

HOMELY REMEDIES TOOLKIT

For local adaptation to fit within individual Care Home medication policies

2016

Document produced by: Medicines Management Team, Bedfordshire Clinical Commissioning Group

To be reviewed 2019 or sooner if required

HOMELY REMEDIES

Contents

What Is A Homely Remedy?	3
GP Instructions to Purchase a Homely Remedy	3
Why Stock Household Remedies?.....	3
Approval by GP	5
Prescriptions for Minor Ailments	5
Repeated Need for Homely Remedy	5
Accountability.....	5
Storage of Homely Remedies	6
Process.....	6
Record Keeping	7
Adverse Reaction.....	7
Locally Agreed Homely Remedies	8
Products Named In Flow Chart 1 – Indigestion/Heartburn	9
Gaviscon Advance suspension.....	9
Peptac® sugar free suspension.....	9
Products Named In Flow Chart 2 – Pain	10
Paracetamol.....	10
Paracetamol suspension.....	10
Products Named In Flow Chart 3 – Constipation.....	11
Cosmocol®	11
Senna tablets.....	11
Products Named In Flow Chart 4 – Diarrhoea.....	12
Dioralyte sachets	12
Loperamide capsules.....	12
Products Named In Chart 5 – Minor Skin Problems	13
Cetraben	13
Hydrocortisone 1% cream.....	14
Aqueous Calamine Cream.....	14
Appendix 1: Homely Dressings for use within Nursing Homes	15

Note: This toolkit and flow charts are written to support decision making in dealing with minor ailments. They cannot address individual situations and if in doubt a doctor should always be consulted.

HOMELY REMEDIES PRINCIPLES

What Is A Homely Remedy?

A homely remedy is a medicinal preparation used to treat minor ailments, which can be bought over the counter and does not require a prescription. These “homely remedy” products are kept in a Care Home to allow access to products which would commonly be available in any household.

Homely remedies fall into two legal categories, GSL (General Sales List), which are available widely, or P (Pharmacy Only Medicines) which are available only from a pharmacy. They are commonly known as OTC (over the counter) products. Medicines falling into these categories may also be prescribed for service users at the discretion of the residents GP. Any such medicines which are obtained on prescription must only be administered to the individual specified on the container label. They may not be used as a source of stock for the homely remedy supplies.

Residents or relatives may bring in their own “homely remedies” which have been approved by their own GP. These are not for general use in the home and must remain specific to that resident. They should be counted into the home and recorded as for other medication. Relatives must understand that they are responsible for obtaining supplies of these products

GP Instructions to Purchase a Homely Remedy

A GP may instruct the home staff to purchase a specific product to treat a minor ailment such as olive oil for treatment of ear wax for a **particular** resident. This is no different to a person in their own home and can be actioned provided the instructions are written by the GP in the individual care plan (or faxed) and **only apply to the individual named**. The GP should indicate how long the treatment is to continue and this may be longer than 48 hours. If symptoms worsen the problem should be communicated back to the GP earlier

Why Stock Household Remedies?

In a Care Home environment a resident may develop a minor ailment which in their own home would be easily treatable by accessing a local pharmacy for an OTC product. If a resident does not have a suitable remedy on their normal prescription the staff may feel that the only course of action is to call the GP or out of hours service which is not an appropriate use of NHS resources. This may 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 the symptoms persist.

It is not appropriate to ask a GP to write prescriptions for a “just in case” situation for minor ailments. Prescriptions are written to treat acute need, anticipatory drugs in terminal care or evidence based preventative medicine.

Homely remedies allow a person to access medication to relieve the symptoms of a self-limiting condition without delay and without the need to contact the GP just as they would if they were living alone. It is important to recognise that common conditions will get better in time and antibiotics are not always appropriate. The average span of some common conditions are:

- Acute otitis media – 4 days
- Acute sore throat/pharyngitis/tonsillitis – 1 week
- Common cold – 1½ weeks
- Acute rhinosinusitis – 2½ weeks
- Acute cough/bronchitis – 3 weeks (NICE RTI CG69 July '08)

It is permitted by CQC¹ and NICE² that a small range of products may be kept in stock in a Care Home for residents for the treatment of minor ailments. Homes who agree to stock such products must develop their own policies using the CCG approved list of products and minor ailments may be treated following the flow charts provided within this toolkit. This document can be used to assist in the writing of a policy to be used in a Care Home.

There is a recognised duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature, e.g. toothache or headache, but Carers are clearly limited to making supported decisions. One strategy is to make certain products available to all residents for defined situations. In this circumstance the following would apply:

- Only stock purchased by the Care Home for administration under the 'Homely Remedies Policy' may be used;
- Only the named preparations listed in the policy may be administered without a prescription;
- The decision to administer a homely remedy is supported by adequate training and support;
- Products labelled for a particular resident (i.e. for whom a prescription has been issued), brought in by the resident or recommended solely for a particular resident **must not** be given to another service user as a homely remedy;
- Bulk prescribing cannot be used for homely remedies;
- All administered doses of homely remedies must be recorded in the medication recording documentation in accordance with the medicines policy in the home.

