

Self-Care Toolkit: Homely Remedies and Supporting Access to Self-Care

Sussex Commissioners in association with Sussex Community NHS Foundation Trust

Date:	February 2022
Version:	1.0
Name of originator/ author:	Karuna Askoolum
Review	2 Years (February 2024)
Expiry	3 Years (February 2025)



Contents

1.0	Е	Background	4
2.0	C	General exceptions to self-care guidance	4
3.0	H	Homely Remedy Guidance for Care Homes	6
3	3.1	Homely Remedy Definition and Purpose	6
3	.2	Key Principles of Homely Remedies	6
3	.3	Conditions and products covered by the Homely Remedy Toolkit	6
4.0	S	Self-Care Treatment for Specific Person Guidance	7
4	.1	Self-Care Definition and Purpose	7
4	.2	Pathways for Initiating Self-Care Treatment	7
4	.2.	1Purchased by or on behalf of a service user without GP or HPC advice	7
4	.2.	2GP or other HCP advise to purchase self-care treatment	7
4	.2.	3OTC community pharmacy consultation	7
4	.3	Key Principles of Self-Care Treatments for a Specific Person	7
4	.4	Minor and Self-Limiting Conditions that may be treated as Self-Care for a Specific 8	Person
5.0	F	Personal Care Guidance	9
5	5.1	Personal Care Definition and Purpose	9
5	.2	Key Points for Personal Care	9
6.0	V	/itamin D	11
6	5.1	Expectations of Care Homes and Service Users	11
6	.2	Exclusions for OTC Vitamin D	11
6	3.3	Record of Provision	11
6	.4	Further Resources	11
App	end	dix One – Homely Remedy Toolkit Template	13
i.		Conditions and Products Covered by the Homely Remedy Toolkit	13
ii		Medicines NOT Suitable as Homely Remedies	13
iii	i.	Obtaining Supplies of Homely Remedies	13
i۱	/ .	Storage of Homely Remedies	13
٧		Administration of Homely Remedies	14
٧	i.	Disposal of Homely Remedies	15
٧	ii.	Drug Monographs and Decision Aids	16
а	١.	Pain	17
b	٠.	Constipation	19
С		Indigestion / Heartburn	21
	Ga	aviscon Advance® suspension or chewable tablets	21

C.	Indigestion / Heartburn	22
Pe	eptac® liquid	22
d.	Diarrhoea	24
Di	oralyte [®] sachets	24
viii.	Homely Remedies Medication Administration Record (MAR) Chart	26
ix.	Self-Care / Personal Care Medication Administration Record (MAR) Chart	34
х.	Homely Remedies Stock Control Template	36
xi.	Homely Remedies Staff Signature Template	37
Appen	dix Two – Vitamin D Consent Template	38
Se	ervice User Consent:	38
Co	onsent from next of kin or legal power of attorney:	38
Ве	est Interest Decision:	38
Appen	dix Three – Vitamin D Patient Information Leaflet	39

This Self-Care Toolkit has been approved by the Sussex Medicines Optimisation Operational Committee (SMOOC) for use in care homes (both nursing and residential) across Sussex.

Please note that this toolkit supersedes all previous local iterations of a self-care toolkit.

Your local Medicines Optimisation in Care Homes (MOCH) team are available to support with the implementation of the toolkit in care homes. If you require any support/training regarding this Self-Care Toolkit, please contact your local MOCH team:

Brighton and Hove: bhccg.medicationreview@nhs.net

Coastal West Sussex: <u>sc-tr.moch-westsussex@nhs.net</u>

Crawley Horsham and Mid Sussex: sxccg.westsussex-moch@nhs.net

High Weald Lewes and Havens: bhccg.medicationreview@nhs.net

East Sussex: sc-tr.moch-eastsussex@nhs.net

1.0 Background

Medicines on sale to the general public fall into two legal categories:

- GSL (General Sales List), which are available widely from shops,
- P (Pharmacy Medicines) which are available only from a pharmacy.

Together, they are commonly known as over the counter (OTC) treatments.

The aim of this document is to guide care homes (both learning disability and over 65 years) to support service users in self-caring for selected conditions by using OTC treatments where possible. This can be done via Homely Remedies, Self-Care for a specified person or Personal Care.

Whilst this toolkit is primarily for use in care homes, it may be appropriate to use in other adult social care settings.

This toolkit was developed to aid care homes and GP services meet NHS England guidance (March 2018)¹ which 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 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.

The Medicines Optimisation for Care Homes (MOCH) services provide advice and support in implementing this toolkit in care homes.

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 (Care Quality Commission) Adult Services Team is aware and supportive of this toolkit. During development, CQC guidance "Over the counter medicines and homely remedies" and "Vitamin D supplements - supporting people who receive adult social care" have been considered and incorporated into the toolkit.

RMOC published a <u>homely remedy position statement</u> in November 2018 that has also been considered.⁴

2.0 General exceptions to self-care guidance

This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the following exceptions.¹

⁴ Specialist Pharmacy Service: RMOC Guidance: Homely Remedies https://www.sps.nhs.uk/ articles/rmoc-guidance-homely-remedies/ (Accessed 28/09/21)



¹ NHS England guidance (March 2018) https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf (Accessed 28/09/2021)

² CQC Guidance: Over the counter medicines and homely remedies: https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies (Accessed 28/09/21)

³ CQC Guidance: Vitamin D supplements – supporting people who receive adult social care: https://www.cqc.org.uk/guidance-providers/adult-social-care/vitamin-d-supplements-supporting-people-who-receive-adult (Accessed 28/09/21)

- 1. Patients that are prescribed an OTC (over the counter) treatment for a long-term condition (e.g., regular pain relief for chronic arthritis).
- 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., sudden onset of severe pain).
- 4. Treatment of complex patients (e.g., immunocompromised).
- 5. Patients on prescription only treatments (e.g., hydrocortisone for the application to the face).
- 6. Patients prescribed an OTC product to treat an adverse effect or symptom to a complex illness or a POM (e.g., lactulose to treat constipation that is associated with the long-term use of opioid medicines).
- 7. Circumstances where the product licence does not allow an OTC sale to certain groups of patients.
- 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 because 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.

