

Kent and Medway ICB

# The Use of Homely Remedies in Care Homes

Best Practice Guidance

NHS Kent and Medway - Integrated Care Team	Approval date: 05/12/24	Version: 3.1	Review date: November 2026
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## Version History

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<b>West Kent CCG</b>				
Not known	Approved	August 2020		
<b>Medway CCG</b>				
1.0	Approved			Policy specific to Medway CCG
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<b>NHS Kent and Medway Integrated Care Board</b>				
3.0	Approved	May 2024	IMOSG	System-wide Best Practice Guidance
3.1	Approved	December 2024	IMOC	Changes to process of authorising the use of homely remedies following feedback on the ease of use of the current process.

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# Background

This policy aims to give guidance on how medication known as ‘homely remedies’ are used within care homes. It outlines how to manage homely remedies, the role and responsibilities of care home staff, circumstances when it is appropriate to administer, and who can administer.

Homely Remedies policy should be used as a framework to support the safe and timely administration of medications for minor conditions (analgesics, indigestion remedies, constipation remedies, and remedies for diarrhoea). This policy does not remove the need to seek additional medical advice where there is doubt or concern about the condition being treated. Access to homely remedies should be in line with, and form part of, the overall medicine policy within the care home.

The Care Quality Commission (CQC) agrees that a small range of products can be kept in stock within a care home for the treatment of minor ailments for a short duration. The CQC also advises care homes should have a policy in place for treating minor ailments with homely remedies safely.

The NICE Social Care Guideline (SC1) on Managing Medicines in Care Homes also includes a recommendation that care home providers offering non-prescription medicines or other OTC products for treating minor ailments should consider have a homely remedies medicines policy.

# Definitions

**Homely Remedy** - a non-prescription medicine that can be bought over the counter by a care home and kept as stock for use of its residents, for the short-term management of minor and/or self-limiting conditions.

**Self-care** - Self-care or self-management is a term used to include all the actions taken by people to recognise, treat, and manage their own health. They may do this independently or in partnership with a care provider.

**Minor conditions** - self-limiting minor health problems such as headache, toothache, occasional diarrhoea, symptoms of a cold, or sore throat.

# Medication

The Homely Remedies Policy contains a list of medicines that the care home will stock, to be responsive to minor conditions. The policy includes medicines from the following groups:

- Analgesics (paracetamol)
- Indigestion remedies (Gaviscon Advance, Acidex Advance)
- Constipation remedies (macrogol sachets, senna)
- Remedies for Diarrhoea (oral rehydration sachets, loperamide)

Only these specific medications should be kept as homely remedies and listed in the care home’s Homely Remedies Policy.

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Medications **NOT** suitable as homely remedies:

- Medicines not covered in this guidance.
- Any prescription-only medications (POM)
- Products or formulations requiring invasive administration e.g., suppositories.
- Dressings and items for first aid
- Medicines being obtained by bulk prescription.

Residents (or their representatives) may bring in over-the-counter medicines for self-administration. The care home staff must be informed of any medicines entering the care home and authorisation of use must be given. The medicine should be labelled by the care home for that resident and should not be used for other residents. These medicines do not count as homely remedies; however, these medicines should be reviewed when authorising the use of homely remedies.

If a medication that is included on the homely remedy list has been prescribed and dispensed for a resident, it cannot be used as homely remedy stock and must not be given to any other resident.

## Authorisation, Suitability, and Administration

### Authorisation

A flow chart summarising the full process is available in Appendix 1.

For any care home using the Homely Remedy policy, the Homely Remedy Authorisation Form (Appendix 2) should be completed for all residents suitable for any of the medicines included on the Form. This Form should be completed by a registered healthcare professional - any of the following registered healthcare professionals can complete the Form:

- Registered nurse within the care home, who is appropriately trained and competent to complete the authorisation form
- Pharmacist registered with the General Pharmaceutical Council
- Pharmacy Technician registered with the General Pharmaceutical Council
- GP responsible for the residents within the home
- Nurse (outside of the care home) registered with the Nursing and Midwifery Council
- Paramedic registered with the Health and Care Professions Council
- Physiotherapist registered with the Health and Care Professions Council

**The healthcare professional must work within their professional competencies when completing the authorisation form.** This includes knowledge of if the medication is appropriate with the resident's other conditions and checking for interactions with the resident's other medication (both prescribed and over-the-counter).

Once complete, the Homely Remedy Authorisation Form will be valid for a maximum of 6 months. If any medication for the resident is added, stopped, or changed, the healthcare professional making these changes should complete a new Homely Remedy Authorisation Form.

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Residents must consent to the use of homely remedies. If a resident does not have capacity to make decisions around their treatment and medicines, decisions about their care must be made in line with the mental capacity Act 2005, and these residents must have homely remedies authorised as part of a multidisciplinary best interest meeting. The best interest meeting must have the appropriate people, and decisions about treating and monitoring symptoms should be clearly recorded. This may also involve the use of covert administration - please refer to Covert Administration Best Practice Guidance for further information and considerations.

Any residents accepted into the home after the Homely Remedies Authorisation Forms are complete should have a Homely Remedies Authorisation Form completed as soon as possible.

The Authorisation Form should be kept with the resident’s medication administration record (MAR) for ease of access and reference.

## Exceptional circumstances

On a rare occasion, a homely remedy may be required when there is not a Homely Remedies Authorisation Form in place and there is no reasonable way to obtain an Authorisation Form (for example, when a resident is accepted into the home over a weekend or out of hours). In this exceptional circumstance, a trained manager may authorise the use of a homely remedy with the approval of a second trained member of staff.

