

# Self-Care Toolkit

For local adaption to align with individual Care Home  
medicine policies

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Document	Author	Approved By	Review date
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Homely Remedy Guidance	Training and competency guidance. Lactulose removed. Agreement and authorisation updated.	Kirstin Frost – April 2019	Steven Nelmes (Lead Care Home Advice Pharmacist)
Homely Remedy Guidance	Exclusion to guide for those that are covert, swallowing difficulties or administration of medicines is via a PEG.	Kirstin Frost – 14/5/2019	Steven Nelmes (Lead Care Home Advice Pharmacist)
Homely Remedy Guidance	Page 12, Section 5. 'insert pharmacist contact' removed and changed to 'contact pharmacist for advice'  Page 13, Section 6. Further detail around reviewing homely remedies added.	Kirstin Frost – 15/5/2019	Kerry Parmar (Care Home Advice Pharmacist)  Steven Nelmes (Lead Care Home Advice Pharmacist)

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## Self-care principles including Homely Remedies

This toolkit incorporates the transition from the prescribing of “a pill for every ill”; it is a guide for Care Homes, both learning disability and over 65 years, to support service users in self-caring for selected conditions by buying over the counter treatments, as well as the use of a traditional Homely Remedy scheme. Additionally some items that historically may have been prescribed can be considered as personal care items, and purchased by the service user/care home rather than being prescribed.

NHS England guidance (March 2018)<sup>1</sup> focuses on conditions that are:

1. Self-limiting and do not require medical advice or treatment as the condition will clear up on its own; and /or
2. A condition that is a minor illness and is suitable for self-care and treatment with items that can be purchased over the counter from a pharmacy and
3. Vitamins, minerals and probiotics where there is a lack of robust evidence for clinical effectiveness.

There are general exceptions to point 2 (above), and these are listed below. **N.B. exemption from prescription charges does not warrant an exception to the guidance.**

1. Patients that are prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease)
2. For the treatment of more complex forms of a minor illness (e.g. severe migraine that is unresponsive to OTC medicines).
3. For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms e.g. indigestion with very bad pain).
4. Treatment of complex patients (e.g. immunocompromised).
5. Patients on prescription only treatments (i.e. POM medicines).
6. Patients prescribed an OTC product to treat an adverse effect or symptom to a complex illness or a prescription only medicine.
7. Circumstances where the product licence does not allow an OTC sale.
8. A patient that has not responded to treatment with the self-care OTC product.
9. Patients where the clinician considers the presenting symptom is due to a condition that would not be considered a minor condition.
10. Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care.
11. Consideration of safeguarding issues.

Medicines that can be purchased 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. Together, they are commonly known as OTC (over the counter) products.

<sup>1</sup> NHS England guidance (March 2018) <https://www.england.nhs.uk/wpcontent/uploads/2018/03/otc-guidance-for-ccgs.pdf>

This toolkit has been reviewed by NHS Northamptonshire CCGs Care Homes and Domiciliary Care Programme Board.

The Care Home Advice Pharmacy Service (CHAPS) provides pharmacist and pharmacy technician advice and support in implementing this toolkit.

Community pharmacy services supporting Care Homes with regular supplies of prescribed medicines are also aware of this toolkit and their role in supporting OTC advice and sales.

Our local CQC Adult Services Team is aware of this toolkit and refers to the CQC national guidance “Treating minor ailments and promoting self-care in adult social care”<sup>2</sup>

This guide is divided into three sections:

Part 1: Self-care treatment for specific person guidance

Part 2: Homely remedy guidance

Part 3: Personal care guidance

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<sup>2</sup> CQC national guidance “Treating minor ailments and promoting self-care in adult social care <https://www.cqc.org.uk/guidance-providers/adult-social-care/treating-minor-ailments-promotingself-care-adult-social-care>

## Part 1: Self-care treatment for specific person guidance

Self-care products are medicinal preparations used to treat minor ailments, which can be bought OTC and do not require a prescription. In this situation, they are specific to the patient and may be used for a short term condition e.g. earwax, or longer term e.g. hay-fever.

