

Homely Remedies Policy

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Homely Remedies Policy for use in Lewisham Care Homes

This policy is for use within care homes to ensure they are aware of how to manage homely remedies and outlines the circumstances when appropriate administration can be made, when to seek advice and who can administer. The policy should be used as a framework to ensure the provision of safe and timely treatments for commonly presented minor conditions.

There are many times in which a resident may develop a minor ailment that needs to be treated. It is important that staff are able to respond in a timely way and help the resident to feel well. Many people living in their own home purchase remedies from the pharmacy, and generally do this without involving the GP, as part of “self-care.” For people living in a care setting, which is now their own home, we refer to this approach as using homely remedies.

This policy does not remove the need to seek additional medical advice where there is doubt or concern about the condition being treated.

Definitions used:

- *Homely remedy*—a non-prescription medicine that a care home can purchase over-the-counter from a pharmacy (i.e. the medicines are owned by the care home) for use by their residents.
- *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, sore throat etc.

What is a homely remedy?

A homely remedy is a medicinal preparation used to treat a minor ailment or condition. It is purchased over the counter at a pharmacy and does not require a prescription. These homely remedy products are kept in the care home to allow access to products that would commonly be available in any household.

Homely remedies fall into two legal categories:

- GSL (general sales list), which are available widely and sometimes referred to as “over the counter” medicines that can be purchased in supermarkets, petrol stations and other retail outlets; or
- Pharmacy (P) medicines, available only from a pharmacy, and sold under the supervision of a pharmacist

If a medication which 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. The prescribing of unnecessary regular medication on the MAR chart for ‘self-care’ should be avoided as this can often result in both medicines waste and lengthening of medicines rounds. LIMOS will review medicines in this context as part of a Structured Medication Review either on admission or on an annual basis. However, please contact LIMOS if you would like to address this for any individual resident within your care home at any time.

Suitability of homely remedies for individual residents

It is good practice on admission to the care home, to discuss health needs and medicines with the resident and their family including the use of homely remedies. Residents and their families should always be involved in these discussions and the resident's consent should be sought wherever possible. If a person lacks the capacity to make decisions, then follow the usual “best interests decision process”, involving family as appropriate.

Each resident should be assessed individually for suitability for each remedy in advance, ideally on admission to the home. It is recommended that this should be done using the ‘Homely Remedies Authorisation Sheet’ (Form A) and undertaken by a healthcare professional such as a GP or LIMOS pharmacist as part of the admissions process. If possible, the resident or their family should sign this form as an agreement that homely remedies can be used as needed. There are two formats of Form A contained within this document. It is preferable and advised to use one single page per resident, to allow for a patient centred approach to resident care. However an alternative has been provided that includes all residents on one sheet, should this be the agreed practice for use within an individual home.

When authorising the homely remedy consider:

- What medicines are already prescribed for that resident
- What 'over the counter' medicines they may be taking as regular medicines prescribed by the GP
- Other factors such as weight, kidney or liver function, medical and drug history
- Allergy status
- Any increased risk of adverse reactions
- Any interactions with prescribed medications.

The Homely Remedies Authorisation sheet (Form A) should be kept either with the resident's care plan or with their current Medicines Administration Record (MAR) chart. It should be reviewed at least annually, and as part of the structured medication review or care plan review with LIMOS or by the GP. If there is a change in circumstances or in the medicines prescribed, a review of this form may be needed sooner.

Choice of medicine

The Homely Remedies Policy should contain a list of medicines which the care home will stock in order to be responsive to common minor conditions. Consider stocking medicines from the following groups to provide a variety of options for managing minor conditions:

- analgesics (mild pain medicines)
- indigestion remedies
- constipation remedies
- remedies for diarrhea
- cough remedies
- topical preparations for minor skin conditions (one per resident) (see Appendix 3)

Once a list has been identified, the specific medications should be discussed with LIMOS and the lead GP, authorised and then listed within the Homely Remedies Policy. Only those items which have been agreed to be kept, and listed in your Homely Remedies Policy, can be administered. Any deviations from this list need to be approved by the GP or LIMOS Pharmacist. Some suggested items have been included at the end of this document.

A GP may instruct the care home staff to purchase a specific product to treat a minor ailment for a particular resident, e.g. olive oil ear drops for treatment of ear wax. This is no different to a person treating themselves in their own home and can be actioned, provided the instructions are written by the GP in the individual care plan or communicated in writing and only applies to the individual named resident.

Administration

All care home staff trained to administer medicines can give homely remedies to residents, and can be named on the 'Homely Remedies Staff Signature Sheet' (Form B). Care home staff should sign to confirm that they understand the Homely Remedies Policy, are competent to administer homely remedies, and acknowledge that they will be accountable for their actions before they are authorised to administer homely remedies.

When deciding whether a homely remedy is needed, the care home staff must confirm the following:

- The resident has no potentially serious symptoms (red flags)[see flow diagrams in Appendix 2 for guidance].
- There have been no changes to the medication or the person's health since the homely remedies authorisation sheet was last reviewed.
- Allergy status.
- Previous medications used by the resident for these symptoms.
- Existing prescribed medicines which could also be used as a 'homely remedy'
- If the resident has any difficulties swallowing.

A flow chart is included in Appendix 2 for each of the minor conditions covered by this policy and should be used to help with assessment to ensure appropriate use. If there are any additional concerns about potential interactions or contra-indications, or if there is any other uncertainty, please contact LIMOS or the GP for more advice.

Documentation for homely remedies

The use of homely remedies should be included within the care homes overarching medicines policy with reference to a separate Homely Remedy Policy as required. The administration of a homely remedy must be clearly entered on the residents MAR chart and in their care plan. The entry on the MAR chart must be clearly marked 'homely remedy' as well as documenting the following:

- name, strength, and form of the medicine
- dose and frequency
- reason for use (should additionally be documented in the care plan)
- date and time administered
- signature of the staff member administering the medication. [N.B it is good practice to obtain a second signature for checking administration]

The dose administered must not exceed the dose detailed on the individual resident's 'Homely Remedies Authorisation Sheet' (Form A).