¹http://www.cqc.org.uk/db/documents/20081119_Administration_of_medicines_in_care_homes_225-07_200911241944.doc

²<https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-61677133765>

Approval by GP

This toolkit has been approved by Bedfordshire Clinical Commissioning Group to be used by suitably trained staff, and as such represents the GPs within the organisation. **It is not necessary for a Care Home to write to each resident's GP for homely remedies to be approved, provided only the CCG list of products is stocked.**

It would be useful for the GP Practice supporting the home to know that stocks of homely remedies are available for their patients

Prescriptions for Minor Ailments

The use of homely remedies for the minor ailments named in this toolkit is supported by a flow chart decision aid and as such enables staff to use stocked medication appropriately. A GP does NOT need to be contacted to ask for permission to start using a homely remedy as decisions are supported by the flow charts. The named homely remedies may be used **for 48 hours only** to assess the response, after which the symptoms may be resolved and no further action is needed. If the symptoms have not resolved and the GP wishes to continue the treatment for longer than 48 hours then a prescription must be written.

Homes are expected to purchase the named medications to be made available for all residents and not request individual prescriptions.

Repeated Need for Homely Remedy

If the person repeatedly needs a homely remedy in the same month for the same symptoms the GP should be contacted to report the frequency and a review would be needed.

Accountability

This toolkit helps to define the actions required by a registered first level Nurse or Carer to ensure safe and effective administration of household remedies, without a written individual prescription from the patient's General Practitioner (GP). The purpose of this document is to promote good practice

Nurses are individually and professionally accountable to the Nursing and Midwifery Council (NMC) for their actions and omissions and must act in accordance with the NMC Code of Professional Conduct and Standards for medicine management³. The Nurse must recognise the parameters of safe practice and refer the patient to an appropriate medical professional where there

³ <http://www.nmc-uk.org/Documents/Standards/nmcStandardsForMedicinesManagementBooklet.pdf>

is a need. Professional accountability for updating knowledge of homely remedies will lie with the Nurse.

If the decision for administration is taken by a Senior Carer, it must be in accordance with the policy of the Care Home. Senior Carers who do not have nursing qualifications are directly responsible to their Manager who must ensure that they are competent to make decisions supported by the flow charts.

In all cases the Manager will be responsible for ensuring that appropriate training and support is made available to both Nurses and Carers.

Storage of Homely Remedies

Homely Remedies should be stored in the same location as all other medication but designated clearly to show they are not patient specific.

The contents of the Homely Remedies cupboard should be products which are defined in the Care Home policy and should be date checked at least every six months. The date of opening should be marked on liquid medicines which should be replaced six months after opening or in accordance with manufacturer guidance.

If creams are stocked then once opened they should be used for the one resident only and should not be shared for infection control reasons. Pump devices are more hygienic.

Process

The Manager of the Care Home must write their own procedures for managing homely remedies and stock those products which have been approved by GPs in Bedfordshire. Any products which deviate from this list would need to be approved by an individual GP for the specific patient. It is also recommended that relatives and those with Powers of Attorney are aware that Homely remedies may be used in the Care Home and approve this also.

The flow charts included with this toolkit provide a decision making tool for the specific minor ailments.

Using the flow charts the Carer/Nurse must ascertain:

- That the patient has no potentially serious symptoms;
- Past medical and drug history as provided by GP;
- Any known allergies;
- What the patient has used in the past for these particular symptoms;
- That the patient is aware that the medicine is not prescribed.

The Carer/Nurse will regularly review and reassess the patient's response to the medication. Further doses can be administered in accordance with the medicinal

products GSL or P licence guidelines, **for a maximum of 48 hours**. If symptoms remain unresolved the GP must be informed.

Homely dressings (appendix 1) have only been approved for use in Nursing Homes and must only be used in conjunction with the Bedfordshire & Luton Wound Formulary: <http://cms.horizonsp.co.uk/viewer/sept/woundformulary>

Record Keeping

The Carer/Nurse will record details of the assessment, homely remedy administered and outcome in the patient's Care Plan.

The homely remedy name, dose, date and time administered will be written on the medication record by the Nurse/Carer.

Keeping a running total of homely remedies enables processes to be audited.

Adverse Reaction

In the rare event of any adverse reactions, the GP must be informed immediately.

The Yellow Card Adverse Drug Reaction Reporting Scheme is a voluntary scheme through which suspected adverse reactions to medicines are notified to the MHRA (Medicines Health Regulatory Authority). It is for the GP to decide, following discussions with the Nurse/Carer, whether to submit a Yellow Card.

In the event of a serious life threatening adverse reaction the Nurse/Carer will carry out emergency treatment in accordance with current policy and refer the patient direct to the Accident and Emergency Department.

Locally Agreed Homely Remedies

Homely remedies may be given only in accordance with the doses stated on the GSL or P licence and **for a maximum of 48 hours**. The remedies will be available for any resident who requests medication to treat minor symptoms as they would in their own homes.

All doses must be recorded on the resident's medicine chart.


The GP will be contacted if symptoms persist or the resident or their family request a visit from the doctor.


If the staff are unsure if a Homely Remedy is suitable, they must seek the advice of the Doctor or Pharmacist and document the name of the person giving advice and the advice given.

Flow charts are provided which assist in decision making.