- The trained manager must only authorise the use of a homely remedy if they are competent to do so. If the trained manager does not feel they can authorise the use of the homely remedy, the homely remedy should not be used and an out-of-hours service must be contacted in the same manner as medicines that are not homely remedies.
  - Advice should still be obtained where needed and where possible, to support the use of a homely remedy. For example, a pharmacy that has late-night or weekend opening hours can be contacted for advice, even if an Authorisation Form cannot be completed.
- If it is not possible to authorise the use with two trained members of staff (one being the trained manager), then the homely remedy should not be used and an out-of-hours service should be contacted in the same manner as medicines that are not homely remedies.

The use of a homely remedy in exceptional circumstances should only be done until the next working day, at which point a Homely Remedies Authorisation Form should be obtained. However, the guidance set out in this policy must still be followed.

- For example, if the trained manager approves paracetamol as an exceptional circumstance on a Friday evening and an Authorisation Form cannot be completed until the following Monday, it must still only be used for a maximum of 48 hours before referral to a GP or out of hours service.

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Any decision to authorise a homely remedy as an exceptional circumstance must be clearly documented in the resident’s care plan, including the reason the medication is needed and the two members of staff who approved its use.

Homely remedies **must not** be used in exceptional circumstances when the resident is taking medication via covert administration, as use of additional medicines must be agreed within a multidisciplinary team as part of a best interests discussion.

## Suitability

Homely remedies can only be administered by staff who are listed on the Staff Signature Sheet (Appendix 3). Care home staff should sign to confirm that they understand the Homely Remedies Policy, and that they are appropriately trained (refer to NICE Guidance SC1 on Managing Medicines in Care Homes) and competent to review a resident’s symptoms, assess suitability of a homely remedy, and administer and monitor the homely remedy. By signing the Signature Sheet, staff also acknowledge that they will be accountable for their actions.

When a resident experiences symptoms that might be treated with a homely remedy, the resident must be assessed individually using the relevant flow chart for the presenting symptom (appendix 4). The symptoms included within this policy are:

- Mild to moderate pain
- Constipation
- Diarrhoea
- Indigestion

The staff member should follow the flow charts to determine whether a homely remedy can be given, or whether the presenting symptom (or additional factors stated in the flow chart) requires further support from a GP, NHS 111 or out of hours services. The Homely Remedy Authorisation Form must also be checked to ensure the homely remedy is authorised for that resident.

## Administration

The administration of a homely remedy can be either in response to a request from the service user or from a member of the care home staff. The decision to administer a homely remedy can only be made by appropriately trained care home staff, who must establish the following:

- The resident has no potentially serious symptoms.
- There have been no changes to the medication or the person’s health since the homely remedies authorisation sheet was last reviewed.
- The resident does not have a documented allergy to the homely remedy.
- The resident has no noted swallowing difficulties that may affect the administration of homely remedies.

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- The resident is aware that the medicine is not prescribed and has given their consent, or a 'best interest decision' is in place.
- The dose administered must not exceed the dose detailed on the individual resident's 'Homely Remedies Authorisation Form' (Appendix 2).
- The homely remedy has not already been administered for more than the agreed maximum treatment or duration.

If there are any additional concerns about potential interactions or contra-indications, or if there is any other uncertainty, **additional medical advice from a registered healthcare professional should be sought before administering the homely remedy medication. Any discussions and advice given by the healthcare professional must be clearly documented.**

Homely remedies should be administered for a limited amount of time as stated in this policy. **The maximum duration of use before seeking advice is 48 hours, except for medicines for diarrhoea which should be used for a maximum of 24 hours.** The maximum duration of treatment is also documented on the Homely Remedies Authorisation Form.

Additional medical advice must be sought (e.g., from a GP, pharmacist, or NHS 111 out of hours OOH) if the condition deteriorates or symptoms do not respond to the homely remedy. If the homely remedies are needed for longer than the maximum duration documented on Homely Remedies Authorisation Sheet, a discussion should take place with the GP, Pharmacist or NHS 111 OOH.

**If the care home staff have any doubts or concerns about the safety or appropriateness of the homely remedy, then they should seek advice from a healthcare professional.**

## Documentation

Any homely remedy being administered must be clearly entered on the resident's MAR chart.

The entry on the MAR chart must be clearly marked 'homely remedy' and include the following:

- Name, strength, and formulation of the medication being administered. .
- Dose and frequency.
- Reason for use (can alternatively be documented in the care plan).
- Date and time administered.
- Signature of the staff member administering the medication (It is good practice to obtain a second witness signature for checking administration).
- Maximum duration of use (as stated on the Homely Remedies Authorisation Form).

It is important to maintain an audit trail for each homely remedy by also completing the relevant sections of the 'Homely Remedy Record Sheet' (Appendix 5) for the medicine being administered. This is in addition to recording the details on the resident's MAR chart.

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As good practice, it is also useful to have and relevant or significant information about the homely remedy, which can be kept with the Homely Remedy Record Sheet, so that this information can be easily accessed. The patient information leaflet or product packaging should also be referred to.

If the resident self-administers their medicines, the relevant care home policy regarding selfadministration should include the provision and administration of homely remedies. Homely remedies should be supplied in their original packaging together with the patient information leaflet.

## Effectiveness

Staff should regularly check with the resident that the homely remedy is effective and relieving symptoms. Further doses should be administered as necessary, treatment stopped, or additional advice sought, depending on how the resident is responding.

## Medication incidents

An incident form must be completed for medication errors and near misses. In the rare event of an adverse reaction, the GP or pharmacist must be informed. If a life-threatening adverse reaction occurs then, emergency treatment must be carried out by trained staff, and the emergency services contacted immediately.

## Receipt and storage

Homely remedies must be supplied and retained in original container.

Receipt of each homely remedy must be recorded on the 'Homely Remedies Record Sheet' (Appendix 5). Staff should maintain a separate stock sheet for each homely remedy medication.

Homely remedies should be stored in a locked cupboard at the appropriate temperature, and access should be restricted to authorised staff only. Homely remedies should be clearly stored separately from residents' prescribed medications.

Staff should maintain a running balance of stock - it is good practice to check and record stock and expiry date checks at least monthly.

