



Guidance for Treatment of Minor Ailments with Household remedies

- **These flow charts should be used in conjunction with the Homely remedies Toolkit.**
- **This toolkit and flow charts are written to support decision making in dealing with minor ailments. They cannot address individual situations and if in doubt a doctor should always be consulted.**
- **Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.**

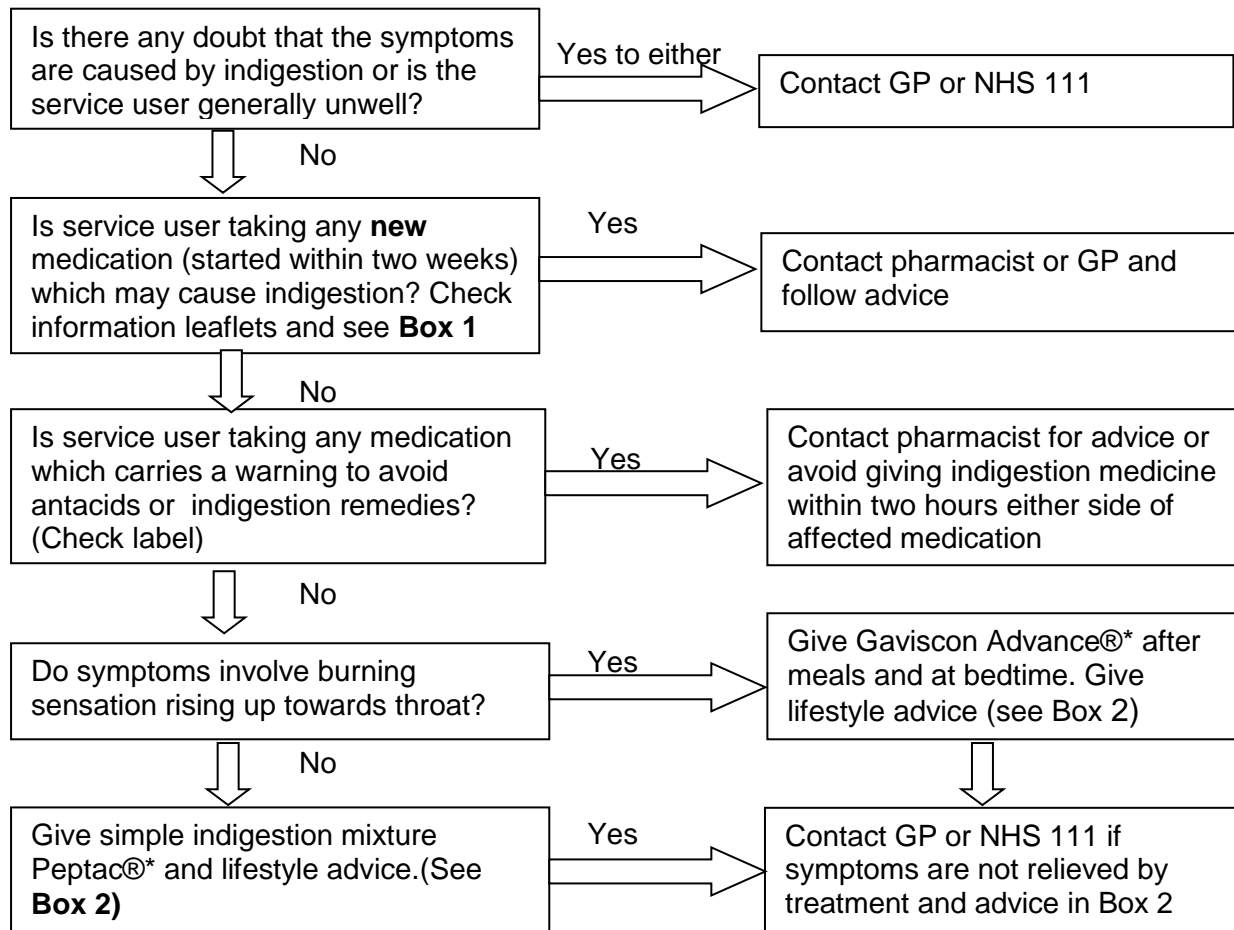
Contents

Chart 1 – Indigestion/Heartburn	2
Chart 2 – Pain	3
Chart 3 – Constipation.....	4
Chart 4 – Diarrhoea.....	5
Chart 5 – Dry Cough	6
Chart 6 – Minor Skin Problems	7
Further useful resources	8