- **Purchased by or on behalf of service user without GP or HCP advice**

Service users or relatives may buy and use their own “self-care products” which have been approved (fax/ email/ verbal) by the GP or pharmacist (CHAPS or community).

- **GP or other HCP request to purchase a self-care treatment**

A GP or other healthcare professional may instruct the home staff to purchase a specific product to treat a minor ailment such as olive oil for ear wax, vitamins for maintenance. The GP or other HCP should indicate how long the treatment is to continue and state if the dosing differs from the advice labels on the product package. This may be longer term e.g. hay-fever tablets for the duration of the summer season or short term e.g. mild cystitis. Appendix 1 contains a suggested care home self-care advice form which supplies the care home with the information needed above. The forms will be provided to care homes and can be completed by either the HCP or the care home staff member taking the instruction.

- **OTC community pharmacist consultation**

The community pharmacist may recommend an appropriate OTC treatment for a service user and will need to advise the care home around duration of treatment. A community pharmacist can also advise on the appropriate use of an OTC self-care product that has been recommended by a GP or other HCP and consultation is encouraged.

### Key points for self-care treatments for a specific person

The medicines are not for general use in the home and must remain specific to that service user.

- The medicines should be counted into the home and recorded as for other medication, by adding to the MAR (Medicines Administration Record) chart to ensure regular dosing and stock control.
- The instructions for the treatments should be communicated (fax / email / verbal) by the surgery or pharmacy and written into the individual care plan; they only apply to the individual named.
- If symptoms worsen, the GP, other HCP or community pharmacist should be informed earlier than the initial recommended duration.

NHS England guidance (March 2018)<sup>3</sup> has provided a list of common minor ailments that may be treated as self-care at the recommendation of a GP or prescriber.

Medical Condition	Self-Care GP/Pharmacist advice specified	Example of OTC product
Infrequent cold sores of the lip	✓	Antiviral cold sore cream
Conjunctivitis	✓	Antibacterial eye drops or ointment
Haemorrhoids (piles)	✓	Haemorrhoid cream or ointment
Mild cystitis	✓	Sodium bicarbonate or potassium citrate sachets
Dry eyes/sore tired eyes	✓	Eye lubricants e.g. hypromellose 0.3%
Earwax	✓	Drops containing sodium bicarbonate, hydrogen peroxide, olive oil, almond oil
Mild acne (under 65 years)	✓	Products containing benzoyl peroxide or salicylic acid
Mild to moderate hay fever/allergic rhinitis	✓	Antihistamine tablets or liquids; steroid nasal sprays; sodium cromoglicate eye drops
Oral thrush	✓	Antifungal oral gel
Ringworm/athletes foot	✓	Athletes foot cream, antifungal creams and sprays
Threadworm	✓	Mebendazole (chewable) tablets/ Suspension
Travel sickness	✓	Travel sickness tablets
Vitamins and minerals	✓	Multivitamin and minerals, Vitamin C tablets, Vitamin D tablets 400-1000 units

## Part 2: Homely Remedy Guidance

A homely or household remedy is another name for a non-prescription medicine which is kept as stock and used in a care home for the short term management of minor, self-limiting conditions. Minor conditions will include cold symptoms, headache, occasional pain or indigestion. This guidance aims to ensure that access to treatment for minor ailments is the same as it would be for a patient living in their own home.

### Key points for homely remedies

This toolkit serves as a template (Appendix 2 Homely Remedy Guide) for Care Homes with or without nursing who agree to stock the approved list of products to treat minor ailments.