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# Expiry Dates

The expiry dates of all the stocked homely remedies must be checked regularly (a good practice is to do monthly checks). All liquids and suspensions for internal use should have the date of opening recorded on the bottle and should be discarded following the care home’s medication disposal policy, or the ICB’s Medication Disposal and Waste Management in Care Homes Best Practice Guidance.

- Individual preparations may specify a shorter expiry - refer to the manufacturer’s packing.
- If there is no visible expiry, there is a risk that the product has expired and so should not be used.

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## Disposal

When a resident is being switched from prescribed medications to the use of homely remedies the prescribed medication supplied should be used up in the first instance and not disposed of. This helps to reduce medicines waste.

When a homely remedies is out of date the medication should be disposed of following the Kent and Medway Medication Disposal and Waste Management in Care Homes Best Practice Guidance.

The disposal of homely remedies should be recorded on the 'Homely Remedies Record Sheet' (Appendix 5).

## Summary of Documentation needed by care home:

- A Policy outlining how Homely Remedies are managed within the home. (This document/policy)
- Self-administration policy (if appropriate) to include the provision and administration of homely remedies. If a patient is self-administering their own medication an assessment must be done to indicate, they are capable of self-administering.
- Homely remedies authorisation form for each individual resident (**Appendix 2**) detailing what each resident can have. NB – This is valid for 6 months or until medication is changed or added.
- Homely remedies staff signature sheet (**Appendix 3**) detailing who can authorise and administer homely remedies.
- Flow charts for each minor condition (**Appendix 4**)
- Homely remedy record sheet (**Appendix 5**). To be completed each time a homely remedy is received, administered, and disposed of.
- Disposal of medicines procedure, including the disposal of homely remedies.
- Medicines information about the homely remedy so that this can be accessed quickly and easily. This should be the product information leaflet, but additional information is available in **Appendix 4**.

## References

Care Quality Commission (2023) *Over the counter medicines and homely remedies*. Available at: <https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>

National Institute for Health and Care Excellence (2014) *Managing medicines in care homes, SC1*. Available at: <https://www.nice.org.uk/guidance/sc1>

## Acknowledgements

NHS Suffolk and North East Essex Integrated Care Board

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**Appendix 1: Flow chart for process of authorising and administering a homely remedy**



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### **Appendix 2: Homely Remedies Authorisation Form**

<b>Resident's name:</b>		<b>Resident's DOB:</b>	
<b>Pharmacy contact number:</b>		<b>GP contact number:</b>	

For **short-term** use, for the management of minor conditions, I authorise the use of the following homely remedies for the named resident:

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- Select **ONLY** the homely remedies authorised for this resident. Medicines not required can be crossed through and initialled by the person completing the form to avoid confusion.

Indication	Medication	Dose and directions	Maximum dose in 24 hours	Maximum duration of use before seeking advice	Approval for use
Pain relief for mild / moderate pain and / or fever	Paracetamol 500mg tablets / caplets / capsules	ONE to TWO tablets every 4 to 6 hours	Maximum FOUR doses in 24 hours. <b>Over 50kg:</b> 4 grams (8 tablets or 80ml) <b>Under 50kg:</b> 3 grams (6 tablets or 60ml)	48 hours	
	Paracetamol 250mg/5ml sugar free suspension	10ml to 20ml every 4 to 6 hours			
Constipation	Macrogol sachets <b>Preferred: CosmoCol or Laxido</b>	ONE sachet at a time, up to 3 sachets in divided doses <b>according to individual response</b>	THREE sachets	48 hours	
	Senna 7.5mg tablets	ONE or TWO tablets	TWO tablets at night		
	Senna 7.5mg/5ml syrup	5ml to 10ml	10ml at night		
Diarrhoea	Loperamide 2mg capsules	TWO capsules initially, then ONE capsule after each loose stool	SIX capsules (12mg)	Up to <b>24</b> hours	
	Oral rehydration sachets	ONE sachet reconstituted according to the manufacturer's product information	To be given after each loose stool. Do NOT exceed the dose recommended in the manufacturer's product information.		
Heartburn / Indigestion	Sodium alginate with potassium bicarbonate oral suspension • <b>Gaviscon Advance</b> • <b>Acidex Advance</b>	5ml to 10ml after meals and at bedtime	FOUR times a day	48 hours	

This form should be completed for each resident at the home (this can be completed on admission). The form is valid for 6 months or until medication is changed or added.

Completed by:	Name:	Role:	PIN / Registration number:	Signature:
Date completed:			Review date (6 months):	

**It is the responsibility of the carer or duty nurse to check that the administration of the homely remedy is appropriate - this staff member must be on the list of staff with the authority to make this decision (Appendix 3). If there is any uncertainty, the GP or a registered healthcare professional should be consulted, and the discussion documented.**




Date of review (should be reviewed and rewritten annually): \_\_\_\_\_

#### **Appendix 4: Flow charts and medicines information for homely remedies**

The following flow charts show the processes to determine if a patient is suitable for a homely remedy, what signs and symptoms to be aware of, and what actions to take if those signs and symptoms are present.

The flow charts below cover the following minor conditions:

1. Mild to moderate pain
2. Constipation
3. Diarrhoea
4. Heartburn/indigestion

## Guidance for the treatment of mild to moderate Pain

All cases of sudden onset severe pain or sudden deterioration of chronic or other pain **MUST** be referred immediately.