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. *Flow chart 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

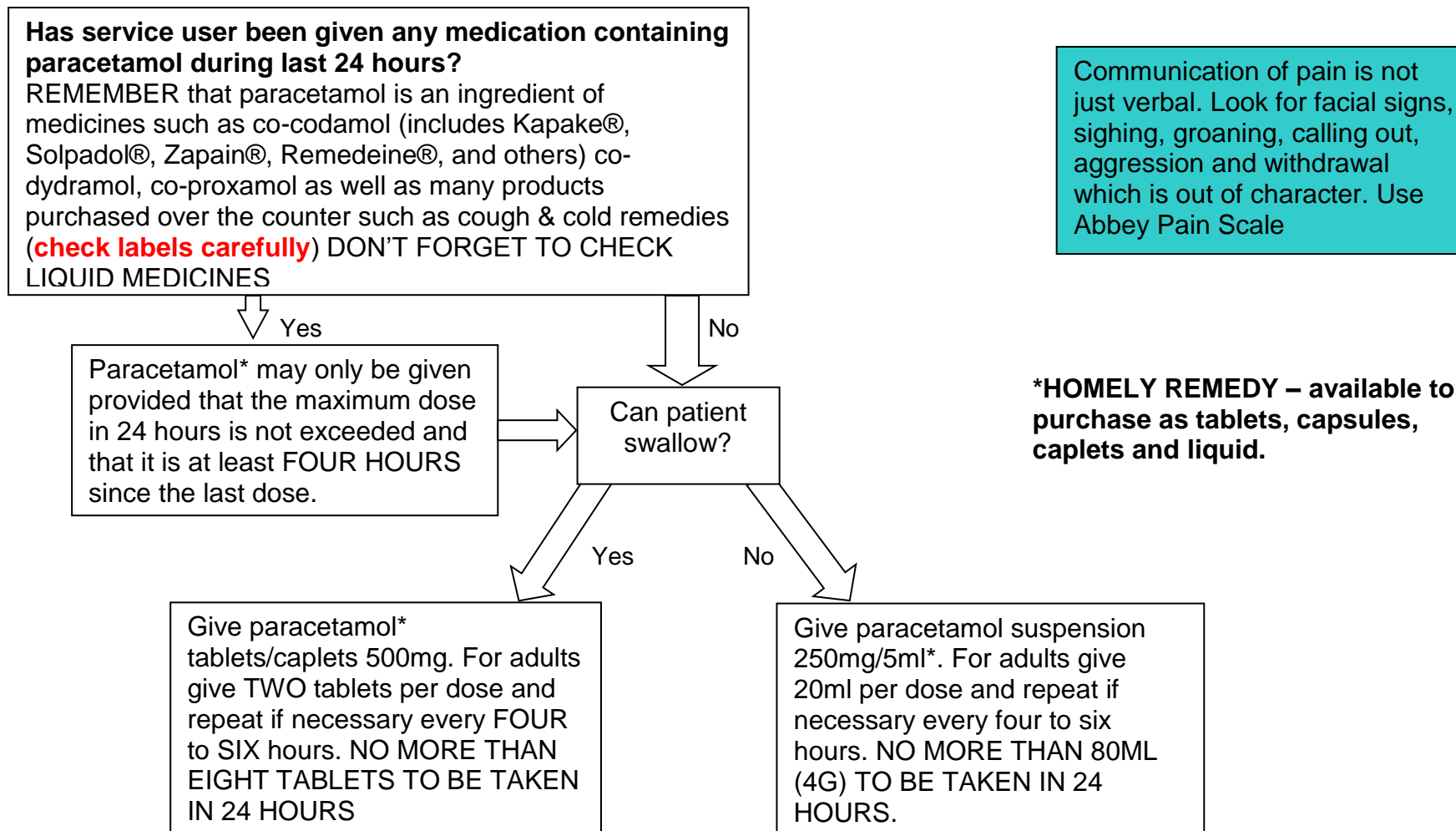
***HOMELY REMEDY**