AILMENT	MEDICINE
Indigestion	<ul style="list-style-type: none">• Gaviscon Advance• Peptac
Pain (mild to moderate)	<ul style="list-style-type: none">• Paracetamol <p>NB: Other medicines containing paracetamol may have been prescribed for some residents and this must be carefully checked</p>
Constipation	<ul style="list-style-type: none">• Senna• Cosmocol
Diarrhoea	<ul style="list-style-type: none">• Oral rehydration therapy, e.g. Dioralyte• Loperamide.
Skin problems – dry skin and scalp, sweat rash, incontinence rash, insect bites and stings	Cetaben, Zerobase, Vaseline, Olive oil, aqueous calamine cream, Hydrocortisone cream 1%, LBF cream
Dressings (Nursing Homes only)	See Appendix 1 – no associated flow chart, to be used in conjunction with Bedfordshire & Luton Wound Formulary: http://cms.horizonsp.co.uk/viewer/sept/woundformulary


Products Named In Flow Chart 1 – Indigestion/Heartburn

Drug	Gaviscon Advance suspension – peppermint or aniseed flavour	
Indication for use	Gastric reflux and Heartburn	
Strength	500mg sodium alginate, 100mg potassium bicarbonate per 5 ml	
Dose	5-10ml after meals and at bedtime	
Maximum dose in 24 hours	40ml in divided doses	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
Cautions	Contains sodium (2.3mmol in 5mls) and 1mmol of potassium in 5mls. Avoid in hypertensives or where sodium restriction is indicated	
Additional information	Shake well before use Sugar free so suitable for diabetics	
Additional resources	BNF chapter 1.4.1 Patient leaflet https://www.medicines.org.uk/emc/PIL.23514.latest.pdf	


Drug	Peptac® sugar free suspension aniseed/peppermint	
Indication for use	Heartburn and gastric hyperacidity	
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 advice of GP	
Cautions	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 taken together. Leave at least 1-2 hours between doses	
Additional information	Shake well before use Sugar free so suitable for diabetics	
Additional resources	BNF chapter 1.4.1 Patient leaflet http://www.mhra.gov.uk/home/groups/spcpil/documents/spcpil/con1462510667705.pdf	


Products Named In Flow Chart 2 – Pain

Drug	Paracetamol	
Indication for use	Relief of mild pain	
Strength	500mg tablets/capsules/caplets	
Dose	TWO tablets up to FOUR times a day	
Maximum dose in 24 hours	8 tablets (4g) in divided doses (Maximum of 2 tablets (1g) in any 4 hours)	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
Cautions	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 give 1 tablet up to four times a day.	
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist.	
Additional resources	BNF chapter 4.5 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	


Drug	Paracetamol suspension	
Indication for use	Relief of mild pain	
Strength	250mg/5ml suspension (Calpol six plus)	
Dose	FOUR 5ml spoonfuls (20ml) up to FOUR times a day	
Maximum dose in 24 hours	80ml (4g) in divided doses (Maximum of 20ml (1g) in any 4 hours)	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
Cautions	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 give 10ml up to four times a day.	
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist Sugar free is also available for patients with diabetes.	
Additional resources	BNF chapter 4.5 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	

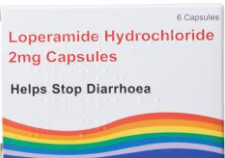
Products Named In Flow Chart 3 – Constipation

Drug	Cosmocol®	
Indication for use	For relief of constipation	
Strength	Macrogol 3350, with potassium chloride, sodium chloride and sodium bicarbonate.	
Dose	One sachet daily	
Maximum dose in 24 hours	ONE	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
Cautions	As a precaution other medicines should not be administered at least one hour before or one hour after cosmocol. One sachet contains 187mg of sodium ions and other electrolytes.	
Additional information	Must be made up in 125ml of water (half a glass). Reconstituted sachets must be discarded after 6 hours if not taken. Can be chilled in fridge before giving.	
Additional resources	BNF chapter 1.2.2 Patient leaflet https://www.medicines.org.uk/emc/PIL.28882.latest.pdf	

Drug	Senna tablets	
Indication for use	For relief of constipation	
Strength	7.5mg	
Dose	TWO tablets at night	
Maximum dose in 24 hours	TWO	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
Cautions	This product should not be used when abdominal pain, intestinal obstruction, nausea or vomiting is present.	
Additional information	Can occasionally cause abdominal cramps. Available as a liquid (Senokot syrup) for those who cannot take tablets.	
Additional resources	BNF chapter 1.2.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	


Products Named In Flow Chart 4 – Diarrhoea

Drug	Dioralyte sachets	
Indication for use	For fluid and electrolyte replacement	
Strength	N/A	
Dose	One or two sachets after each loose stool	
Maximum dose in 24 hours	N/A	
Maximum duration of treatment as homely remedy	Up to 24 hours if refusing to drink. Up to 48 hours, if diarrhoea is persistent then seek advice of GP.	
Cautions		
Additional information	Contents of each sachet should be dissolved in 200ml of drinking water. The solution may be stored for up to 24 hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded.	
Additional resources	BNF chapter 9.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	

Drug	Loperamide capsules	
Indication for use	For symptomatic treatment of acute diarrhoea	
Strength	2mg	
Dose	TWO capsules immediately then one after each loose stool	
Maximum dose in 24 hours	8 capsules	
Maximum duration of treatment as homely remedy	Up to 24 hours then seek advice of GP (see place in flow chart)	
Cautions	Dehydration risk must be addressed first	
Additional information	GP may suggest continued treatment but should be prescribed	
Additional resources	BNF chapter 1.3 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	