It is important to maintain an audit trail for each homely remedy by also completing the relevant sections of the 'Homely Remedy Record Sheet' (Form C) for the medicine being administered. This is in addition to recording the details on the residents MAR chart and care plan.

As good practice, the Homely remedies Record Sheet and the patient information leaflet should be kept with the product packaging to allow for information about side effects, dosing etc. to be easily referred to. If the resident self-administers their medicines, the relevant care home policy regarding self-administration should include the provision and administration of homely remedies. Homely remedies should be supplied in their original packaging together with the patient information leaflet.

Assessment of effectiveness

Staff should regularly check with the resident that the homely remedy is effective/relieving symptoms and response documented within the care plan. Further doses should be administered as necessary, treatment stopped, or additional advice sought, depending on how the resident is responding. 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 resident's GP. After this time, this period could be extended after discussion with the resident's GP with clear plan for next review, or alternatively prescribed if appropriate to continue and ongoing need remains. Ensure the staff member on the next shift is informed about any homely remedies that have been given. Refer to LIMOS if the resident requires a further review of their regular medicines.

Adverse reaction

In the rare event of an adverse reaction or side effect, the GP and/or LIMOS pharmacist must be informed immediately. It is for the GP to decide, following discussions with the senior staff/nurse, whether to report a suspected problem or incident around medicines to the MHRA via the yellow card scheme website <https://yellowcard.mhra.gov.uk/>. In the event of a serious life threatening adverse reaction the nurse/carer will carry out emergency treatment and refer the resident direct to the A&E department if required.

Receipt and storage of homely remedies into the care home

Homely remedies should be purchased by the care home and not obtained from the GP. They should be retained in their original packaging and the receipt recorded on the 'Homely Remedies Record Sheet' (Form C) for each medicine.

A running balance of the stock must be maintained at all times (Form C), be checked regularly and stocks replenished as required. During the stock check, staff must check the expiry dates of the medication, including '. For liquids and creams, the date the product was opened must be marked on the container. Opened liquids and creams should be discarded according to the time frame given by the manufacturer, or using the *LIMOS Good Practice Guide to Expiry Dates and Storage of Medicines in Care Homes*.

It is important that homely remedies are separated from the prescribed medication in a locked cupboard and kept at a suitable temperature for the preparation (usually <25°C). Access to homely remedies should be restricted to staff who are on the approved list (Form B) and should not be used by staff for personal use.

Disposal of homely remedies

Homely remedies must be disposed of when they are no longer fit for purpose and/or are out of date, in accordance with the care homes disposal of medicines procedure. The disposal of homely remedies should be recorded on the 'Homely Remedies Record Sheet' (Form C) for that particular medicine.

Suggested List of Medicines

Symptom	Medicine
Indigestion/heartburn	Alginate or Antacid e.g. Gaviscon Advance, Mucogel, Peptac
Pain (mild to moderate)	Paracetamol (other medicines containing Paracetamol may have been prescribed for some residents and this must be carefully checked).
Dry Cough	Simple linctus for non-diabetic residents, sugar free simple linctus for residents with diabetes
Constipation	Senna
Diarrhoea	Oral rehydration therapy e.g. Dioralyte
Skin Problems- Sweat rash Incontinence rash Insect bites and stings	Calamine lotion Cavilon durable barrier cream Anthisan bite and sting 2% Cream
Emollients- South East London CCG guidance for Dry Skin	1 st line choice-ZeroAQS® tub 2 nd line choice-Zerobase pump
Cold symptoms- Sore throat, nasal congestion	Strepsils, Olbas oil

Appendix 1

Form A: Homely remedies Authorisation sheet (blank)

Resident Name:			Care Home:		
Allergies:			Date of Birth:		
Minor condition requiring treatment	Drug/ Medicine	Maximum dose to be taken at one time	Directions (including maximum daily dose)	Maximum duration of treatment before seeking advice	Signed (Authorisation for use)
Care Home	Completed by:		Signed:		Date:
Resident	Name:		Signed(if possible):		Date:

Form A: Homely remedies Authorisation sheet (example)

Resident Name:			Care Home:		
Allergies:			Date of Birth:		
Minor condition requiring treatment	Drug/ Medicine	Maximum dose to be taken at one time	Directions (including maximum daily dose)	Maximum duration of treatment before seeking advice	Minor condition requiring treatment
Indigestion/heartburn	Gaviscon Advance Suspension or Peptac Liquid	One to Two 5ml spoonful's	After meals & at bedtime. Maximum four times daily.	48 hours	Indigestion/heartburn
Pain (mild to moderate)	Paracetamol 500mg tablets/soluble tablets OR Paracetamol sugar free suspension 250mg/5ml	Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension)	Four to six hours between doses, up to max FOUR times a day Maximum dose in <u>24 hours</u> : Over 50kg: 4g (eight 500mg tablets or 80ml of 250mg/5ml suspension) Under 50kg: 2g (four 500mg tablets or 40ml of 250mg/5ml suspension)	48 hours	Pain (mild to moderate)
Dry Cough	Simple linctus Sugar Free for diabetics	One 5ml Spoonful	As needed up to FOUR times a day	48 hours	Dry Cough
Constipation	Senna 7.5mg tablets or 7.5mg/5ml syrup	One to Two tablets or One to Two 5ml spoonful's of syrup	Once a day—usually at Bedtime	48 hours	Constipation
Diarrhoea	Oral rehydration sachets e.g. Dioralyte	One sachet reconstituted according to manufacturer's product information	To be given after each loose stool. Do NOT exceed dose recommended in manufacturer's product information	Up to 24 hours if refusing to drink; or 48hrs for those who are drinking	Diarrhoea
Sweat rash	Calamine lotion	Apply to the skin	As required	48 hours	Sweat rash, bites or stings
Incontinence rash,	Cavilon durable barrier cream	A pea-sized amount	to be used Twice a day	48 hours	Incontinence rash
Insect bites and stings (See Appendix 3)	Anthisan bite and sting 2% Cream One per resident	Apply to the skin	up to three times a day	48 hours	Insect bites and stings (See Appendix 3)
Emollients- (See Appendix 3)	ZeroAQS® tub or Zerobase pump (one per resident)	Apply to the skin	As Required	48 hours	Emollients- (See Appendix 3)
Care Home	Completed by:	Signed:			Date:
Resident	Name:	Signed (if possible):			Date:

Form A: Homely Remedies Authorisation Sheet – Alternative format - Example

Minor condition requiring treatment	Drug/ Medicine	Maximum dose to be taken at one time	Directions (including maximum daily dose)	Maximum duration of treatment before seeking advice
Indigestion/heartburn	Gaviscon Advance Suspension or Peptac Liquid	One to Two 5ml spoonful's	After meals & at bedtime. Maximum four times daily.	48 hours
Pain (mild to moderate)	Paracetamol 500mg tablets/soluble tablets OR Paracetamol sugar free suspension 250mg/5ml	Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension)	Four to six hours between doses, up to max FOUR times a day Maximum dose in <u>24 hours</u> : Over 50kg: 4g (eight 500mg tablets or 80ml of 250mg/5ml suspension) Under 50kg: 2g (four 500mg tablets or 40ml of 250mg/5ml suspension)	48 hours
Dry Cough	Simple linctus Sugar Free for diabetics	One 5ml Spoonful	As needed up to FOUR times a day	48 hours
Constipation	Senna 7.5mg tablets or 7.5mg/5ml syrup	One to Two tablets or One to Two 5ml spoonful's of syrup	Once a day—usually at Bedtime	48 hours
Diarrhoea	Oral rehydration sachets e.g. Dioralyte	One sachet reconstituted according to manufacturer's product information	To be given after each loose stool. Do NOT exceed dose recommended in manufacturer's product information	Up to 24 hours if refusing to drink; or 48hrs for those who are drinking
Sweat rash	Calamine lotion	Apply to the skin	As required	48 hours
Incontinence rash	Cavilon durable barrier cream	A pea-sized amount	to be used Twice a day	48 hours
Insect bites and stings (See Appendix 3)	Anthisan bite and sting 2% Cream One per resident	Apply to the skin	up to three times a day	48 hours
Emollients- (See Appendix 3)	ZeroAQS® tub or Zerobase pump (one per resident)	Apply to the skin	As Required	48 hours
Cold symptoms- Sore throat, nasal congestion	Strepsils Olbas oil	One lozenge	Every 2-3 hours up to a maximum of 12 lozenges in 24 hours.	48 hours

FORM C: -Homely Remedies Record Sheet

Name / strength of homely remedy (One sheet per product)		Enter Medicine Name / strength / form:						
Date	Quantity received	Name of resident homely remedy administered to	Dose administered to resident (check for appropriateness / agreed flowchart where in use)	Reason for administration	Allergies checked (tick)	Administered by	Balance	Qty & expiry check (Initial/Date)

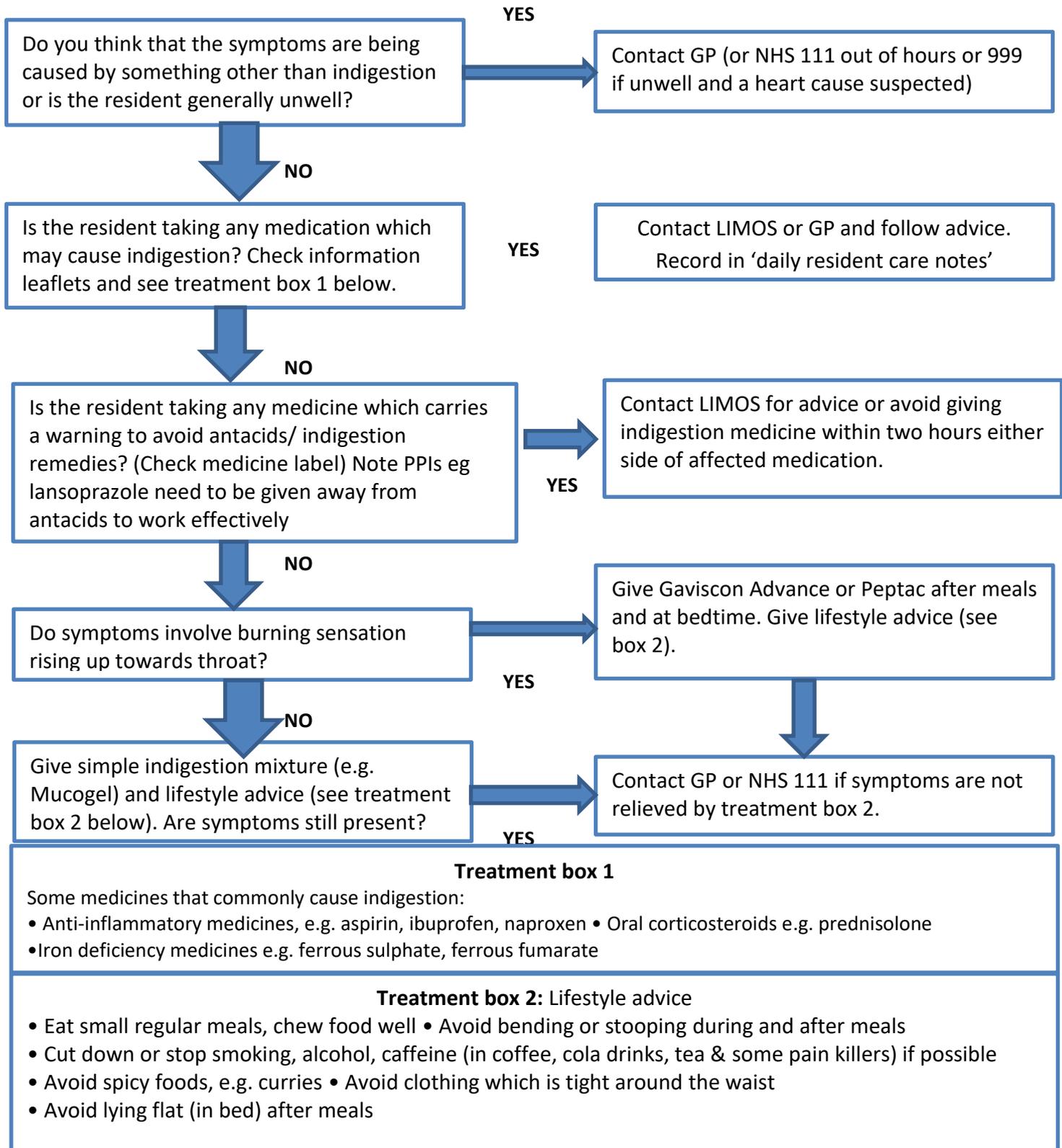
NB Note some products may have a shorter shelf-life once opened, check the manufacturer’s literature. Record the date of opening clearly on the bottle