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Chart 2 – Pain

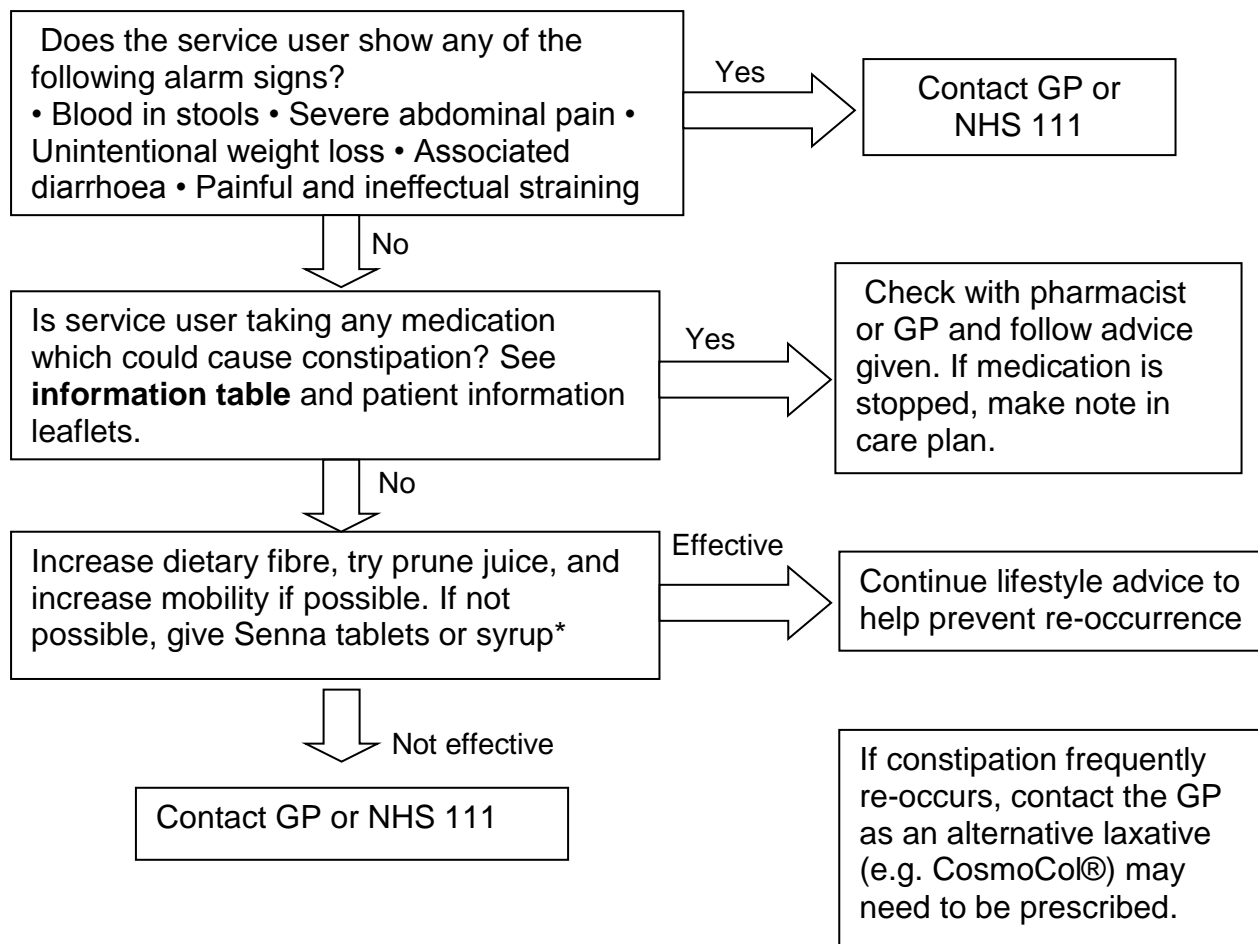
Flow chart for use when service user has MILD PAIN only. All cases of sudden onset severe pain MUST be referred



