

Kent and Medway ICB

The Use of Homely Remedies in Care Homes

Best Practice Guidance

NHS Kent and Medway - Integrated Care Team	Approval date: June 2024	Version: 3.0	Review date:
	Approved By: IMOC Status: APPROVED		

Version History

Version	Status	Date	Approved by	Comments
West Kent CCG				
Not known	Approved	August 2020		
Medway CCG				
1.0	Approved			Policy specific to Medway CCG
2.0	Approved	March 2019		Policy specific to Medway CCG
NHS Kent and Medway Integrated Care Board				
2.1	Not approved	June 2023		BPG fully updated with previous policies specific to Medway CCG and West Kent CCG incorporated.
2.2	Not approved	October 2023		Updated following feedback from primary care GP (Dr B. Capone).
2.3	Not approved	January 2024		Updated following feedback from IMOS, plus additional feedback from Dr B. Capone, M. Anyaegbuna (Kent LPC), and A. Parkin (Kent LMC)
2.4	Not approved	February 2024		Authorisation section updated following feedback from IMOS and key stakeholders and following discussion with SNEE ICB team.
2.5	Not approved	April 2024		Reviewed and updated within ICMO team. Flow chart for diarrhoea amended to make clearer.
2.5	Approved	June 2024		IMOC Approval

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

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.

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.

Suitability and Authorisation

Each resident must be assessed individually for the suitability of each homely remedy. This should include the medicine itself and the indication for which it will be used. The Homely Remedy Authorisation Form (Appendix 1) should be completed for each resident that requires a Homely Remedy **at the time of need**, and completed for each episode that the Homely Remedy is required.

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 2) and must be suitably trained and competent to authorise the use. 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). **If there is any uncertainty, or if there are no members of staff with the authority to make this decision, then the GP or a registered healthcare professional should be consulted, and the discussion documented.**

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A registered healthcare professional may include:

- Pharmacist registered with the General Pharmaceutical Council
- Pharmacy Technician registered with the General Pharmaceutical Council
- Nurse 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

Note: the healthcare professional must work within their professional competencies when recommending medication or providing advice.

When authorising a homely remedy, it should be considered what medicines the service user is already prescribed. This includes prescribed medicines and over-the-counter (OTC) and herbal medicines. For example, Paracetamol should not be given as a homely remedy if a resident is already receiving prescribed Paracetamol or Paracetamol-containing products.

Other factors such as weight, kidney or liver function, past medical history, and drug history should be considered.

The risk of adverse reactions and interactions with the prescribed medication, OTC, and herbal medications should be taken into consideration.

If a resident does not have the capacity, decisions about their care must be made in line with the mental capacity Act 2005, this may mean that a best-interest meeting is required. The outcomes of the meeting must be documented. The best interest meeting must have the appropriate people, and decisions about treating and monitoring symptoms should be clearly recorded. Please refer to Covert Administration Best Practice Guidance for further information.

The 'Homely Remedies Authorisation Sheet' should be completed for the resident before the medication is administered.

Any advice given by a healthcare professional must be clearly documented.

The authorisation form should be kept with the resident's medication administration record (MAR) for ease of access and reference.

A Homely Remedies Authorisation Form should be completed at the time of need, meaning when the homely remedy is required, rather than completed in advance. A new Homely Remedies Authorisation form should be completed for each subsequent need for a homely remedy, and each authorisation form should only cover that specific episode of treatment.

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 before seeking advice.**

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.

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 and listed in the Homely Remedies Policy.

Medications **NOT** suitable as homely remedies:

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

Residents (or their representatives) may bring in over-the-counter (OTC) medicines for self-administration. The care home staff must be made aware 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 particular resident and should not be used for other residents. These medicines do not count as 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.

Administration

All care home staff who are appropriately trained (refer to NICE Guidance SC1 Managing Medicines in Care Homes, March 2014) and can give homely remedies to residents should be named and documented on the Homely Remedies Staff Signature Sheet (Appendix 2).

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.

