

# Good Practice Guidance: The Use of Over the Counter (OTC) medicines and Homely Remedies

## Introduction

This good practice guidance (GPG) provides care home staff with advice in order to treat minor ailments with homely remedies in a safe, effective and timely way.

In March 2018 NHS England published guidelines on conditions for which over the counter (OTC) medicines should not routinely be prescribed in primary care. This means that after an assessment, the GP may recommend that a type of medicinal product is to be purchased to treat a minor ailment for a specific person. **This is different to homely remedies**, and providers should have policies in place to enable this.

OTC medication can be categorised as follows:

### 1. **Self-care**

Products which can be purchased by or on behalf of a resident which have been advised or recommended for use by a health care professional. OTC products for self-care are not usually prescribed through the NHS because they are classed as having 'limited evidence of clinical effectiveness' or are for self-limiting conditions e.g. olive oil drops.

Refer to Good Practice Guidance 'Supporting people to self-care' for more information.

### 2. **Personal care**

Products which can be purchased for a resident that do not need a health care professional involved, and do not need additional guidance beyond the packaging advice. They may not contain any medication e.g. cocoa butter body moisturiser, shampoo, toothpaste.

### 3. **Minor ailments**

Products which can be purchased for minor ailments/ conditions that are:

- self-limiting minor health problems and do not need treatment as they will heal on their own such as headache, toothache, occasional diarrhoea, symptoms of a cold, sore throat
- appropriate for self-care in that the person suffering does not normally need medical care but may want help with symptom relief from a local pharmacy and use an OTC medicine

### 4. **Homely Remedies**

A limited range of OTC medicines which can be purchased as homely remedy stock by the care home and given to residents where the authorised health care professional (e.g.GP, Pharmacist) has indicated it would be appropriate, in accordance with a Homely Remedy policy e.g. paracetamol, Laxido®, senna. These medicines can be used for the short-term treatment/ control of minor, self-limiting conditions for an agreed period, usually up to 48 hours prior to a medical review.

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## Homely Remedies

A homely remedy is a non-prescription medication available OTC for care homes (residential and nursing) to purchase and can be used for the **short-term** management of minor ailments or self-limiting conditions without the need for a prescription. Examples of self-limiting conditions include occasional indigestion, symptoms of a cold, cough, headache, occasional pain, and occasional diarrhoea.

If a care home offers people treatment for minor ailments with homely remedies, the care home should have a process for how to do this safely. The process should be included as part of the care home's medicines management policy.

## Policies and Procedures

Each care home must have a written policy and process for the use of homely remedies in the care home.

NICE guideline SC1 on managing medicines in care homes recommends that the process should include:

- Name of the medication and what it is intended to be used for
- Which residents should not have certain homely remedies, e.g. you must not give paracetamol to a resident who already takes medicines that contain paracetamol
- Dose and frequency
- Maximum daily dose
- Where any administration should be recorded e.g. the Medicines Administration Record (MAR) chart and/ or homely remedies record log
- How long the medication or product should be used before referring the resident to a GP (usually maximum of 48 hours)

The Homely Remedies policy should also include:

- Resident's consent to the use of homely remedy treatment
- Recording the receipt, administration and disposal of homely remedies medicines
- The separate storage and management of homely remedies
- Staff authorised to administer homely remedies. The staff members must sign the homely remedies policy to confirm they have the skills and competence to administer the homely remedy and acknowledge they will be accountable for their actions. These staff members should be named in the policy and/ or Homely Remedies Staff Signature Sheet signature sheet (Appendix 1).

If in doubt, the care home should seek advice on the suitability of homely remedies for individual residents from a healthcare professional e.g. GP or pharmacist. This could be in advance of or at the time of need.

## Homely Remedies Authorisation Form

A homely remedy authorisation form (Appendix 2) for an individual resident should be completed. The authorisation form should be reviewed if there are any changes to the resident's condition or medication. If there are no changes, the homely remedies policy and authorisation form for a resident should be reviewed at regular intervals. The annual Structured Medication Review is an ideal opportunity for this.

## Obtaining Supply

Homely remedies can be purchased from a community pharmacy, supermarket, or other store. A record should be kept of purchases made (Appendix 3). It is also important that a running balance

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Committee Ratified:		Review Date:	

of the stock is always maintained, which must be checked regularly, and stocks replenished as required.