3.0 Homely Remedy Guidance for Care Homes

3.1 Homely Remedy Definition and Purpose

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 conditions is the same as it would be for a patient living in their own home.

The <u>NICE Social Care Guideline (SC1): Managing medicines in Care Homes</u>⁵ includes a recommendation that care home providers offering non-prescription medicines or other OTC products (homely remedies) for treating minor conditions should consider having a homely remedies process or policy.

The CQC agrees that a small range of products may be kept in stock in a care home for service users for the treatment of minor conditions for a short duration.² Appendix One is a Homely Remedy Toolkit template that may be used by care homes.

3.2 Key Principles of Homely Remedies

- This toolkit replaces the need to sign individual agreements for each patient for the medicines included in the toolkit.
- Take advice on the suitability of homely remedies for individuals from a health care professional (HCP) such as GP, community pharmacist or a member of the MOCH team. This could be in advance of or at the time of need.
- This toolkit serves as a template (Appendix 1) for care homes with or without nursing who agree to stock the approved list of products to treat minor conditions.
- Homely remedies must be purchased by the care home and should <u>not</u> 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.

3.3 Conditions and products covered by the Homely Remedy Toolkit

Condition	Homely Remedies OTC Product
Pain (mild to moderate), discomfort and/fever. (e.g., aches and sprains, headache, period pain, back pain, tooth ache)	Paracetamol Ensure no other medicines containing paracetamol are used
Constipation	Macrogol (Laxido®/ Movicol®) Senna
Indigestion and heartburn	Gaviscon Advance® Peptac Liquid®
Diarrhoea	Oral rehydration therapy e.g., Dioralyte®

⁵ National Institute for Health and Care Excellence: Social care guideline [SC1]: Managing medicines in care homes. https://www.nice.org.uk/guidance/sc1 (Accessed 28/09/21)



♦ West Sussex CCG ♦ Brighton and Hove CCG ♦ East Sussex CCG

4.0 Self-Care Treatment for Specific Person Guidance

4.1 Self-Care Definition and Purpose

Self-care products are medicinal preparations used to treat minor conditions, 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. These items are not kept as stock within care homes, but rather, they should be purchased by the service user or on their behalf when needed.

4.2 Pathways for Initiating Self-Care Treatment

4.2.1 Purchased by or on behalf of a service user without GP or HPC advice Service users or relatives may buy and use their own "self-care products."

4.2.2 GP or other HCP advise to purchase self-care treatment

A GP or other HCP may instruct the home staff to purchase a specific product to treat a minor ailment such as olive oil for earwax, 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 labelled 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., sodium citrate for mild cystitis.

4.2.3 OTC community pharmacy 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 and how to appropriately use the product.

4.3 Key Principles of 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, i.e., add to the MAR (Medicines Administration Record) chart to ensure regular dosing and stock control.
- Authorisation for use should be communicated (email/verbal) by a GP or HCP and documented in the service user's care plan; this authorisation only applies to the individual named.
- Purchased items should be used or administered according to the dosing recommendation on the packet or Patient Information Leaflet (PIL) unless a GP or HCP advises differently.
- If symptoms worsen, the GP or HCP should be informed earlier than the initial recommended duration.

4.4 Minor and Self-Limiting Conditions that may be treated as Self-Care for a Specific Person

NHS England guidance (March 2018)¹ provides a list of common minor conditions that may be treated as self-care at the recommendation of a GP or HCP.

Condition	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 citrate 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; non-steroidal nasal sprays; eye drops
Oral thrush	Antifungal oral gel
Pain	Topical pain relief gels / creams e.g., ibuprofen gel, diclofenac gel
Ringworm/athletes foot	Athletes foot cream, antifungal creams and sprays
Threadworm	Mebendazole (chewable) tablets/ suspension
Travel sickness	Travel sickness tablets

5.0 Personal Care Guidance

5.1 Personal Care Definition and Purpose

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 a consultation with a pharmacist is recommended if available.

NHS England has provided a list of common minor conditions that may be treated as self-care. Sussex Commissioners have agreed those listed in this section do not have to be discussed with a GP, HCP or Pharmacist and therefore they are classified as personal care items.

5.2 Key Points for Personal Care

- The medicines are not for general use in the home and must remain specific to that service user.
- If symptoms worsen, the GP, HCP or pharmacist should be contacted for advice.
- Purchased items should be used or administered according to the dosing recommendation on the packet or Patient Information Leaflet (PIL)
- Product use does not always have to be recorded in the MAR chart but does have to be recorded
 in the care plan and daily personal care log.
- It is recommended that regular items e.g., vitamins and minerals, are 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.

Condition	Example of OTC Product
Acute sore throat	Lozenges e.g., Lockets®
Coughs and colds and nasal congestion	Non-drowsy cough mixture e.g., honey and lemon warm drink, glycerol, simple linctus, 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®
Insect bites and stings	Hydrocortisone 1% cream (15g)
Mild Acne (under 65 years)	Multitude of skin care options (excluding Pharmacy Only products - see Self-Care)

	Emollient creams and lotions e.g., Epimax [®] , Aproderm [®] , E45 [®] , Aveeno [®] , QV cream [®] , Vaseline [®]		
Mild Dry Skin	For more advice see CQC guidance for providers: Fire risk from use of emollient creams FIRE HAZARD Do not smoke or go near naked flames; clothing and bedding with this product dried on them can catch fire easily		
Mild to moderate hay fever/allergic rhinitis	Antihistamine tablets or liquids; eyedrops; nasal sprays (excluding Pharmacy Only products - see Self-Care)		
Sunburn	Multitude of after sun creams		
Sun protection	Multitude of skin protection creams		
Mouth ulcers	Antiseptic mouthwash e.g., Corsodyl [®] , Listerine [®] , Bonjela [®]		
Pain	Topical pain relief gels/ creams e.g., Tiger Balm [®] , Algesal [®] , Movelat [®] , Arnica [®]		
Prevention of dental caries	Normal fluoride toothpaste		
Warts and Verruca	Creams, gels, skin paints and medicated plasters containing salicylic acid		
Probiotics Probiotic sachets, yoghurts			
Vitamins and minerals	Multivitamin and minerals, Vitamin C tablets, Vitamin D tablets 400- 2000 units		

6.0 Vitamin D

6.1 Expectations of Care Homes and Service Users

Care Homes are expected to support service user's nutritional requirements. Vitamin D protects bone and muscle health. This includes supplementation with vitamin D through winter months or throughout the year as recommended by Public Health England (PHE).