Appendix 2

Chart 1: Guidance for treatment of minor ailments with homely remedies –

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. Use the flow chart below for guidance when a resident has symptoms of heart burn. All cases of acute or severe chest pain must be referred immediately as sometimes this symptom can be felt as it is like indigestion.



PRODUCTS NAMED IN FLOW CHART 1- INDIGESTION/HEARTBURN

Drug	Gaviscon Advance suspension or Peptac
Indication for use	Heartburn and indigestion
Strength	N/A combination product)
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 from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
Cautions	Contains sodium (4.6mmol in 10mls), avoid in patients with high blood pressure or where sodium restriction is indicated
Additional information	Shake well before use Sugar free therefore suitable for people with diabetes
Additional resources	BNF chapter 1 Patient leaflet https://www.medicines.org.uk/emc/search?q=%22Gaviscon+Advance%22

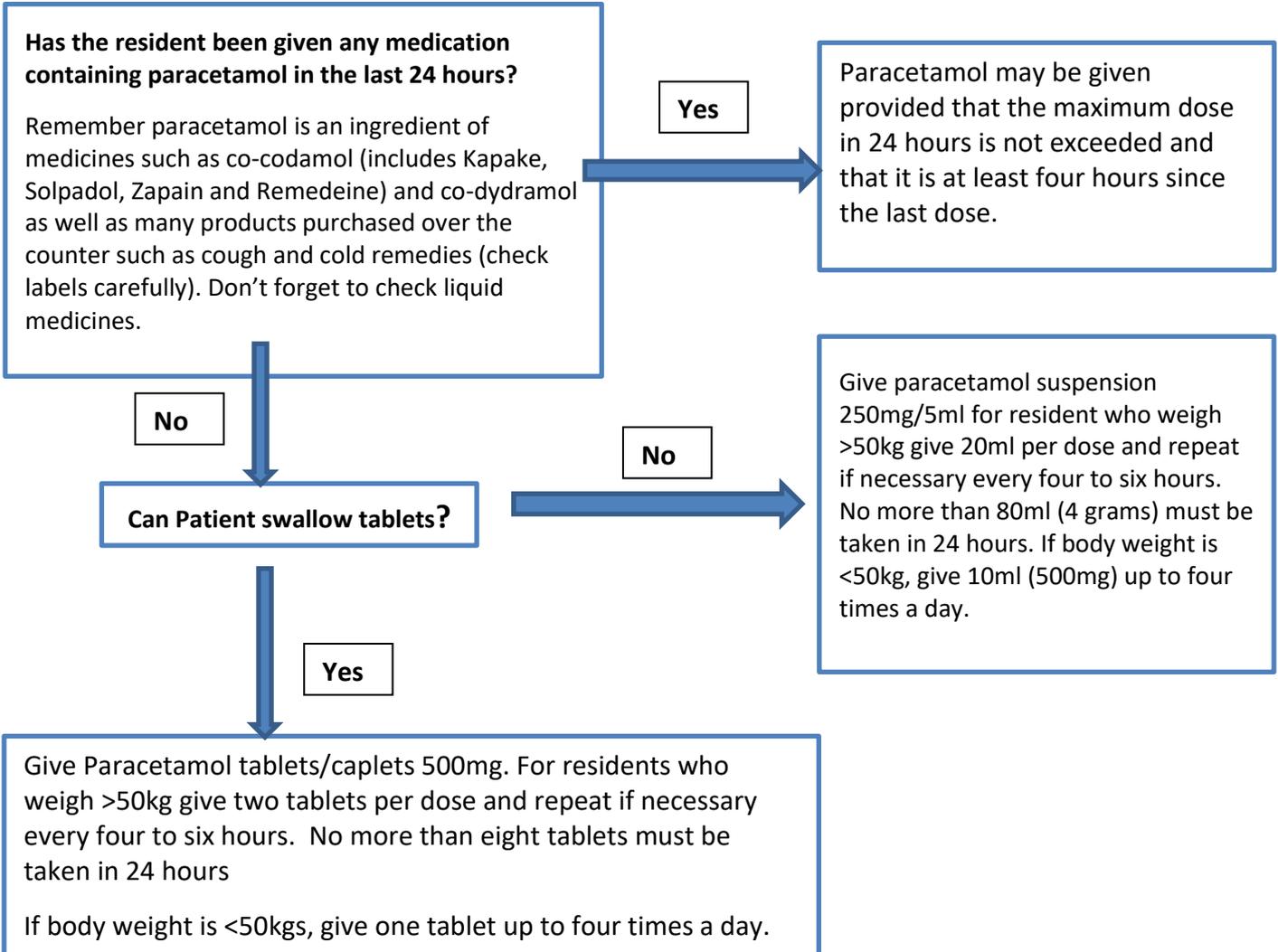
Drug	Mucogel (co-magaldrox)
Indication for use	Heartburn and stomach acid
Strength	N/A (combination product)
Dose	10-20ml three times daily 20 minutes to one hour after meals, and at bedtime, or as required
Maximum dose in 24 hours	80ml daily in divided doses
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required. The GP should confirm if the homely remedy should be continued until the new prescription arrives, or advise otherwise.
Cautions	Should not be used in patients who are severely debilitated or suffering from kidney failure. Antacids inhibit the absorption of tetracycline antibiotics and vitamins and should not be taken together (contact LIMOS if unsure). Leave at least two hours between doses.
Additional information	Shake well before use
Additional resources	Sugar free therefore suitable for people with diabetes

