

# Homely Remedies Toolkit

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For local adaptation to fit within individual Care Home medication policies

Document produced by: Medicines Management Care Home Team,  
Bedfordshire Clinical Commissioning Group

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## HOMELY REMEDIES

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**Note: 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.**

## **HOMELY REMEDIES PRINCIPLES**

### **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 for service users at the discretion of the resident’s General Practitioner (GP). Homely remedies should not be used for more than 48 hours without consulting the resident’s GP. Any such 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 “homely remedies” which have been approved by their own GP. These are not for general use in the home and must remain specific to that resident. They should be counted into the home and recorded as for other medication. It must be communicated to the relatives that it is their responsibility for obtaining supplies of these products

### **Why Stock Household Remedies?**

In a Care Home environment a resident may develop a minor illness which in their own home would be easily treatable by accessing a local pharmacy 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 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 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 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. The average span of some common self-limiting conditions are:

- Acute otitis media – 4 days
- Acute sore throat/pharyngitis/tonsillitis – 1 week
- Common cold – 1½ weeks
- Acute rhinosinusitis – 2½ weeks
- Acute cough/bronchitis – 3 weeks (NICE RTI CG69 July '08)

**It is not appropriate to ask a GP 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 evidence based preventative medicine.**

It is permitted by CQC<sup>1</sup> and NICE<sup>2</sup> that a small range of products may be kept in stock in a Care Home for residents for the treatment of minor ailments. Homes who agree to stock such products must develop their own policies using the CCG approved list of products and minor ailments may be treated following the flow charts provided within this toolkit. This document can be used to assist in the writing of a policy to be used in a Care Home.

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, but Carers are clearly limited to making supported decisions. 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 policy 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 service user 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.

### **GP Instructions to Purchase a Homely Remedy**

A GP may instruct the 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. This is no different to a person in their own home and can be actioned provided the instructions are written by the GP in the individual care plan (or faxed) and **only apply to the individual named**. The GP should indicate how long the treatment is to continue and this may be longer than 48 hours. If symptoms worsen the problem should be communicated back to the GP earlier

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<sup>1</sup>[http://www.cqc.org.uk/db/documents/20081119\\_Administration\\_of\\_medicines\\_in\\_care\\_homes\\_225-07\\_200911241944.doc](http://www.cqc.org.uk/db/documents/20081119_Administration_of_medicines_in_care_homes_225-07_200911241944.doc)

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

## **Approval by GP**

This toolkit has been approved by Bedfordshire Clinical Commissioning Group to be used by suitably trained staff, and as such represents the GPs within the organisation. **It is not necessary for a Care Home to write to each resident's GP for homely remedies to be approved, provided only the CCG list of products is stocked.**

It would be useful for the GP Practice supporting the home to know that stocks of homely remedies are available for their patients.

## **Prescriptions for Minor Ailments**

The use of homely remedies for the minor ailments named in this toolkit is supported by a flow chart decision aid and as such enables staff to use stocked medication appropriately. A GP does NOT need to be contacted to ask for permission to start using a homely remedy as decisions are supported by the flow charts. The named homely remedies may be used **for up to 48 hours only** to assess the response, after which the symptoms may be resolved and no further action is needed. If the symptoms have not resolved and the GP wishes to continue the treatment for longer than 48 hours then a prescription must be written.

**Homes are expected to purchase the named medications to be made available for all residents and not request individual prescriptions.**

## **Repeated Need for Homely Remedy**

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

## **Accountability**

This toolkit helps to define the actions required by a registered first level Nurse or Carer to ensure safe and effective administration of household remedies, without a written individual prescription from the patient's General Practitioner (GP). The purpose of this document is to promote good practice

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 Code of Professional Conduct and Standards for medicine management<sup>3</sup>. 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.

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<sup>3</sup> <http://www.nmc-uk.org/Documents/Standards/nmcStandardsForMedicinesManagementBooklet.pdf>

If the decision for administration is taken by a Senior Carer, it must be in accordance with the policy of the Care Home. Senior 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 flow charts.

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.<sup>4</sup>

In all cases the Manager will be responsible for ensuring that appropriate training and support is made available to both Nurses and Carers.

### **Storage of Homely Remedies<sup>5</sup>**

- Homely Remedies should be stored in the same location as all other medication, but 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 trolley and kept separate to the residents 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.
- If the homely remedy is kept in a resident's room (e.g. if resident is self-administering or using a cream) then it should be stored in a lockable drawer or cupboard.
- Access to homely remedies should be restricted to staff with medicines management responsibilities.