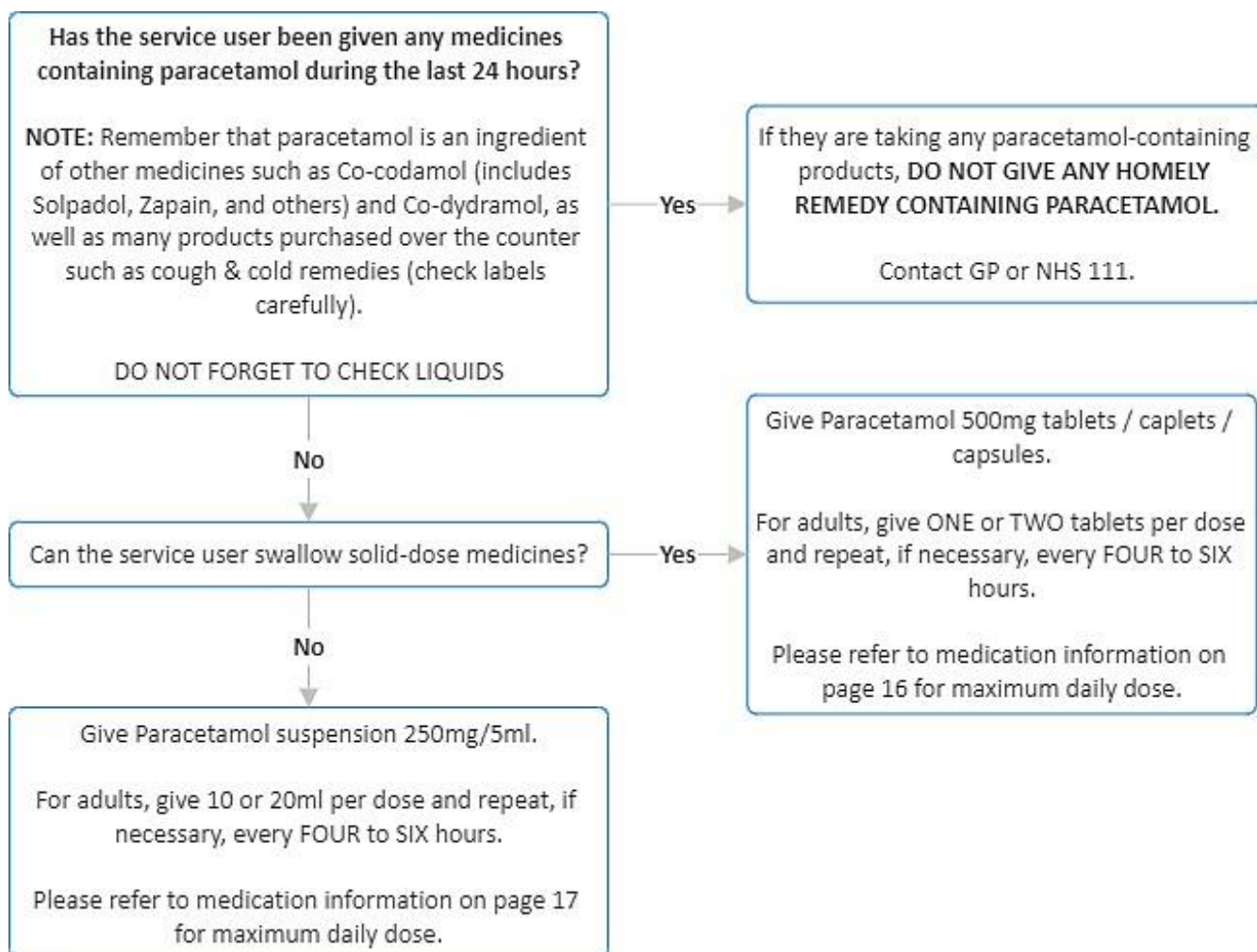
The maximum daily dose of paracetamol is dependent on the resident's weight:

- **Over 50kg:** 4 grams (equivalent to 8 tablets or 80ml of the 250mg/5ml liquid)
- **Under 50kg:** 3 grams (equivalent to 6 tablets or 60ml of the 250mg/5ml liquid)

### CONTRAINDICATIONS

If the resident has any of the below conditions, do not give homely remedy and refer to GP / 111:

History of severe liver disease or alcohol abuse  
Severe kidney impairment



If doses are ineffective, refer the resident to the GP or out-of-hours service where appropriate.

### Additional information

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Communication of pain is not just verbal. Look for sighing, groaning, calling out, aggression, and withdrawal that is out of character. Use the Abbey pain scale or PAINAD tool. [Assessment of pain in older people \(britishpainsociety.org\)](http://britishpainsociety.org)

### Medication(s) listed in the flow chart:

<b>Name/form of medication</b>	Paracetamol 500mg tablets/caplets / capsules
<b>Indication of use</b>	For the relief of mild to moderate pain
<b>Route of administration</b>	Oral
<b>Adult Dose</b>	ONE or TWO tablets
<b>Frequency</b>	Every 4 to 6 hours
<b>Maximum dose in 24 hours</b>	<b>Over 50kg:</b> 4 grams (equivalent to 8 tablets) <b>Under 50kg:</b> 3 grams (equivalent to 6 tablets)
<b>Maximum duration of treatment as a homely remedy</b>	Up to 48 hours, then seek advice from GP. Document advice.
<b>DO NOT give in these circumstances</b>	<p>If the resident is already receiving prescribed paracetamol or other medications containing paracetamol (e.g., Co-codamol, Co-dydramol, Solpadol, Zapain, Remedeine etc.)</p> <p>Paracetamol intolerance or any hypersensitivity to any of the components</p> <p>History of severe liver disease or alcohol abuse</p> <p>Severe kidney impairment</p>
<b>Additional information</b>	Many medicines also contain paracetamol. Check current medication records and if in doubt check with a GP or Pharmacist.
<b>Warnings and adverse reactions</b>	Rashes, blood disorders, liver damage following overdose and see BNF
<b>Additional resources</b>	BNF Patient information leaflet (supplied with the product)

<b>Name/form of medication</b>	Paracetamol 250mg / 5ml sugar free oral suspension
<b>Indication of use</b>	For the relief of mild to moderate pain

