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Homely Remedies and Self-Care Toolkit for Care Homes

For implementation within nursing, residential and learning disability care homes across Suffolk and North East Essex

Produced by Suffolk and North East Essex (SNEE) Medicines Optimisation Teams

Version 2 based on documents developed by West Suffolk, Ipswich and East Suffolk, North East Essex, Hastings and Rother, and Eastbourne, Hailsham and Seaford Clinical Commissioning Groups

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Version 2.0 Approved by IMOC June 2024. Review date June 2026.

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Introduction

This toolkit enables care homes with residents over 18 years of age, including people with learning disabilities, to offer a traditional Homely Remedies scheme and to support residents in self-caring for selected minor conditions with treatments purchased over the counter (OTC).

Medicines that can be purchased fall into two legal categories:

- GSL (General Sales List), which are widely available.
- P (Pharmacy Only) which are only available from a registered pharmacy.

Together, they are commonly known as Over the Counter (OTC) medicines.

In March 2018 NHS England produced guidance advising that OTC medicines should not routinely be prescribed for 35 conditions that are[1]

1. Self-limiting and do not require medical advice or treatment as the condition will clear up on its own; and /or
2. A minor illness that is suitable for self-care and treatment with items that can be purchased over the counter from a pharmacy.

Or for vitamins, minerals and probiotics where there is a lack of robust evidence of clinical effectiveness.

This guidance applies to all residents - **including those who would be exempt from paying prescription charges** - unless they fall under the exceptions listed below[1].

1. Residents that are prescribed an OTC treatment for a long-term condition (e.g. regular pain).
2. For the treatment of more complex forms of a minor illness (e.g. severe migraine that is unresponsive to OTC medicines).
3. For those residents that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms).
4. Treatment of complex residents (e.g. immunocompromised).
5. Residents in receipt of prescription only treatment.
6. Residents prescribed an OTC product to treat an adverse effect or symptom of a complex illness and/or prescription only medicines (e.g. regular laxatives to treat constipation caused by analgesics).
7. Circumstances where the product licence does not allow an OTC sale (e.g. hydrocortisone cream for use on the face).
8. A resident with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
9. A resident where the clinician considers the presenting symptom is due to a condition that would not be considered a minor illness.
10. Consideration of safeguarding issues.

Residents should have access to OTC products to enable them to self-care. Access to OTC medicines to self-care is an issue of equality. Care homes should have policies in place to support residents to access OTC products in a timely manner.[2]

The differences between homely remedies and products purchased for self-care

	Homely remedies	Products for self-care
Purchased	By care home	By or on behalf of resident
Property of	Care home	The individual resident
For use by	Any resident for whom it is clinically appropriate.	The individual resident only.
Duration of use	48 hours before contacting an HCP at the GP practice	Determined by the condition being treated. May be used short or long term.
Storage	Away from other medicines, clearly annotated as homely remedies.	Alongside resident's other medicines, clearly annotated with the resident's name.

If you are offering people treatment for minor ailments with homely remedies, you should have a process for how to do this safely. This process should be included in the care home medicines policy.[2] Further information can be found in Part 1 and a template policy is included in Appendices 1, 2 & 3.

You should have a policy to support people who wish or need, to self-care. This should include the necessary safeguards to support people to self-care when carers or relatives provide OTC products[2]. Further information can be found in Part 2 and a template policy is included in Appendix 4.

Definitions

Within this toolkit the term HCP refers to a healthcare professional registered with their professional body. This includes:

- Doctor
- Pharmacist
- Pharmacy technician
- Nurse
- Paramedic
- Physiotherapist

Part One: Homely Remedy Guidance

A homely remedy is a medicine used to treat minor ailments. Homely remedies are purchased over the counter by the care home and kept as stock to give residents access to medicines that would commonly be available in any household.[2] Homely remedies are NOT for the specific use of individual residents and do NOT need to be prescribed.