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.
- Allergy status.
- What the resident has used in the past for these symptoms.
- Whether the resident has any swallowing difficulties.

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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 1).
- 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 should be sought before administering the homely remedy medication.

Consideration must be given for the maximum treatment duration before referring to the GP, pharmacist or out-of-hours service; this may differ depending on the medicine and condition but is usually 48 hours.

The maximum duration of treatment must be documented on the Homely Remedies Authorisation Sheet.

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 have not responded. If the homely remedies are needed for longer than 48 hours or maximum duration documented on Homely Remedies Authorisation Sheet, a discussion should take place with the GP, Pharmacist or NHS 111 OOH.

Documentation

- The administration of a homely remedy must be clearly entered on the resident's MAR chart and in their care plan. The entry on the MAR chart must be clearly marked 'homely remedy' as well as document the following:
 - Name, strength, and formulation of the medicine.
 - 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).

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 3) for the medicine being administered. This is in addition to recording the details on the resident's MAR chart and care plan.

As good practice, it is also useful to have pertinent information about the homely remedy, which can be kept with the Homely Remedy Record Sheet, so that this information can be easily accessed (see appendix 4). 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 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.

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Effectiveness

Staff should regularly check with the resident that the homely remedy is effective/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 to be recorded on the 'Homely Remedies Record Sheet' (Appendix 3)
- Homely remedies should be stored in a locked cupboard at the appropriate temperature.
- Homely remedies should be clearly stored separately from residents' prescribed medications.
- Access to Homely Remedies should be restricted to authorised staff only.
- Staff should maintain a separate stock sheet for each Homely Remedy Medication
- Staff should maintain a running balance of stock.
- It is good practice to check and record stock and expiry date checks at least monthly.

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, and creams should have the date of opening recorded on the bottle and should be discarded no longer than 6 months after this date or as specified on manufacturer's packaging.

Individual preparations may specify a shorter expiry. If there is no visible expiry, there is a risk that the product has expired and so should not be used.

Disposal

To reduce waste for residents who are 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.

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' (Appendix 3) for that medicine.

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Summary of Documentation needed by care home:

- Policy for Homely Remedies.
- 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 **for each individual episode of treatment** (Appendix 1) detailing what each resident can have.
- Homely remedies staff signature sheet (Appendix 2) detailing who can authorise and administer homely remedies.
- Homely remedy record sheet (Appendix 3). 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 Appedix 4.
- Flow charts for each minor condition (Appendix 4)

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Appendix 1: Homely Remedies Authorisation Form

Resident's name:		Resident's DOB:	
Pharmacy contact number:		GP contact number:	

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

Indication	Medication	Dose and directions	Maximum dose in 24 hours	Maximum duration of use before seeking advice	Approval for use (only if CURRENT need)
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. Over 50kg: 4 grams (8 tablets or 80ml) Under 50kg: 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 Preferred: CosmoCol or Laxido	ONE sachet at a time, up to 3 sachets in divided doses according to individual response	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 24 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 <ul style="list-style-type: none"> • Gaviscon Advance • Acidex Advance 	5ml to 10ml after meals and at bedtime	FOUR times a day	48 hours	

This form should be completed **AT THE TIME OF NEED**, and a new form should be completed for each episode where a homely remedy is required.

Completed by:	Name:	Role:	Signature:	Date:
HCP consulted (if applicable)	Name:	Role:		

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 2). If there is any uncertainty, the GP or a registered healthcare professional should be consulted, and the discussion documented.

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Appendix 2: Homely Remedies Staff Signature Sheet

PART A: Authorisation

By signing below, I confirm that:

- I have read and understood the Homely Remedies Policy
- I have been assessed as competent to review residents to determine if a homely remedy is appropriate at that time (including checking for interactions and contraindications, and knowing when to refer to a clinician)
- I will consult with a GP or registered healthcare professional competent to provide advice, if there is any uncertainty in authorising a homely remedy.

Only AUTHORISED STAFF listed in the below table can approve the use of homely remedies.