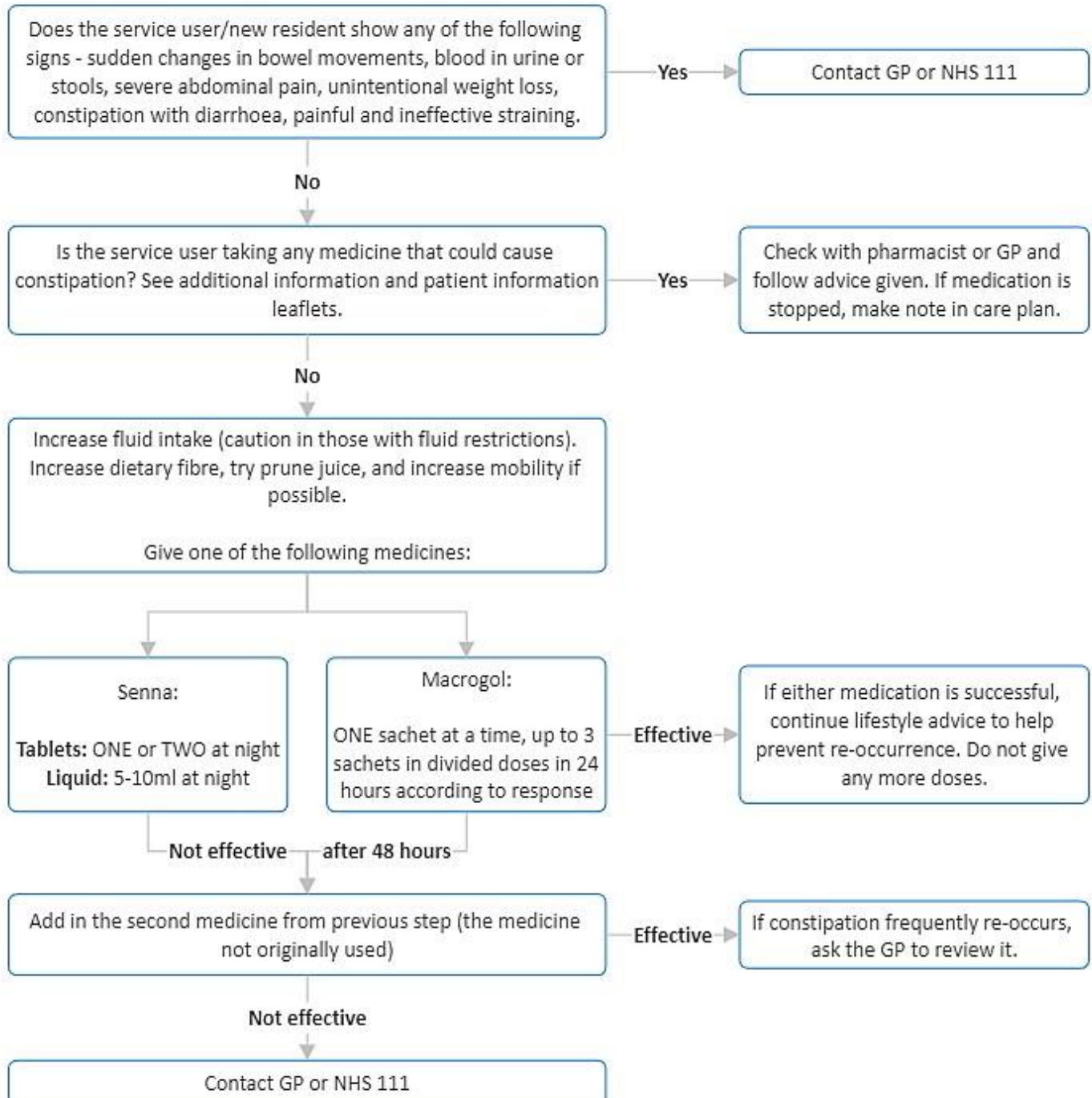
<b>Route of administration</b>	Oral
<b>Adult Dose</b>	10ml to 20ml
<b>Frequency</b>	Every 4 to 6 hours
<b>Maximum dose in 24 hours</b>	<b>Over 50kg:</b> 4 grams (equivalent to 80ml) <b>Under 50kg:</b> 3 grams (equivalent to 60ml)
<b>Maximum duration of treatment as a homely remedy</b>	Up to 48 hours, then seek advice from GP. Document advice.
<b>DO NOT give in these circumstances</b>	<p>If the resident is already receiving prescribed paracetamol or other medications containing paracetamol (e.g., Co-codamol, Co-dydramol, Solpadol, Zapain, Remedeine etc.)</p> <p>Paracetamol intolerance or any hypersensitivity to any of the components</p> <p>History of severe liver disease or alcohol abuse</p> <p>Severe kidney impairment</p>
<b>Additional information</b>	Many medicines also contain paracetamol. Check current medication records and if in doubt check with a GP or Pharmacist.
<b>Warnings and adverse reactions</b>	Rashes, blood disorders, liver damage following overdose and see BNF
<b>Additional resources</b>	BNF Patient information leaflet (supplied with the product)

## Guidance for the treatment of Constipation.

**CONTRAINDICATIONS**

**If the resident has any of the below conditions, do not give homely remedy and refer to GP / 111:**

- Intestine obstruction / perforation
- Severe abdominal pain
- Diverticular disease / diverticulosis
- Ulcerative colitis, Crohn's disease, or toxic megacolon (for Macrogol)
- Paralysis of the intestine, or intestinal atony



**Additional information**

1. 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.
  2. Some common drugs which can cause constipation (please also refer to BNF or information leaflets):
    - Indigestion remedies containing aluminium / magnesium.
    - Antidiarrheal medicines, e.g., Loperamide (Imodium).
    - Antihistamines, e.g., Chlorphenamine (Piriton), Promethazine (Phenergan)
    - Antipsychotics, e.g., Risperidone, Quetiapine, **Clozapine (contact GP urgently)**.
    - Diuretics, e.g., Bendroflumethiazide, Furosemide (if dehydration occurs).
- Iron and Calcium supplements.
  - Painkillers containing opioids, 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, e.g., Amlodipine.
  - Anticholinergic drugs for urinary frequency, e.g., Oxybutynin.

