

Homely Remedies Toolkit

Version 5.1

April 2025

For local adaptation to fit within individual Care Home medication policies

Document produced by: Care Home Medicines Optimisation Team,
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB)

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Version Control

Version	Date	Reviewer (s)	Revision Description
1 - 2	Before 2018	Bedfordshire CCG (BCCG) Care Home Medicines Optimisation team	Archived
3.0	2018	Bedfordshire CCG (BCCG) Care Home Medicines Optimisation team	<ul style="list-style-type: none"> - Improved formatting with new front page and new logo - Addition of Cosmocol® in section for constipation - Addition of new ailment 'Dry Cough' with new medicine 'Simple Linctus (Sugar free) - Appendix 2 added new record of homely remedies and audit sheet - Appendix 3 added new staff signature sheet
4.0	2020	Bedfordshire CCG, Luton CCG & Milton Keynes CCG Care Home Medicines Optimisation teams	<ul style="list-style-type: none"> - Organisation changed from BCCG to BLMK CCG in document - Reference to BLMK Self Care Toolkit added - Removal of sections on 'Prescriptions for minor ailments' and 'Repeated need for homely remedies' and new section on 'Timescale for minor ailments' added - New sections on 'Audit' and 'Disposal' - Added contacts for care home in each locality for further support - New 'Homely remedy template for Care Homes' added - Addition of NCF flowcharts for each minor ailment to support decision making and use of homely remedy - Removal of Loperamide - Removal of Cetraben® and Aqueous Calamine as topical products - New 'Further useful resources' added
5.0	2023	Bedfordshire, Luton & Milton Keynes ICB Care Home Medicines Optimisation team	<ul style="list-style-type: none"> - Organisation changed from BLMK CCG to BLMK ICB and new logo added - Link to Self-Care toolkit and Appendices added - Page 4 - Additional paragraph explaining difference between Homely Remedies and Self-Care - Page 5 – 'Accountabilities' title amended to 'Responsibilities' - Page 6 - Referenced NMC code - Page 7 - New section added on 'Sourcing Homely Remedies' - Page 8 – New section on 'Receipt' - Page 10 - Updated generic email addresses for each care home team

			<ul style="list-style-type: none"> - Removal of Hydrocortisone cream - Addition of Gaviscon® Advance chewable tablets - Appendix 2 – New table added explaining the differences between Homely Remedies and Self-care - Appendix 5 – New 'Guide to implementing homely remedies in a care home' includes process for implementation and administration - Appendix 6 – New 'Flowchart for administration of Homely Remedies' - Updated references links - First Dressings Scheme – updated link to wound care formulary, formulary choices and link to SKKIN bundle.
5.1	2025	Bedfordshire, Luton & Milton Keynes ICB Care Home Medicines Optimisation team	<ul style="list-style-type: none"> - Reference links and resources updated - Version control information added - Page 7 – sentence added re: CQC support of approval process. - Page 8 – sentence added re: consideration for safeguarding and those that lack mental capacity to make decision. - Page 10 – new paragraph re: obtaining verbal consent, where possible, and considering religious beliefs, dietary preferences, intolerances etc - Chart 2 for pain – removed reference to Co-proxamol - Chart 3 for constipation – added Clozapine as an example - Chart 4 for diarrhoea – added SGLT2 inhibitors to 'Medicines and Dehydration' - Chart 5 – removed reference re: care home COVID-19 policy - First Dressings scheme – added new link to Eolas Medical and formulary choices updated

Committee where guidance was discussed/approved/ratified

Committee/Group	Date	Status
Bedfordshire CCG Prescribing Committee	Versions before 2018	Approved
BLMK Primary Care Prescribing Committee	June 2018	Approved Version 3.0
BLMK Primary Care Prescribing Committee	10/12/2020	Approved Version 4.0
BLMK Primary Care Prescribing Committee	20/04/2023	Approved Version 5.0
BLMK Primary Care Prescribing Committee	17/04/2025	Approved Version 5.1

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HOMELY REMEDIES TOOLKIT

What is a Homely Remedy?

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

Homely remedies fall into two legal categories, GSL (General Sales List), which are available widely from supermarkets, pharmacies and other stores; and P (Pharmacy Only Medicines) which are available only from a pharmacy. They are collectively known as OTC (over the counter) products. Medicines falling into these categories may also be prescribed at the discretion of the resident’s General Practitioner (GP) or an appropriate Healthcare Professional (HCP). Homely remedies should not be used for more than 48 hours without consulting the resident’s GP or HCP. Any medicines which are obtained on prescription must only be administered to the individual specified on the dispensing label. Medicines via a prescription may not be used as a source of stock for the homely remedy supplies.

Residents or relatives may bring in their own over the counter (OTC) medicines for self-administration or for care home staff to administer. These are not for general use in the home and must remain specific to that resident – **please refer to the [BLMK ICB Self Care Toolkit](#)**.

Why Stock Homely Remedies?

In a care home, a resident may develop a minor illness which in their own home would be easily treatable by accessing a local pharmacy/store for an OTC product. If a resident does not have a suitable remedy on their normal prescription the staff may feel that the only course of action is to call the GP or HCP or out of hours service which is not an appropriate use of NHS resources. This may be for something like a headache. By having homely remedies in the care home an immediate need can be met, and the GP or HCP is only called if the symptoms persist.

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

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

It is permitted by CQC¹ and NICE² that a small range of products may be kept in stock in a Care Home for residents for the treatment of minor ailments. This toolkit serves as a template for care homes with or without nursing who agree to stock the approved list of products to treat minor ailments – see [Appendix 1](#)

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

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

Care homes may wish to keep a list of stock dressings that have only been approved for use within nursing homes. Please refer to page 11 for further details.

Differences between Homely Remedies and Self-care

Do not confuse Homely remedies with medicines for Self-care. Self-care is where people who receive social care are supported to access OTC products to enable them to self-care with appropriate safeguards in place. Self-care may include the situation where a GP/other HCP may request the care home staff to purchase a specific product to treat a minor ailment such as olive oil for treatment of ear wax for a particular resident. Self-care medicines are purchased for an individual resident for their use only, whereas Homely Remedies are purchased for administration to any resident where appropriate in accordance with this Homely Remedy Toolkit and for a limited period of time.

Please refer to the [BLMK ICB Self Care Toolkit](#) for further information and the table in [Appendix 2](#) which highlights the differences between Self-care and Homely remedies.

¹<https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>

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

Homely Remedy Use in Care Homes

Approval for use of a Homely Remedy

This toolkit has been approved by Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) to be used by suitably trained staff, and as such represents the GPs and other HCPs within the organisation.

It is not necessary for a Care Home to write to each resident's GP or HCP for homely remedies to be approved or 'signed off', provided this toolkit is adopted by the care home and only the ICB list of products is stocked.

Our local CQC inspection team for BLMK have confirmed that they have no concerns with this approval process.

Any products which deviate from the suggested list would need to be approved by an individual GP or HCP for the specific resident.

