Paracetamol will be kept by the home to be available to treat residents for acute onset mild pain or fever. This can be administered to residents as per pain protocol in Appendix 1.

Senna will be kept by the home to be available to treat residents for occasional constipation. This can be administered to residents as per the constipation protocol in Appendix 2.

Further information is available at: http://www.rnha.co.uk/web_images/pdfs/mm%20Homely%20Remedies%20Guide%202013.pdf

The maximum duration of treatment should not exceed 48 hours for each particular medication without obtaining medical advice. If symptoms persist beyond 48 hours, or give cause for concern, or the resident has repeated need, medical advice should be obtained as the symptoms may indicate a more serious underlying condition.

The home will administer patient specific self-care products to residents following a risk assessment and provided either a GP, nurse or pharmacist (having checked with current medication) advises use and provides information about how to use and when to seek further advice.


**Supply**
The home is responsible for the supply of homely remedies. The home should agree with the resident/family as to who is responsible for the supply of self-care products. It is possible that service users, possibly with the help of their relatives, will buy or have supplied their own homely remedies.

The home will routinely ask the service users and their relatives to disclose and discuss if they are taking any additional medicines to their prescribed medicines so that the home, in exercising its duty of care, can add them to the residents medication administration chart, include them in reconciliation procedures and check that they are safe to use. The home will discuss with the service user and those involved in the supply of this additional medication the importance of sharing the information so that any risks in their use can be assessed and controlled. The home will confirm that the medication used is not illegal.

**Administration**
All staff must recognise and act within the parameters of safe practice. The care home manager is responsible for ensuring all staff involved in the administration of any medicines receives the

<table>
<thead>
<tr>
<th>MOVP-047 - V1 - Example Homely Remedies Policy</th>
<th>Status: Approved</th>
<th>Next Review Date: May 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2018</td>
<td>Approved date: 29/05/18</td>
<td>Page 1 of 7</td>
</tr>
</tbody>
</table>
appropriate on-going training and support to maintain and update their knowledge on the use and administration of the homely remedies and self-care products. Administration of the homely remedies must only be undertaken by staff that have undertaken the appropriate medication training and signed the relevant form stating that they have read and understood and are named in this homely remedy policy.


Service users with capacity who insists on taking homely remedies against the home’s medically based advice that they are unsafe, will be asked to sign a disclaimer stating that the home cannot be held responsible for any adverse outcome.

If service users are taking unsafe over-the-counter medication, when they appear to lack the mental capacity to appreciate the risks, the home will carry out a best interests’ assessment with all those involved in their care and decide on the appropriate course of action. The home is mindful that if it imposes any agreed restrictive measures, which are considered in a service user’s best interests, where they lack capacity, its actions might need to be authorised under deprivation of liberty safeguards’ procedures.

**Consent**
Care home staff should ensure that they obtain the resident’s consent before administering a homely remedy and confirm that the resident has no allergies to the remedy. If unable to obtain consent, or if in doubt, the resident’s family or GP should be contacted.

**Storage of Homely Remedies**
A locked medicine cupboard or trolley is required for the storage of all homely remedies. They should be separated from all prescribed medicines and clearly marked as homely remedies.

**Storage of Self –Care products**
Depending on the risk assessment, self-care products may either be stored in the residents own room or in the locked medicine trolley alongside the prescribed medication for the resident.

**Recording the administration**
It is essential that all medicines that are given to residents are recorded to maintain accurate records and avoid possible overdosing. Administration of homely remedies and self-care products must be recorded on the appropriate resident’s medication administration record (MAR) sheet. The reason for administration of homely remedies should also be recorded on the MAR sheet. The MAR sheet should be annotated where residents are responsible for administration.

**Checking Stock**
When the home receives a supply of homely remedies the stock should be booked in on a homely remedies stock sheet.

When a dose of a homely remedy is given to a resident it must be logged out of the stock sheet and a running balance maintained so a clear audit trail of these items can be maintained. Stock should be counted every week to maintain an audit trail of usage and to check expiry dates. A separate stock sheet should be held for each individual homely remedy stocked by the care home.

As all self-care products are booked in on the resident’s MAR sheet. If the home is responsible for reconciliation of the product a regular audit of the administration of all self-care products should be carried out to identify when a further supply is required.

### Expiry Dates

The expiry dates of all the stocked homely remedies and self-care products must be checked regularly (at least every 6 months). All liquids and suspensions for internal use should have the date of opening recorded on the bottle. Some preparations such as eye drops and liquid medicines may specify a shorter expiry once opened.

### Training

Care staff should be aware from their medication training of the possible side-effects of all medications administered and watch out for such side-effects in any service user using the medicine, whereupon, they should report the matter so that medical advice can be sought.

### Carers trained and competent to administer homely remedies

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Date</th>
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</table>
Appendix 1 - Guidance on Pain Protocol
Adapted from: http://www.rnha.co.uk/web_images/pdfs/mm%20Homely%20Remedies%20Guide%202013.pdf

Guidance for treatment of minor ailments with household remedies - PAIN such as headache and toothache

Flow chart for use when service user with symptoms of acute onset pain or mild fever

All cases of sudden onset severe pain must be referred.

- Has resident been given any medication containing paracetamol during last 4 hours?
  - Remember that paracetamol is an ingredient of other medicines such as co-codamol, co-dydramol. (some may be prescribed by brand name eg Kapake) as well as many products purchased over the counter such as cough and cold remedies (check labels carefully). Don't forget to check liquid medicines.
  - YES
    - DO NOT GIVE PARACETAMOL- consult with clinician for advice
  - NO
    - Can patient swallow tablets?
      - NO
        - Give paracetamol suspension 250mg/5ml
          - Dosage is detailed in product information
      - YES
        - Give Paracetamol tablets/caplets 500mg.
          - Dosage is detailed in product information

Homely remedy
Remember that treatment with homely remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user’s GP. Ensure the next shift is informed about any household remedies that have been given.