- Homely remedies must be purchased by the care home and should not be labelled for individual service users.
- Homely remedies should usually only be given for up to 48 hours, before referring to the GP if symptoms persist. If required for longer than 48 hours, the GP will need to assess and advise.
- Homely remedies should not be requested on prescription from GPs or non-medical prescribers.
- Dressings and items for first-aid are not homely remedies.

The conditions and products agreed by the CCG for homely remedies are tabled below.

Condition	Homely Remedy OTC product
Cough	Simple Linctus
Indigestion	Gaviscon Advance
Diarrhoea	Dioralyte Sachets
Constipation	Senna tablets or syrup
Headache or muscular aches	Paracetamol tablets or soluble tablets or liquid



### Part 3: Personal care guidance

Conditions and remedies listed as personal care are deemed to be outside the scope of medical care. They include remedies that are easily available “off the shelf” from supermarkets in the health aisle or community pharmacy, and do not necessarily require pharmacist advice to support the sale, although consultation with a pharmacist is recommended if available. Many of the conditions and items listed have been historically used in Care Homes in this manner.

**If symptoms worsen, the GP or pharmacist should be contacted for advice.**

NHS England has provided a list of common minor ailments that may be treated as self-care and the CCG has agreed that they do not necessarily have to be discussed with a GP or Pharmacist. Similarly, recording the product use does not always have to be added to the MAR chart, but does have to be recorded in the care plan and daily personal care log. However it is recommended that regular items e.g. vitamins and minerals, should be added to a self-care MAR chart to ensure regular dosing and stock management.

This list is not exhaustive but reflects the current emphasis on moving from prescribed to self-care items.

	Personal Care	Example OTC products
Acute sore throat	✓	Lozenges e.g. Locketts
Coughs and colds and nasal congestion	✓	Non-drowsy cough mixture e.g. glycerol, saline nasal drops, menthol vapour rub
Dandruff	✓	Anti-dandruff shampoo e.g. Neutrogena, Polytar
Head lice	✓	Creams and lotions for head lice e.g. Hedrin
Mild Acne (under 65 years)	✓	Multitude of skin care options
Mild Dry Skin	✓	Emollient creams and lotions e.g. E45, Aveeno, QV cream, Vaseline
Sunburn	✓	Multitude of after sun creams
Sun protection	✓	Multitude of skin protection creams
Mouth ulcers	✓	Antiseptic mouthwash e.g. Corsodyl, Listerine, Bonjela <i>Refer to GP if not resolved in 7 days or multiple/painful/red</i>
Prevention of dental caries	✓	Normal fluoride toothpaste
Warts and Verruca	✓	Creams, gels, skin paints and medicated plasters containing salicylic acid <i>Refer to GP or podiatrist if diabetic</i>
Probiotics	✓	Probiotic sachets, yoghurts
Vitamins and minerals*	✓	Multivitamin and minerals, Vitamin C tablets, Vitamin D tablets 400-1000 units

\*Record on self-care MAR

### Appendix 1: Self-Care Advice Form

Name:	DOB :
Care Home:	Surgery / Pharmacy:
HCP / Care Home staff name:	Signature & Date:

Condition	Treatment Suggested	Directions – either: Tick “as per packet” or if other specify	Duration e.g. 7 days, hayfever season
Infrequent cold sores of the lip		As per pkt: <input type="checkbox"/>	
Conjunctivitis		As per pkt: <input type="checkbox"/>	
Haemorrhoids (piles)		As per pkt: <input type="checkbox"/>	
Mild cystitis		As per pkt: <input type="checkbox"/>	
Dry eyes/sore tired eyes		As per pkt: <input type="checkbox"/>	
Earwax		As per pkt: <input type="checkbox"/>	
Mild acne		As per pkt: <input type="checkbox"/>	
Mild to moderate hay fever/allergic rhinitis		As per pkt: <input type="checkbox"/>	
Oral thrush		As per pkt: <input type="checkbox"/>	
Ringworm / athletes foot		As per pkt: <input type="checkbox"/>	
Threadworm		As per pkt: <input type="checkbox"/>	
Travel sickness		As per pkt: <input type="checkbox"/>	
Vitamins and minerals		As per pkt: <input type="checkbox"/>	
Other		As per pkt: <input type="checkbox"/>	