It would be useful for the GP Practice supporting the home to know that the care home has adopted the BLMK ICB toolkit and that stocks of homely remedies are available for their patients. It is also recommended that relatives and those with Power of Attorney for health and welfare are aware that homely remedies may be used in the care home and approve this also.

Timescale for use of homely remedies for Minor Ailments

The named homely remedies may be used **for up to 48 hours only** after which the symptoms may be resolved, and no further action is needed. If the symptoms have not resolved within 48 hours, the resident's GP or an appropriate HCP should be contacted. If the GP or HCP wishes to continue the treatment for longer, clear instructions should be provided, preferably in writing, confirming the timeframe for continuing the homely remedy before seeking further advice.

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

Responsibilities

[NICE Guidance on Managing Medicines in Care Home \(2014\)](#) states:

Care Home providers offering homely remedies for treating minor ailments should have a homely remedies process, which includes the following:

- The name of the medicine or product and what it is for
- Which residents should not be given certain medicines or products (e.g., paracetamol should not be given as a homely remedy if a resident is already receiving paracetamol)

- The dose and frequency
- The maximum daily dose
- Where any administration should be recorded, such as on the medicines administration record (MAR)
- How long the medicine or product should be used before referring the resident to the GP or HCP

The manager of the care home must ensure they have procedures for managing homely remedies. They should take into consideration safeguarding, carer or relative support, and managing care for residents who lack the mental capacity to make their own decisions about their care. It is good practice for appropriate care home staff to have a discussion regarding health needs and medicines with the person and their family, including the use of OTC products.

Care homes may wish to adopt this toolkit and stock the products which have been approved by GPs and HCPs in Bedfordshire, Luton and Milton Keynes (BLMK).

This toolkit helps to define the actions required by a carer or registered nurse to ensure safe and effective administration of homely remedies, without a written individual prescription.

The use of homely remedies for the minor ailments named in this toolkit is supported by a flowchart decision aid and as such enables staff to use stocked medication appropriately.

Nurses are individually and professionally accountable to the Nursing and Midwifery Council (NMC) for their actions and omissions and must act in accordance with the NMC Code³. The Nurse must recognise the parameters of safe practice and refer the patient to an appropriate medical professional where there is a need. Professional accountability for updating knowledge of homely remedies will lie with the Nurse.

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

Care home staff who give homely remedies to residents should be named in the homely remedies process. They should sign the process to confirm they have skills to administer the homely remedy and acknowledge that they will be accountable for their actions.⁴ An example of a 'staff signature sheet' can be found in [Appendix 4](#).

In all cases the manager will be responsible for ensuring that appropriate training and support is made available to both nurses and carers.

³ [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/standards-of-practice-and-behaviour-for-nurses-midwives-and-nursing-associates/)

⁴ <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-61677133765>

Sourcing Homely Remedies

- Homely remedies are kept as stock in the care home to allow access to products that would commonly be available in any household.
- Only the named preparations listed in this homely remedy toolkit should be purchased.
- The care home is responsible for purchasing the preparations and may choose to source it from the usual supply pharmacy OR an alternative pharmacy or retailer.
- Purchase of these products is funded by the care home.
- It is the care home responsibility to ensure that the product is of a suitable standard and matches the preparation listed in this homely remedy toolkit.
- All products purchased for use as a homely remedy should be checked to make sure they are in date.

Storage of Homely Remedies⁵

- Homely Remedies should be clearly identifiable as a 'homely remedy' (if purchased from a community pharmacy they may label the product to indicate that it is a homely remedy).
- All homely remedies MUST be stored in their original packaging together with any information supplied with the product about the medicine use.
- Excessive quantities of homely remedies should not be stored by care homes.
- They should be stored securely in a lockable cupboard or separate container within a locked trolley and kept separate to prescribed medication.
- Homely remedies should be stored:
 - At temperatures below 25°C (unless stated otherwise on the medicine information).
 - Away from damp and strong light.
 - In accordance with the patient information leaflet or any instruction on the packaging.
- Access to homely remedies should be restricted to staff with medicines management responsibilities.

Process for administration of Homely remedies in a care home

The administration of a homely remedy can be either in response to a request from the resident or from a member of care home staff.⁶

It is the responsibility of the carer or duty nurse to check that the administration of the homely remedy is appropriate. If there is any uncertainty the GP or HCP should be consulted, and the discussion documented.

^{5&6} [Care Homes – Homely remedies, PrescQIPP, Bulletin 335, February 2024](#)

The flowcharts included with this toolkit provide a decision making tool for specific minor ailments. These flowcharts produced by the National Care Forum can be adapted for local use and are available in the Homely Remedies guide at: [Homely-Remedies-guide.pdf \(nationalcareforum.org.uk\)](http://Homely-Remedies-guide.pdf (nationalcareforum.org.uk))

Using the flowcharts the Carer/Nurse must ascertain:

- That the resident has no potentially serious symptoms;
- Past medical and drug history as provided by GP or HCP;
- Any known allergies;
- What the resident has used in the past for these particular symptoms;

Verbal consent to treatment should also be obtained from the resident, where possible, prior to administering any homely remedies. The resident should also be made aware that the medicine has not been prescribed when providing consent.

Staff should consider people's religious beliefs, dietary preferences, intolerances or allergies, and swallowing difficulties.⁷

The Carer/Nurse will regularly review and reassess the resident's response to the medication. Further doses can be administered in accordance with the medicinal product's GSL or P licence guidelines, **for a maximum of 48 hours**. If symptoms remain unresolved the GP or HCP must be informed.

Record Keeping

Records should be kept in respect of receipt, administration and disposal

- **Receipt:** Homely remedies should be counted into the care home and receipt recorded in a separate designated homely remedy book or form – see [Appendix 3](#): Record of homely remedies and audit sheet. All products should be checked to make sure they are suitable for use and in date.
- **Administration:** The carer/nurse must record the administration of homely remedies according to the care home policy and procedures. The resident's MAR chart is ideal for recording or in the care plan.
The entry should be annotated 'homely remedy' and should state the following:
 - Name of homely remedy given
 - Date and time of administration
 - Dose given - For variable doses make sure and document the exact amount given, e.g., whether one or two tablets has been administered.
 - Why the homely remedy was given
 - Name of carer/nurse who administered the medicine
 - Effect of the homely remedy

⁷ [Care Homes – Homely remedies, PrescQIPP, Bulletin 335, February 2024](#)

This information is particularly important, so other members of care staff are aware of when the last dose was given to monitor effectiveness and avoid overdosing.

Administration should also be recorded in the homely remedies book/record sheet

- **Disposal:** Expired stock should be disposed of in line with the care home's policy on the disposal of medication with appropriate records⁸

Audit

To enable processes to be audited, a running balance of each homely remedy should be kept and checked on a regular basis e.g., monthly.

Homely Remedies should be date checked regularly, it is good practice to conduct monthly checks, but at least every six months. The date of opening should be marked on liquid medicines which should be replaced six months after opening or in accordance with manufacturer's guidance.