## Medication(s) listed in the flow chart:

<b>Name/form of medication</b>	<b>Macrogol 3350 powder sachets</b> Preferred brands: CosmoCol or Laxido
<b>Indication of use</b>	For the relief of constipation
<b>Route of administration</b>	Oral
<b>Adult Dose</b>	ONE to THREE sachets in 24 hours
<b>Frequency</b>	In divided doses throughout the day
<b>Maximum dose in 24 hours</b>	THREE sachets
<b>Maximum duration of treatment as a homely remedy</b>	Up to 48 hours, then seek advice from GP. Document advice.
<b>DO NOT give in these circumstances</b>	Allergic to Macrogol 3350, Sodium chloride, Sodium hydrogen carbonate, Potassium chloride, or Acesulfame potassium  Perforation in the wall of the intestine  Blockage in your intestine  Paralysis of the intestine (for example, your intestines may stop working due to intestinal surgery or severe infection)  Ulcerative colitis, Crohn's disease, or toxic megacolon
<b>Additional information</b>	To be made up in 125mL of water (half a glass). Can be mixed with any juice of preference. Reconstituted sachets must be discarded after 6 hours if not taken.  Can be chilled in the fridge before giving.  Macrogol can take 48-72 hours to take effect.
<b>Warnings and adverse reactions</b>	Continue with plenty of fluids.
<b>Additional resources</b>	BNF Patient information leaflet (supplied with the product)

<b>Name/form of medication</b>	<b>Senna 7.5mg tablets</b> <b>Senna 7.5mg / 5ml syrup</b>
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<b>Indication of use</b>	For the relief of constipation
<b>Route of administration</b>	Oral
<b>Adult Dose</b>	<b>Tablets:</b> ONE or TWO tablets <b>Liquid:</b> 5ml to 10ml
<b>Frequency</b>	Once a day – usually at night
<b>Maximum dose in 24 hours</b>	<b>Tablets:</b> TWO tablets <b>Liquid:</b> 10ml
<b>Maximum duration of treatment as a homely remedy</b>	Up to 48 hours, then seek advice from GP. Document advice.
<b>DO NOT give in these circumstances</b>	Hypersensitivity to any of the ingredients Abdominal pain, intestinal obstruction, or if nausea/vomiting present
<b>Additional information</b>	Can cause abdominal cramps.
<b>Warnings and adverse reactions</b>	Continue with plenty of fluids. Laxatives should not be taken where there is severe abdominal pain or used regularly for prolonged periods except on medical advice. Senna will take 8-12 hours to take effect. Keep drinking plenty of fluids and increase fibre in your diet. Temporary mild griping may occur.
<b>Additional resources</b>	BNF Patient information leaflet (supplied with the product)

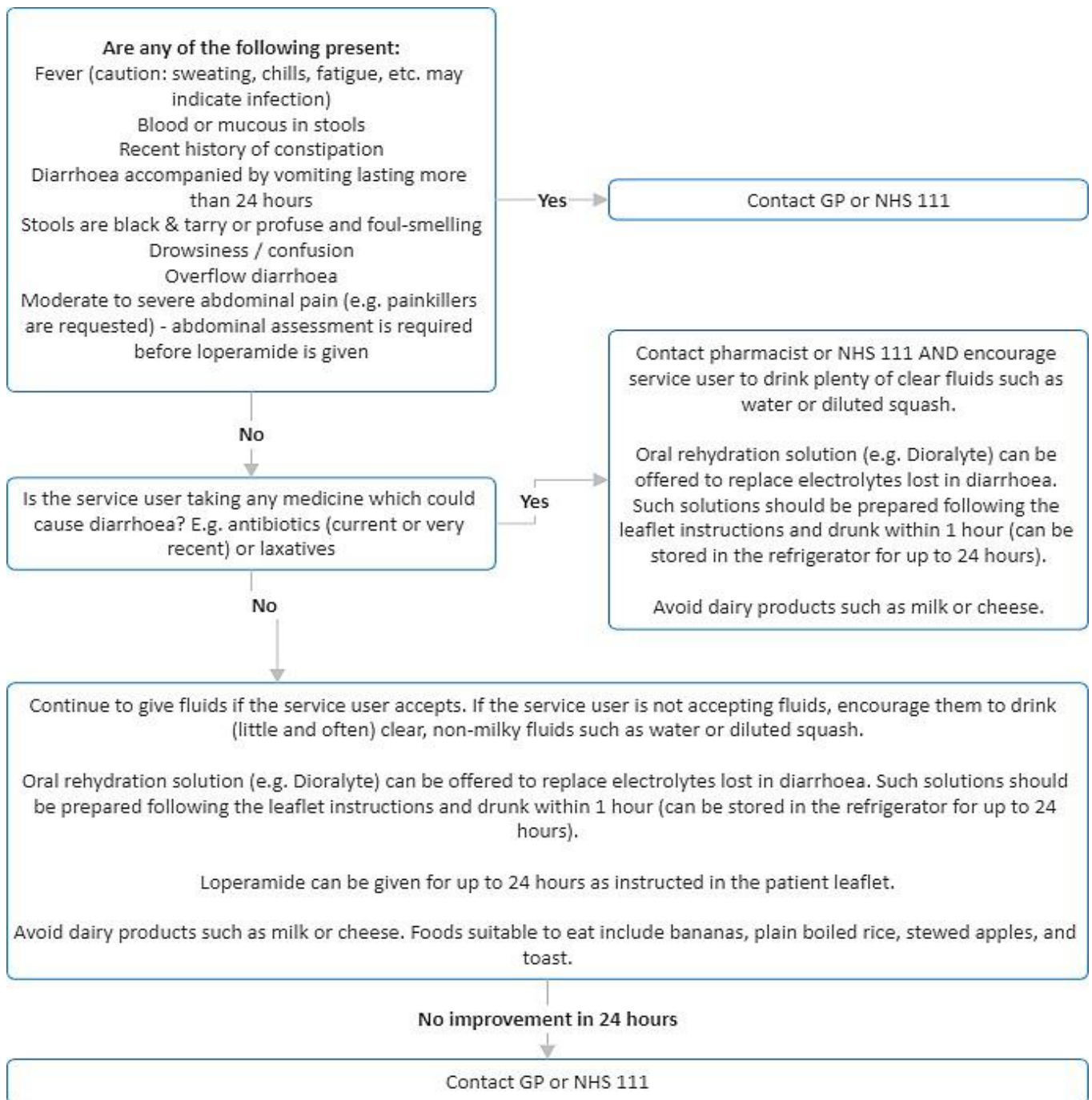
## Guidance for the treatment of Diarrhoea.