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

<sup>5</sup> Care Homes – Homely remedies, PrescQIPP, Bulletin 72, August 2014

## **Process**

The Manager of the Care Home must write their own procedures for managing homely remedies and stock those products which have been approved by GPs in Bedfordshire. NICE Guidance on Managing Medicines in Care Home (2014) states:

Care Home providers offering homely remedies for treating minor ailments should consider having 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

Any products which deviate from this list would need to be approved by an individual GP for the specific patient. It is also recommended that relatives and those with Powers of Attorney are aware that Homely remedies may be used in the Care Home and approve this also.

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.<sup>6</sup>

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

The flow charts included with this toolkit provide a decision making tool for the specific minor ailments. These flowcharts produced by the National Care Forum can be adapted for local use and are available at:

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

Using the flow charts the Carer/Nurse must ascertain:

- That the patient has no potentially serious symptoms;
- Past medical and drug history as provided by GP;
- Any known allergies;
- What the patient has used in the past for these particular symptoms;
- That the patient is aware that the medicine is not prescribed.

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<sup>6</sup> Care Homes – Homely remedies, PrescQIPP, Bulletin 72, August 2014

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

**If the resident self-administers the homely remedy a risk assessment would need to be completed and kept with their care plans.**

Homely dressings (appendix 1) have only been approved for use in Nursing Homes and must only be used in conjunction with the Bedfordshire & Luton Wound Formulary: <http://cms.horizonsp.co.uk/viewer/sept/woundformulary>

### **Record Keeping**

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, if it is possible to do so 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
- Why the homely remedy was given
- Name of carer/nurse who administered the medicine
- Effect of the homely remedy

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.

### **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.

If creams are stocked then once opened, the date of opening should be recorded, they should **only be used for the one resident** and should not be shared for infection control reasons. Pump devices are more hygienic.

An example record of homely remedies used and audit sheet (produced by PrescQIPP) can be found in Appendix 2

## **Disposal**

Expired stock should be disposed of in line with the care home's policy on the disposal of medication.<sup>7</sup>

## **Adverse Reaction**

In the rare event of any adverse reactions, the GP 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). It is for the GP to decide, following discussions with the Nurse/Carer, whether to submit a Yellow Card.

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.

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<sup>7</sup> Care Homes – Homely remedies, PrescQIPP, Bulletin 72, August 2014

## Locally Agreed Homely Remedies

Homely remedies may be given only in accordance with the doses stated on the GSL or P licence and **for a maximum of 48 hours**. The remedies will be available for any resident who requests medication to treat minor symptoms as they would in their own homes.

**All doses must be recorded on the resident's medicine chart.**

The GP will be contacted if symptoms persist or the resident or their family request a visit from the doctor.

If the staff are unsure if a Homely Remedy is suitable, they must seek the advice of the Doctor or Pharmacist and document the name of the person giving advice and the advice given.

Flow charts are provided which assist in decision making.

<b>AILMENT</b>	<b>MEDICINE</b>
Indigestion	<ul style="list-style-type: none"><li>• Gaviscon® Advance</li><li>• Peptac®</li></ul>
Pain (mild to moderate)	<ul style="list-style-type: none"><li>• Paracetamol</li></ul> <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"><li>• Senna</li></ul>
Diarrhoea	<ul style="list-style-type: none"><li>• Oral rehydration therapy, e.g. Dioralyte®</li><li>• Loperamide.</li></ul>
Dry Cough	<ul style="list-style-type: none"><li>• Simple Linctus (Sugar-free)</li></ul>
Skin problems – dry skin and scalp, sweat rash, incontinence rash, insect bites and stings	Cetraben®, Zerobase®, Vaseline®, Olive oil, Aqueous Calamine cream, Hydrocortisone cream 1%, Cavilon® barrier cream or LBF® cream
Dressings (Nursing Homes only)	See Appendix 1 – no associated flow chart, to be used in conjunction with Bedfordshire & Luton Wound Formulary: <a href="http://cms.horizonsp.co.uk/viewer/sept/woundformulary">http://cms.horizonsp.co.uk/viewer/sept/woundformulary</a>

Products Named In Flow Chart 1 – Indigestion/Heartburn

Drug	<b>Gaviscon® Advance suspension</b> – 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	
Cautions	Contains sodium (2.3mmol in 5mls) and 1mmol 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	
Additional resources	BNF chapter 1.4.1 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

Drug	<b>Peptac® sugar free suspension</b> 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.	
Maximum dose in 24 hours	80ml daily	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
Cautions	Contains sodium (3.0mmol in 5mls) Should not be used in patients who are severely debilitated or suffering from kidney failure. Antacids inhibit the absorption of tetracyclines and vitamins and should not be taken together. Leave at least 1-2 hours between doses	
Additional information	Shake well before use Sugar free so suitable for diabetics	
Additional resources	BNF chapter 1.4.1	