Adverse Reaction

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

The Yellow Card Adverse Drug Reaction Reporting Scheme is a voluntary scheme through which suspected adverse reactions to medicines are notified to the MHRA (Medicines Health Regulatory Authority).

Adverse reactions can be reported by anyone; this is usually done by healthcare professionals e.g., GPs, pharmacists and nurses, but patients and carers can also make reports. A yellow card report can be submitted online using the electronic form at www.mhra.gov.uk/yellowcard

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

⁸ [Care Homes – Homely remedies, PrescQIPP, Bulletin 335, February 2024](#)

First Dressings Scheme for use within Nursing Homes

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

Please refer to the '**First Dressings Scheme for use within Nursing Homes**' guidance document which is available in the 'Care home' page on the BLMK Medicines Management website:

[Care Homes – BLMKCCG Medicines Management \(icb.nhs.uk\)](https://www.icb.nhs.uk/care-homes)

Further support

The BLMK ICB Care Home Medicines Optimisation team provides pharmacist and pharmacy technician advice and support in implementing this guidance. They can be contacted via email:

Bedfordshire: blmkicb.bedsmocarehometeam@nhs.net

Luton: blmkicb.lutoncarehometeam@nhs.net

Milton Keynes: blmkicb.mkcarehomespharmacy@nhs.net

Community pharmacies are also aware of this guidance and their role in supporting OTC advice and sales.

Appendix 1: Homely remedy template for Care Homes

Homely Remedies Policy

[Insert care home name]

A homely remedy is a medicinal preparation used to treat minor ailments, which can be bought over the counter and does not require a prescription. Homely Remedies are kept as stock in the care home to allow access to products that would commonly be available in any household.

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 (homely remedies) for treating minor ailments should consider having a homely remedies process or policy.⁹

The Care Quality Commission agrees that a small range of products may be kept in stock in a care home for residents for the treatment of minor ailments for a short duration.¹⁰

_____ has adopted the BLMK ICB Homely Remedy toolkit which is supported by our local GP practices and the BLMK ICB Care Home Medicines Optimisation Team. The agreed list of medicines for homely remedies is:


AILMENT	MEDICINE
Indigestion	<ul style="list-style-type: none">• Gaviscon® Advance (suspension or chewable tablets)• Peptac®
Pain (mild to moderate)	<ul style="list-style-type: none">• Paracetamol <p>NB: Other medicines containing paracetamol may have been prescribed for some residents and this must be carefully checked</p>
Constipation	<ul style="list-style-type: none">• Senna tablets or syrup
Diarrhoea	<ul style="list-style-type: none">• Oral rehydration therapy, e.g., Dioralyte®
Dry Cough	<ul style="list-style-type: none">• Simple Linctus (Sugar-free)


⁹ <https://www.nice.org.uk/guidance/sc1>

¹⁰ <https://www.cqc.org.uk/guidance-providers/adult-social-care/treating-minor-ailments-promoting-self-care-adult-social-care>

Products Named in Flowchart 1 – Indigestion/Heartburn

Drug	Gaviscon® Advance suspension – peppermint or aniseed flavour	
Indication for use	Gastric reflux and Heartburn	
Strength	500mg sodium alginate, 100mg potassium bicarbonate per 5 ml	
Dose	5-10ml after meals and at bedtime	
Maximum dose in 24 hours	40ml in divided doses	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
Cautions	Contains sodium (57.85mg (2.515mmol) in 5mls) and 1mmol (39.06mg) of potassium in 5mls. Avoid in patients with high blood pressure, kidney or heart failure or where sodium restriction is indicated	
Additional information	Shake well before use Sugar free so suitable for diabetics Wait at least 2 hours between taking this medicine and other medicines such as thyroid hormones, iron preparations and bisphosphonates	
Additional resources	BNF chapter 1, Patient leaflet: Gaviscon Advance Aniseed Oral Suspension - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)	



Drug	Gaviscon® Advance chewable tablets - mint	
Indication for use	Gastric reflux, heartburn and indigestion	
Strength	Each tablet contains 500mg sodium alginate, 100mg potassium bicarbonate	
Dose	For oral administration, after being thoroughly chewed. One to two tablets after meals and at bedtime	
Maximum dose in 24 hours	8 tablets	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
Cautions	Contains sodium (53.22mg (2.314mmol) per tablet) and 39.43mg of potassium per tablet. Avoid in patients with high blood pressure, kidney or heart failure or where sodium and/or potassium restriction is indicated	
Additional information	Wait at least 2 hours between taking this medicine and other medicines such as thyroid hormones, iron preparations and bisphosphonates	
Additional resources	BNF chapter 1, Patient leaflet: Gaviscon Advance Mint Chewable Tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)	