**CONTRAINDICATIONS**

**If the resident has any of the below conditions, do not give homely remedy and refer to GP / 111:**

- Severe diarrhoea after taking antibiotics
- Acute ulcerative colitis
- Diverticular disease / diverticulosis
- Constipation, or stomach appears swollen
- Liver impairment
- Severe dehydration
- Intestinal obstruction
- Diabetes (for oral rehydration sachets)
- Kidney disease (for oral rehydration sachets)

**\*PLEASE REFER TO DISCLAIMER (PAGE 22) BEFORE GIVING MEDICATION\***



**Additional information**

1. Diarrhoea in the frail elderly can quickly lead to dehydration and deterioration in health.
2. Prolonged diarrhoea can reduce effectiveness of the medication and can de-stabilise patients such as those with diabetes and epilepsy. Monitor more closely.
3. Food poisoning is a notifiable disease - please see [www.gov.uk](http://www.gov.uk) for information on how to report.

**Disclaimer:** If diarrhoea is present with vomiting, or if there are signs of Clostridium difficile infection (abdominal pain, high temperature), **loperamide can be given but there MUST also be an assessment on the same day by a GP.**

Assess the level of hydration before offering oral rehydration solutions (e.g., Dioralyte). If level of dehydration is severe for any resident, then **urgent medical advice** should be sought.

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## Medication(s) listed in the flow chart:

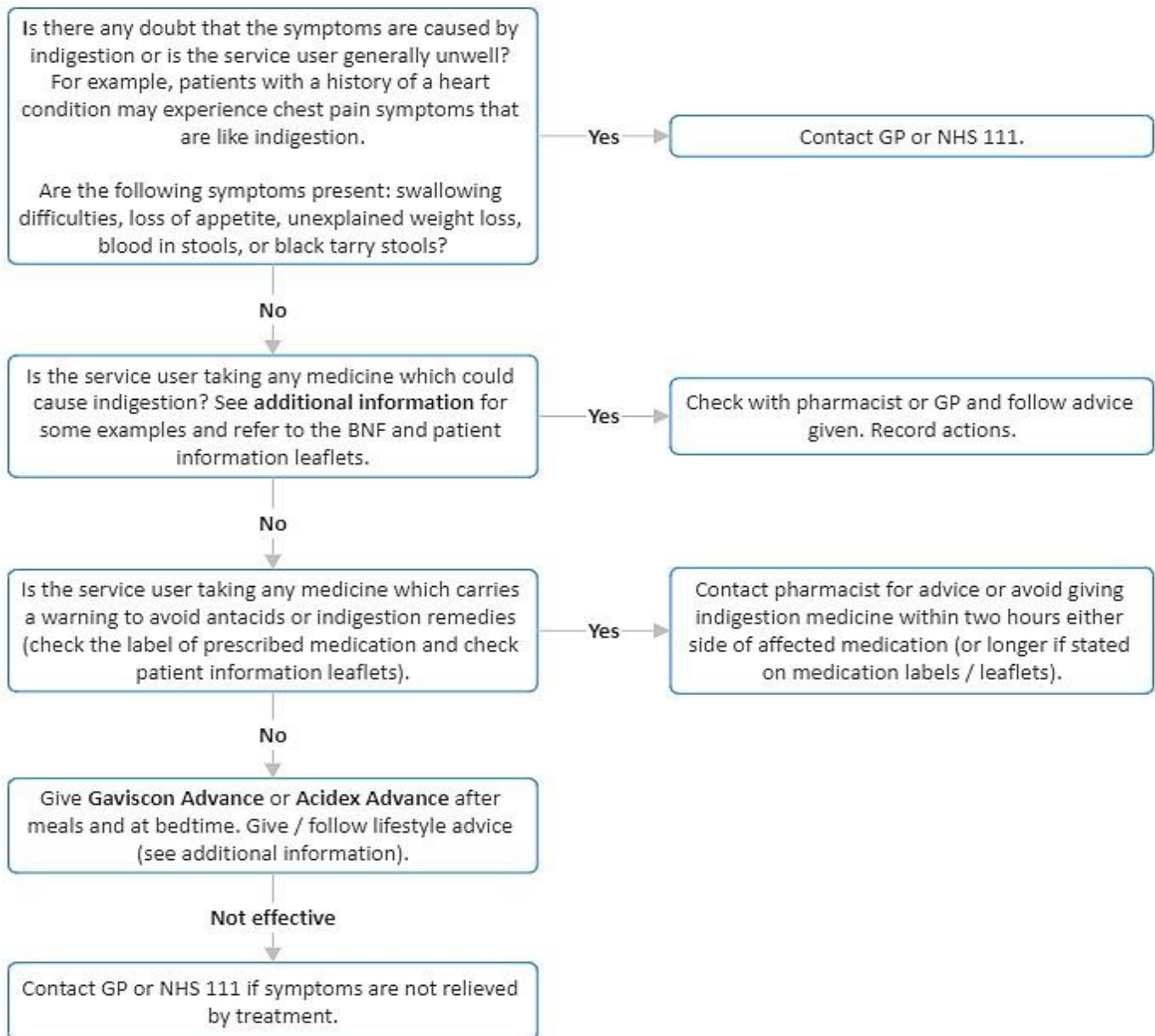
<b>Name/form of medication</b>	Loperamide 2mg capsules
<b>Indication of use</b>	For relief of acute onset diarrhoea
<b>Route of administration</b>	Oral
<b>Adult Dose</b>	TWO capsules initially, then ONE capsule after each loose stool
<b>Frequency</b>	After each loose stool. DO NOT exceed maximum daily dosage.
<b>Maximum dose in 24 hours</b>	Six capsules (12mg)
<b>Maximum duration of treatment as a homely remedy</b>	Up to 24 hours, then seek advice from GP or NHS 111. Document advice.
<b>DO NOT give in these circumstances</b>	<p>Hypersensitivity to Loperamide hydrochloride or to any of the ingredients</p> <p>Lactose intolerant</p> <p>Severe diarrhoea after taking antibiotics.</p> <p>Acute dysentery which is characterised by blood in stools and high fever.</p> <p>Acute ulcerative colitis</p> <p>Constipated or stomach appears swollen.</p> <p>Liver impairment</p>
<b>Additional information</b>	<p>Drink plenty of fluids to maintain hydration – consider oral rehydration sachets.</p> <p>Ensure appropriate infection control procedures are followed to minimise the risk of an infection</p>
<b>Warnings and adverse reactions</b>	<p>Always refer to the patient information leaflet</p> <p>May cause gastrointestinal disorders; headache; nausea</p>
<b>Additional resources</b>	BNF, patient information leaflet (supplied with the product)