## Appendix 2: Homely Remedy Guide

### Homely Remedy Guide Contents

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<b>1. Definition</b>	A homely (or household) remedy is a medicinal product for the short-term treatment of minor ailments such as indigestion, mild to moderate pain and constipation. These products can be obtained without a prescription and are usually purchased over the counter by the care home. Having a homely remedy policy in place ensures that access to treatment for minor ailments is as it would be for a patient living in their own home.
<b>2. Scope</b>	<ul style="list-style-type: none"> <li>The use of this guidance allows residents to be treated with the homely remedies from the list of products for the relief of specific symptoms (See appendix 3 for list).</li> <li>Members of staff administering a homely remedy must understand that these remedies can only be given to a resident for whom they are suitable.</li> <li>Only members of staff, who have been trained in the use of medicines administration, are allowed to administer homely remedies.</li> <li>Appropriate measures must be taken to ensure that the resident does not have any contraindications to that remedy and are not already taking the remedy as prescribed medication.</li> <li>Only those conditions stated on the authorisation may be treated and may only be treated using the specified products and doses.</li> <li>Administration of a homely remedy should not continue more than 48hours without consulting the resident's GP.</li> <li>If the homely remedy is required for regular treatment, a prescription should be provided.</li> </ul>
<b>3. Inclusion</b>	<p>This guidance is restricted to those residents:</p> <ul style="list-style-type: none"> <li>Who have agreed to their use.</li> <li>For those residents who lack capacity who have made a Lasting Power of Attorney (LPOA) for health and welfare, an agreement should be made with the appointed Attorney(s) in line with the care home's usual process of updating and notifying LPOA. If no attorney has been appointed, then a 'best interests' discussion with the next of kin and/or resident's GP is needed.</li> </ul> <p>Homely remedies are not suitable for the following groups of residents:</p>

	<ul style="list-style-type: none"> <li>• Those who are administered some or all of their medication covertly.</li> <li>• Those who have swallowing difficulties which affects the way their medication is administered.</li> <li>• Those who are administered their usual medicines via a PEG.</li> </ul>
<b>4. Agreement</b>	<ul style="list-style-type: none"> <li>• Agreement on the use of homely remedies should be obtained from the resident where they have capacity. Where the resident does not have capacity the LPOA for health and welfare should be contacted in line with the care home's usual processes. The conversation should include the need for the staff to know if any medication is purchased by or on behalf of the resident as safety, storage and recording issues would then need to be discussed.</li> <li>• It is advised that the resident's GP is in agreement on the particular medicines, though this can be delegated to an appropriately trained Health Care Professional (e.g. Advanced Nurse Practitioner, Pharmacist, and Care Home Advice Pharmacy Technician). The health professional agreeing the homely remedies should sign the authorisation in appendix three.</li> </ul>
<b>5. Administration</b>	<p>If a resident displays symptoms listed in appendix 3 inform the senior carer/nurse on duty.</p> <p>Senior carer assesses the resident and checks in conjunction with homely remedy protocol (see appendix 4):</p> <ul style="list-style-type: none"> <li>• The general condition of the resident – no potentially serious symptoms.</li> <li>• What if anything the resident has previously used for these symptoms.</li> <li>• The medicine is not contra-indicated or interacts with other prescribed medicines or with a pre-existing condition (if unsure contact a pharmacist for advice).</li> <li>• The resident is not allergic or intolerant to the medicine or any ingredient.</li> <li>• The resident is not already taking prescribed medicine containing the same drug (if unsure contact pharmacist for advice)</li> <li>• Obtain and document verbal consent from the resident who is aware that the medicine is not prescribed.</li> </ul> <p>Once assessment completed and decision is made to administer the senior carer/nurse will:</p> <ul style="list-style-type: none"> <li>• Follow the directions on the medicine container and product information.</li> <li>• Record administration on the reverse of the resident's MAR chart stating: Name of medication given Dose given Time given Date given Who administered by Reason for administration</li> <li>• Regularly monitor the resident to assess their response to the medication and to be aware of any side effects or adverse reactions.</li> <li>• Refer to the GP: If symptoms do not improve or side effects/adverse reactions are noted. If resident's condition deteriorates. If symptoms persist for more than 48 hours. If symptoms of diarrhoea present.</li> <li>• Ensure that other members of staff on duty are aware of when the last dose of a homely remedy was given to monitor effectiveness and avoid overdosing. This is particularly important at staff handover.</li> <li>• If the resident wishes to self-medicate ensure that a risk assessment has been completed and recorded in the care plan.</li> <li>• It is best practice to record the use of a homely remedy in the resident's daily notes.</li> </ul>
<b>6. Review</b>	<ul style="list-style-type: none"> <li>• The GP should be informed of frequent usage of a homely remedy.</li> <li>• Homely remedies authorised for a resident's use should be reviewed at each</li> </ul>