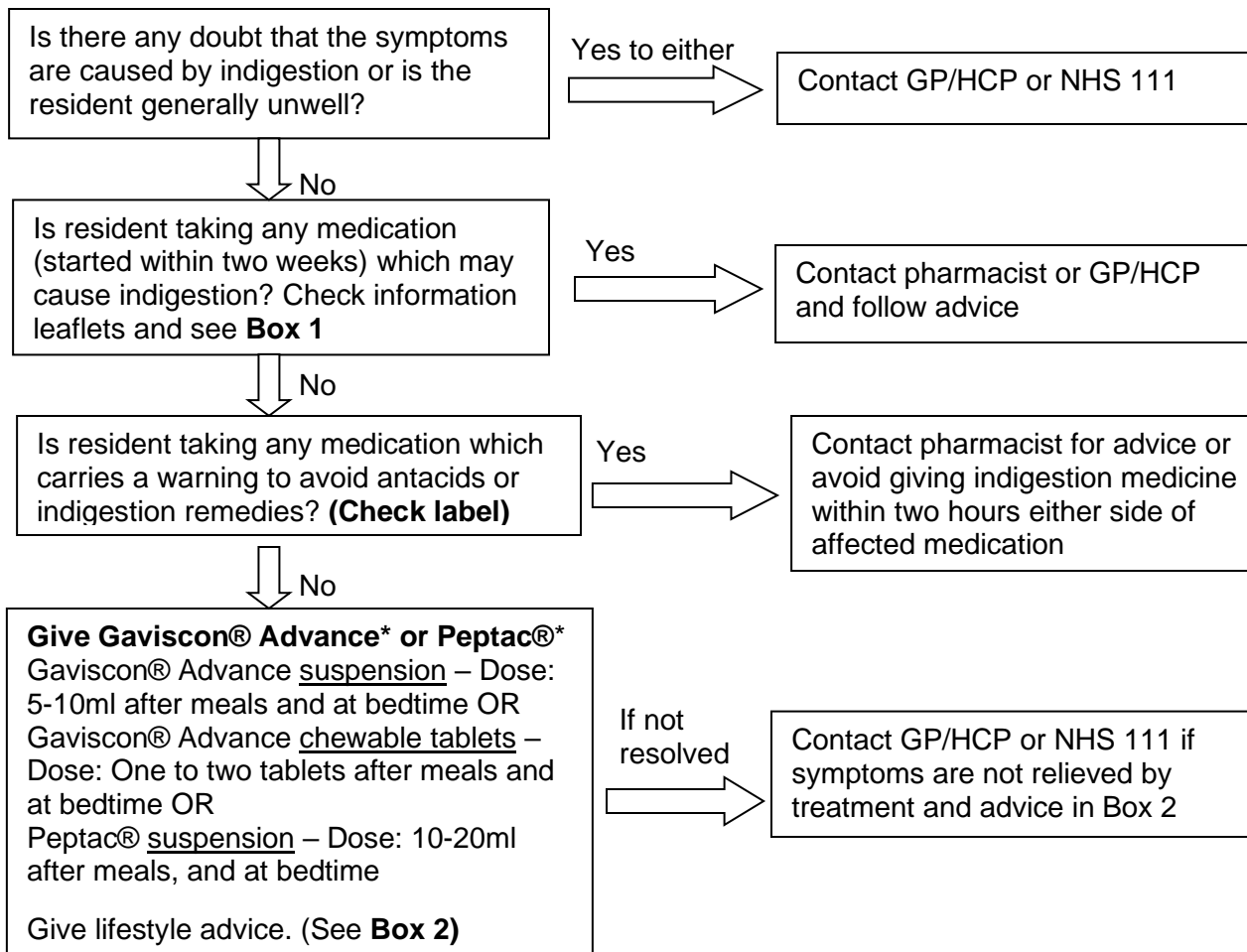
Drug	Peptac® sugar free suspension aniseed/peppermint	
Indication for use	Heartburn and gastric reflux	
Strength	133.5mg sodium bicarbonate, 250mg sodium alginate and 80mg calcium carbonate in 5ml.	
Dose	10-20ml after meals, and at bedtime.	
Maximum dose in 24 hours	80ml daily	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
Cautions	Contains sodium (3.11mmol in 5mls) Should not be used in patients on a low salt diet (e.g., in some cases of congestive heart failure and kidney impairment). This medicine should not be taken within 1 to 2 hours of taking other medicines by mouth and a time interval of 2 hours should be considered between this medicine intake and the administration of certain medicines including digoxin, beta-blockers (atenolol, propranolol), bisphosphonates.	
Additional information	Shake well before use Sugar free so suitable for diabetics	
Additional resources	BNF chapter 1, Patient leaflet: Peptac Peppermint Liquid - Summary of Product Characteristics (SmPC) - (emc)	

Chart 1 – Indigestion/Heartburn

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



Box 1

Some medicines that commonly cause indigestion:

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


Box 2 Lifestyle Advice

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

*HOMELY REMEDY

Remember that treatment with homely remedies must be recorded according to the care home policy and procedures (e.g., MAR chart) and must be for NO MORE THAN 48 hours without contacting the resident's GP or HCP. Ensure the next shift is informed about any homely remedies that have been given.

Products Named in Flowchart 2 – Pain

Drug	Paracetamol	
Indication for use	Relief of mild pain	
Strength	500mg tablets/capsules/caplets	
Dose	ONE or TWO tablets up to FOUR times a day. If body weight is <50kgs give 1 tablet up to four times a day.	
Maximum dose in 24 hours	8 tablets (4g) in divided doses (Maximum of 2 tablets (1g) in any 4 hours). If body weight is <50kgs give maximum of 4 tablets (4g) in divided doses (Maximum of 1 tablet (500mg) in any 4 hours.	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
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.	
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist.	
Additional resources	BNF chapter 4, Patient leaflet: Paracetamol 500mg Tablets - Summary of Product Characteristics (SmPC) - (emc)	

Drug	Paracetamol suspension	
Indication for use	Relief of mild pain	
Strength	250mg/5ml suspension	
Dose	TWO TO FOUR 5ml spoonfuls (20ml) up to FOUR times a day. If body weight is <50kgs give ONE TO TWO 5ml spoonfuls up to four times a day.	
Maximum dose in 24 hours	80ml (4g) in divided doses (Maximum of 20ml (1g) in any 4 hours) If body weight is <50kgs give maximum of 40ml (2g) in divided doses (Maximum of 10ml (500mg) in any 4 hours)	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
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.	
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist Sugar free is also available for patients with diabetes.	
Additional resources	BNF chapter 4, Patient leaflet: Paracetamol 250mg/5ml Oral Suspension - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)	