<b>Name/form of medication</b>	<b>Oral Rehydration Sachets (e.g., Dioralyte)</b>
<b>Indication of use</b>	To replace fluids lost through diarrhoea/vomiting
<b>Route of administration</b>	Oral
<b>Adult Dose</b>	ONE or TWO sachets
<b>Frequency</b>	After each loose stool
<b>Maximum dose in 24 hours</b>	As advised in the patient information leaflet that is supplied with the product.
<b>Maximum duration of treatment as a homely remedy</b>	Up to 24 hours, then seek advice from GP or NHS 111. Document advice.
<b>DO NOT give in these circumstances</b>	<p>Diarrhoea has lasted for more than 24 hours.</p> <p>Hypersensitivity to any of the ingredients</p> <p>Severe dehydration</p> <p>Intestinal obstruction</p> <p>Liver or kidney disease</p> <p>Antibiotic-associated diarrhoea</p> <p>Bloody diarrhoea, or chronic or persistent diarrhoea</p> <p>Low potassium or sodium diet</p> <p>Diabetes</p>
<b>Additional information</b>	<p>The contents of each sachet should be dissolved in 200ml of drinking water. The solution should be made up immediately before use and may be stored for up to 24 hours in a refrigerator otherwise any solution remaining an hour after reconstitution should be thrown away. The solution itself must not be boiled.</p> <p>If vomiting is present, then the solution should be given in small frequent sips. Ensure appropriate infection control procedures are followed to minimise the risk of an infection spreading.</p>

<b>Warnings and adverse reactions</b>	Oral rehydration sachets should only be reconstituted in water. Always follow the manufacturer's guidance when preparing the sachets. Always refer to the patient information leaflet
<b>Additional resources</b>	BNF Patient information leaflet (supplied with the product)

# Guidance for the treatment of Heartburn (Indigestion)

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### Additional information

1. 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 severe pain MUST be referred immediately.
2. Some medicines that commonly cause indigestion:
  - Anti-inflammatory medicines e.g., Aspirin, Ibuprofen, Naproxen
  - Oral corticosteroids e.g., Prednisolone
3. 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).
  - Avoid spicy foods e.g., curries.
  - Avoid fatty foods e.g., pastry.
  - Avoid clothing which is tight around the waist.

## Medication(s) listed in the flow chart:

<b>Name/form of medication</b>	Gaviscon Advance suspension (Peppermint or Aniseed flavour) Acidex Advance suspension (Peppermint or Aniseed flavour)
<b>Indication of use</b>	Management of mild symptoms of dyspepsia and gastro-oesophageal reflux disease
<b>Route of administration</b>	Oral
<b>Adult Dose</b>	5 to 10ml
<b>Frequency</b>	After meals and at bedtime
<b>Maximum dose in 24 hours</b>	40ml
<b>Maximum duration of treatment as a homely remedy</b>	Up to 48 hours, then seek advice from GP. Document advice.
<b>DO NOT give in these circumstances</b>	Hypersensitivity to any of the ingredients
<b>Additional information</b>	Shake well before use. Sugar-free, so suitable for diabetics. Use within 6 months of opening.
<b>Warnings and adverse reactions</b>	Contains sodium (2.3mmol in 5mls) and 1mmol of potassium in 5mls. Seek advice where sodium restriction is indicated
<b>Additional resources</b>	BNF Patient information leaflet (supplied with the product)

## References

- National Care Forum (2019) Homely remedies guide: For local adaptation to fit within individual care home medication policies. Available at: <https://www.nationalcareforum.org.uk/wp-content/uploads/2019/11/Homely-Remediesguide.pdf>
- British Pain Society (2007) The assessment of pain in older people. National Guidelines. Available at: [https://www.britishpainsociety.org/static/uploads/resources/files/book\\_pain\\_older\\_people.pdf](https://www.britishpainsociety.org/static/uploads/resources/files/book_pain_older_people.pdf)
- National Institute for Health and Care Excellence (2021) Analgesia - mild-to-moderate pain. Available at: <https://cks.nice.org.uk/topics/analgesia-mild-to-moderate-pain/>

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<b>Balance transferred to new sheet:</b>						

**Please keep copies of recording forms once complete to ensure audit trail of medication supply, use, and disposal. Follow the care home's record keeping policies and procedures.**