Key points for homely remedies

1. This toolkit provides a template policy (Appendices 1, 2 & 3) for care homes with or without nursing for adult residents (18 years or over) who agree to stock the recommended list of products to treat a range of minor illnesses.
2. Homely remedies must be purchased by the care home and should NOT be labelled for individual resident use.
3. Medicines that are NOT suitable as homely remedies include:
    a. Creams and emollients as they should not be shared between residents.
    b. Products that require invasive administration e.g. suppositories.
    c. Medicines that take up to 48 hours to work e.g. lactulose.
    d. Vitamins, herbal or homeopathic supplements.
    e. Medicines being obtained via bulk prescription.
4. Homely remedies should usually only be given for up to 48 hours[3,4], before referring to an HCP at the GP practice if symptoms persist. If required for longer than 48 hours, the HCP will need to assess and advise. The HCP may recommend that an OTC product is purchased for the resident - this would then become self-care (see part 2).
5. Homely remedies should NOT be requested on prescription from GPs or non-medical prescribers.

SNEE ICB have agreed that the following conditions are appropriate for treatment with homely remedies using the products listed in the table below

Condition	Homely Remedy
Allergy	• Cetirizine tablets & liquid
Constipation	• Macrogol (Laxido®/ Movicol®) • Senna tablets or liquid
Diarrhoea	• Oral rehydration therapy e.g. Dioralyte® • Loperamide
Indigestion and heartburn	• Peptac® liquid
Dry irritating cough	NHS – Cough management advice available at: Cough - NHS (www.nhs.uk) (Hot honey and lemon)
Pain (mild to moderate), discomfort and fever. (e.g. aches and sprains, headache, period pain, back pain, tooth ache)	• Paracetamol tablets & suspension

Part Two: Self-Care Guidance

The HCP at your GP practice will not generally give your residents a prescription for certain medicines that are available to buy in a pharmacy or supermarket (OTC medicines) **even if they qualify for free prescriptions.** This applies to treatments for the conditions listed in the table below.[1]

N.B. All products purchased for self-care are resident specific. The product may be appropriate for short or long-term use depending on the condition being treated.

ITEMS OF LIMITED CLINICAL EFFECTIVENESS			
There is a lack of robust evidence to support the prescribing of these items.			
PROBIOTICS		VITAMINS AND MINERALS	
TREATMENT FOR THE FOLLOWING SELF-LIMITING CONDITIONS			
The condition does not need treatment as it will heal or be cured of its own accord.			
ACUTE SORE THROAT	COLD SORES OF THE LIP (infrequent)	CONJUNCTIVITIS	COUGHS, COLDS and NASAL CONGESTION
CRADLE CAP	CYSTITIS (mild)	HAEMORRHOIDS	INFANT COLIC
TREATMENT FOR THE FOLLOWING MINOR CONDITIONS SUITABLE FOR SELF-CARE			
The patient does not normally need to seek medical advice but may decide to seek advice and/or purchase an OTC preparation for symptom relief.			
ACNE (mild)	BURNS and SCALDS (minor)	CONSTIPATION (infrequent)	DANDRUFF
DERMATITIS (mild irritant)	DIARRHOEA (adults)	DRY EYES, SORE TIRED EYES	DRY SKIN (mild)
EARWAX	EXCESSIVE SWEATING	HAY FEVER and/or SEASONAL RHINITIS (mild to moderate)	HEAD LICE
INDIGESTION and HEARTBURN	INSECT BITES and STINGS	MIGRAINE (infrequent)	MOUTH ULCERS
NAPPY RASH	ORAL THRUSH	PAIN (minor pain, discomfort and fever)	PREVENTION OF TOOTH DECAY
RINGWORM, ATHLETE'S FOOT	SUNBURN	SUN PROTECTION	TEETHING, MILD TOOTHACHE
THREADWORMS	TRAVEL SICKNESS	WARTS and VERRUCAE	

Situations where the purchase of a product for self-care may be appropriate

- **Purchased by, or on behalf of a resident, without HCP advice**
  Residents or relatives may purchase or bring in their own OTC products for self-care. All OTC products should be checked for potential interactions with prescribed medicines.[2] If there is any uncertainty an HCP should be consulted, and the discussion documented.