Provision of vitamin D supplements should be person-centred and care home providers should incorporate vitamin D supplement provision into existing routines and care plans which are designed to meet the nutritional and hydration needs of individual residents.

A stock supply can be used rather than individual supply depending on the care home medicines/service policy.

6.2 Exclusions for OTC Vitamin D

Service users should not receive the vitamin D supplement if they:

- are already taking, or are prescribed, a vitamin D supplement or medication containing vitamin
 D by GP or healthcare professional e.g., colecalciferol, Adcal D3®, Fultium D3®
- have a medical condition or treatment that means it may not be safe to take as much vitamin D
 as the general population. Example patient groups for which OTC Vitamin D would not be
 suitable are those with:
 - o high vitamin D levels
 - o current or previous kidney stones
 - o raised parathyroid hormone (hyperparathyroidism)
 - o certain cancers that cause high calcium levels
 - severe kidney disease
 - o a rare illness called sarcoidosis

6.3 Record of Provision

Care plans should be updated to reflect whether a service user will be provided with a daily vitamin D supplement and how they will be supported to take it.

Consent for administration should be gained or a best interest decision made through established processes and fully documented.

Care homes should make daily records whether a vitamin D supplement has been provided and whether it has been taken by a resident as part of their daily care routine.

Care home providers can choose where to record the provision of vitamin D supplements, so it aligns with their existing processes, and it is the least burdensome approach. For example, this could be documented in the MAR, daily notes, or nutrition/dietary records.

6.4 Further Resources

- Appendix Two Vitamin D Consent Template
- Appendix Three Vitamin D

- Vitamin D Supplements: How to take them safely⁶
- Vitamin D and care home guidance⁷
- Vitamin D supplements supporting people who receive adult social care³

⁷ GOV.UK https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-care-homes-guidance (Accessed 08/11/2021)



♦ West Sussex CCG ♦ Brighton and Hove CCG ♦ East Sussex CCG

⁶ GOV.UK <a href="https://www.gov.uk/government/publications/vitamin-d-supplements-how-to-take-them-safely/vitam

Appendix One – Homely Remedy Toolkit Template

[Insert care home name] Homely Remedy Toolkit

[Insert care home name] has adopted the self-care toolkit, which is supported by our local GP practices and the MOCH team.

i. Conditions and Products Covered by the Homely Remedy Toolkit

Condition	Homely Remedies OTC Product
Pain (mild to moderate), discomfort and/fever.	Paracetamol
(e.g. aches and sprains, headache, period	Ensure no other medicines containing
pain, back pain, tooth ache)	paracetamol are used
Constipation	Macrogol (Laxido®/ Movicol®)
Constipation	Senna
Indigestion and heartburn	Gaviscon Advance®
Indigestion and neartburn	Peptac Liquid®
Diarrhoea	Oral rehydration thereby a g. Dieralyte®
Diamilea	Oral rehydration therapy e.g., Dioralyte®

ii. Medicines NOT Suitable as Homely Remedies

- Products requiring invasive administration e.g., suppositories
- Medicines that take up to 48 hours to work e.g., lactulose
- External preparations as these should only be used for individuals to avoid cross contamination
- · Dressings and items for first aid
- Vitamins, herbal or homeopathic supplements
- Medicines being obtained via bulk prescription

iii. Obtaining Supplies of Homely Remedies

Homely remedies can be purchased by care homes from any community pharmacy or retail outlet.

You may wish to document the regular pharmacy supplier:

[Insert name of usual pharmacy].

[Local agreements on payment vary – insert the local agreement here]

The quantity of paracetamol tablets and capsules that can be purchased is restricted by law. Packets of 32 are available OTC from pharmacy counter; packets of 16 can be purchased off the shelf in a pharmacy or other outlet.

The Homely Remedies Stock Control Record Sheet should be used to record any purchases of homely remedies.

iv. Storage of Homely Remedies

 All homely remedies should be clearly identifiable as a 'homely remedy' e.g., with a sticker or marker pen.

- Homely remedies should be stored in a lockable cupboard or trolley and kept separate to service users' prescribed medication.
- Access should be restricted to staff with medicines management responsibilities.
- All homely remedies MUST be stored in their original packaging together with any information supplied with the product about the medicine use.
- They should be stored in accordance with the instructions in the patient information leaflet.
- Stocks and expiry dates should be checked monthly.
- Some liquids have a reduced shelf-life once opened therefore the date opened should be recorded on the bottle/label. The manufacturer's instructions should be checked for this information.

v. Administration of Homely Remedies

The administration of a homely remedy can be either in response to a request from the service user, person acting on their behalf, or from a member of care home staff.

It is the responsibility of the senior carer or duty nurse to check that the administration of the homely remedy is appropriate (e.g., not prescribed a similar or the same treatment).

If there is any uncertainty the GP or pharmacist should be consulted, and the discussion documented.

- Homely remedies should be given for a limited period, usually 48 hours or the period stated in the care homes medicines policy
- The service user is made aware that the medicine is not prescribed and has given their consent, or a 'best interests decision' is in place
- If the service user self–administers the homely remedy, a risk assessment should be completed and kept with their care plans.
- The administration of homely remedies must be recorded on each service user's MAR chart. The entry should be annotated 'homely remedy'.
- Sections viii, ix and x provide example MAR charts.
- It should be clear what treatment was given, time it was given, dose administered, who
 administered the treatment and why it was given, as well as the effect of the medication.
 This is particularly important, so other members of care staff are aware of when the last
 dose was given to monitor effectiveness and avoid overdosing.
- The document used to record the purchase of the medicinal product should be updated to indicate that it has been administered to a service user, each time any medication is administered.
- If a homely remedy is given regularly, this must be reviewed with the GP.
- Homely remedies are not for the use of anyone else e.g., family member or staff.
- All care home staff trained and authorised to administer homely remedies should be named
 in the toolkit (see page 37) and should sign to confirm they have the skills to administer the
 homely remedy and acknowledge that they will be accountable for their actions.