	<p>medication change.</p> <ul style="list-style-type: none"> <li>• At a minimum a resident's homely remedy list should be reviewed every 12 months.</li> </ul>
<p><b>7. Storage and record keeping</b></p>	<ul style="list-style-type: none"> <li>• Upon receipt fill in the homely remedy record chart (see appendix 3) this is to ensure that an audit trail of administration is recorded.</li> <li>• Ensure the homely remedies are stored in the secure medication area and are separated from prescribed medication.</li> <li>• Ensure the homely remedies are stored in their original packaging together with any information supplied with the product about the medicine use (i.e. patient information leaflet)</li> <li>• Once a liquid is opened ensure the date is marked on the bottle to ensure that it isn't used past its shelf life.</li> <li>• A monthly check must be carried out to: <ul style="list-style-type: none"> <li>○ Check balances; any discrepancies to be reported to the manager as soon as possible.</li> <li>○ Check expiry dates; date expired stock should be disposed of in line with the care home's policy on the disposal of medication.</li> <li>○ Check dates on opened liquids</li> </ul> </li> </ul>
<p><b>8. Evidence of training/competence</b></p>	<p>All staff who will administer Homely Remedies must be trained and competent to administer medication. A record of staff should be kept in Appendix 1: Training and competency record.</p>
<p><b>9. References</b></p>	<p>The National Care Forum. <i>Safety of Medicines in Care Homes. Homely remedies guide: For local adaptation to fit within individual care home medication policies.</i> Available from: <a href="http://www.nationalcareforum.org.uk/medsafetyresources.asp">http://www.nationalcareforum.org.uk/medsafetyresources.asp</a> Accessed: 08/01/19</p> <p>Bury Clinical Commissioning Group. <i>Good Practice Guidance: The use of Homely Remedies in Care Homes.</i> Available from: <a href="https://www.burycg.nhs.uk/download/document_library/your-local-nhs/plans_policies_and_reports/medicines_optimisation/Local-Homely-Remedy-Guidelines-August-17.pdf">https://www.burycg.nhs.uk/download/document_library/your-local-nhs/plans_policies_and_reports/medicines_optimisation/Local-Homely-Remedy-Guidelines-August-17.pdf</a> Accessed: 08/01/19</p> <p>National Institute of Clinical Excellence. <i>Managing Medicines in Care Homes.</i> Social care guideline [SC1]. March 2014.</p>

**Homely Remedy Appendix 1: Training and Competency Record**

I can confirm that I have undertaken and successfully completed the medicines administration training provided by the Care Home. I have been assessed as competent to administer medicines, I have read the care home's Homely Remedy Policy, the CHAPS homely remedy guidance and I am able to administer homely remedies in accordance with these documents.