Products Named In Chart 5 – Minor Skin Problems


Emollients – can be used to soothe the skin, reduce irritation and prevent skin from drying. **Cetraben** is the named emollient as it is available in small pump devices but there are many others and patient preference and tolerance is important. Zerobase is a cost effective alternative and olive oil and Vaseline (white soft paraffin) are readily available OTC products. As a homely remedy the emollient should be as a trial to address an immediate need but continued use should be prescribed. Apply liberally to all areas of dry skin at least twice daily. **For homely remedy use, purchase small tubes or preferably pumps and when opened only use for the individual resident.**

Drug	Cetraben	
Indication for use	Emollient, moisturising and protective cream for the symptomatic relief of red, inflamed, damaged, dry or chapped skin,	
Strength	White Soft Paraffin 13.2% w/w Light Liquid Paraffin 10.5% w/w	
Dose	Should be applied to the dry skin areas as often as required and rubbed in.	
Maximum dose in 24 hours	Liberally used	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)	
Cautions	Sensitivity to other ingredients including parabens, cetyl stearyl alcohol	
Additional information	GP may suggest continued treatment but should be prescribed beyond 48 hours use	
Additional resources	BNF chapter 13.3.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	
Note Zerobase	Does not contain parabens but does contain cetyl stearyl alcohol and white soft paraffin	

Incontinence rash – LBF barrier cream. Guidance issued from Bedfordshire continence service June 2007 (Bedfordshire Joint Prescribing newsletter June 2007): No creams or powders should be used on incontinence patients as this affects the absorbency of the incontinence pads. Patients with red excoriated skin should have their urine tested to exclude urinary tract infection. Patients should be washed with non-perfumed soap, dried and pad applied. Small amounts of barrier cream can be used if excoriation continues but should be reviewed. Barrier creams do not prevent pressure sores, if redness due to pressure, pressure assessment needs to be completed. LBF barrier cream® is recommended only for those patients who are faecally incontinent - “wash and dry after each pad change and apply to groin area after every third wash”.

Insect bites and stings. A homely remedy treatment is used to soothe the associated irritation and itching. Complications of bites are allergic reactions, infection and cellulitis. These would need immediate referral. (Look for excessive swelling and widespread hotness and redness). Aqueous calamine cream is an unbranded OTC product which soothes by cooling.

Drug	Hydrocortisone 1% cream	
Indication for use	For symptomatic treatment of all insect bites and stings	
Strength	1%w/v	
Dose	Apply sparingly to a small area, once or twice a day	
Maximum dose in 24 hours	One finger-tip unit twice in 24 hours	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)	
Cautions	The product should not be used on the eyes or face, the ano-genital area or on broken or infected skin including impetigo, cold sores, acne, athlete's foot, scabies or infected bites or stings.	
Additional information	GP may suggest continued treatment but should be prescribed	
Additional resources	BNF chapter 13.3.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	

Drug	Aqueous Calamine Cream	
Indication for use	For relief of the symptoms of mild sunburn and other minor skin conditions.	
Strength	Calamine 4.0% w/w and Zinc Oxide 3.0% w/w	
Dose	Apply liberally to dry, clean skin as required.	
Maximum dose in 24 hours	Liberally used	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)	
Cautions	Hypersensitivity to phenoxyethanol or any other ingredient. (Liquid paraffin, glyceryl monostearate, macrogol cetostearyl ether 22, cetostearyl alcohol) Do not apply prior to X-rays as may mask X-ray pictures under certain circumstances.	
Additional information	GP may suggest continued treatment but should be prescribed beyond 48 hours use	
Additional resources	BNF chapter 13.3.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx	

Appendix 1: Homely Dressings for use within Nursing Homes

This must be used in conjunction with Bedfordshire & Luton CCGs JPC's Wound Formulary, available: <http://cms.horizonsp.co.uk/viewer/sept/woundformulary>

This is a list of stock dressings that nursing homes should keep to be used as a 'first dressing'. These are purchased and stocked by the home in the same way as homely remedies and the same policies and procedures apply to use and record keeping.

This means that a RGN can apply an initial dressing to a wound, without the need for a prescription, whilst awaiting a clinical review. This is to enable immediate treatment of a wound only and subsequent dressings are then prescribed following clinical review and assessment. This can include, but not be limited to: first aid to abrasions, tears or burns; initial treatment of pressure ulcers; excoriation of skin; skin trauma; other skin reactions.