Homely remedy stock should not be used instead of a prescribed medication e.g. paracetamol from homely remedies should not be used for a resident's regular paracetamol prescription if regular supplies are out of stock.

### Storage

When storing homely remedies, you must ensure they are:

- Clearly identifiable as a 'homely remedy'
- Stored securely in a lockable cupboard or trolley and kept separate to the residents' prescribed medication.
- If the homely remedy is kept in a resident's room, it should be stored in a lockable drawer or cupboard.
- Date of purchase, Batch Number (BN) and Expiry date (EXP) of homely remedies should be recorded in the homely remedies record book/ log for audit trail purposes.
- Expiry dates of homely remedies should be checked periodically and before purchasing additional homely remedy supplies. Expiry dates may change once opened; see the GPG for Expiry Dates
- A running balance of homely remedies should be maintained.

### Administering a homely remedy

Administration of a homely remedy can be in response to a request from the resident or from a member of care home staff. Care home staff must:

- Check which homely remedies have been approved for the resident to take (Appendix 1, Homely Remedy Authorisation form). Ensure the authorisation form has not expired/ past the review date and there have been no changes to the medications or resident's health since the form was last reviewed. If there has, ensure this has been documented appropriately.
- Check if a dose of the homely remedy medication is suitable to give according to the resident's signs and symptoms. If the resident has deteriorated or serious symptoms have developed then it may be more appropriate to call the GP or emergency services.
- Check when the last dose of a homely remedy was administered and if the resident has already had the maximum number of doses on that day. It is recommended that administration should not continue for more than 48 hours before consulting the resident's GP.
- Homely remedies should be administered according to the manufacturer's instructions.
- The administration of homely remedies must be recorded on the MAR chart and/ or care plan with the following information:
  - Name, strength and form of medicine,
  - Dose and frequency (this should not exceed that stated on the Authorisation Form)
  - Date and time administered
  - Name and Signature of staff administering the medication
  - Reason for use and the symptoms the resident is experiencing.
  - Record and annotate '**homely remedy**' on the resident's MAR chart to ensure it is clear a homely remedy has been administered; this is for safety and audit trail purposes.
  - Ensure that any other non-prescribed medicines the resident is taking for self-care or a minor ailment are safe and appropriate to take (these may have been purchased or provided by family members or visitors) in addition to any homely remedies being administered by care home staff.

**If a homely remedy is needed for a longer duration than the approved 48-hour period, then the GP must be contacted and the resident reviewed.**

Author and Version:	Frimley CCG MOCH Team - Version 3	Date Ratified:	
Committee Ratified:		Review Date:	

If homely remedies are required but there is no advance agreement from the GP or other health care professional, then the GP or other health care professional can be contacted at the time of need. This should be documented appropriately before homely remedies are administered.

**Example:**

Mr A.Resident			
Paracetamol 2 x 500mg tablets	10.45 am 20/07/2020.	Name: A.Staff	Signature: <i>A.Staff</i>
Given for headache.			

**Key Points:**

- Homely remedies should not be used for staff.
- The supplying community pharmacy can provide advice on how to use homely remedy medications.
- It is recommended that residents who have been risk assessed as able to self-medicate should also be supported to self-medicate for minor ailments with homely remedies. This should be documented in the care plan.
- It is advisable that care homes contact the Medicines Optimisation in Care Homes (MOCH) pharmacy team to check which medicines are suitable for inclusion in a homely remedies policy. Medicines that are not suitable for use as homely remedies include:
  - Prescription Only Medicines (POMs) or prescribed medicines
  - Medications that usually take a few days to have an effect e.g. lactulose
  - Pessaries or suppositories

**References:**

- NICE [SC1], Managing medicines in care homes, March 2014, [<https://www.nice.org.uk/guidance/sc1>]
- CQC Over the counter medicines and homely remedies <https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>
- NHS England Items which should not be routinely prescribed in primary care <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>
- Good Practice Guidance for Care Homes: The Use of Over The Counter (OTC) medicines and Homely Remedies - Version 2
- RMOG Guidance: Homely Remedies, RMOG Guidance: Homely Remedies – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

Author and Version:	Frimley CCG MOCH Team - Version 3	Date Ratified:	
Committee Ratified:		Review Date:	



**Appendix 2** A proposed template for agreeing which homely remedies are suitable for administration to each resident in your care home. This may be adapted or amended as required but should be used as part of a homely remedies policy.