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Chart 3 – Constipation

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



Information table

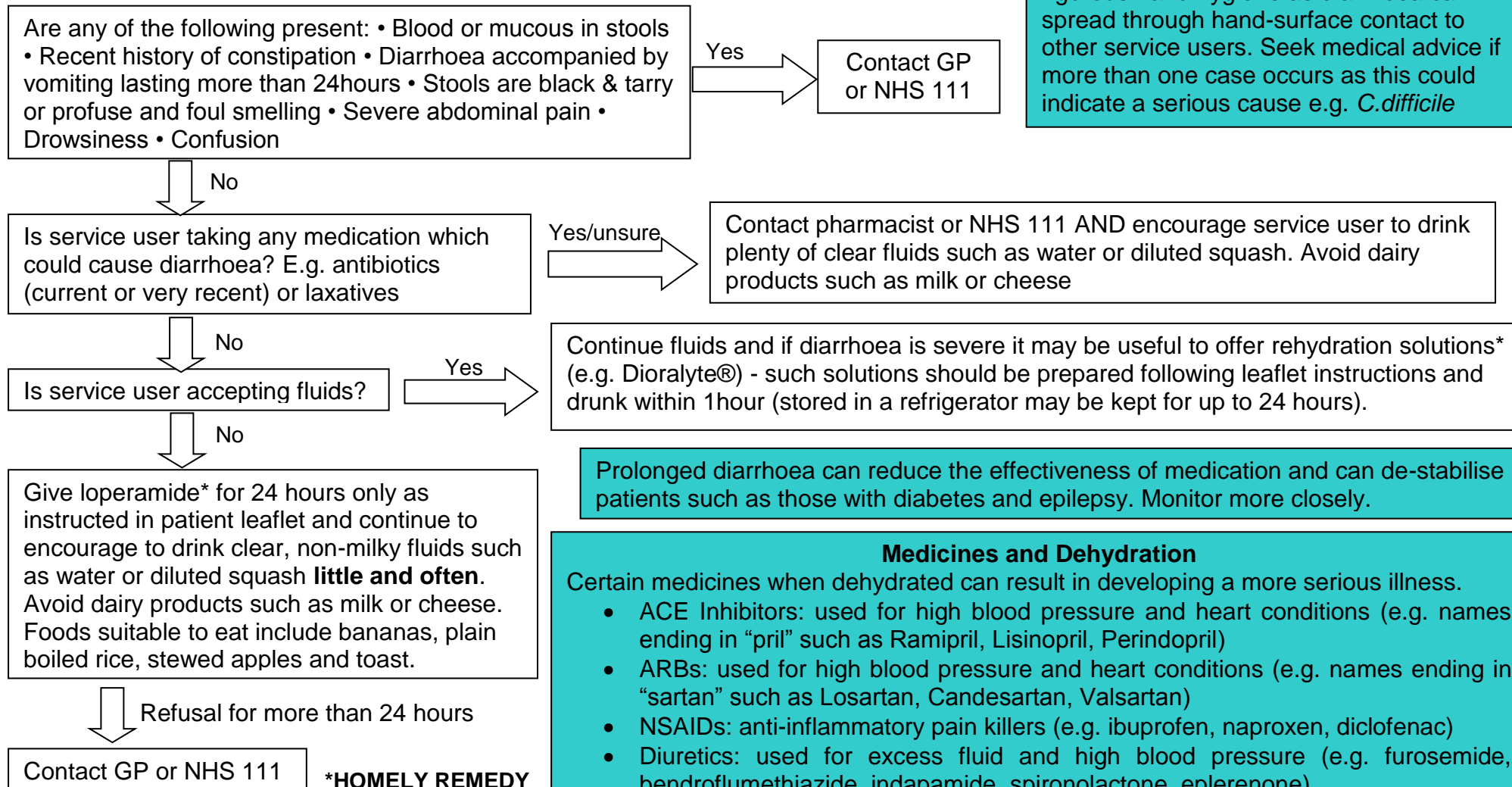
Some common drugs which can cause constipation: Indigestion remedies containing Aluminium; Antidiarrhoeals e.g. loperamide (Imodium®); antihistamines e.g. chlorphenamine (Piriton®), promethazine (Phenergan®); Antipsychotics; Cough suppressants e.g. codeine & pholcodine; Diuretics e.g. bendroflumethiazide, 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