Chart 2: Guidance for treatment of minor ailments with homely remedies –

PAIN

Flow chart for use when the resident has mild pain only. All cases of sudden onset severe pain must be urgently referred to the GP or NHS 111.

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 2 – PAIN

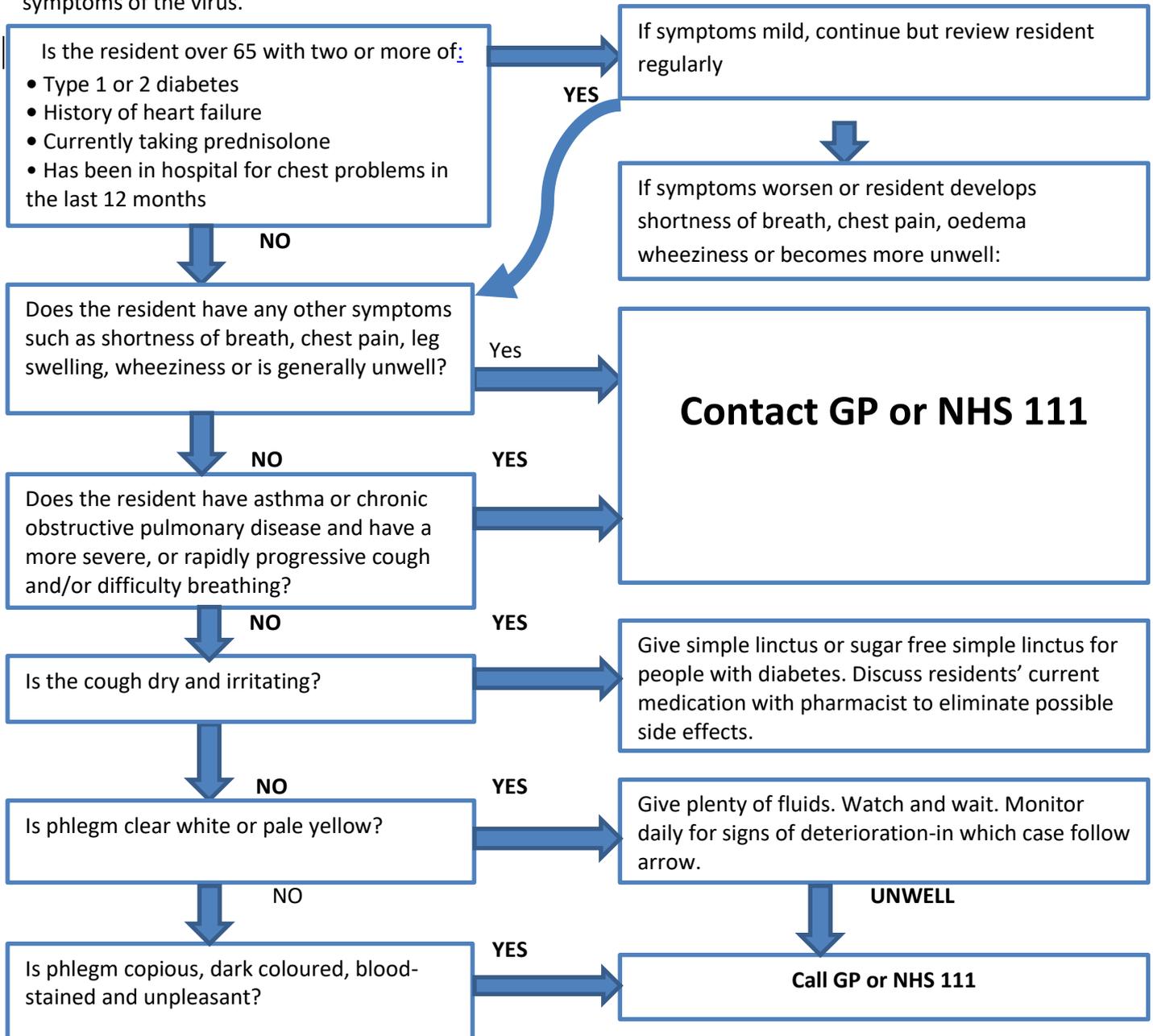
Drug	Paracetamol
Indication for use	Relief of mild pain
Strength	500mg tablets
Dose	Two tablets up to four times a day if body weight over 50kg. One tablet up to four times a day if body weight under 50kgs.
Maximum dose in 24 hours	8 tablets (4g) in divided doses (maximum of two tablets or 1g, in any four hours) If body weight under 50Kg, 4 tablets (2g) in divided doses (maximum of one tablet or 500mg in any four hours)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
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 <50kg, give one tablet up to four times a day.
Additional information	Many medicines also contain Paracetamol. If in doubt check with pharmacist.
Additional resources	BNF chapter 4 Patient leaflet https://www.medicines.org.uk/emc/search?q=%22Paracetamol%22

Drug	Paracetamol
Indication for use	Relief of mild pain
Strength	250mg/5ml suspension
Dose	20mls (1g) up to four times a day if body weight above 50kg. 10mls (500mg) up to four times a day if body weight under 50kgs.
Maximum dose in 24 hours	80ml (4g) in divided doses (maximum of 20ml or 1g, in any four hours) If body weight under 50Kg, 40ml (2g) in divided doses (maximum of 10ml or 500mg in any four hours)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
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 <50kgs, give 10ml (500mg) up to four times a day.
Additional information	Many medicines also contain paracetamol. If in doubt check with pharmacist. Sugar free is also available for people with diabetes
Additional resources	BNF chapter 4 Patient leaflet https://www.medicines.org.uk/emc/search?q=%22Paracetamol%22

Chart 3: Guidance for treatment of minor ailments with homely remedies

COUGH

Flow chart for onset of cough. Antibiotic treatment is not indicated for the majority of otherwise well patients with coughs. During COVID-19 pandemic, manage symptoms of a cough in line with care home pathway for managing symptoms of the virus.