Name	Signature	Initials	Manager's Authorisation	Date

PART B: Administration

All members of care home staff who are responsible for administering homely remedies should read the Homely Remedy Policy in full.

By signing below, I confirm that:

- I have read and understood the Homely Remedies Policy.
- I have been assessed as competent to administer homely remedies to residents.
- I acknowledge accountability for their actions.

Only AUTHORISED STAFF listed in the table below can administer homely remedies.

Name	Signature	Initials	Manager's Authorisation	Date

PART B: Administration (continued)

All members of care home staff who are responsible for administering homely remedies should read the Homely Remedy Policy in full.

By signing below, I confirm that:

- I have read and understood the Homely Remedies Policy.
- I have been assessed as competent to administer homely remedies to residents.
- I acknowledge accountability for their actions.

Only AUTHORISED STAFF listed in the table below can administer homely remedies.

Name	Signature	Initials	Manager's Authorisation	Date

Appendix 3: Homely Remedies Stock Recording Form

Medication (name, strength, and formulation)

A separate form must be used for each medication, strength, and formulation. Please use separate lines when entering quantity obtained, administered, and destroyed.

The administration must also be documented on resident's MAR charts and care plans.

Date	Name of resident	Quantity obtained	Quantity administered	Quantity destroyed and reason	Running Balance	Staff Signature
Balance transferred from old sheet:						
Balance transferred to new sheet:						

Please keep copies of recording forms once complete to ensure audit trail of medication supply, use, and disposal.

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

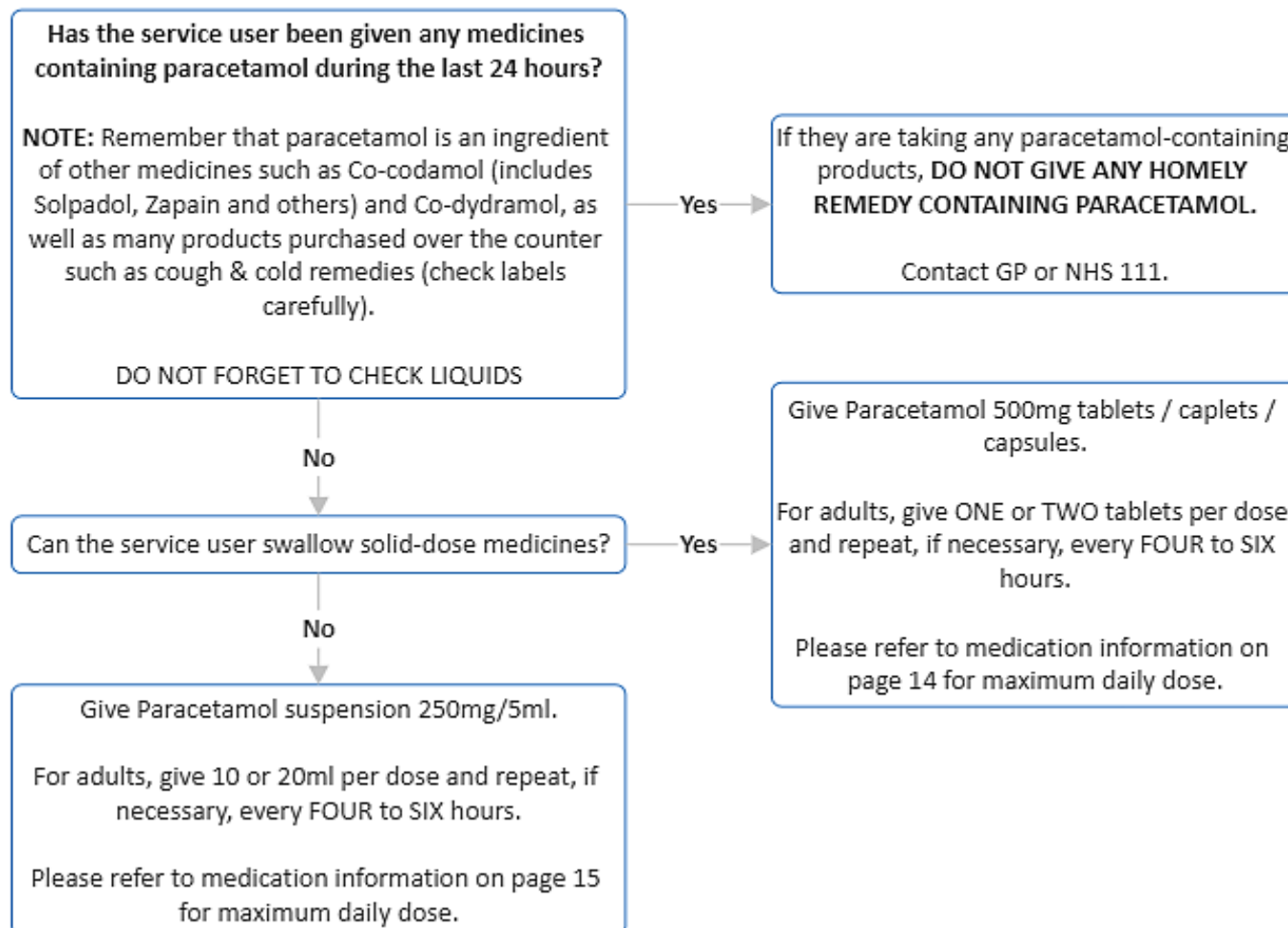
Guidance for the treatment of mild to moderate Pain.

