies should be stored in a separate locked container away from prescribed medication. Only trained staff should be involved in administering homely remedies. It is recommended that each person should have a signed protocol in their care plan, with a copy kept with the MAR chart, explaining the conditions where homely remedy administration is appropriate. Staff must always make a full assessment of the person resident before giving these medicines and if they are considered necessary.

**The Homely medication should be written on the front of the MAR chart if using a paper MAR Chart ( Emar, record as per device instructions, the advice for the administration and recording will be the same as if using a paper MAR). The administration should be recorded on the front of the mar chart, on the back of the MAR chart the dosage/time and reason for administration should be recorded, followed by the outcome of taking the Homely medication e.g Paracetamol for headache, outcome headache has gone.**

The service needs to keep a separate record book for Homely remedies, this should be kept with the Homely remedies. Ensure that any Homely remedies which are purchased by the home are recorded in the book along with **all** administrations and a stock balance for auditing purposes. Each medicine should be on a separate page.

Homely remedies need to be included in the regular medication audit to ensure that quantities are correct, the medicines are still in date and adequate stock is held. Once opened all liquids should have the date opened recorded on the container, some items may have a shorter shelf-life once opened, check manufacture's information. Expired homely remedies should be entered in both the homely remedy record book and the returns book and disposed of according to your returns policy. Safe management of homely remedies is the responsibility of the care home.

### References

- 1 Care Homes – Homely Remedies' – PrescQIPP Bulletin 72 <https://www.prescqipp.info/media/1181/b72-care-homes-homely-remedies-21.pdf>
- 2 Homely Remedies Guide - [HomelyRemediesGuide\\_PPMO\\_CareHomes\\_01062024.pdf \(nwknowledgenow.nhs.uk\)](#)
- 3 Best Practice Guide 31 Self-Care [BestPracticeSelfCare\\_Carehomes.pdf \(nwknowledgenow.nhs.uk\)](#)

<b>Title</b>	Best Practice Guidance – Homely Remedies
<b>Description of policy</b>	To inform healthcare professionals
<b>Scope</b>	Information for Care Services
<b>Prepared by</b>	Medicines Optimisation Team
<b>Evidence base / Legislation</b>	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> <b>B. mix of national and local consensus</b> <i>C. based on local good practice and consensus in the absence of national research based information.</i>
<b>Dissemination</b>	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
<b>Approved by</b>	Medicines Optimisation Team June 2018
<b>Authorised by</b>	Medicines Optimisation Team June 2018
<b>Review date and by whom</b>	Medicines Optimisation Team – Nov 2026
<b>Date of issue</b>	Update agreed by TAG – Dec 2024

**Version Control** (To be completed by policy owner)

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
0.1	Dec 2014	Prescribing & Medicines Management Team JC	Draft	Discussed at SMT and some amendments suggested
0.2	Jan 2015	Prescribing & Medicines Management Team JC/ SW	draft	Clarification of wording. “Prescribing Team” amended to NEL CSU Anglia Prescribing Team & contact details added. Amended table: ml instead of mls
1.0	Jan 2015	Prescribing & Medicines Management Team JC/ SW	final	
2.0	Jan 2016	Prescribing & Medicines Management Team JC/ SW		Checked for accuracy/ content.
2.1	April 2018	Prescribing & Medicines Management Team SPC	Draft	Reviewed and updated. AGEM logos added. References checked and added. Additional information added to Guide.
3.0	June 2018	Prescribing & Medicines Management Team	Final	Approved by Senior Team June 18
3.1	Nov 20	Medicines Optimisation Team - LW	Review	Reviewed minor updates made
4.0	Jun 21	Medicines Optimisation Team	Final	Approved by Senior Team May 21
4.1	Aug 2023	Medicine Optimisation Team LE	Final	Uploaded to new template only
4.2	Nov 2024	Medicine Optimisation Team RH	Review	Minor updates and word changes