PRODUCTS NAMED IN FLOW CHART 3 - COUGH

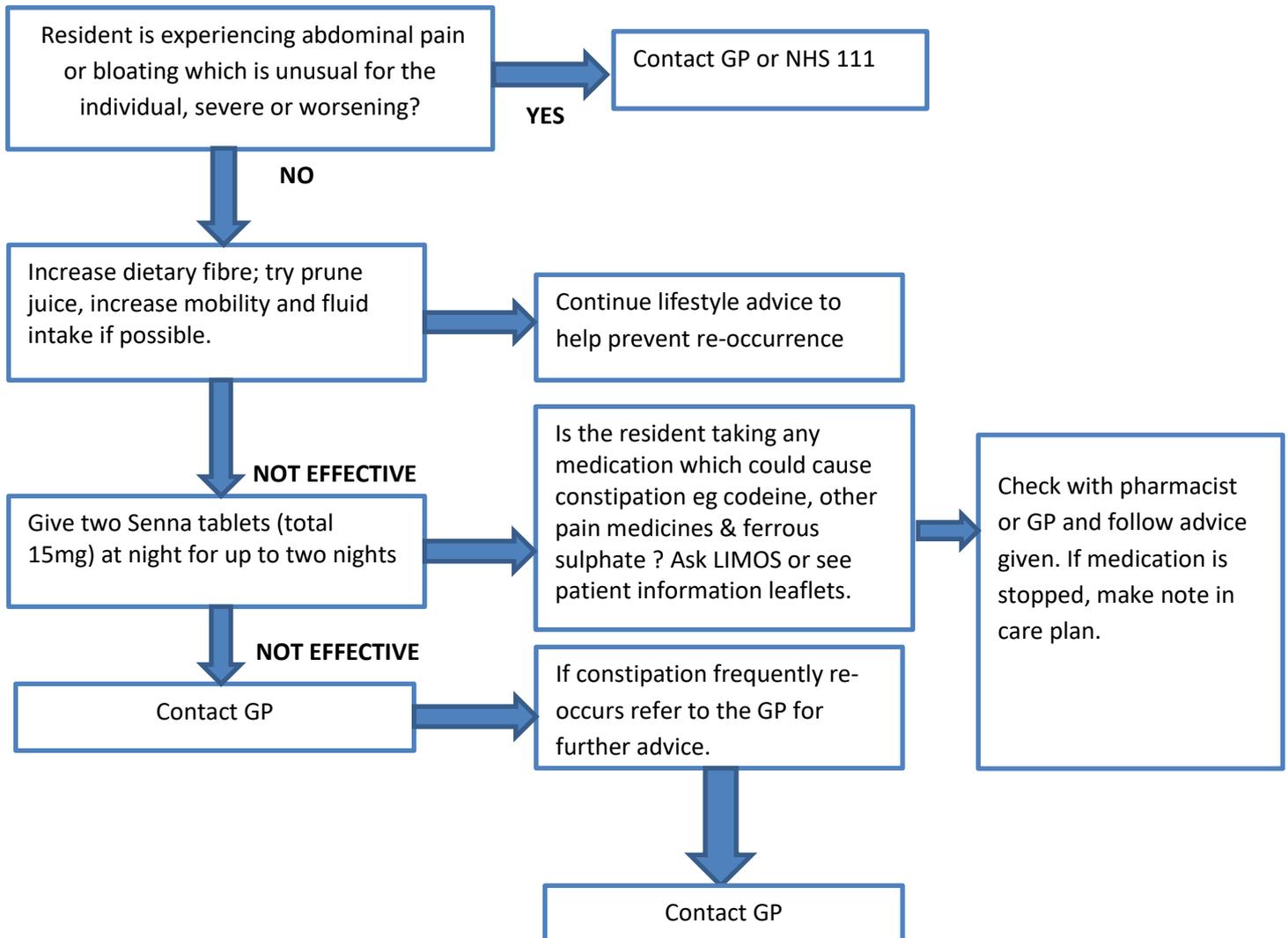
Drug	Simple linctus
Indication for use	For relief of occasional non-persistent cough
Strength	N/A
Dose	5-10ml up to four times a day
Maximum dose in 24 hours	40ml in divided doses
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
Cautions	High sugar content, do not use for people with diabetes
Additional information	More soothing if taken with warm water
Additional resources	BNF chapter 3 Patient leaflet https://www.medicines.org.uk/emc/search?q=%22Simple+linctus%22

Drug	Simple linctus-sugar free
Indication for use	For relief of occasional non-persistent cough
Strength	N/A
Dose	5-10ml up to four times a day
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
Cautions	Sugar free, suitable to use for people with diabetes
Additional information	More soothing if taken with warm water
Additional resources	BNF chapter 3 Patient leaflet https://www.medicines.org.uk/emc/search?q=%22Simple+Linctus+Sugar+Free%22

Chart 4: Guidance for treatment of minor ailments with homely remedies –

CONSTIPATION

Initial changes in bowel habits should be reported to the GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake. Large glasses of fluid should be avoided. Little and often is more effective.