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

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, the resident should be referred to the GP or out-of-hours service where appropriate.

Additional information

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 is listed in the flow chart.

Name/form of medication	Paracetamol 500mg tablets/caplets / capsules
Indication of use	For the relief of mild to moderate pain
Route of administration	Oral
Adult Dose	ONE or TWO tablets
Frequency	Every 4 to 6 hours
Maximum dose in 24 hours	Over 50kg: 4 grams (equivalent to 8 tablets) Under 50kg: 3 grams (equivalent to 6 tablets)
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice from GP. Document advice.
DO NOT give in these circumstances	<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>
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with a GP or Pharmacist.
Warnings and adverse reactions	Rashes, blood disorders, liver damage following overdose and see BNF
Additional resources	BNF Patient information leaflet (supplied with the product)

Name/form of medication	Paracetamol 250mg / 5ml sugar free oral suspension
Indication of use	For the relief of mild to moderate pain
Route of administration	Oral
Adult Dose	10ml to 20ml
Frequency	Every 4 to 6 hours
Maximum dose in 24 hours	Over 50kg: 4 grams (equivalent to 80ml) Under 50kg: 3 grams (equivalent to 60ml)
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice from GP. Document advice.
DO NOT give in these circumstances	If the resident is already receiving prescribed paracetamol or other medications containing paracetamol (e.g., Co-codamol, Co-dydramol, Solpadol, Zapain, Remedeine etc.) Paracetamol intolerance or any hypersensitivity to any of the components History of severe liver disease or alcohol abuse Severe kidney impairment
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with a GP or Pharmacist.
Warnings and adverse reactions	Rashes, blood disorders, liver damage following overdose and see BNF
Additional resources	BNF Patient information leaflet (supplied with the product)

Guidance for the treatment of Constipation.