- **Practice recommendation to purchase and use an OTC preparation**
  Following a consultation or after reviewing 48hrs use of a homely remedy, an HCP may advise the care home staff to arrange the purchase of an OTC preparation. The HCP should inform the care home of how long the product is to be used for and provide any necessary supplementary advice to support its use. This can be provided as verbal or written instructions.[2]

- **Community pharmacy consultation**
  Following a conversation with care home staff or a referral from the GP practice, an appropriate member of staff at a community pharmacy may recommend the purchase of an OTC product for a resident. They should advise the care home of how long the product is to be used for and provide any necessary supplementary advice to support its use.

Key points for products purchased for self-care

1. The instructions for use that the HCP has provided (either verbally or written) should be written into that individual's care plan by care home staff.[2]
2. The medicines should be counted into the home and recorded on the MAR chart (Medicines Administration Record)[2] by the care home staff, to ensure regular dosing, recording and stock control.
3. These medicines are not for general use in the home and must remain specific to the individual resident. The packaging should be clearly annotated with the resident's name.
4. If symptoms worsen, care home staff should seek advice from an HCP earlier than the initial recommended duration.

References

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10. Paracetamol Position Statement Mar 2022.pdf (basl.org.uk) (Accessed 17/01/24).
11. Patient information leaflet: Movicol 13.8g sachet, powder for oral solution. Available at Movicol 13.8g sachet, powder for oral solution - Patient Information Leaflet (PIL) - (emc) (medicines.org.uk). Last updated 22/1/2024, (Accessed 14/3/2024).

Additional Resources

- NHS - Why can't I get a prescription for an over-the-counter medicine? Available at: Why can't I get a prescription for an over the counter medicine? - NHS (www.nhs.uk)
- NHS England – Prescribing of over the counter medicines is changing. Available at: 1a-over-thecounter-leaflet-v1.pdf (england.nhs.uk)

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Appendix 1

Homely remedies policy

For care homes with and without nursing for adult residents (18 years and over)

Name of care home	
Signature of care home manager	
Date	

A homely remedy is a medicine used to treat minor ailments. Homely remedies are purchased over the counter by the care home and kept as stock to give residents access to medicines that would commonly be available in any household.[2] Homely remedies are NOT for the specific use of individual residents and do NOT need to be prescribed.

The Care Quality Commission agrees that a small range of products may be kept in stock in a care home for residents for the treatment of minor illness for a short duration.

SNEE ICB have agreed that the following conditions are appropriate for treatment with homely remedies using the products listed in the table below:

Condition	Homely Remedy
Allergy	• Cetirizine tablets & liquid
Constipation	• Macrogol (Laxido®/ Movicol®) • Senna tablets & liquid
Diarrhoea	• Oral rehydration therapy e.g. Dioralyte® • Loperamide
Dry irritating cough	• NHS – Cough management advice available at: Cough - NHS (www.nhs.uk)
Indigestion and heartburn	• Peptac® liquid
Pain (mild to moderate), discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain, tooth ache)	• Paracetamol tablets & suspension

Storage of homely remedies

- All homely remedies should be annotated to make them clearly identifiable[2].
- When new supplies are purchased, they should be recorded on the appropriate stock sheet (Appendix 2) and the running balance should be updated.