Name of staff member	Signature	Date	Manager's Signature	Date

**Homely Remedy Appendix 2: Record of Receipt and Administration**

**NAME OF MEDICINE:**

**FORMULATION OF MEDICINE:**

**STRENGTH OF MEDICINE:**

Date & Time	Batch/Expiry	Amount Received	Resident	Amount Administered	Balance	Carer Sign

**ALL DOSES MUST ALSO BE DOCUMENTED ON EITHER THE REVERSE OF A RESIDENT'S MAR OR ON THE EMAR**

**Homely Remedy Appendix 3: Authorisation for Homely Remedies**

The following list contains symptoms that can be managed under the homely remedy policy and the corresponding medicine available. Use of a homely remedy must be in line with the corresponding homely remedy protocol.

<b>Residents Name:</b>	
<b>Residents Date of Birth:</b>	

<b>Minor Illness / Symptom Requiring Treatment</b>	<b>Drug / Medicine Available</b>
Cough	Simple Linctus
Indigestion	Gaviscon Advance
Diarrhoea	Dioralyte Sachets
Constipation	Senna tablets or syrup
Headache or Muscular Aches e.g. backache	Paracetamol tablets, liquid or soluble tablets

Homely remedies may be authorised by a healthcare professional familiar with the resident and their medication, after consideration regarding interactions with prescribed medication and other health conditions.

**Authorised for homely remedies as above (cross through any not suitable)**

<b>Print Name:</b>	
<b>Job Title:</b>	
<b>Registration Number:</b>	
<b>Signature:</b>	
<b>Date:</b>	



Homely Remedy Protocol for INDIGESTION/HEARTBURN

**INDIGESTION/HEARTBURN – Discomfort or burning pain in the central chest region. When this burning rises up towards the throat it is referred to as heartburn.**

**HOMELY REMEDY TO BE USED:**

**Gaviscon Advance Liquid**

Lifestyle Advice	<ul style="list-style-type: none"> <li>• Eat small, regular meals</li> <li>• Chew food well</li> <li>• Avoid bending or stooping after meals</li> <li>• Reduce or stop smoking, alcohol, caffeine</li> <li>• Avoid spicy foods</li> <li>• Avoid clothing that is tight around the waist</li> </ul>
Directions for Use	<ul style="list-style-type: none"> <li>• <b>Dose: 5 - 10 mL after meals and at bedtime</b></li> <li>• <b>Max total use in 24 hours 40mls in divided doses (4 doses of 10ml)</b></li> <li>• Shake well before use</li> </ul>
Consider	<ul style="list-style-type: none"> <li>• Is the resident taking any medication that may cause indigestion?</li> <li>• Is the resident taking any medication that carries a warning to avoid antacids or indigestion remedies?</li> </ul>
When to refer	<ul style="list-style-type: none"> <li>• If there is any doubt that the symptoms are caused by indigestion?</li> <li>• If there is increased shortness of breath, excessive sweating, if the pain radiates <b>down the arm or the resident is generally unwell – CONTACT NHS DIRECT 111 OR 999</b></li> <li>• If Symptoms persevere after 48 hours treatment.</li> </ul>
Cautions	<ul style="list-style-type: none"> <li>• Should not be used in patients who are severely debilitated or suffering from kidney failure.</li> <li>• Antacids inhibit the absorption of tetracyclines and vitamins and should not be given at the same time – leave at least TWO hours between doses</li> <li>• This product contains a high level of sodium salt and is not recommended where a low sodium diet has been recommended for a patient.</li> <li>• Leave gap of 2-3 hours between administration of Gaviscon and other oral drugs.</li> </ul>
Medicines that commonly cause indigestion	<ul style="list-style-type: none"> <li>• Anti- inflammatory medicines e.g. aspirin, ibuprofen, diclofenac, naproxen</li> <li>• Oral corticosteroids e.g. prednisolone</li> </ul>