vi. Disposal of Homely Remedies

• Expired stock should be disposed of in line with the care home's policy on the disposal of medication. Disposal of homely remedies should be recorded in section xi. Homely Remedies Stock Control Record sheet.

vii. Drug Monographs and Decision Aids

The decision aid flow charts may be used to establish if a Homely Remedy should be administered, and dosing should be according to the drug monograph

a. Pain

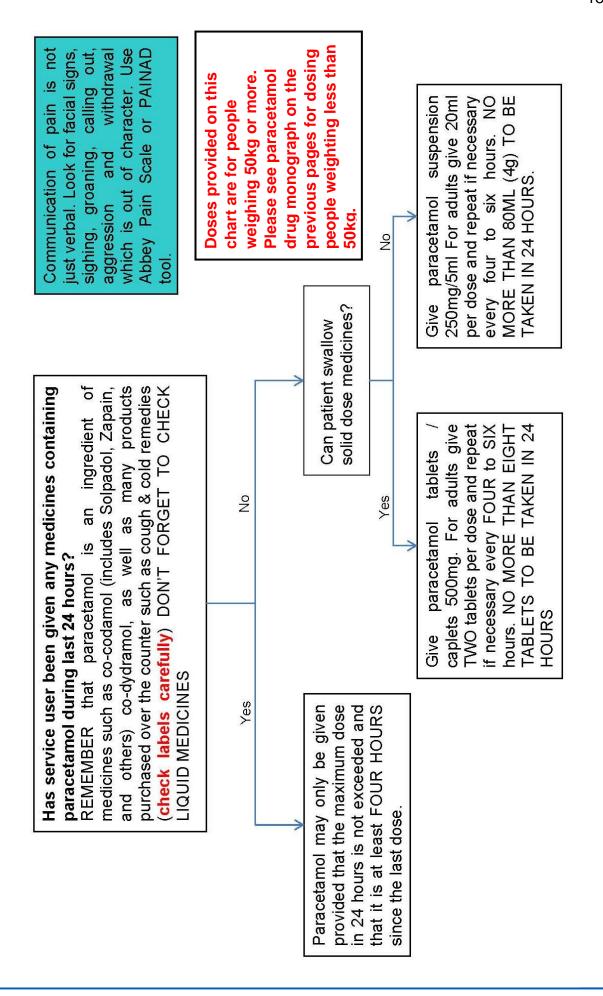
Drug	Paracetamol.		
Indication for use	Relief of mild pain.		
Strength	500mg tablets/capsules/caplets/effervescent tablets.		
Dose	Weight 50kg and over:	Weight under 50kg:	
	TWO tablets up to FOUR times a day.	ONE tablet up to FOUR times a day.	
Maximum dose in 24	Weight 50kg and over:	Weight under 50kg:	
hours	Maximum 8 tablets (4g) in 24 hours.	Maximum 4 tablets (2g) in 24 hours.	
	Maximum of 2 tablets (1g) in any 4 hours.	Maximum of 1 tablet (500mg) in any 4 hours.	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advic	e from GP.	PARACETAMOL TABLETS BY 500 mg.
Cautions	Do not administer with other paracetamol containing products (check all current medication taken).		\$ 32 B
	Not suitable if history of severe liver disease or alcohol abuse. If body weight is < 50kgs give 1 tablet up to four times a day.		
Additional information	Many medicines also contain p medication records and if in do		
	The quantity of paracetamol can be purchase is restricted available OTC from pharmacies purchased off the shelf in a pharmacies.		
Additional resources	Patient Information leaflet (cherproduct purchased).	ck the label / leaflet for the	

a. Pain

Drug	Paracetamol.		
Indication for use	Relief of mild pain.		
Strength	250mg/5ml suspension.		
Dose	Weight 50kg and over:	Weight under 50kg:	
	FOUR 5ml spoonful (20ml) up to FOUR times a day.	TWO 5ml spoonful (10ml) up to FOUR times a day.	
Maximum dose in 24 hours	Weight 50kg and over:	Weight under 50kg:	
	Maximum 80ml (4g) in 24 hours.	Maximum 40ml (2g) in 24 hours.	NIMAKO Paracetamol
	Maximum of 20ml (1g) in any 4 hours.	Maximum of 10ml (500mg) in any 4 hours.	Suspension 250 mg/5 ml 10 to Observe and Adults 10 to Observe and Adult
Maximum duration of treatment as homely remedy	Up to 48 hours then seek a	dvice of GP.	* British Rose
Cautions	Do not administer with othe products (check all current in	200st	
	Not suitable if history of sev abuse. If body weight is <50 a day.		
Additional information	Many medicines also contain medication records and if in		
Additional resources	Patient Information leaflet (or product purchased).	check the label / leaflet for the	