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Chart 4 – Diarrhoea

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



Infection control
Staff and service users must exercise rigorous hand hygiene as diarrhoea can spread through hand-surface contact to other service users. 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.

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: a medicine for diabetes

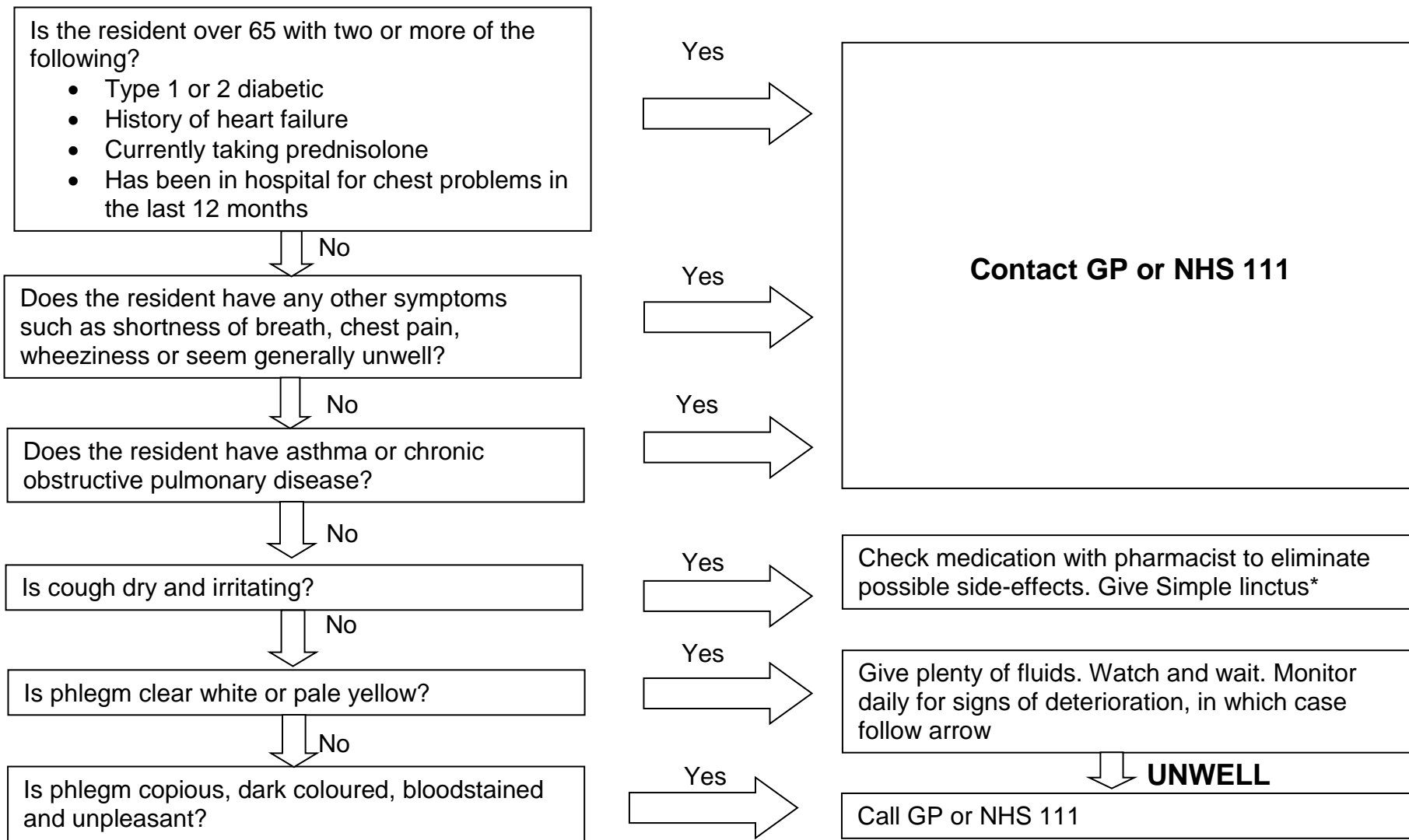
If a service user is taking any of the above medication and dehydration is likely - Contact GP or NHS 111.