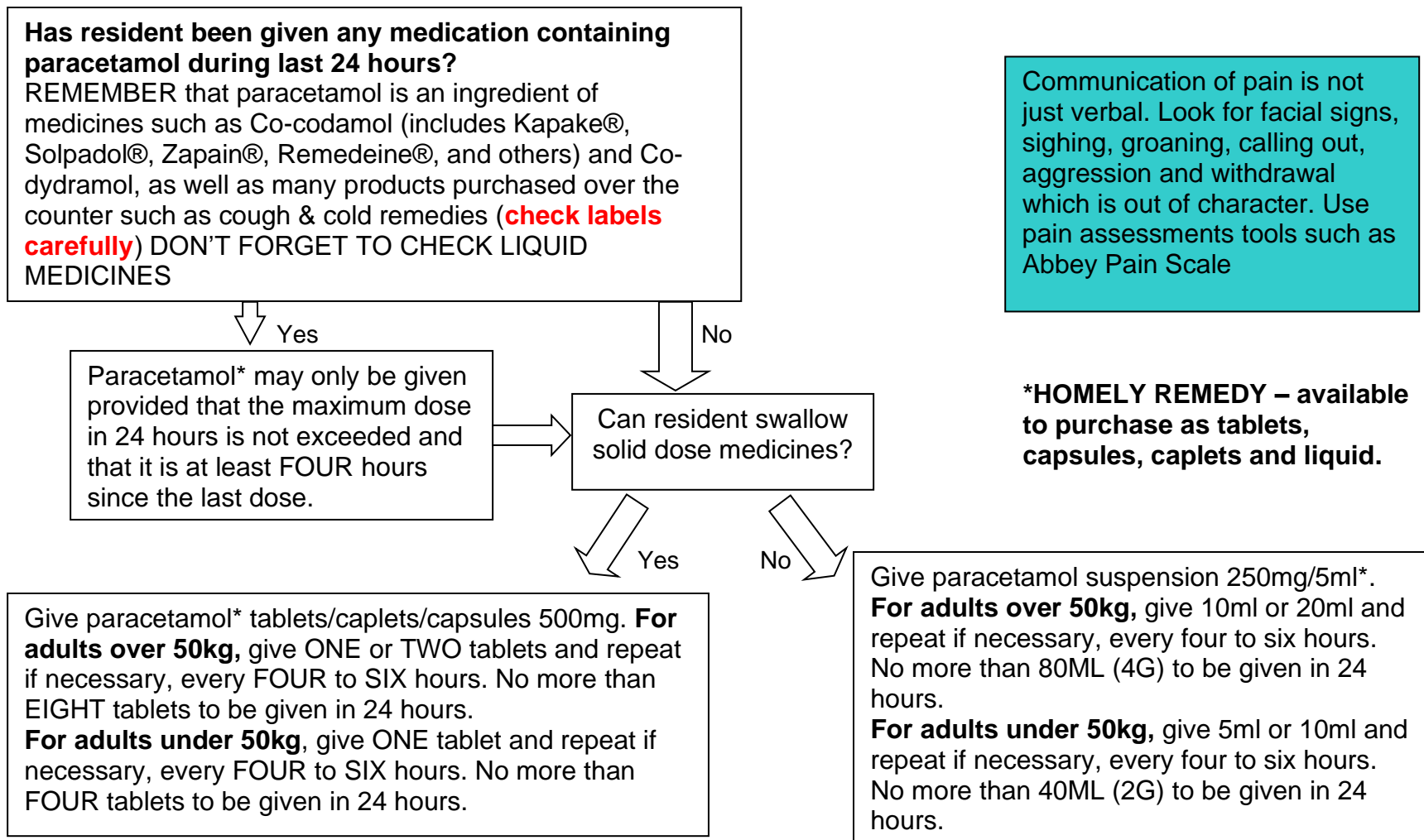



Chart 2 – Pain

Flowchart for use when resident has MILD PAIN only. All cases of sudden onset severe pain MUST be referred



Remember that treatment with homely remedies must be recorded according to the care home policy and procedures (e.g., MAR chart) and must be for NO MORE THAN 48 hours without contacting the resident's GP or HCP. Ensure the next shift is informed about any homely remedies that have been given.

Products Named in Flowchart 3 – Constipation

Drug	Senna tablets	
Indication for use	For short-term relief of occasional constipation	
Strength	7.5mg	
Dose	ONE or TWO tablets at night	
Maximum dose in 24 hours	TWO	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
Cautions	This product should not be used when abdominal pain, intestinal obstruction, nausea or vomiting is present.	
Additional information	Can occasionally cause abdominal cramps. May colour urine	
Additional resources	BNF chapter 1 Patient leaflet: Senokot 7.5 mg Tablets Adult - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)	


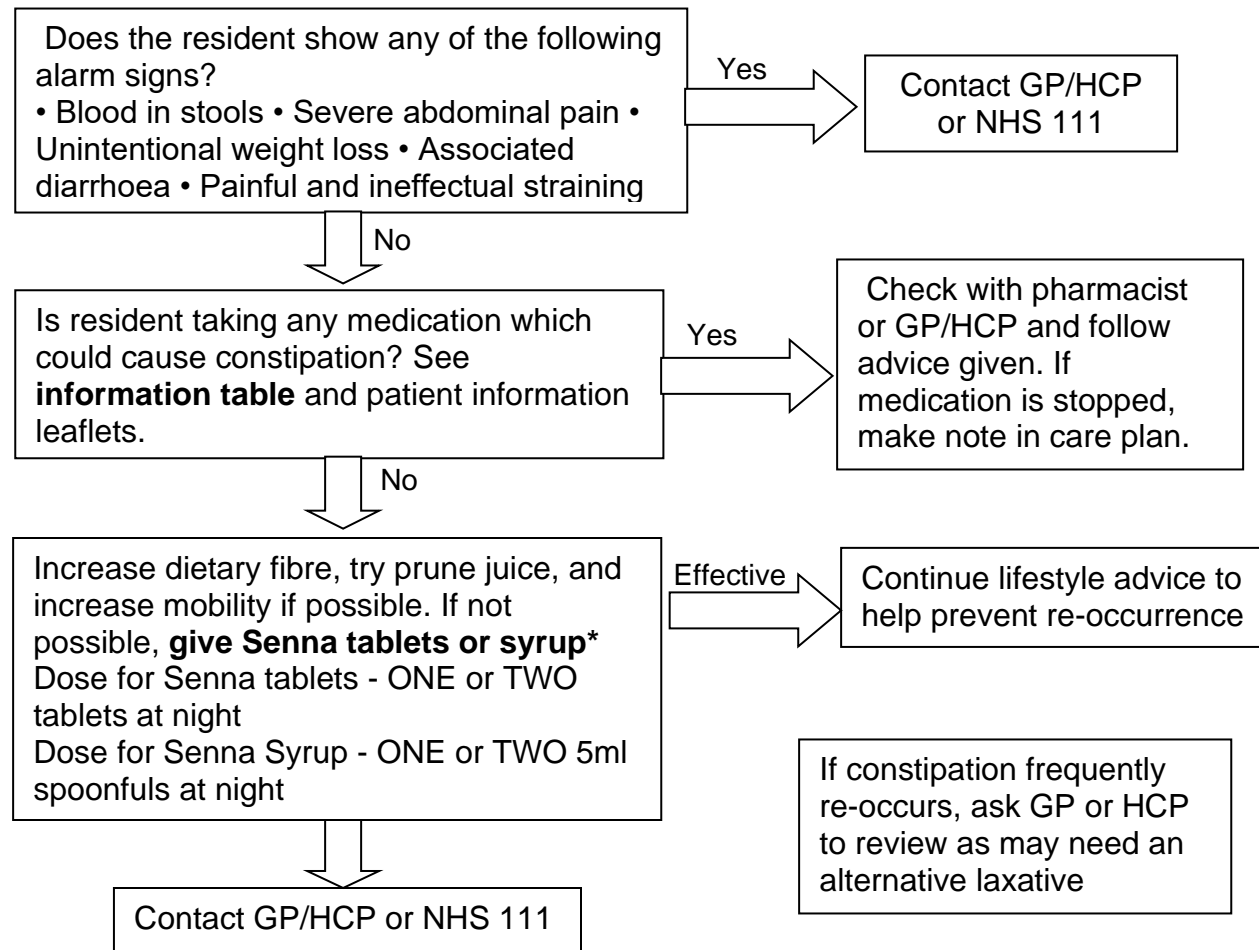
Drug	Senna Syrup (Sugar-free)	
Indication for use	For relief of constipation	
Strength	7.5mg/5ml	
Dose	ONE or TWO 5ml spoonfuls at night	
Maximum dose in 24 hours	10mls	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
Cautions	This product should not be used when abdominal pain, intestinal obstruction, nausea or vomiting is present.	
Additional information	Can occasionally cause abdominal cramps May colour urine	
Additional resources	BNF chapter 1 Patient leaflet: Senokot 7.5mg/5ml Syrup 12 Years Plus - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)	

Chart 3 – Constipation

Initial changes in bowel habits should be reported to GP/HCP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake. Avoid large glasses of fluid - little and often is more effective.