Chart 1 - Pain

MILD PAIN only; all cases of sudden onset severe pain MUST be referred



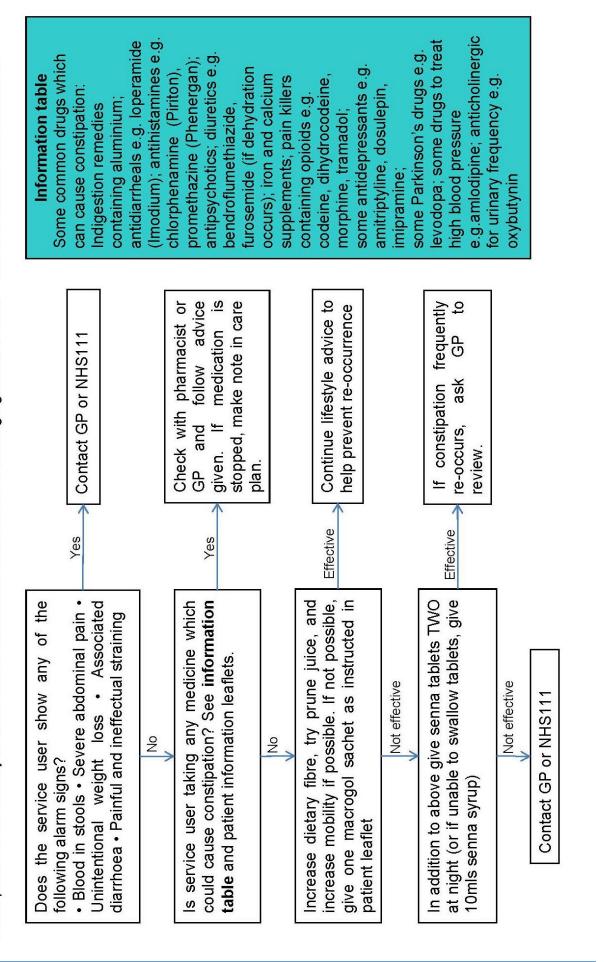
b. Constipation

Drug	Macrogol '3350' powder sachet (Laxido®/ Movicol®).	
Indication for use	For relief of constipation.	
Strength	Macrogol 3350, with potassium chloride, sodium chloride and sodium bicarbonate.	
Dose	One to three sachets daily.	
Maximum dose in 24 hours	3 sachets.	ODIXO
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from GP.	Laxido
Cautions	Do not use for patients with severe inflammatory conditions of the intestinal tract (e.g., ulcerative colitis, Crohn's disease and toxic megacolon).	MONICOF OR A
	High sodium product – caution for patients on a low sodium (salt) diet.	Strective rules from continuation
Additional information	To be made up in 125mL of water (half a glass). Can be mixed with any juices of preference. Reconstituted sachets must be discarded after 6 hours if not taken.	N services
	Can be chilled in fridge before giving.	
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased).	

Drug	Senna.	
Indication for use	For relief of constipation.	
Strength	7.5mg tablet; 7.5mg/5ml syrup.	
Dose	ONE to TWO tablets at night; 5ml to 10ml at night.	Care ①
Maximum dose in 24 hours	TWO tablets, 10ml syrup.	Senna Tablets Releves occasional constipation
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from GP.	
Cautions	This product should not be used when abdominal pain, intestinal obstruction, nausea or vomiting is present.	Senoker Generalis
Additional information	May colour urine.	
	For use when Macrogols are not tolerated.	
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased).	

Chart 2 – Constipation

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



c. Indigestion / Heartburn

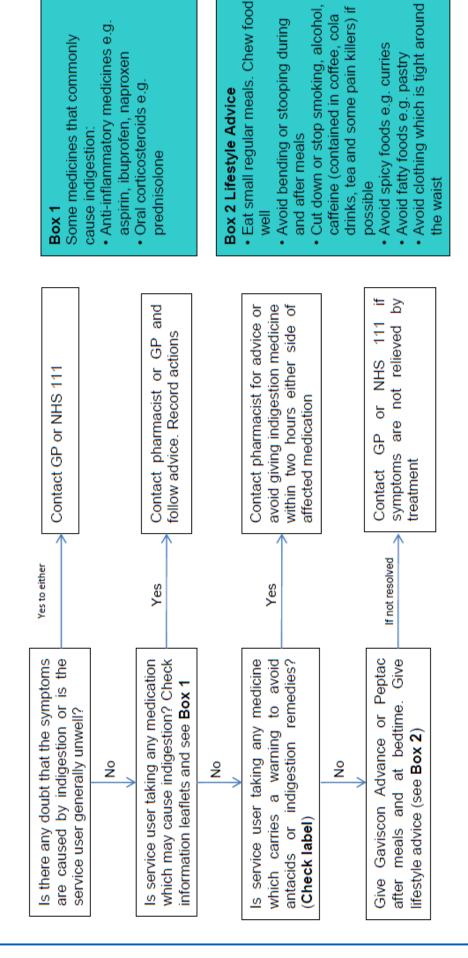
Drug	Gaviscon Advance® suspension or chewable tablets	
Indication for use	Gastric reflux and heartburn.	
Strength	500mg sodium alginate, 100mg potassium bicarbonate per 5 ml of solution / per chewable tablet.	
Dose	5-10ml of solution or 1-2 chewable tablets after meals and at bedtime.	
Maximum dose in 24 hours	40ml of solution or 8 chewable tablets in divided doses.	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP.	
	Sodium content: 2.3mmol in 5mls or per tablet.	AVAILABLE DROOM PHARMACES ON
	Potassium content: 1mmol in 5mls or per tablet.	GAVISCON
Cautions	Caution should be used for patients on a low sodium (salt) or low potassium diet; with congestive heart failure; renal impairment; or in those with hypercalcaemia (high calcium levels in blood).	ALL WHITE I ASS TO COMMENTS AND I ASS TO COMMENTS AND I AND A TO COMMENTS AND AND A TO
	Calcium content: 1mmol in 5mls or per tablet.	
	Caution in those with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi.	24 (Million
	Do not give chewable tablets to patients with PKU or renal insufficiency / failure.	MACHINE MACHIN MACHINE MACHINE MACHINE MACHINE MACHINE MACHINE MACHINE MACHINE
	Solution: Shake well before use. Sugar free (therefore suitable for diabetics).	
Additional information	Chewable tablets: Should be chewed thoroughly	
Additional information	Antacids inhibit the absorption of tetracyclines (e.g., doxycycline) and vitamins and should not be taken at the same time. Leave at least 1-2 hours between doses.	
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased).	

c. Indigestion / Heartburn

Drug	Peptac® liquid aniseed/peppermint.	
Indication for use	Heartburn and gastric hyperacidity.	
Strength	133.5mg sodium bicarbonate, 250mg sodium alginate and 80mg calcium carbonate in 5ml.	
Dose	10-20ml after meals, and at bedtime, up to four times a day.	
Maximum dose in 24 hours	80ml daily.	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP.	A Limit
Cautions	High sodium product and contains calcium.	Peptac Liquid Peppermini Permini Permi
	Caution should be used by those on a low sodium (salt) diet; with congestive heart failure; renal impairment; or in those with hypercalcaemia (high calcium levels in blood).	To the second se
Additional information	Shake well before use.	
	Sugar free (therefore suitable for diabetics).	
	Antacids inhibit the absorption of tetracyclines (e.g., doxycycline) and vitamins and should not be taken at the same time. Leave at least 1-2 hours between doses.	
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased).	

Chart 3 - 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. Flow chart for use when resident has MILD pain only – All cases of acute or severe pain MUST be referred immediately.