CONTRAINDICATIONS

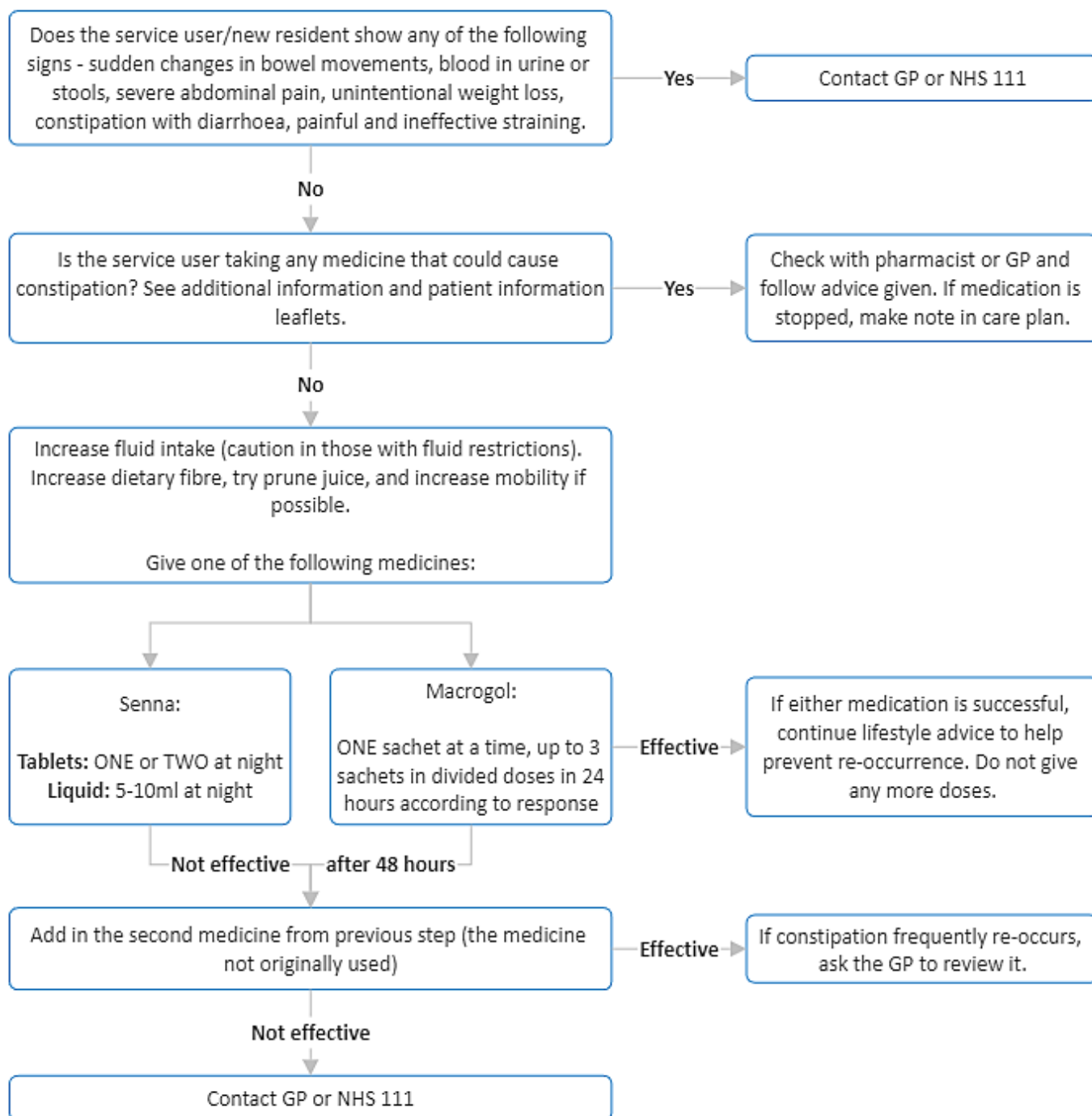
If the resident has any of the below conditions, do not give homely remedy and refer to GP / 111:

Intestine obstruction / perforation

Severe abdominal pain

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 is listed in the flow chart.