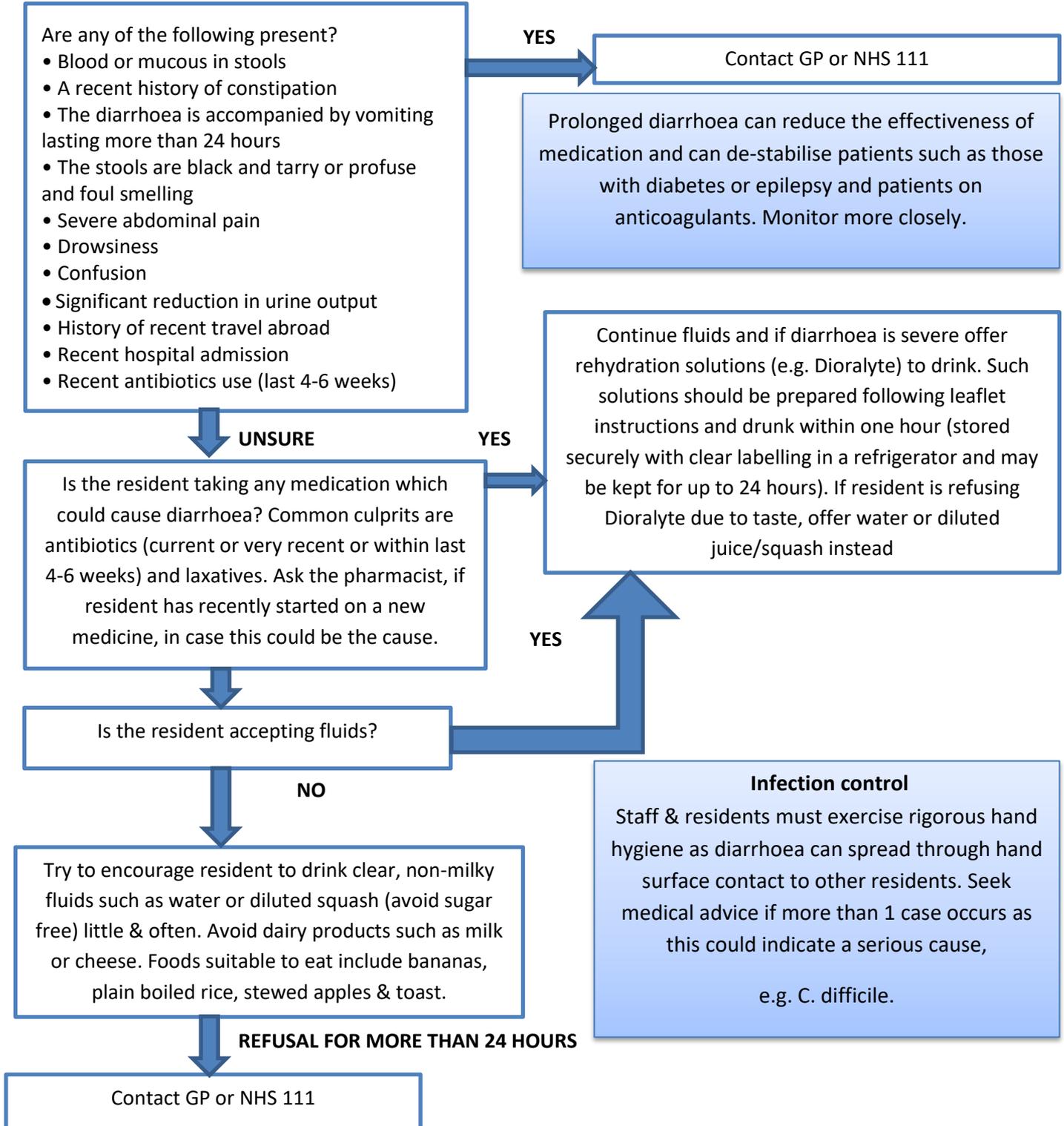
PRODUCTS NAMED IN FLOW CHART 4 – CONSTIPATION

Drug	Senna tablets
Indication for use	For relief of constipation
Strength	7.5mg
Dose	Two tablets (15mg) at night
Maximum dose in 24 hours	Up to Two tablets (15mg) at night
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
Cautions	Once regularity in bowel movements has been regained, dosage should be reduced and can usually be stopped
Additional information	Can cause abdominal cramps Available as Senna liquid for those who cannot take tablets (7.5mg-15mg dose)
Additional resources	BNF chapter 1 Patient leaflet https://www.medicines.org.uk/emc/search?q=%22Senokot%22

Chart 5: Guidance for treatment of minor ailments with household remedies –

DIARRHOEA

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



PRODUCTS NAMED IN FLOW CHART 5 – 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 from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
Cautions	Use judgement in end of life patients
Additional information	Contents of each sachet should be dissolved in 200ml of drinking water. If not drunk immediately, clearly label for specific patient. 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 Patient leaflet https://www.medicines.org.uk/emc/search?q=%22Dioralyte%22

Chart 6: Guidance for treatment of minor ailments with homely remedies –

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 usually accompanied by systemic symptoms where the patient is clearly unwell but for minor skin problems there is rarely a need for immediate referral. Refer to poster from the MHRA in Appendix 3

Disposable gloves must be used when applying any skin preparations. Dispose of gloves immediately after use and before treating another resident. **Always use a separate tube/jar for each resident.**

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 ZeroAQS or Zerobase can be tried. White soft paraffin (Vaseline) is useful for dry lips; however oxygen and Vaseline/ paraffin based emollients are not felt to be a safe combination due to fire risk. Residents who experience dry lips while on oxygen therapy should use water based lubricants or a bubble humidifier to obtain relief. Dry, itchy scalps can be treated by rubbing olive oil into scalp, leaving overnight and washing hair as normal. Although emollients are effective treatments for dry skin, they do propose a fire risk associated with the build-up of residue on clothing and bedding. Residents should not smoke or go near naked flames because clothing or fabrics such as bedding or blankets may have been in contact with an emollient or emollient treated skin. The fire risk is present with all paraffin-containing emollients, regardless of paraffin concentration, and cannot be ruled out with paraffin-free emollients (See MHRA Guidance on the Safe use of emollient skin creams to treat dry skin conditions in Appendix 3).