Information table

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

*HOMELY REMEDY

Remember that treatment with homely remedies must be recorded according to the care home policy and procedures (e.g., MAR chart) and must be for NO MORE THAN 48 hours without contacting the resident's GP or HCP. Ensure the next shift is informed about any homely remedies that have been given

Products Named in Flowchart 4 – Diarrhoea


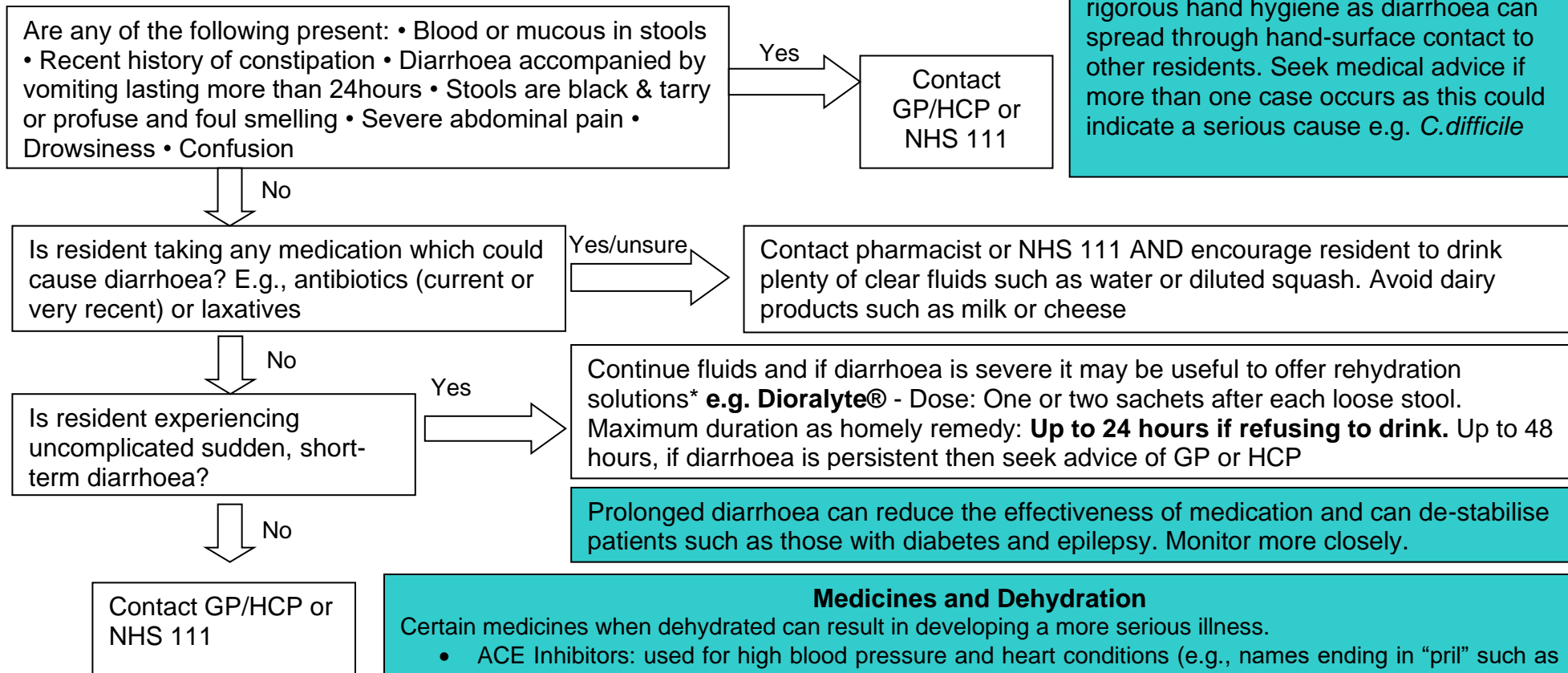
Drug	Dioralyte® sachets	
Indication for use	For fluid and electrolyte replacement	
Strength	N/A	
Dose	One or two sachets after each loose stool	
Maximum dose in 24 hours	N/A	
Maximum duration of treatment as homely remedy	Up to 24 hours if refusing to drink. Up to 48 hours, if diarrhoea is persistent then seek advice of GP or HCP.	
Cautions	Dioralyte® should not be reconstituted in diluents other than water. Dioralyte® should not be used as a homely remedy for people with liver or kidney disease, with diabetes, on low potassium or salt diets or if an intestinal obstruction	
Additional information	Contents of each sachet should be dissolved in 200ml of drinking water. The solution may be stored for up to 24 hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded.	
Additional resources	BNF chapter 9 Nutrition and electrolyte imbalances Patient leaflet: Dioralyte Blackcurrant Sachets P - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)	

Chart 4 – Diarrhoea

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



Infection control
Staff and residents must exercise rigorous hand hygiene as diarrhoea can spread through hand-surface contact to other residents. Seek medical advice if more than one case occurs as this could indicate a serious cause e.g. *C.difficile*

Prolonged diarrhoea can reduce the effectiveness of medication and can de-stabilise patients such as those with diabetes and epilepsy. Monitor more closely.

*HOMELY REMEDY

Remember that treatment with homely remedies must be recorded according to the care home policy and procedures (e.g., MAR chart) and must be for **NO MORE THAN 48 hours** without contacting the resident's GP or HCP. Ensure the next shift is informed about any homely remedies that have been given

Medicines and Dehydration

Certain medicines when dehydrated can result in developing a more serious illness.

- ACE Inhibitors: used for high blood pressure and heart conditions (e.g., names ending in “pril” such as Ramipril, Lisinopril, Perindopril)
- ARBs: used for high blood pressure and heart conditions (e.g., names ending in “sartan” such as Losartan, Candesartan, Valsartan)
- NSAIDs: anti-inflammatory pain killers (e.g., ibuprofen, naproxen, diclofenac)
- Diuretics: used for excess fluid and high blood pressure (e.g., furosemide, bendroflumethiazide, indapamide, spironolactone, eplerenone)
- Metformin: used for diabetes
- SGLT2 Inhibitors: used for diabetes, kidney disease and heart failure (e.g., names ending in “flozin” such as canagliflozin, dapagliflozin, empagliflozin, ertugliflozin)

Any resident taking a ‘high risk’ medicine such as Digoxin or Lithium must be referred due to the risk of possible toxicity with these medicines in dehydration.

If a resident is taking any of the above medication and dehydration is likely - Contact GP or NHS 111.