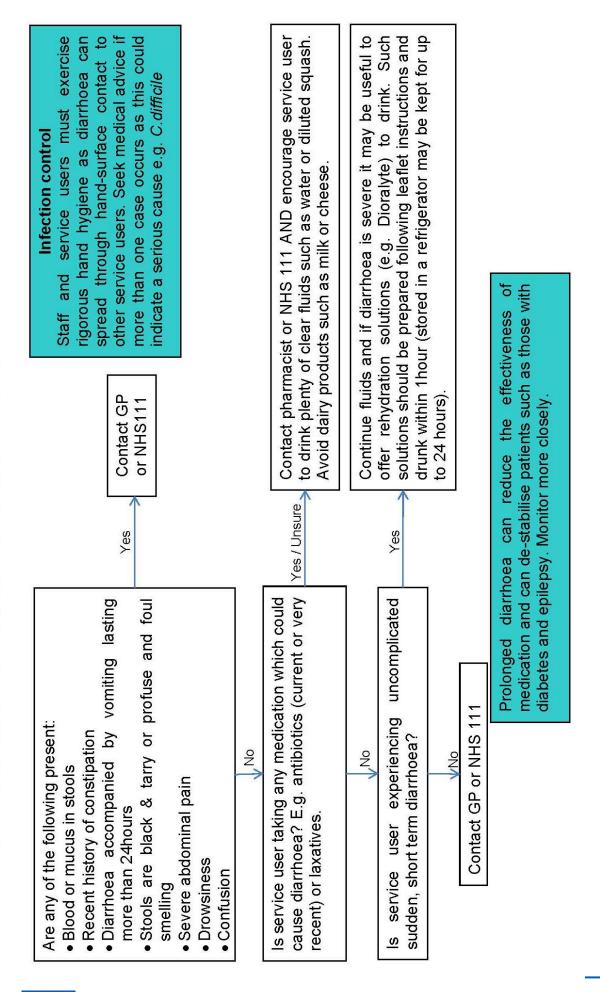


d. Diarrhoea

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	Maximum 5 sachets in 24 hours.	
Maximum duration of	Up to 24 hours if refusing to drink.	Dioralyte
treatment as homely remedy	Up to 48 hours, if diarrhoea is persistent then seek advice of GP.	Dioralyte ALACCURANT
Cautions		LXIX P
Additional information	Contents of each sachet should be dissolved in 200ml of drinking water. Solution should be made up immediately before use.	
Additional resources	Patient Information leaflet (check the label / leaflet for the product purchased).	

Chart 4 - Diarrhoea

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



viii. Homely Remedies Medication Administration Record (MAR) Chart

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

USE ONLY ONE PARACETAMOL PRODUCT AND DELETE AS APPROPRIATE

Please initial the boxes clearly when medicines are administered and complete details on the following page.

Drug Name, Stre	nath & Form:	CTADT	START WEEK 1								WEEK 2						WEEK 3						WEEK 4					
Paracetamol 500 tablets/caplets/d)mg	DATE			VVI	EK.	L				VVI	EEN.	_				VV	EEN	3					VVE	EK.	<u>-</u> 		
Directions: 1 or 2 tablets	Maximum dose in 24 hours:	AM						Ī																				
every 4-6 hours up to a maximum of 4	(weight 50Kg or	NOON																										
doses in 24 hours	over) 4 tablets (2g) in divided doses	PM																										
	(weight under 50Kg)	NIGHT																										
Signature	Designation	_																										
Print Name	Checked by	Addition Do not													odu	cts.												
Drug Name, Strer		START			WI	EEK :	1		T		WI	EEK	2		1		١٨.	'EEK	3					WE	EK ·	4		
	Paracetamol 250mg in 5mL oral					_		_			_		_		_	_	٧٧	LLI					_	_	_			
suspension	mg in 5mL oral	DATE															VV											
Directions: 10 – 20mLs	Maximum dose in 24 hours:	DATE																										
Directions:	Maximum dose in 24 hours: 80mL in divided doses (weight 50Kg or																											
Directions: 10 – 20mLs every 4-6 hours up to a	Maximum dose in 24 hours: 80mL in divided doses	АМ																										
Directions: 10 – 20mLs every 4-6 hours up to a maximum of 4 doses in 24	Maximum dose in 24 hours: 80mL in divided doses (weight 50Kg or over) 40mls in	AM NOON																										
Directions: 10 – 20mLs every 4-6 hours up to a maximum of 4 doses in 24	Maximum dose in 24 hours: 80mL in divided doses (weight 50Kg or over) 40mls in divided doses (weight under	AM NOON PM																										
Directions: 10 – 20mLs every 4-6 hours up to a maximum of 4 doses in 24 hours	Maximum dose in 24 hours: 80mL in divided doses (weight 50Kg or over) 40mls in divided doses (weight under 50Kg)	AM NOON PM																										

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

Date	Time	Initials	Treatment	Dose	Reason	Outcome	Date	Time	Initials

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

Please initial the boxes clearly when medicines are administered and complete details on the following page.

•	Drug Name, Strength & Form: Macrogol '3350' powder sachet		WEEK 1							WEEK 2								WEEK 3							WEEK 4						
(Laxido [®] /Movice		DATE																													
Directions: One to three	Maximum dose in 24 hours:	AM																													
sachets daily	3 sachets	NOON																													
		PM																													
		NIGHT																													
Signature	Designation																														
Print Name	Checked by	Addition To relice after 6 Do not colitis, High se	hou use Cro	con rs i for hn'	stipa f not pati s dis	take ents	n. Mi en. s wit e an	x sa h se d to	ever	et in e ir me	12 flar gac	5ml nm	∟ of atoı n).	wat	ter. onc	litio	ns	of th	ne ir	ntes											

USE ONLY ONE SENNA PRODUCT AND DELETE AS APPROPRIATE

Drug Name, Strength & Form: Senna 7.5mg tablets		START			W	START WEEK 1								WEEK 2							WEEK 3						WEEK 4						
Senna 7.5mg	labiets	DATE																															
Directions: One to two	Maximum dose in 24 hours:	AM																															
tablets at night	2 tablets	NOON																															
9		PM																															
		NIGHT																															
Signature	Designation																																
Print Name	Checked by	Addition To relie						ructi	ons	for a	idmi	inistr	ratio	on:																			
	trength & Form:	START WEEK 1								WEEK 2								WEEK 3							WEEK 4								
Senna syrup 7	r.əmg in əmL	DATE																															
Directions: 5 to 10mLs	Maximum dose in 24 hours:	AM																															
at night	10mLs	NOON																															
		PM																															
		NIGHT																															
Signature	Designation																																
Print Name	Checked by	Addition To relia						ructi	ons	for a	dmi	inistr	ratio	on:												_							

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

Date	Time	Initials	Treatment	Dose	Reason	Outcome	Date	Time	Initials

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

USE ONLY ONE INDIGESTION PRODUCT AND DELETE AS APPROPRIATE

Please initial the boxes clearly when medicines are administered and complete details on the following page.