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Chart 5 – Dry Cough

Flow chart for onset of cough. Antibiotic treatment is not indicated for the majority of otherwise well patients with coughs.



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Chart 6 – Minor Skin Problems

The cause of a rash is often very difficult to identify and can be associated with bacterial or viral infections. Life threatening rashes are accompanied by systemic symptoms where the patient is clearly unwell but for minor skin problems there is rarely a need for immediate referral.

Disposable gloves must be used when applying any skin preparations. Dispose of gloves immediately after use and before treating another service user. Pump devices or tubes of ointments or creams are preferable to jars as they reduce risk of contamination & degradation of product. Always use a separate tube/jar for each service user. **Never share.**

Dry Skin

Dry skin often occurs in the elderly and can lead to problems (especially of the feet) if left untreated. An emollient such as Cetraben®* or Zerobase®* can be tried. For continued need emollients can be prescribed. White soft paraffin* (Vaseline®) is useful for dry lips. Dry, itchy scalps can be treated by rubbing olive oil* into scalp, leaving overnight and washing hair as normal

Insect bites and stings

Bites and stings can be treated with aqueous calamine cream*. **Persons known to be allergic to wasp or bee stings must keep their emergency treatment with them at all times.** If skin is unbroken and there is localised redness and itching Hydrocortisone 1% cream* can be applied. **Severe swelling and redness must be referred to GP or NHS 111.**

Incontinence rash

Cavilon® or LBF® barrier* cream is recommended as a barrier cream on unbroken skin. Sudocrem® is not suitable for padded patients as it makes the pad ineffective

Sweat rash

Commonly occurs under breasts and in groin. Keep dry and if it becomes sore and inflamed contact GP/DN

Pressure areas

Any sign of development of a pressure area must be referred to GP or district nurse without delay as it can rapidly deteriorate

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Further useful resources

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf>

Handling of medicines in Social Care. Royal Pharmaceutical Society publication

<http://www.nationalcareforum.org.uk/medsafetyresources.asp>

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.

<http://www.polypharmacy.scot.nhs.uk/media/1023/nhsh-medicine-sick-day-rules-patient-info-sheet.pdf>

Medicines and Dehydration: Patient Information, NHS Highland

<http://www.bgs.org.uk/Publications/pubdownlds/Sep2007PainAssessment.pdf>

British Pain Society and British Geriatrics Society Guidance on: The assessment of pain in older people

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/sites/default/files/documents/gac_lp_2010.doc

CQC – essential standards of quality and safety March 2010- what providers should do to comply with the Section 20 regulations of the Health and Social Care Act 2008

http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf

Care Quality Commission (CQC): Summary of regulations, outcomes and judgement framework, March 2010

<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.