Homely Remedy Protocol for MILD PAIN

**MILD PAIN – e.g. headache, general muscle aches and pains, toothache, fever (above 37.5C)**

**HOMELY REMEDY TO BE USED:  
Paracetamol 500mg tablets, Paracetamol 500mg soluble tablets or  
Paracetamol 250mg/5ml liquid**

How to identify pain	Communication of pain is not just verbal. Look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character.
Directions for Use	<b>1-2 tablets up to FOUR times a day ( MAX 2 tablets every 4-6 hours and 8tablets in 24 hours)</b>  <b>Liquid 250mg/5ml DOSE: 10ml – 20ml up to FOUR times a day (MAX 20ml every 4-6 hours and 80ml in 24 hours)</b>
Consider	<ul style="list-style-type: none"> <li>• Has the resident been given any medication containing paracetamol in last 24hours?</li> <li>• Consider giving ONE tablet or 10ml liquid if weight &lt;39 Kg</li> <li>• If using liquid in diabetic resident ensure it is SUGAR FREE</li> </ul>
When to refer	<ul style="list-style-type: none"> <li>• <b>Resident has liver impairment, suspected liver impairment</b></li> <li>• <b>Headache is as a result of an injury/trauma</b></li> <li>• <b>Resident has a previous history of self-poisoning with paracetamol</b></li> <li>• <b>Resident has a history of alcohol abuse</b></li> <li>• <b>Resident has a rash, vomiting, is intolerant to light or has a temperature that does not respond to first dose of paracetamol</b></li> <li>• <b>If Symptoms persevere after 48 hours treatment.</b></li> </ul>
Cautions	<ul style="list-style-type: none"> <li>• Anticoagulants – warfarin dosage may need adjustment if paracetamol is taken regularly at maximum doses</li> <li>• Carbamazepine – may accelerate the rate at which paracetamol is metabolised by the body</li> <li>• Colestyramine – reduces the absorption of paracetamol</li> <li>• Metoclopramide / Domperidone – increase the rate at which paracetamol is absorbed by the body.</li> <li>• Many medicines contain paracetamol – if in doubt check with the pharmacist</li> </ul>
Medicines that contain paracetamol	<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Co-codamol ( example brand names: Kapake, Sopadol, Zapain)</li> <li>• Co-dydramol</li> <li>• Over the counter cough and cold remedies</li> </ul>

Homely Remedy Protocol for DRY COUGH

<b>DRY COUGH – for treatment of dry/irritating cough</b>	
<b>HOMELY REMEDY TO BE USED:</b> <b>Simple Linctus</b>	
Lifestyle Advice	<ul style="list-style-type: none"> <li>• Can be taken with warm water to make it more soothing</li> <li>• Give plenty of fluids.</li> </ul>
Directions for Use	<b>Dose: 5-10ml up to FOUR TIMES A DAY</b> <b>Maximum dose in 24hours is 40ml</b>
Consider	<ul style="list-style-type: none"> <li>• Is the cough productive?</li> <li>• Is phlegm clear white or pale yellow?</li> </ul> <p>If phlegm is copious, dark coloured, blood stained and unpleasant- call GP or NHS Direct.</p>
When to refer	<p><b>Is resident over 65years with 2 or more of the following:</b></p> <ul style="list-style-type: none"> <li>•Type 1 or 2 diabetic</li> <li>•History of heart failure</li> <li>•Currently taking prednisolone</li> <li>•Has had hospital admission in last 12months for chest problems.</li> </ul> <p><b>Does patient have any of the following symptoms:</b></p> <ul style="list-style-type: none"> <li>•Shortness of breath</li> <li>•Chest pain</li> <li>•Wheeziness</li> <li>•Generally unwell</li> </ul> <p><b>Does the patient have:</b></p> <ul style="list-style-type: none"> <li>•Asthma</li> <li>•Chronic Obstructive Pulmonary Disease (COPD)</li> </ul> <p><b>If Symptoms persevere after 48 hours treatment.</b></p>
Cautions	High sugar content; do not use for diabetic patients.
Medicines that can cause dry cough	ACE inhibitors e.g. Ramipril, Enalapril Speak to the pharmacist if you are concerned.