Name/form of medication	Macrogol 3350 powder sachets Preferred brands: CosmoCol or Laxido
Indication of use	For the relief of constipation
Route of administration	Oral
Adult Dose	ONE to THREE sachets in 24 hours
Frequency	In divided doses throughout the day
Maximum dose in 24 hours	THREE sachets
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice from GP. Document advice.
DO NOT give in these circumstances	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
Additional information	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.
Warnings and adverse reactions	Continue with plenty of fluids.
Additional resources	BNF Patient information leaflet (supplied with the product)

Name/form of medication	Senna 7.5mg tablets Senna 7.5mg / 5ml syrup
Indication of use	For the relief of constipation
Route of administration	Oral
Adult Dose	Tablets: ONE or TWO tablets Liquid: 5ml to 10ml
Frequency	Once a day – usually at night
Maximum dose in 24 hours	Tablets: TWO tablets Liquid: 10ml
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice from GP. Document advice.
DO NOT give in these circumstances	Hypersensitivity to any of the ingredients Abdominal pain, intestinal obstruction, or if nausea/vomiting present
Additional information	Can cause abdominal cramps.
Warnings and adverse reactions	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.
Additional resources	BNF Patient information leaflet (supplied with the product)

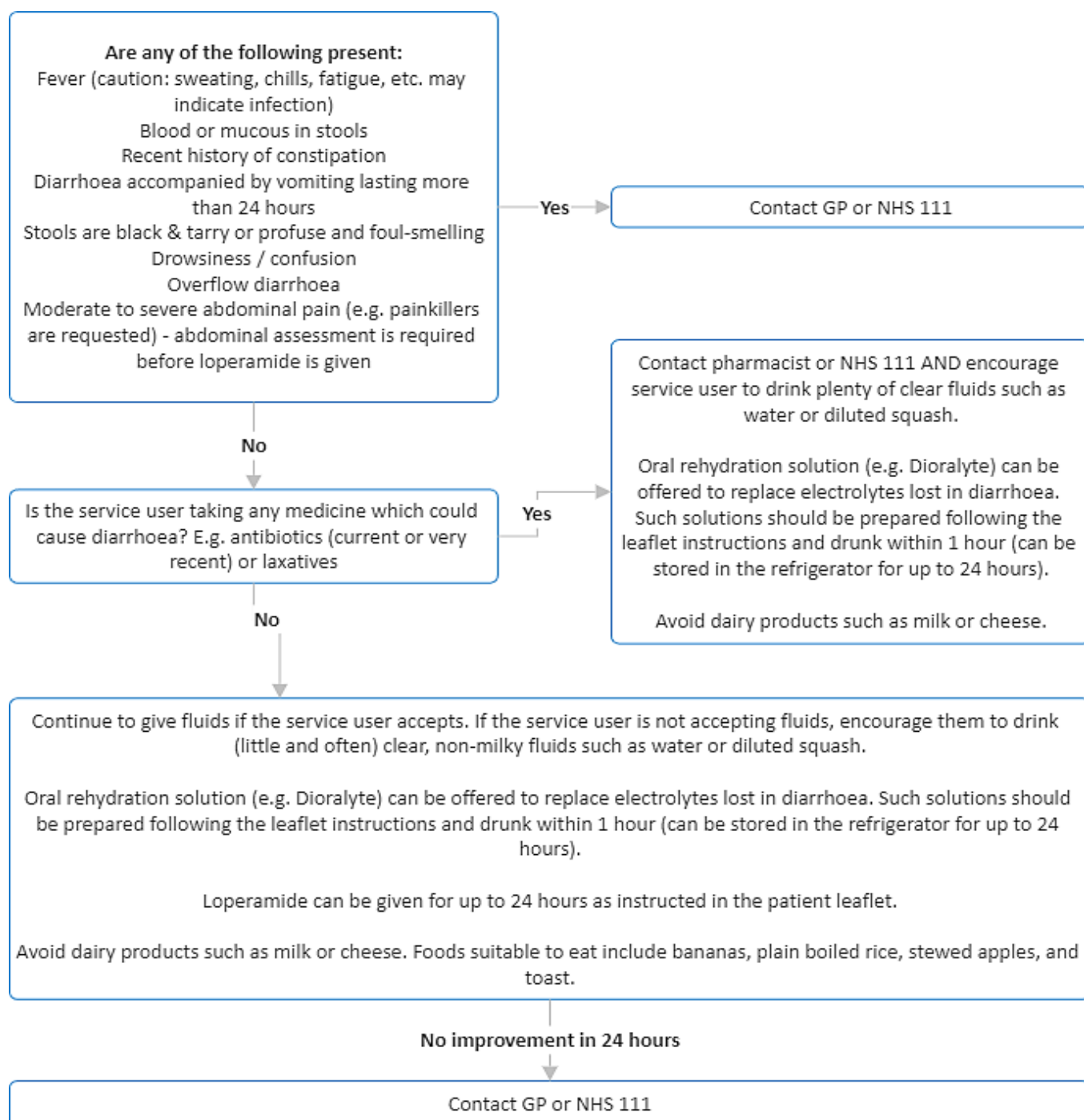
Guidance for the treatment of Diarrhoea.