- Homely remedies should be stored in a lockable cupboard or trolley and kept separate to residents' prescribed medication.[2]
- Access should be restricted to staff with medicines management responsibilities.
- All homely remedies MUST be stored in their original packaging together with any information supplied with the product about the medicine use.
- They should be stored in accordance with the instructions in the patient information leaflet.
- All liquids and suspensions should have the date opened recorded on the bottle/label. Some liquids have a shorter shelf-life once opened, the manufacturer's instructions should be checked for this information[3]
- Balance and expiry dates must be checked regularly; it is good practice to check these monthly[3]

Administration of homely remedies

- 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.
- Care must be taken to ensure that any homely remedies given are not contra-indicated and do not interact with the resident's prescribed medication.
- It is the responsibility of the senior carer or duty nurse (named in Appendix 2) to check that the administration of the homely remedy is appropriate[3]. **If there is any uncertainty an HCP should be consulted, and the discussion documented[3]**.
- Administration must only be undertaken by staff that have signed to confirm that they have read and understood the homely remedies policy and are now able to administer a homely remedy in accordance with the policy (Appendix 2).
- The resident's symptoms should be assessed prior to any further doses being given to determine whether the medicine is still required. Homely remedies should be given for a maximum of 48 hours before seeking a review from an HCP at the GP practice[3].
- The administration of homely remedies must be recorded on each resident's MAR chart. The entry should be annotated 'homely remedy' and the entry should state:
    - Reason for administration
    - Time given
    - Dose given
    - Who administered it
    - The effect of the medication
- The dose should also be recorded on the stock sheet for the appropriate homely remedy (Appendix 3) and the running balance should be updated.
- If a homely remedy is needed regularly for a resident, this must be reviewed by an HCP at the GP practice.
- Homely remedies are not for the use of anyone else e.g. family member or staff.

Disposal of Homely Remedies

- Homely remedies must be disposed of when they are out of date, in accordance with the care home's disposal of medicines procedure.
- The disposal of homely remedies should be recorded on the appropriate stock sheet (Appendix 3) and the running balance should be updated.

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Medicines Information: Allergy[5,6]

Call 999 or go to A&E if your resident has:

- Skin rash that may include itchy, red, swollen, blistered or peeling skin
- Wheezing
- Tightness in the chest or throat
- Trouble breathing or talking
- Mouth, face, lips, tongue or throat starts swelling

Drug	Cetirizine	
	Tablets	**Liquid**
Indication for use	For relief of allergy	For relief of allergy
Strength	10mg	5mg/5ml
Dose	ONE tablet once a day	TWO 5ml spoonful (10mg) once a day
Maximum dose in 24 hours	ONE tablet (10mg)	TWO 5ml spoonful (10mg)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek (and document) advice of an HCP at the GP practice	
Do not give if resident …	• Has a known hypersensitivity to cetirizine or any other ingredients • Is allergic to other antihistamines • Has an intolerance to sugars such as lactose or sorbitol • Has taken any antihistamines within the last 24 hours	
Discuss with an HCP before giving if resident…	• Has liver or kidney failure • Has epilepsy or fits • Has a condition that means they have difficulty passing urine	
Additional information	• Although cetirizine is classed as a non-drowsy antihistamine, some people still find it makes them feel quite sleepy, so be aware of this with regards to the risk of falling. • Common side effects include headache, dry mouth and throat, stomach upset, nausea and diarrhoea • Resident should not drink alcohol whilst taking this medicine • Stop taking the medicine immediately if the resident develops difficulty breathing, swelling of the face, lips, tongue or throat (severe allergic reaction) – **call 999 or go to A&E**	
Additional resources	• Cetirizine: antihistamine that relieves allergy symptoms - NHS (www.nhs.uk) • Patient Information leaflet (check the label / leaflet for the product purchased) • BNF - BNF British National Formulary - NICE • Allergies - NHS (www.nhs.uk)	

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Medicines Information: Constipation[5,6,11]

Refer to an HCP at the GP practice for advice if your resident:

- Is not improving with treatment
- Is regularly constipated and it lasts a long time
- Is bloated and it lasts a long time
- Has blood in their poo
- Has unexpectedly lost weight
- Feels very tired all the time
- Has severe abdominal pain
- Is taking medicine that's causing constipation – such as opioid painkillers