Homely Remedy Protocol for CONSTIPATION

**CONSTIPATION – initial changes in bowel habit 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.**

**HOMELY REMEDY TO BE USED:  
Senna 7.5mg tablets or 7.5mg/5ml liquid**

Lifestyle Advice	<ul style="list-style-type: none"> <li>• Constipation can be due to insufficient fluids – water little and often more effective than large glasses of water</li> <li>• Increase dietary fibre, try prune juice</li> <li>• Increase mobility if possible</li> </ul>
Directions for Use	<p><b>Dose: 1-2 tablets OR 5-10ml before bedtime</b> <b>Maximum dose in 24hours: 2 tablets OR 10ml</b></p>
Consider	<ul style="list-style-type: none"> <li>• Is resident taking any medication which could cause constipation?</li> <li>• Is constipation recurrent?</li> </ul>
When to refer	<ul style="list-style-type: none"> <li>• <b>Any initial changes in bowel habit</b></li> <li>• <b>If Symptoms persevere after 48 hours treatment.</b></li> </ul>
Cautions	
Medicines that can cause constipation	<ul style="list-style-type: none"> <li>• Indigestion remedies containing Aluminium</li> <li>• Antidiarrhoeals e.g. loperamide</li> <li>• Antihistamines e.g. chlorphenamine, promethazine</li> <li>• Antipsychotics e.g risperidone, promazine</li> <li>• Cough suppressants e.g. codeine and pholcodine</li> <li>• Diuretics e.g. bendroflumethiazide, furosemide</li> <li>• Iron and Calcium Supplements</li> <li>• Pain killers containing opiates e.g. codeine, dihydrocodeine, morphine, tramadol</li> <li>• Some antidepressants e.g. amitriptyline, dosulepin, imipramine</li> <li>• Some drugs used to treat Parkinson's e.g. levodopa</li> </ul>

Homely Remedy Protocol for DIARRHOEA

**DIARRHOEA – diarrhoea in the frail elderly can quickly lead to dehydration and deterioration in health.**

**HOMELY REMEDY TO BE USED:  
Dioralyte Sachets**

Lifestyle Advice	Ensure plenty of fluids are taken, little and often is generally best.
Directions for Use	<b>Dose: One or Two sachets after each loose stool.</b>  <b>Dissolve the contents of each sachet in 200ml of drinking water. The solution may be stored up to 24hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded.</b>
Consider	<ul style="list-style-type: none"> <li>• Prolonged diarrhoea can reduce the effectiveness of medication and can de-stabilise patients taking medicines for epilepsy or diabetes; ensure the patient is monitored more closely.</li> <li>• Hand hygiene is vital to reduce the spread of infection. Diarrhoea can spread by hand to surface contact so both staff and residents must adhere to vigorous hand hygiene.</li> </ul>
When to refer	<p><b>Are any of the following present:</b></p> <ul style="list-style-type: none"> <li>•Blood or mucus in stools</li> <li>•A recent history of constipation</li> <li>•The diarrhoea is accompanied by vomiting lasting more than 24hours</li> <li>•The stools are black and tarry or profuse and foul smelling</li> <li>•Severe abdominal pain</li> <li>•Drowsiness/confusion</li> </ul> <p><b>If more than one resident has diarrhoea this could indicate a serious cause e.g. <i>C.difficile</i>.</b></p> <p><b>If Symptoms persevere after 48 hours treatment.</b></p>
Cautions	
Medicines that can cause diarrhoea	<ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• Laxatives</li> </ul>