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
- 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 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.

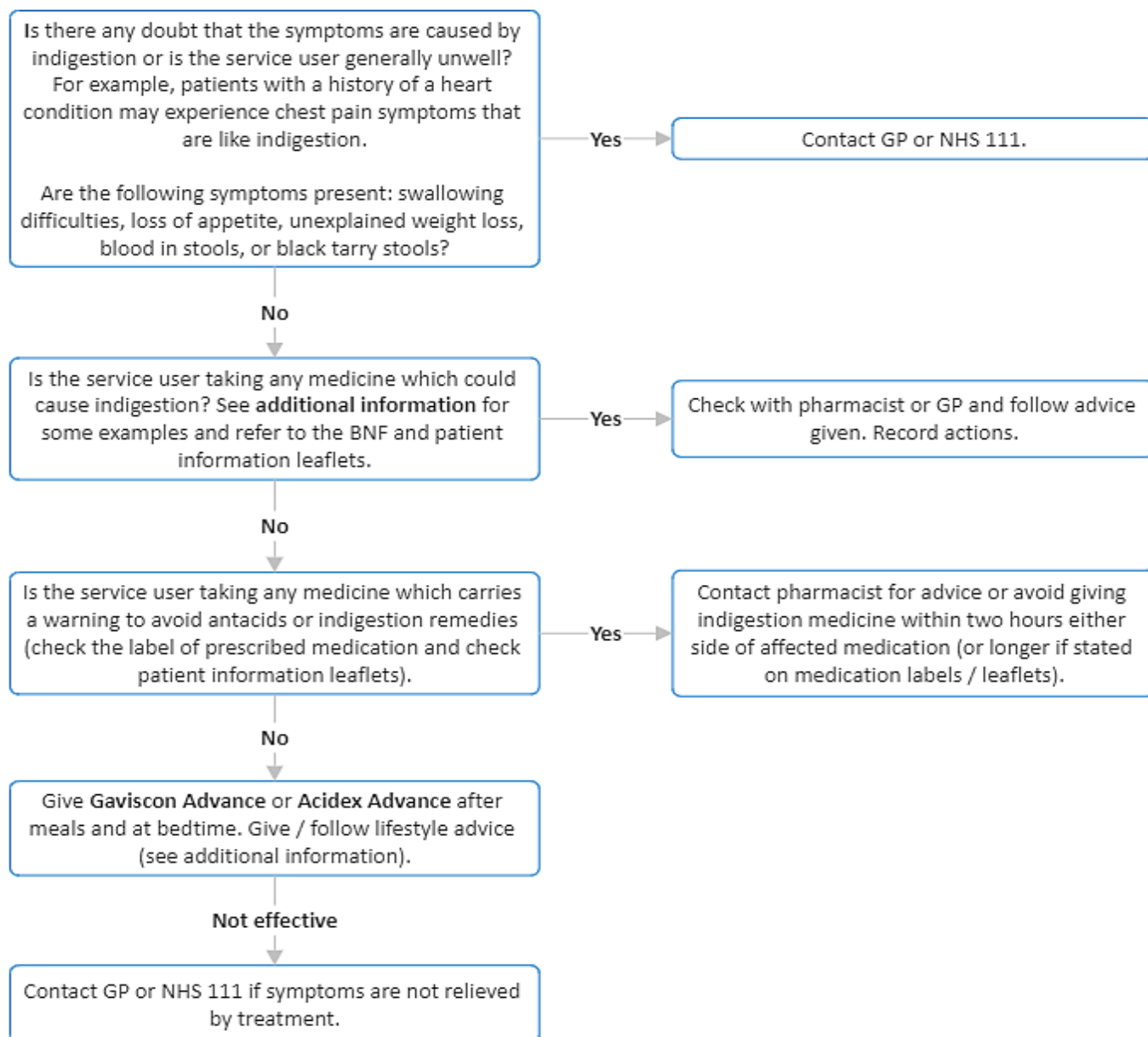
Assess the level of hydration before offering oral rehydration solutions (e.g., Dioralyte). If level of dehydration is severe for any resident, then **urgent medical advice** should be sought.