More serious wounds must be reported for clinical review urgently and are not appropriate for a first dressing approach using the homely dressings stock. This can include, but not be limited to:

- History of head injury / loss of consciousness
- Persistent bleeding
- An injury that may require suturing or tetanus prophylaxis
- Foreign body in wound
- Excessive pain
- Signs of infection or showing signs of spreading infection
- Diabetic feet
- Pressure ulcer (category 3 and 4)
- Deterioration in the wound
- Any other concerns

The homely dressings approved for nursing homes to stock and use as a 'first dressing'* are:

Wound type	Dressing type (wound formulary section)	Formulary choice
First aid		Adaptic Touch
Burns	Low adherence (A5.1.1)	Atrauman (primary dressing)
Exudating	Absorbent dressing (A5.1.2)	Zetuvit Plus
Sloughy (yellow)	Hydrofibre (A5.2.4)	Aquacel Extra
Epithelialising (pink) Granulating (red)	Foam dressing (A5.2.5)	Kliniderm
	Surgical tape (A5.7.3)	Clinipore
	Light weight conforming bandage (A5.8)	K-band

*Dressing choice MUST be made in conjunction with Bedfordshire & Luton CCGs JPC's Wound Formulary, available: <http://cms.horizonsp.co.uk/viewer/sept/woundformulary>

Guidance for Treatment of Minor Ailments with Household remedies

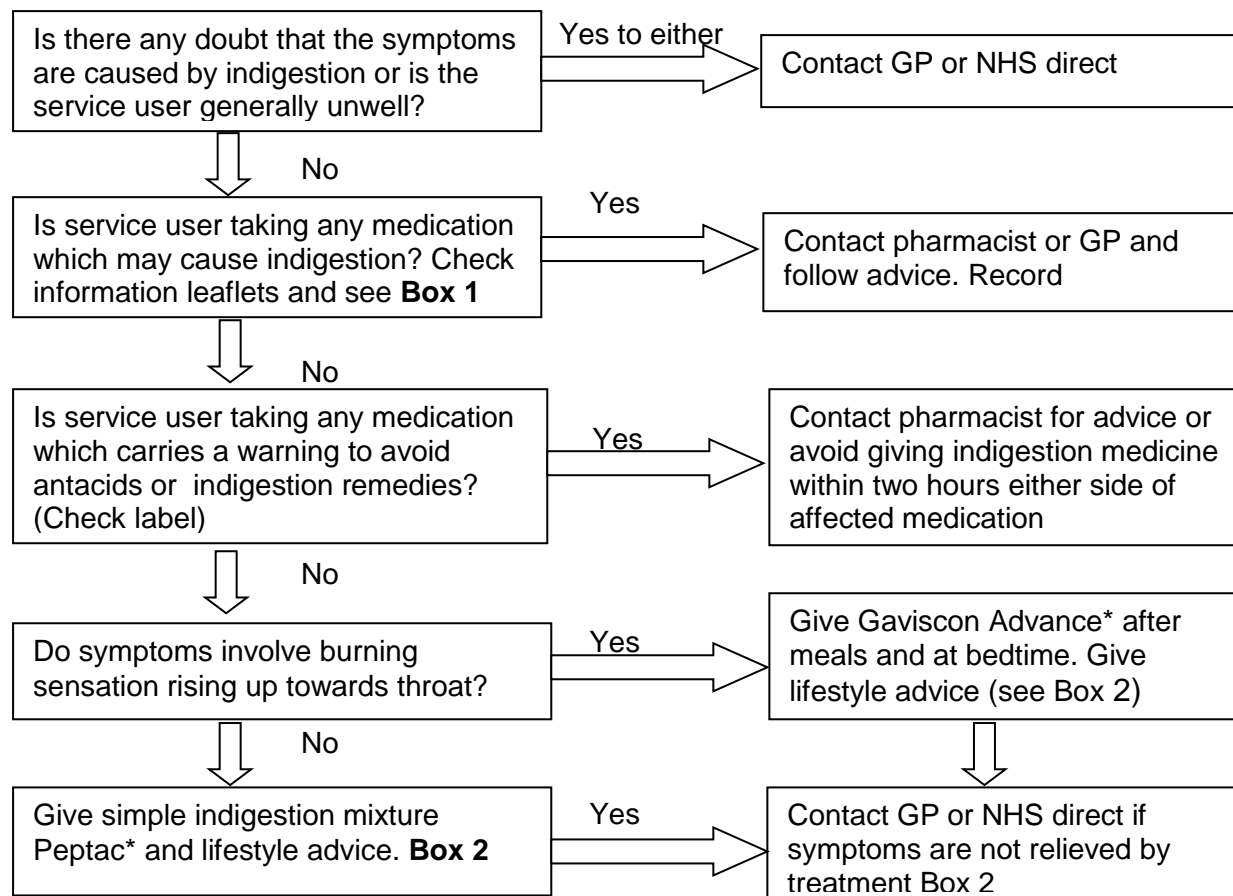
- These flow charts should be used in conjunction with the Homely remedies Toolkit.
- This toolkit and flow charts are written to support decision making in dealing with minor ailments. They cannot address individual situations and if in doubt a doctor should always be consulted.
- Remember that treatment with household 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.