First Line Laxative

Drug	Macrogol '3350' powder sachet (Laxido/ Movicol)
Indication for use	For relief of constipation
Strength	Macrogol 3350, with potassium chloride, sodium chloride and sodium bicarbonate.
Dose	ONE sachet, taken up to 3 times a day To be made up in 125mL of water (half a glass). Can be mixed with any juices of preference.
Maximum dose in 24 hours	3 sachets
Maximum duration of treatment as homely remedy	Up to 48 hours then seek (and document) advice of an HCP at the GP practice
Do not give if resident …	• Has a known hypersensitivity to macrogol or any other ingredients – consider senna as an alternative • Has had a hole or perforation in the wall of their intestine • Has ulcerative colitis, Crohn's disease or a rare condition called toxic megacolon. • Is already prescribed macrogol or other laxatives
Discuss with an HCP before giving if resident …	• Has ever had a blockage in their intestines or paralysis of the intestine • Is being treated for heart failure or an irregular heartbeat • Has been told to follow a low-salt diet
Additional information	• Can be chilled in fridge before giving • Reconstituted sachets must be discarded after 6 hours if not taken. • The most common side effects are stomach pain, diarrhoea, wind and a sore bottom. These are usually mild and short lived • When taking Compound Macrogol Oral Powder Sugar Free you should continue to take plenty of fluids. The fluid content of Compound Macrogol Oral Powder Sugar Free should not replace your regular liquid intake

Additional resources	• Macrogol: laxative to treat constipation - NHS (www.nhs.uk) • Patient Information leaflet (check the label / leaflet for the product purchased) • BNF - BNF British National Formulary - NICE • Constipation - NHS (www.nhs.uk)

Second Line Laxative

Drug	Senna	
	Tablets	Syrup
Indication for use	For relief of constipation	For relief of constipation
Strength	7.5mg tablet	7.5ml/5ml syrup
Dose	ONE to TWO tablets at night	5 to 10ml at night
Maximum dose in 24 hours	TWO tablets	10ml syrup
Maximum duration of treatment as homely remedy	Up to 48 hours then seek (and document) advice of an HCP at the GP practice	
Do not give if resident …	• Has a known hypersensitivity to senna or any other ingredients • Has a bowel obstruction • Has severe stomach pain and feeling or being sick • Has Crohn's disease or ulcerative colitis • Has appendicitis • Is already prescribed senna or other laxatives • Has severe dehydration	
Discuss with an HCP before giving if resident …	• Has kidney or heart problems • Pregnant or breastfeeding	
Additional information	• For use when macrogols are not tolerated • The most common side effects are stomach cramps and diarrhoea. These are usually mild and short-lived • May colour urine red-brown	
Additional resources	• Senna (Senokot): laxative to treat constipation - NHS (www.nhs.uk) • Patient Information leaflet (check the label / leaflet for the product purchased) • BNF - BNF British National Formulary - NICE • Constipation - NHS (www.nhs.uk)	

Medicines Information: Diarrhoea[5,7]

Refer to an HCP at the GP practice for advice if your resident:

- Still has signs of dehydration after using oral rehydration sachets
- Has bloody diarrhoea or bleeding from the bottom
- Has had diarrhoea for more than 7 days
- Has a recent history of constipation
- Has severe abdominal pain
- Has signs of drowsiness and confusion

Drug	Dioralyte® sachets
Indication for use	For fluid and electrolyte replacement due to diarrhoea
Strength	N/A
Dose	One or two sachets after each loose stool Contents of each sachet should be dissolved in 200ml of drinking water.
Maximum dose in 24 hours	N/A
Maximum duration of treatment as homely remedy	Up to 48 hours then seek (and document) advice of an HCP at the GP practice
Do not give if resident …	• Has a known hypersensitivity to any of the ingredients • Is already prescribed Dioralyte sachets or other oral rehydration preparations
Discuss with an HCP before giving if resident …	• Has chronic or persistent diarrhoea • Has liver or kidney disease • Has diabetes • Is on a low potassium or sodium diet • Has an intestinal obstruction (SPC)
Additional information	• The solution may be stored for up to 24 hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded. • It should not be diluted in any fluid other than drinking water • Must be made up with exactly 200ml to ensure correct concentration
Additional resources	• Patient Information leaflet (check the label / leaflet for the product purchased) • BNF - BNF British National Formulary - NICE • Diarrhoea and vomiting - NHS (www.nhs.uk)