Communication of pain is not just verbal. Look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character.
### PRODUCTS NAMED IN FLOW CHART 1 – PAIN

<table>
<thead>
<tr>
<th>Drug</th>
<th>Paracetamol (tablets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength</td>
<td>500mg tablets/capsules/caplets</td>
</tr>
</tbody>
</table>
| Dose               | Two tablets up to four times a day  
If body weight is <39kgs, consider giving one tablet |
| Maximum dose       | 8 tablets (4g) in divided doses in any 24 hour period  
(maximum of two tablets or 1g, in any four hours)  
If body weight is <39kgs reduce to 6 tablets (3g) in divided doses. |

<table>
<thead>
<tr>
<th>Drug</th>
<th>Paracetamol (liquid) Sugar free is also available for diabetics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength</td>
<td>250mg/5ml</td>
</tr>
</tbody>
</table>
| Dose               | Four 5ml spoonfuls (20ml) up to Four times a day  
If body weight is <39kgs, consider giving two 5ml spoonfuls (10ml) |
| Maximum dose       | 80ml (4g) in divided doses  
(maximum of 20ml or 1g, in any four hours)  
If body weight is <39kgs reduce to 60ml (3g) in divided doses |

**Further information for:** Paracetamol Tablets or Liquid  
**Indication for use** Relief of mild pain or mild fever  
**Maximum duration of treatment as homely remedy** Do not administer with other paracetamol containing products (check all current medication taken).  
Not suitable if history of severe liver disease or alcohol abuse  
If body weight is <39kgs, consider giving 10ml up to four times a day  
**Cautions** Many medicines also contain paracetamol. If in doubt check with pharmacist.  
**Additional resources** BNF 4.7.1 Patient leaflet https://www.medicines.org.uk/emc/
Appendix 2 – Guidance on Constipation Protocol
Adapted from: http://www.mha.co.uk/web_images/pdfs/mm%20Homely%20Remedies%20Guide%202013.pdf

Guidance for treatment of minor ailments with household remedies - CONSTIPATION
Initial changes in bowel habits should be reported to GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake. Encourage drinking, little and often is more effective than large glasses of fluid.

1. Has the resident ever had a bowel obstruction / faecal impaction?
   - YES: Contact GP or 111
   - NO: Proceed to the next step

2. Is the abdominal pain severe or is already taking prescribed laxatives?
   - YES: Check with pharmacist or GP and follow advice given. If medication is stopped, make note in care plan
   - NO: Proceed to the next step

3. Is the resident taking any medication which could cause constipation?
   - YES: See information below and check patient information leaflets
   - NO: Proceed to the next step

   Increase dietary fibre - , try prune juice . Also increase mobility if possible.

4. EFFECTIVE: Continue lifestyle advice to help prevent re-occurrence

5. NOT EFFECTIVE: Give Senna (2 tablets or 10ml liquid)

6. NOT EFFECTIVE: Contact GP or 111

Homely remedy
Remember that treatment with homely remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user’s GP. Ensure the next shift is informed about any household remedies that have been given.

If constipation frequently re-occurs movicol/laxido may be prescribed on a PRN protocol.

Review need regularly to minimise use

Information
Some common drugs which can cause constipation:
- Indigestion remedies containing Aluminium
- Antidiarrhoeals eg loperamide (Imodium)
- Antihistamines eg chlorphenamine (Piriton), promethazine (Phenergan)
- Antipsychotics
- Cough suppressants eg codeine and pholcodine
- Diuretics eg bendroflumethiazide, furosemide (if dehydration occurs)
- Iron and calcium supplements
- Pain killers containing opiates eg codeine, dihydrocodeine, morphine, tramadol
- Some antidepressants eg amitriptyline, dosulepin, imipramine
- Some Parkinson’s drugs eg levodopa
- Some drugs to treat high blood pressure.
### PRODUCTS NAMED IN FLOW CHART 2 – CONSTIPATION

<table>
<thead>
<tr>
<th>Drug</th>
<th>Senna tablets or Senna liquid for residents unable to swallow tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indication for use</td>
<td>For relief of constipation</td>
</tr>
<tr>
<td>Strength</td>
<td>7.5mg tablets or 7.5mg/5ml Liquid</td>
</tr>
<tr>
<td>Dose</td>
<td>Two tablets or 10ml at night</td>
</tr>
<tr>
<td>Maximum dose in 24 hours</td>
<td>Two tablets or 10ml</td>
</tr>
<tr>
<td>Maximum duration of treatment as homely remedy</td>
<td>Up to 48 hours then seek advice of GP</td>
</tr>
<tr>
<td>Cautions</td>
<td>If acute or persistent abdominal symptoms are present</td>
</tr>
<tr>
<td>Additional information</td>
<td>Can cause abdominal cramps</td>
</tr>
<tr>
<td></td>
<td>Available as a liquid -Senokot syrup for those who cannot take tablets(consider sugar content if diabetic)</td>
</tr>
<tr>
<td>Additional resources</td>
<td>BNF 1.6.2 Patient leaflet <a href="https://www.medicines.org.uk/emc/">https://www.medicines.org.uk/emc/</a></td>
</tr>
</tbody>
</table>