See South East London Area Prescribing guidance about emollients:

<https://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/Clinical%20guidelines%20and%20pathways/1.%20Emollient%20Guideline%20SEL%20F%20INAL%20Oct%202020.pdf>

Useful patient information leaflet, Emollients and how to use them:

<https://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/Clinical%20guidelines%20and%20pathways/2%20Emollients%20patient%20informatio%20leaflet%20June%202018.pdf#search=emollients>

Incontinence rash

Cavilon cream is recommended as a barrier cream.

Sweat rash

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

Pressure areas

Any sign of development of a pressure area e.g. red, excoriated/moisture lesions must be referred to GP or district nurse without delay as it can rapidly deteriorate.

Insect bites and stings

Bites and stings can be treated with calamine lotion or cream. A bite and sting cream such as Anthisan Bite and Sting 2% cream may be useful especially on outings. Persons known to be allergic to wasp or bee stings must keep their emergency treatment with them at all times. Severe swelling and redness must be referred to GP or NHS 111.

PRODUCTS NAMED IN FLOW CHART 6 - MINOR SKIN PROBLEMS

Emollients – can be used to soothe the skin, reduce irritation, prevent skin from drying and may be directly applied to skin or used as a soap substitute. ZeroAQS or Zerobase are the named emollients that are used locally. For homely remedy use, **purchase small tubes and, when opened, only use for one individual resident.** Olive oil and Vaseline (white soft paraffin) are readily available OTC products. Please refer to the guidance from the MHRA in Appendix 3.

Incontinence rash – can be treated with a barrier cream (Cavilon durable barrier cream – First line). Residents should be washed with non-perfumed soap, dried and pad applied. Small amounts (pea-sized and not liberal application) of barrier cream can be used if excoriation continues but should be reviewed by the GP. Residents with red excoriated skin should have their urine tested to exclude urinary tract infection.

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. Calamine lotion is an unbranded OTC product which soothes by cooling.

PRODUCTS NAMED IN FLOW CHART 6 - MINOR SKIN PROBLEMS

Drug	Anthisan bite and sting 2% Cream
Indication for use	For symptomatic treatment of all insect bites and stings
Strength	Contains mepyramine maleate 2%
Dose	Apply the cream directly to the affected areas of skin
Maximum dose in 24 hours	Can be repeated two to three times a day
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
Cautions	Do not use if you are sensitive to any of the ingredients: ceto-stearyl alcohol, polyethylene glycol 600 monostearate, castor oil, methyl hydroxybenzoate, foin coupe (fragrance), silicon antifoam and purified water. Do not apply to large areas of skin, eczematous, sunburnt or broken skin.
Additional information	For best results use as soon as possible after the bite or sting. If your symptoms worsen or do not improve after 48 hours, seek advice of GP.
Additional resources	Patient leaflet https://www.medicines.org.uk/emc/search?q=anthisan

Appendix 3:



SKIN CREAMS: ALERT



Clothing, bedding, dressings and bandages with skin cream dried on them can catch fire easily causing severe and fatal burns



Creams are important in managing different skin conditions.

You should continue to use your skin products as directed by your doctor, nurse or pharmacist.



However, it is also important that you are aware of the potential danger and know how to keep safe when using these products.



STAY AWAY FROM NAKED FLAMES AND HEAT SOURCES WHEN USING THESE PRODUCTS

For more information visit gov.uk/mhra

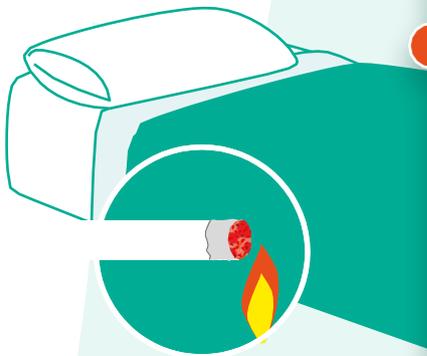
Do you use a skin cream, ointment, lotion, gel, spray, bath oil or soap substitute (sometimes called emollients)? They are used to manage dry skin conditions such as eczema, psoriasis and ichthyosis.

Some dressings and bandages may come with ointment already on them.

Emollients can transfer from your skin onto clothing, bedding and bandages. In the presence of an ignition source, fabric with emollient dried on it can catch fire much more quickly and burn hotter than clean fabric. This can cause severe burns and even death.



HOW TO USE EMOLLIENTS SAFELY



For advice and guidance on reducing your fire risk when using emollients please contact your local fire and rescue service.

Please speak to your doctor, nurse or pharmacist if you have any questions about the information in this leaflet.

- 1 **Do not smoke, cook or go near to any naked flames or heat sources such as gas, halogen, electric bar or open fires whilst wearing clothing or dressings that have been in contact with emollient-treated skin. If this is not possible, take steps to reduce the risk; e.g., use a safety lighter or e-cigarette, remove long sleeved or loose clothing before cooking, put a thick uncontaminated shirt, overall or apron over your clothes and move your chair further away from the open fire or other heat source.**
- 2 **Change and wash your clothes frequently (preferably daily).** Washing your clothes at the highest temperature recommended by the manufacturer might reduce the build-up of emollient on them but does not remove it completely and the danger may remain.
- 3 **Take care the cream doesn't dry onto cushions, soft furnishings and bedding.** If it does, use uncontaminated throws/covers on your seating and wash your bedding frequently as above.
- 4 **Tell your relatives or carers about your treatment and show them this leaflet.** Those who care for you can help to keep you safe.
- 5 **Tell your doctor, nurse or pharmacist if you normally smoke.** They will be able to offer you help and advice to stop smoking.

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