Products Named in Chart 5 – Dry Cough


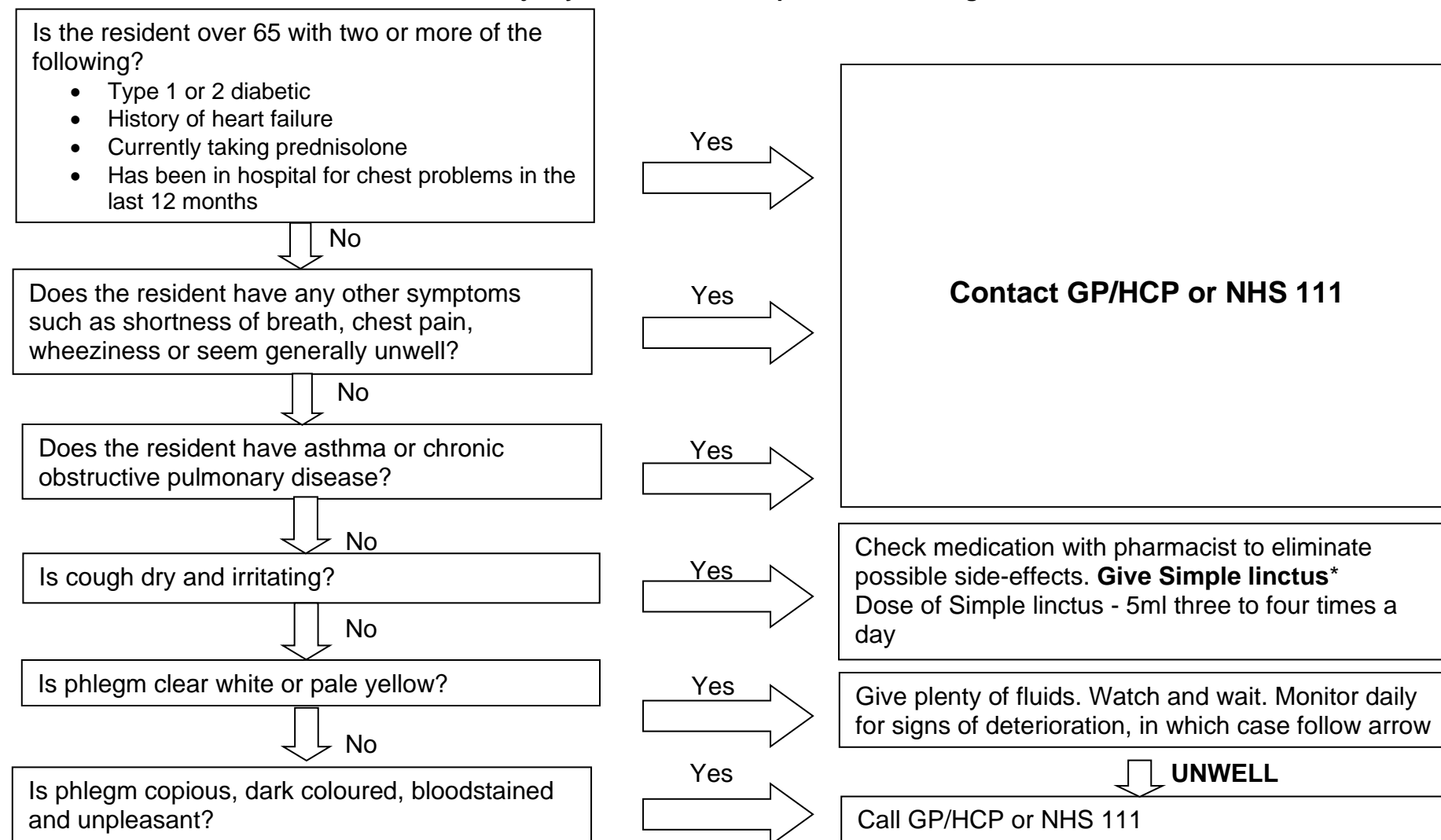
Drug	Simple linctus (sugar-free)	
Indication for use	For relief of occasional dry irritating cough	
Strength	125mg citric acid monohydrate in 5ml	
Dose	5ml three to four times a day	
Maximum dose in 24 hours	20ml in divided doses	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP or HCP	
Cautions	Avoid if patient has fructose intolerance Contains small amounts of ethanol (alcohol), less than 100mg per 5ml dose	
Additional information	Not suitable for productive coughs Suitable for diabetics as sugar free	
Additional resources	BNF 3 Patient leaflet: Simple Linctus Sugar Free - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)	

Chart 5 – Dry Cough

Antibiotic treatment is not indicated for the majority of otherwise well patients with coughs



Remember that treatment with homely remedies must be recorded according to the care home policy and procedures (e.g., MAR chart) and must be for NO MORE THAN 48 hours without contacting the resident's GP or HCP. Ensure the next shift is informed about any homely remedies that have been given. *HOMELY REMEDY

Appendix 2: Differences between Homely Remedies and Self-care

The following table summarises the differences between Homely Remedies and Self-care and indicates when it would be appropriate to use each Toolkit.

	Homely Remedy	Self-care
What is it?	Product used to treat a minor ailment which can be bought over the counter and does not require a prescription.	Action taken by people to recognise, treat and manage their own health – includes purchase of over the counter medicines
When would it be purchased?	Homely Remedies are kept as stock in the care home to allow access to products that would commonly be available in any household	A self-care product is purchased for or by an individual in response to a specific medical condition
Who can it be given to?	Can be administered to any appropriate resident as per Homely Remedies toolkit	Can only be given to the individual resident for whom it was purchased
What products are included?	Only the named preparations listed in the Homely Remedies policy	Products for conditions listed in Self-care toolkit
Who pays for it?	Funded by Care home	Funded by resident or their representative
Does the GP need to approve before administration?	Provided the care home follows the BLMK ICB Toolkit, care home can start without consulting a GP/HCP. GP/HCP sign off is not required if the BLMK ICB approved list of products and toolkit is used	GPs or HCPs do not need to approve administration; care home staff should follow the toolkit for guidance on when advice should be sought from GPs or HCPs
How long can it be used for?	Used for limited period of time (usually 48 hours)	Duration of use dependent on condition and/or GP/HCP advice
Who can administer it?	Care home staff who have been trained in how to use Homely Remedies	Care home staff in accordance with Self-care Toolkit and any appropriate GP or HCP advice
Whose property is it?	It is care home property	It is the property of the individual resident
Exceptions	Care home staff should follow the flowcharts in the Toolkit and seek further guidance as indicated	The self-care toolkit has a table listing exceptions to self-care

Appendix 3: Record of homely remedies and audit sheet

Name and strength of homely remedy Please use one sheet per product	
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Date obtained	Quantity obtained	Date administered to resident	Name of resident homely remedy administered to	Dose administered to resident	Administered by	Balance	Date, quantity and expiry date checked by

NB

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

Appendix 4: Homely Remedies Staff Signature Sheet¹¹

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

Care home staff should complete the details below to confirm that:

- they have understood the Homely Remedies Policy
- they are competent to administer to residents
- they acknowledge accountability for their actions.

Only staff members who have signed below are authorised to administer homely remedies.