Drug	Loperamide capsules
Indication for use	For immediate short-term relief of diarrhoea
Strength	2mg capsule
Dose	TWO capsules (4mg) initially then ONE capsule (2mg) after every loose stool
Maximum dose in 24 hours	SIX capsules (12mg)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek (and document) advice of an HCP at the GP practice
Do not give if resident …	• Has a known hypersensitivity to any of the ingredients • Is already prescribed loperamide • Has severe diarrhoea after taking antibiotics • Is having a flare-up of an inflammatory bowel condition like ulcerative colitis • Is constipated or has a swollen looking stomach
Discuss with an HCP before giving if resident …	• Has HIV and their stomach becomes swollen • Has liver problems • Is taking other medicines for diarrhoea, constipation or any other stomach and bowel problems • Is taking ritonavir, quinidine, itraconazole, ketoconazole, gemfibrozil or desmopressin
Additional information	• Common side effects include constipation, dizziness, nausea, headaches and wind
Additional resources	• Loperamide: a medicine used to treat diarrhoea - NHS (www.nhs.uk) • Patient Information leaflet (check the label / leaflet for the product purchased) • BNF - BNF British National Formulary - NICE • Diarrhoea and vomiting - NHS (www.nhs.uk)

Medicines Information: Indigestion/Heartburn[5,8,9]

Refer to an HCP at the GP practice for advice if your resident:

- Keeps getting indigestion
- Is in severe pain
- Has lost a lot of weight without meaning to
- Has difficulty swallowing
- Keeps being sick
- Has iron deficiency anaemia
- Feels like they have a lump in their stomach
- Has blood in vomit or poo

Drug	Peptac® liquid aniseed/peppermint
Indication for use	Heartburn and dyspepsia (indigestion)
Strength	133.5mg sodium bicarbonate, 250mg sodium alginate and 80mg calcium carbonate in 5ml.
Dose	10-20ml after meals, and at bedtime.
Maximum dose in 24 hours	80ml daily
Maximum duration of treatment as homely remedy	Up to 48 hours then seek (and document) advice of an HCP at the GP practice
Do not give if resident …	• Has a known hypersensitivity to any of the ingredients • Is taking regular antacids (e.g. Peptac, Gaviscon)
Discuss with an HCP before giving if resident…	• Is prescribed a Proton Pump Inhibitor (PPI e.g. lansoprazole, omeprazole) • Is on a low salt diet • Has heart disease or kidney disease
Additional information	• Shake well before use • Do not take this product within 2 hours of taking other medicines by mouth as it could interfere with the action of some other medicines
Additional resources	• Patient Information leaflet (check the label / leaflet for the product purchased) • BNF - BNF British National Formulary - NICE • Indigestion - NHS (www.nhs.uk)

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Medicines Information: Pain[5,6,10]

Refer to an HCP at the GP practice for advice if your resident:

- Has moderate to severe pain
- Is on regular analgesics (pain killers)
- Is experiencing any tingling or numbness in the area of the pain