Contents

Chart 1 – Indigestion/Heartburn	2
Chart 2 – Pain	3
Chart 3 – Constipation.....	4
Chart 4 – Diarrhoea.....	5
Chart 5 – Minor Skin Problems	6
Further useful resources	8

Chart 1 – Indigestion/Heartburn

Indigestion is experienced as discomfort, or a burning pain in the central chest region. When this burning rises up towards the throat it is referred to as heartburn. *Flow chart for use when resident has MILD pain only – All cases of acute or severe pain MUST be referred immediately.*



Box 1

Some medicines that commonly cause indigestion:

- Anti-inflammatory medicines e.g. aspirin, ibuprofen, diclofenac, naproxen
- Oral corticosteroids e.g. prednisolone

Box 2 Lifestyle Advice

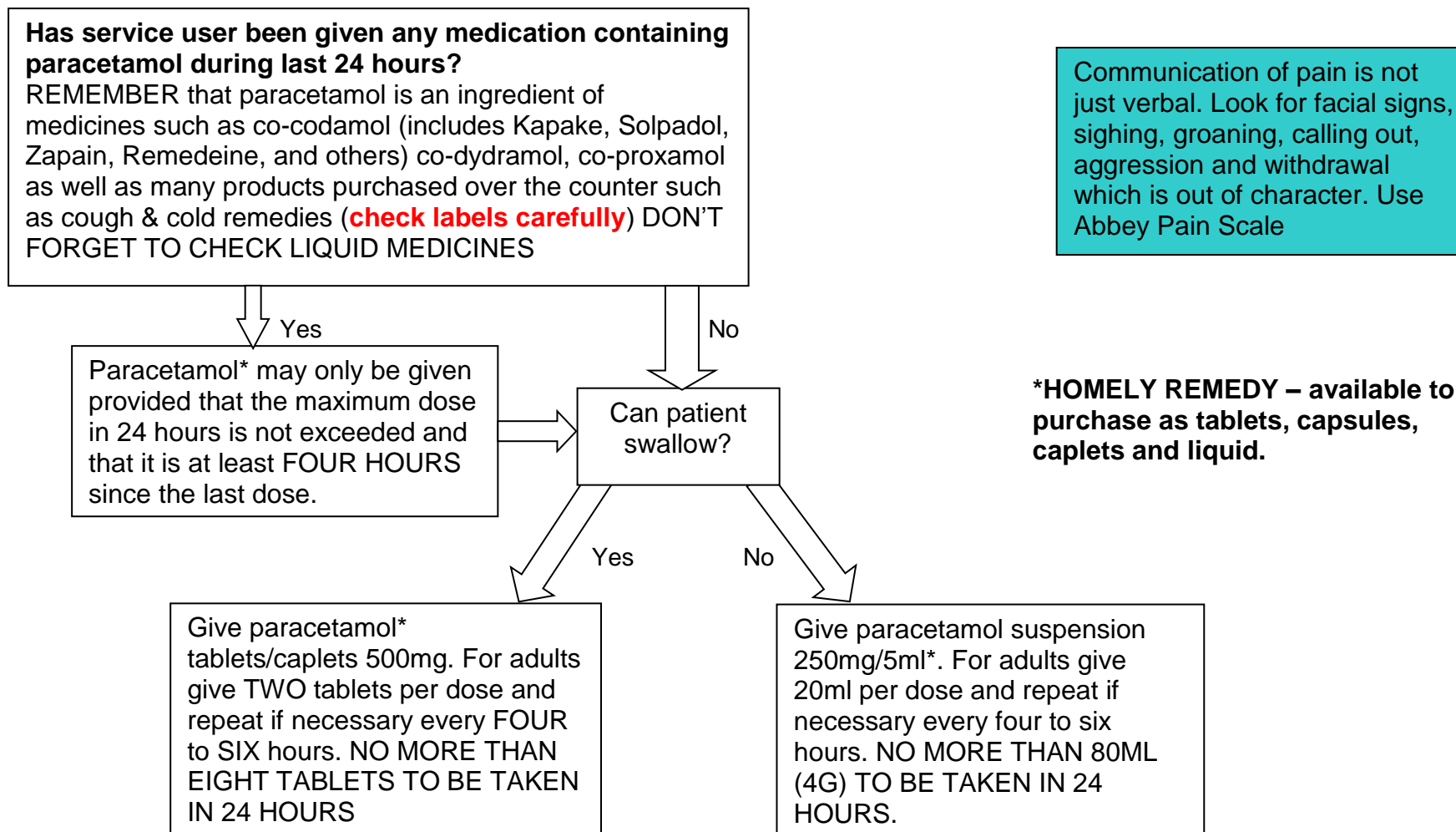
- Eat small regular meals. Chew food well
- Avoid bending or stooping during and after meals
- Cut down or stop smoking, alcohol, caffeine (contained in coffee, cola drinks, tea and some pain killers) if possible
- Avoid spicy foods e.g. curries
- Avoid clothing which is tight around the waist

***HOMELY REMEDY**

Remember that treatment with household 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.