### HOMELY REMEDIES AUTHORISATION FORM

RESIDENT'S NAME..... RESIDENT'S DATE OF BIRTH.....

DOCTOR'S NAME ..... DOCTOR'S SIGNATURE.....DATE LIST AGREED .....

Authorisation to administer homely remedies for **a maximum of 48 hours** for the treatment of the conditions listed below. After this period, if symptoms persist the GP will be contacted.

<u>Agreed drugs for use as Homely Remedies:</u> CONDITION / SYMPTOMS	DRUG	DOSE	MAX DOSE IN 24 HOURS	CONTRA-INDICATIONS and PRECAUTIONS	DOCTOR AGREED (please tick and initial)
<b>Constipation</b>	Senna 7.5 mg Tablets	One or two tablets at night	2 tablets	May colour the urine or stools. Stop use with diarrhoea.  Encourage fluids. Refer to GP if using frequently or abdominal pain.	
<b>Constipation</b>	Senna 7.5mg/5ml liquid	5ml-10ml of the liquid at night	10ml of the liquid	May colour the urine or stools. Stop use with diarrhoea.  Encourage fluids. Refer to GP if using frequently or abdominal pain.	
<b>Mild to moderate pain, raised temperature, headache, toothache or muscular aches e.g. backache</b>	Paracetamol 500mg tablets	One or two tablets up to four times a day - leaving at least four hours between doses	8 tablets	Do not give to residents with reduced liver function.  Do not give to residents already taking other medication containing Paracetamol e.g. Co-Dydramol, Co-Codamol.  <b>If &lt;49kg reduce dose to ONE tablet four times a day.</b>	

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<b>Mild to moderate pain, raised temperature, headache, toothache or muscular aches</b> e.g. backache	Paracetamol sugar-free liquid 250mg/5ml	10ml-20ml of the liquid up to four times a day - leaving at least four hours between doses	80ml of the liquid	Do not give to residents with reduced liver function. Do not give to residents already taking other medication containing Paracetamol e.g. Co-Dydramol, Co-Codamol. <b>If &lt;49kg reduce dose to 10ml four times a day.</b>
<b>Dry Cough</b>	Simple Linctus (Sugar-free)	5ml four times a day	20ml	Sugar free linctus can be administered to diabetics.  Not suitable for productive coughs
<b>Mild Diarrhoea</b> (not more than 3 loose stools in 24 hours)	Oral rehydration sachets e.g. Dioralyte®	One sachet after each loose motion, in addition to normal fluid intake.  USE FOR A MAXIMUM OF 12 HOURS BEFORE CONSULTING GP	5 sachets in 24 hours	Keep the solution in the fridge for up to 24 hours.  Do not give without first consulting GP if resident is: - obviously suffering or diarrhoea is moderate or severe. - if more than one resident is affected - diabetic, blood in stool or with persistent vomiting.  Contact emergency services if the resident becomes unresponsive due to severe dehydration.
<b>Mild Indigestion</b>	Peptac® liquid  Gaviscon® liquid	10ml up to four times a day	40ml	Do not give within two hours of giving other medicines as it may affect absorption.  Do not give to residents with heart failure or those on a low salt diet because it has high sodium content.

**Please note**

- Only the medications listed and approved above may be used as Homely Remedies for the named resident.
- The decision to administer a Homely Remedy or to contact the GP must only be made by an appropriately trained member of staff.
- Homely remedies should only be given for a maximum of 48 hours before referring to the GP if symptoms persist. If the resident's condition does not respond to the Homely Remedy, or if it worsens, refer to the GP even if this is before the maximum 48 hours period.
- All doses administered must be recorded immediately on the resident's MAR chart and in the Care Plan, with details of the resident's condition and symptoms.
- Some products may have a shorter shelf-life once opened; check the patient information leaflet and manufacturers packaging. Bottles of liquid should have the date marked on them when they are first opened. Please refer to Good Practice Guidance: Expiry Dates for further information.

Author and Version:	Frimley CCG MOCH Team - Version 3	Date Ratified:	
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