Drug	Paracetamol			
	Tablets/Caplets		Suspension	
Indication for use	Relief of mild pain		Relief of mild pain	
Strength	500mg		250mg/5ml suspension	
Dose	TWO tablets up to FOUR times a day		FOUR 5ml spoonfuls (20ml) up to FOUR times a day	
Maximum dose in 24 hours	8 tablets (4g) in divided doses - (maximum 2 tablets (1g) in any 4 hours)		80ml (4g) in divided doses - (maximum of 20ml (1g) in any 4 hours)	
	Adjusted dose recommendations in elderly or those at risk of hepatotoxicity	**Weight ≤ 40kg**	**Weight 41kg to 49kg**	**Weight > 50kg**
	Oral dosing (PO)	500mg four times daily	500mg - 1g **Three** times daily	500mg - 1g four times daily
	Maximum daily dose	2 g	**3 g**	4 g
Maximum duration of treatment as homely remedy	Up to 48 hours then seek (and document) advice of an HCP at the GP practice			
Do not give if resident …	• Has a known hypersensitivity to paracetamol or any of the other ingredients • Is taking other paracetamol containing products (including over the counter medications)			
Discuss with an HCP before giving if resident …	• Has liver or kidney problems • Regularly drinks more than the maximum recommended amount of alcohol (14 units/week)			
Additional information	• **Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist.**			
Additional resources	• Paracetamol for adults: painkiller to treat aches, pains and fever - NHS (www.nhs.uk) • Patient Information leaflet (check the label / leaflet for the product purchased) • BNF - BNF British National Formulary - NICE • Health A to Z - NHS (www.nhs.uk)			

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Appendix 2
Authorisation to administer a medication in accordance with the homely remedies policy

Name of care home:

Part A
The staff members named below have the authority to decide if it is appropriate for a resident to receive a homely remedy.

Name	Signature	Initials	Manager's authorisation	Date

Part B
The staff members named below have confirmed that they have read and understood the homely remedies policy and are now able to administer a homely remedy in accordance with the policy. Only the staff named in Part A, above, can decide if it is appropriate for a resident to receive a homely remedy.

Name	Signature	Initials	Manager's authorisation	Date

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Appendix 3
Homely Remedies Stock Record

Name of Medicine:
Strength:
Formulation:
Expiry date:

Date	Quantity received INTO stock	Administration			Quantity destroyed	Running balance	Staff initials
		Time	Resident's name	Quantity administered			

Balance and expiry dates must be checked regularly. It is good practice to check these monthly.

Appendix 4

Self-care policy

For care homes with and without nursing

Name of care home	
Signature of care home manager	
Date	

The Care Quality Commission states that residents should have access to OTC products to enable them to self-care. Access to OTC medicines to self-care is an issue of equality[2].

Initial screening of medicines purchased for self-care

- Check if an HCP has been involved in the recommendation of the medicines for self-care.
- If the medicine has been purchased following HCP advice
  - Document in the resident's care record the advice provided by the HCP, this should include how long the medicine is to be used for.
- If the medicine has been purchased without HCP advice
  - The medicine should be checked for potential interactions with prescribed medicines by the senior carer or duty nurse[2]. If there is any uncertainty an HCP should be consulted, and the discussion documented.
- Any instructions for use that an HCP has provided (either verbally or written) should be written into that individual's care plan by care home staff.[2]

Storage

- The medicines should be counted into the home and recorded on the Medicines Administration Record (MAR) chart by the care home staff, to ensure regular dosing, recording and stock control[2].
- The packaging should be clearly annotated with the resident's name.
- The medicines should be stored alongside the resident's prescribed medication and in accordance with the instructions in the patient information leaflet[2].
- All liquids and suspensions should have the date opened recorded on the bottle/label. Some liquids have a shorter shelf-life once opened; the manufacturer's instructions should be checked for this information[3].
- Balance and expiry dates must be checked regularly, it is good practice to check these monthly[3].

Administration

- Care home staff should follow the care home's medicines policy.
- Administration of medicines should be recorded on the MAR chart and the running balance be updated.
- If a resident's symptoms worsen or their condition is not improving as expected, care home staff should seek advice from an HCP earlier than the initial recommended duration.

Disposal

- Medicines must be disposed of when they are out of date, in accordance with the care homes disposal of medicines procedure.