Chart 2 – Pain

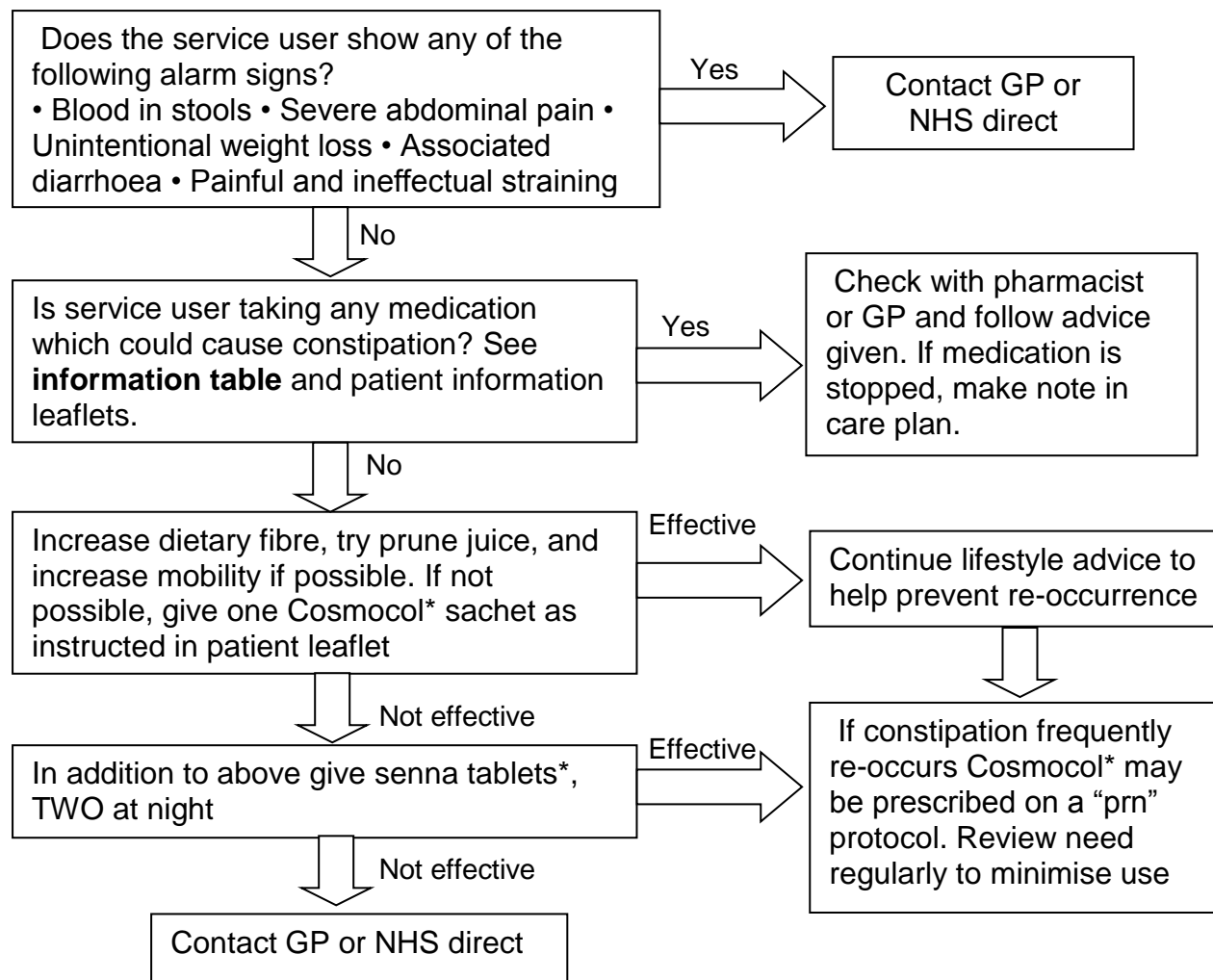
Flow chart for use when service user has MILD PAIN only. All cases of sudden onset severe pain MUST be referred



Remember that treatment with household 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.

Chart 3 – 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. Avoid large glasses of fluid – little and often is more effective.