Name	Signature	Initials	Manager authorisation	Date

¹¹ <https://surreyccg.res-systems.net/PAD//Content/Documents/2/12%20RMOC%20Homely-Remedy-Template-Policy-Nov18-%20adapted.pdf>

Appendix 5: Guide to implementing homely remedies in a care home

Process for Implementation of Homely Remedies Toolkit in the Care Home

Adopt	Inform	Train	Source	Record	Store	Access
Adopt the BLMK ICB Homely Remedies Toolkit	Inform your GP surgery that you will be implementing the toolkit	Ensure all medication trained staff read the toolkit are competent and authorised to administer to residents	Source the homely remedies as per toolkit	Record receipt of the homely remedies in a designated book or record sheet	Store the homely remedies in a designated secure location	Ensure authorised staff have access to the homely remedies toolkit, flowcharts and stock

Process for Administration of Homely Remedies in the Care Home

This process can only be followed if:

- The care home has adopted the Homely Remedy Toolkit
- The member of staff has read, signed and is authorised to use the Homely Remedies Toolkit
- The member of staff checks that administration is appropriate using the Toolkit flowcharts and product information

IF THERE ARE ANY DOUBTS OR CONCERNS REGARDING THE ADMINISTRATION OF A HOMELY REMEDY,
DO NOT ADMINISTER - CONTACT THE GP SURGERY, PHARMACY OR NHS 111 FOR ADVICE

Step by step process for administration

New symptom	Check	Locate	Follow	Administer
Resident presents with a minor ailment	Check if the minor ailment is listed in the Homely Remedies Toolkit: <ul style="list-style-type: none"> • Pain (mild to moderate) • Indigestion • Constipation • Diarrhoea • Dry cough 	Locate the correct homely remedy flowchart and product information for the minor ailment	Follow the flowchart to check if the homely remedy is appropriate to administer on this occasion If not, do not proceed - contact the GP surgery or NHS 111 for advice	If appropriate, administer correct dose as per flowchart and product table

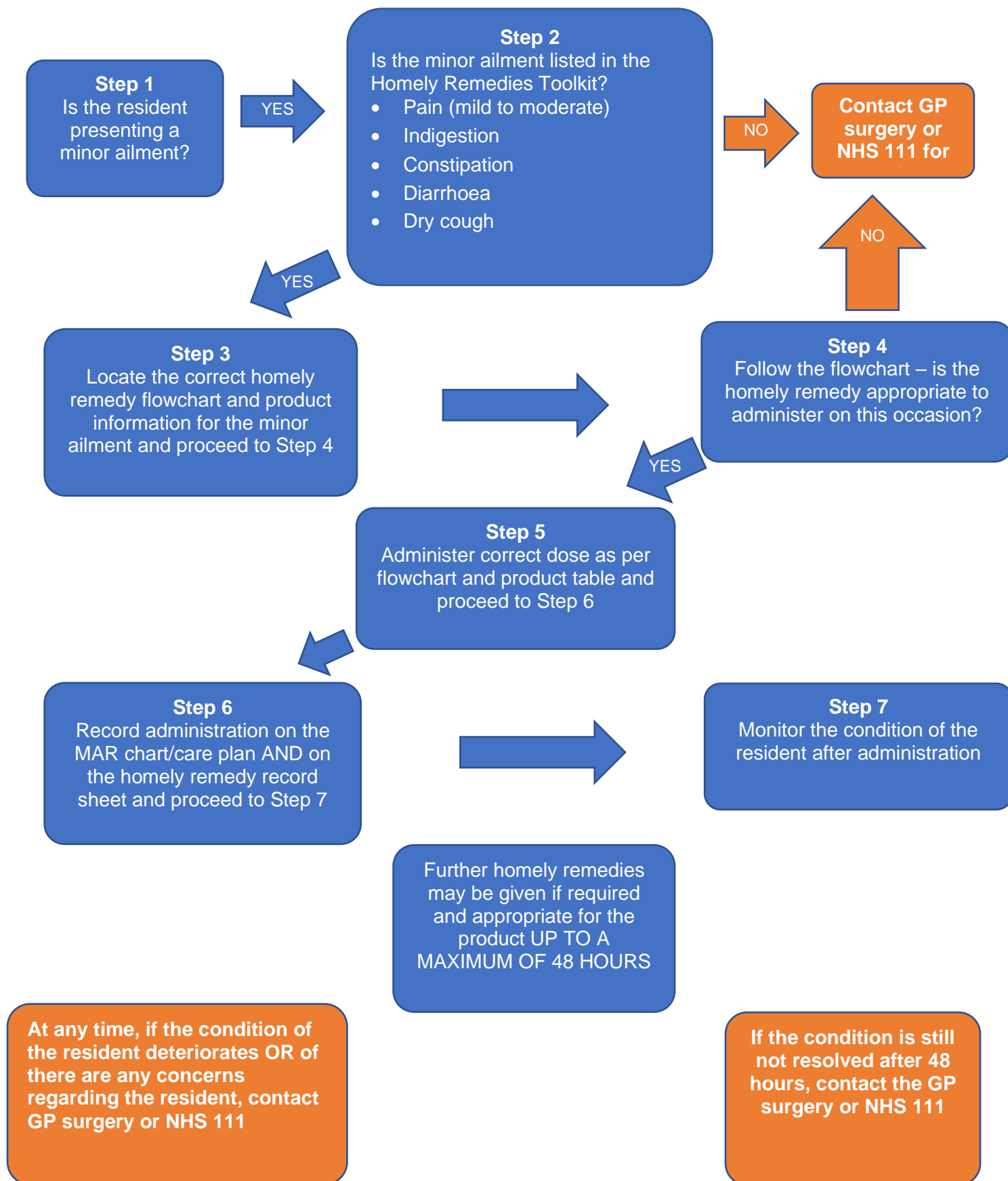
Step by step process after administration



Record	Monitor	Reporting concerns	Additional doses	Time limits
Record administration on the MAR chart/care plan AND on the homely remedy record sheet	Monitor the condition of the resident after administration	If the condition of the resident deteriorates or if there are any concerns regarding the resident, contact the GP surgery or NHS 111	Further homely remedies may be given if required and appropriate for the product UP TO A MAXIMUM OF 48 HOURS	If the condition is still not resolved after 48 hours, contact the GP surgery or NHS 111

Appendix 6: Flowchart for Administration of Homely Remedies

Flowchart for Administration of Homely Remedies



Further useful resources

[Homely-Remedies-guide.pdf \(nationalcareforum.org.uk\)](https://www.nationalcareforum.org.uk/Homely-Remedies-guide.pdf)

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

<https://www.nice.org.uk/guidance/SC1/chapter/1-Recommendations#care-home-staff-giving-non-prescription-and-over-the-counter-products-to-residents-homely>

Includes advice for care home staff giving non-prescription and over-the-counter products to residents (homely remedies), if appropriate.

[Bulletin 335. Care homes - Homely remedies](#)

Care Homes – Homely Remedies, Bulletin 335, February 2024, PrescQIPP C.I.C

[Medicines and Dehydration - Sick-day-rules.pdf](#)

Medicines and Dehydration – Sick Day Rules Guideline, Nov 2022, Nottinghamshire Area Prescribing Committee

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

<https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>

Over the counter medicines and homely remedies, Care Quality Commission

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

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