Drug Name, Form:	Strength &	START			WE	EK 1					W	/EEK	2			W	EEK	3			W	/EEK	4	
Gaviscon A suspension	dvance [®] oral	DATE																						
Directions: 5-10mLs	Maximum dose in 24	AM																						
after meals and	hours: 40mLs in	NOON																						
at bedtime	divided doses	PM																						
beatime	40000	NIGHT																						
Signature	Designation																							
Print Name	Checked by	Addition For the High so (salt) or (high ca	reli odiu r po	ef of m pr	hea odu ium	rtbur ct an diet;	n or d co with	ind ntai cor	iges ns p	tion ota	ı. ssit	ım a	and	calc										

Drug Name, Form:	Strength &	START			W	/EEK	1					W	/EEK	2			V	/EEK	3			V	/EEK	4	
Gaviscon Acchewable ta		DATE																							
Directions: 1-2 tablets	Maximum dose in 24	AM																							
after meals and	hours: 8 tablets in	NOON																							
at	divided doses	PM																							
bedtime	acco	NIGHT																							
Signature	Designation																								
Print Name	Checked by	Addition Chew to For the High so (salt) or (high care	reli odiu r po	ough ef o m p tass	hly k f he rodi sium	artb uct	ore sourn and et; v	swa n or l co vith	llow ind ntai cor	ing iges	stior oota	n. Issii	um a	and	cal					•					

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

Date	Time	Initials	Treatment	Dose	Reason	Outcome	Date	Time	Initials

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

USE ONLY ONE INDIGESTION PRODUCT AND DELETE AS APPROPRIATE

Please initial the boxes clearly when medicines are administered and complete details on the following page.

Drug Name, S Form:	Strength &	START			WI	EEK	1					W	/EEK	2			W	EEK	3			W	/EEK	4	
Peptac® Liqu	id	DATE																							
Directions: 10-20mLs	Maximum dose in 24	AM																							
after meals and at	hours: 80mLs in	NOON																							
bedtime,	divided doses	PM																							
up to four times a day		NIGHT																							
Signature	Designation																								
Print Name	Checked by	Addition For the High so with co blood).	reli odiu onge	ef of m p	f he	artb uct	ourn and	or co	ind ntai	ige:	stio calc	n. ium	- C	aut	tion										

Drug Name, S Oral rehydra	Strength & Form:	START		WE	EK 1			W	/EEK	2				WI	EEK :	3					W	'EEK	4	
(Dioralyte®)		DATE																						
Directions: 1 or 2	Maximum dose in 24 hours:	AM																						
sachets after a	5 sachets in 24 hours	NOON																						
loose stool		PM																						
		NIGHT																						
Signature	Designation																							
Print Name	Checked by	Addition See pa										nade	e up	im	med	liat	ely	bet	ore	us	e.			

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

Date	Time	Initials	Treatment	Dose	Reason	Outcome	Date	Time	Initials

ix. Self-Care / Personal Care Medication Administration Record (MAR) Chart

Patient Na	me & Addre	ss:). ().B	B :																
										1	۱L۱	LE	R	GIE	-s	•													
GP Name 8	Addrocci																or	me		, N	.lo	m	<u> </u>	Α.	ماد	J = 4	201		
GP Name o	k Address:										0۱,	mn	nu	INI	ty	rn	arı	ma	iCy	<i>/</i> F	Na	me	∌	ŧΑ	ac	ıre	! SS	5.	
Tel. No.										7	[el	. N	lo.																
Please init	tial the boxes c	learly w	hen	m	edi	cine	s a	ire a	adn	nini	ste	red	ar	nd o	con	nple	ete	det	ails	s o	n t	he	foll	owi	ing	pa	age) .	
Drug Name, Stre	nath & Form:	START			WE	EK 1					W	/EEK	2					WE	EK	3					WI	EEK	4		
Drug Name, Stre	ngar & r onn.	DATE																											
Directions:	Maximum dose in 24 hours:	AM								Ī																	П		
		NOON																									П		Г
		PM																									П		Г
		NIGHT																									П		
Signature	Designation		GHI																								П		Г
			dditional comments or instruct																								П		
Print Name	Checked by	Additio	nal c	om	men	ts or	inst	ruct	ions	for	adm	ninis	trat	ion:					•										-
		<u></u>																									_	_	
Deira Nama Stra	th 0 Earm.	START			WE	EK 1					W	/EEK	2					WE	EK	3					WI	EEK	4	_	_
Drug Name, Stre	ngin & roini.	DATE																											
Directions:	Maximum dose in 24 hours:	AM					Ī	Ī	Ī	Ī																	П		Г
		NOON									Г														٦		П		Г
		PM																									П		
		NIGHT																									П		
Signature	Designation	1		Ì																							П		Г
				Ì																									
Print Name	Checked by	Additio	nal c	om	men	ts or	inst	truct	ions	for	adm	ninis	trat	ion:												_		_	
		<u> </u>																											
Drug Name, Stre	nath & Form:	START			WE	EK 1					W	/EEK	2					WE	EK	3					WI	EEK	4		
Drug Name, Sile	ngtii & Foiiii.	DATE																									П		
Directions:	Maximum dose in 24 hours:	AM																									П		
		NOON																									П		Г
		PM																									П		Г
		NIGHT																									П		Г
Signature	Designation																										П		Г
																											П		Г
Print Name	Checked by	Additio	tional comments or instruction								adm	ninis	trat	ion:	•														

Patient Name & Address:	D.O.B:
	ALLERGIES:
GP Name & Address:	Community Pharmacy Name & Address:
Tel. No.	Tel. No.