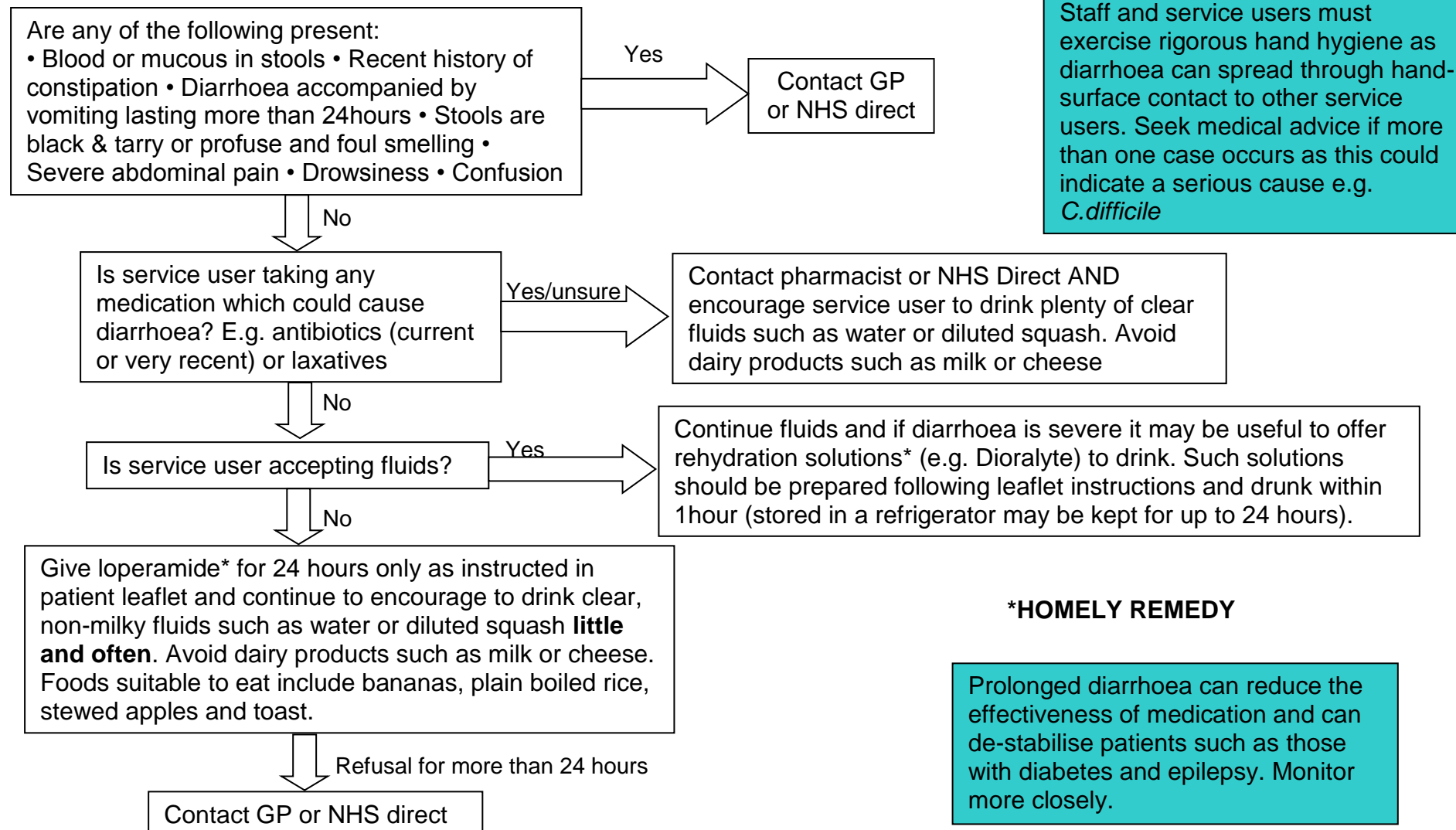
Information table
Some common drugs which can cause constipation: Indigestion remedies containing Aluminium; Antidiarrhoeals e.g. loperamide (Imodium); antihistamines e.g. chlorphenamine (Piriton), promethazine (Phenergan); Antipsychotics; Cough suppressants e.g. codeine & pholcodine; Diuretics e.g. bendroflumethiazide, furosemide (if dehydration occurs); Iron and Calcium supplements; Pain killers containing opiates e.g. codeine, dihydrocodeine, morphine, tramadol; Some antidepressants e.g. amitriptyline, dosulepin, imipramine; Some Parkinson's drugs e.g. levodopa; Some drugs to treat high blood pressure

***HOMELY REMEDY**

Remember that treatment with household 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.

Chart 4 – Diarrhoea

Diarrhoea in the frail elderly can quickly lead to dehydration and deterioration in health.



Remember that treatment with household 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.

Chart 5 – Minor Skin Problems

The cause of a rash is often very difficult to identify and can be associated with bacterial or viral infections. Life threatening rashes are accompanied by systemic symptoms where the patient is clearly unwell but for minor skin problems there is rarely a need for immediate referral.

Disposable gloves must be used when applying any skin preparations. Dispose of gloves immediately after use and before treating another service user. Pump devices or tubes of ointments or creams are preferable to jars as they reduce risk of contamination & degradation of product. Always use a separate tube/jar for each service user. **Never share.**

Dry Skin

Dry skin often occurs in the elderly and can lead to problems (especially of the feet) if left untreated. An emollient such as Cetraben* or Zerobase* can be tried. For continued need emollients can be prescribed. White soft paraffin* (Vaseline) is useful for dry lips. Dry, itchy scalps can be treated by rubbing olive oil* into scalp, leaving overnight and washing hair as normal

Insect bites and stings

Bites and stings can be treated with aqueous calamine cream*. **Persons known to be allergic to wasp or bee stings must keep their emergency treatment with them at all times.** If skin is unbroken and there is localised redness and itching Hydrocortisone 1% cream* can be applied. **Severe swelling and redness must be referred to GP or NHS direct.**

Incontinence rash

LBF barrier* cream is recommended as a barrier cream on unbroken skin. Sudocrem is not suitable for padded patients as it makes the pad ineffective

Sweat rash

Commonly occurs under breasts and in groin. Keep dry and if it becomes sore and inflamed contact GP/DN

Pressure areas

Any sign of development of a pressure area must be referred to GP or district nurse without delay as it can rapidly deteriorate

*** HOMELY REMEDY**

Remember that treatment with household 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.

Further useful resources

<https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>

Handling of medicines in Social Care. Royal Pharmaceutical Society publication

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

A DoH funded resource pack which includes a national version of the homely remedies toolkit

<http://www.bgs.org.uk/Publications/pubdownlds/Sep2007PainAssessment.pdf>

British Pain Society and British Geriatrics Society Guidance on: The assessment of pain in older people

Symptoms in the pharmacy: A Guide to the Management of Common Illness, 6th edition, 2009; Blenkinsopp, Paxton & Blenkinson. London: Wiley-Blackwell

https://www.cqc.org.uk/sites/default/files/documents/gac_lp_2010.doc

CQC – essential standards of quality and safety March 2010- what providers should do to comply with the Section 20 regulations of the Health and Social Care Act 2008

http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf

Care Quality Commission (CQC): Summary of regulations, outcomes and judgement framework, March 2010

<http://www.cqc.org.uk/content/regulations-service-providers-and-managers>

Regulations for service providers and managers – this guidance describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.