Medication is listed in the flow chart.

Name/form of medication	Loperamide 2mg capsules
Indication of use	For relief of acute onset diarrhoea
Route of administration	Oral
Adult Dose	TWO capsules initially, then ONE capsule after each loose stool
Frequency	After each loose stool. DO NOT exceed maximum daily dosage.
Maximum dose in 24 hours	Six capsules (12mg)
Maximum duration of treatment as a homely remedy	Up to 24 hours, then seek advice from GP or NHS 111. Document advice.
DO NOT give in these circumstances	<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>
Additional information	Drink plenty of fluids to maintain hydration – consider oral rehydration sachets. Ensure appropriate infection control procedures are followed to minimise the risk of an infection
Warnings and adverse reactions	Always refer to the patient information leaflet May cause gastrointestinal disorders; headache; nausea
Additional resources	BNF, patient information leaflet (supplied with the product)

Name/form of medication	Oral Rehydration Sachets (e.g., Dioralyte)
Indication of use	To replace fluids lost through diarrhoea/vomiting
Route of administration	Oral
Adult Dose	ONE or TWO sachets
Frequency	After each loose stool
Maximum dose in 24 hours	As advised in the patient information leaflet that is supplied with the product.
Maximum duration of treatment as a homely remedy	Up to 24 hours, then seek advice from GP or NHS 111. Document advice.
DO NOT give in these circumstances	Diarrhoea has lasted for more than 24 hours. Hypersensitivity to any of the ingredients Severe dehydration Intestinal obstruction Liver or kidney disease Antibiotic-associated diarrhoea Bloody diarrhoea, or chronic or persistent diarrhoea Low potassium or sodium diet Diabetes
Additional information	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. 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.
Warnings and adverse reactions	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
Additional resources	BNF Patient information leaflet (supplied with the product)

Guidance for the treatment of Heartburn (Indigestion).



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 is listed in the flow chart.

Name/form of medication	Gaviscon Advance suspension (Peppermint or Aniseed flavour) Acidex Advance suspension (Peppermint or Aniseed flavour)
Indication of use	Management of mild symptoms of dyspepsia and gastro-oesophageal reflux disease
Route of administration	Oral
Adult Dose	5 to 10ml
Frequency	After meals and at bedtime
Maximum dose in 24 hours	40ml
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice from GP. Document advice.
DO NOT give in these circumstances	Hypersensitivity to any of the ingredients
Additional information	Shake well before use. Sugar-free, so suitable for diabetics. Use within 6 months of opening.
Warnings and adverse reactions	Contains sodium (2.3mmol in 5mls) and 1mmol of potassium in 5mls. Seek advice where sodium restriction is indicated
Additional resources	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-Remedies-guide.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
- 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/>
- National Institute for Health and Care Excellence (2023) *Constipation*. Available at: <https://cks.nice.org.uk/topics/constipation/>
- National Institute for Health and Care Excellence (2023) *Dyspepsia - unidentified cause*. Available at: <https://cks.nice.org.uk/topics/dyspepsia-unidentified-cause/>

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NHS Kent and Medway - Integrated Care Team	Approval date:	Version: 3.0	Review date:
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