Date	Time	Initials	Treatment	Dose	Reason	Outcome	Date	Time	Initials

x. Homely Remedies Stock Control Template

- A separate stock control sheet is required for <u>each medication</u>, <u>strength and formulation</u>.
- A record of administration must also be made on the service user's MAR chart and care plan.

Medication Name			Strength		Formulati	ion	
Date	Quantity Obtained	Quantity Administered	Quantity Disposed	Details For example: • purchased • name of resident administered • stock check	d to	Running Balance	Staff signature
				Balance transferred to n	new sheet		

xi. Homely Remedies Staff Signature Template

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

Care home staff should complete the details below and by doing so confirm that they:

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

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

Name	Signature	Initials	Manager authorisation	Date

Appendix Two – Vitamin D Consent Template

Patient Name & Address:	D.O.B:
	ALLERGIES:

	Guidance notes	Care home to complete
Name	Document brand of Vitamin D supplement	
Strength Typical dose: 10 micrograms (400 units) daily		
	Maximum dose: 50 micrograms (2000 units) daily	
Form	Spray/ drops/ tablet/ capsule	
Dose	One dose of xxxxxx units daily	
Documentation	MAR / daily notes / nutrition or dietary records	
Supply	Care home purchased stock/ Individual purchase	
Administration	By care home staff / self-administration	
Duration	All year / Autumn & Winter	

Service User Consent:				
Patient Signature:	Date:			
Consent from next of kin or legal power of attorney:				
Next of Kin/Power of Attorney Signature:	Date:			
Best Interest Decision:				
Care Home Managers Signature:	Date:			

Ca	re home check list	
Ac	tion	✓ on completion or add comment
1.	Explained to service user importance of Vitamin D	
2.	Provided with information sheet (overleaf)	
3.	Included in care plan	
4.	Checked OTC Vitamin D is safe: If "YES" to any of these please do not give or check with GP/ HCP	
	Is Vitamin D or a supplement containing Vitamin D prescribed? (e.g., cholecalciferol/ Fultium®/ ergocalciferol/ AdcalD3®/ CalcichewD3®)?	
	Do they have any of these conditions or under the care of a renal, endocrinology or cancer specialist?	
	- high vitamin D levels	
	 kidney stones (now or in the past) 	
	 <u>raised parathyroid hormone</u> (hyperparathyroidism), 	
	- cancer (some cancers can lead to high calcium levels)	
	severe kidney disease (or dialysis)a rare illness called sarcoidosis	
	Are they allergic to any of the ingredients?	
	Do they have swallowing difficulties? - check the form is safe	

Appendix Three – Vitamin D Patient Information Leaflet

Why do we need vitamin D?

Vitamin D is needed to keep bones, teeth, and muscles healthy.

If you have low levels of vitamin D you may feel tired or have aches and pains, but some people don't have any symptoms at all. If vitamin D levels fall very low (known as vitamin D deficiency) bones can become soft and weak, which can lead to deformities, especially in children and young people.



How can I increase my vitamin D levels?

Our main source of vitamin D is the action of sunlight on our skin. Small amounts of sunlight, as you might get through daily activities (e.g., 15 minutes between 11am and 3pm from April to September three times a week), may help to boost your vitamin D levels. Just exposing your face and forearms to the sun should be enough. People with dark skin, e.g., of African, African-Caribbean or south Asian origin, will need to spend longer in the sun to produce the same amount of vitamin D as someone with lighter skin.

Be careful not to burn in the sun, so take care to cover up, or protect your skin with sunscreen before your skin starts to turn red or burn.

Although sunlight is the main source of vitamin D, eating vitamin D rich food is also beneficial as part of a healthy balanced diet. Food sources which are rich in vitamin D include:

- Egg yolks
- Liver
- Red meat
- Oily fish such as salmon, sardines, herring and mackerel
- Foods fortified with vitamins such as margarine, some breakfast cereals and vegetarian friendly foods such as soy yogurt.

Who should take a vitamin D supplement?

Public Health England recommends that **everyone** should take a daily supplement of vitamin D during the *autumn and winter months*. **Most people get enough vitamin D from sunlight and food in spring and summer so don't need a supplement during these months**.

Some people can't get enough vitamin D from sunlight. You should take a daily supplement **all year-round** if:

- you are not often outdoors, for example if you are frail or housebound
- you live in a residential or care home*
- you usually wear clothes that cover up most of your skin when outdoors
- you have dark skin, such as those of African, African-Caribbean, or South Asian origin
- you are pregnant or breastfeeding.

Continued overleaf....

What dose of vitamin D should I take?

Adults and children over 5 years old:

Adults and children over 5 need 400 units (10 micrograms) a day. This includes pregnant and breastfeeding women.

If you have been identified by your healthcare professional as having a vitamin D deficiency, you may be advised to take a higher dose of vitamin D.

Where can I get vitamin D supplements?

Low-cost vitamin D supplements can be purchased from pharmacies, most supermarkets and health food shops. Vitamin D is also known as colecalciferol. When you are choosing an over-the-counter vitamin D supplement look for vitamin D3 (colecalciferol) as this form of Vitamin D is best absorbed by your body.



GP practices in Sussex no longer routinely prescribe vitamin D supplements on the NHS. Patients currently receiving vitamin D on a repeat prescription **for routine replacement** will be reviewed and most prescriptions stopped. Patients taking calcium and vitamin D for a medical condition, such as osteoporosis, will continue to get prescriptions on the NHS.

If your vitamin D levels are very low, you may be prescribed a treatment course of vitamin D. Once the treatment course is completed, you will be advised to buy vitamin D supplements and take them long-term to prevent your vitamin D levels from falling again.

Daily supplements are available in a variety of strengths and products (these strengths may be shown as micrograms or units on the label), ask your community pharmacist for advice if you are unsure which vitamin D product would be best for you.

Further information

Further information on vitamin D from the NHS is available on the NHS website using the following links:

https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/

*https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-care-homes-guidance (winter 2021)

If you would like this information in an alternative format, please contact the NHS Sussex Public Involvement team. Phone: 01903 708411