Products Named In Flow Chart 2 – Pain

<b>Drug</b>	<b>Paracetamol</b>	
Indication for use	Relief of mild pain	
Strength	500mg tablets/capsules/caplets	
Dose	TWO tablets 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)	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
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. If body weight is <50kgs give 1 tablet up to four times a day.	
Additional information	Many medicines also contain paracetamol. Check current medication records and if in doubt check with Pharmacist.	
Additional resources	BNF chapter 4.5 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

<b>Drug</b>	<b>Paracetamol suspension</b>	
Indication for use	Relief of mild pain	
Strength	250mg/5ml suspension	
Dose	FOUR 5ml spoonfuls (20ml) up to FOUR times a day	
Maximum dose in 24 hours	80ml (4g) in divided doses (Maximum of 20ml (1g) in any 4 hours)	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
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. If body weight is <50kgs give 10ml up to four times a day.	
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 4.5 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

Products Named In Flow Chart 3 – Constipation

<b>Drug</b>	<b>Senna tablets</b>	
Indication for use	For relief of constipation	
Strength	7.5mg	
Dose	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	
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 1.2.2 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

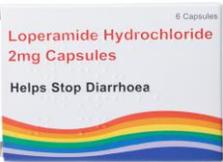


<b>Drug</b>	<b>Senna Syrup (Sugar-free)</b>	
Indication for use	For relief of constipation	
Strength	7.5mg/5ml	
Dose	TWO 5ml spoonfuls at night	
Maximum dose in 24 hours	10mls	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP	
Cautions	This product should not be used when abdominal pain, intestinal obstruction, nausea or vomiting is present.	
Additional information	Can occasionally cause abdominal cramps May colour urine	
Additional resources	BNF chapter 1.2.2 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	



## Products Named In Flow Chart 4 – Diarrhoea

Drug	<b>Dioralyte® sachets</b>	
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.	
Cautions	Dioralyte® should not be reconstituted in diluents other than water	
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 9.2 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

Drug	<b>Loperamide capsules</b>	
Indication for use	For symptomatic treatment of acute diarrhoea	
Strength	2mg	
Dose	TWO capsules immediately then one after each loose stool	
Maximum dose in 24 hours	8 capsules	
Maximum duration of treatment as homely remedy	Up to 24 hours then seek advice of GP (see place in flow chart)	
Cautions	Dehydration risk must be addressed first	
Additional information	GP may suggest continued treatment but should be prescribed	
Additional resources	BNF chapter 1.3 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

Products Named In Chart 5 – Dry Cough

Drug	<b>Simple linctus (sugar-free)</b>	
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	
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 3.9.2 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

## Products Named In Chart 6 - Minor Skin Problems

**Emollients** – can be used to soothe the skin, reduce irritation and prevent skin from drying. **Cetraben®** is the named emollient as it is available in small pump devices but there are many others and patient preference and tolerance is important. Zerobase® is a cost effective alternative and olive oil and Vaseline® (white soft paraffin) are readily available OTC products. As a homely remedy the emollient should be as a trial to address an immediate need but continued use should be prescribed. Apply liberally to all areas of dry skin at least twice daily. **For homely remedy use, purchase small tubes or preferably pumps and when opened only use for the individual resident.**

**Reminder: Paraffin-based products are HIGHLY FLAMMABLE. The emollient and its residue (on clothes and bed clothes) should never be placed near an open flame, including lighted cigarettes and other smoking equipment.**

Drug	<b>Cetraben®</b>	
Indication for use	Emollient, moisturising and protective cream for the symptomatic relief of red, inflamed, damaged, dry or chapped skin,	
Strength	White Soft Paraffin 13.2% w/w Light Liquid Paraffin 10.5% w/w	
Dose	Should be applied to the dry skin areas as often as required and rubbed in.	
Maximum dose in 24 hours	Liberally used	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)	
Cautions	Sensitivity to other ingredients including parabens, cetyl stearyl alcohol	
Additional information	GP may suggest continued treatment but should be prescribed beyond 48 hours use	
Additional resources	BNF chapter 13.3.1	
Note Zerobase	Does not contain parabens but does contain cetyl stearyl alcohol and white soft paraffin	

### **Incontinence rash – Cavilon® barrier cream or LBF® barrier cream.**

The CCG guidance for the treatment of Incontinence Dermatitis must be followed. These guidelines should only be used after first establishing and addressing the cause of the incontinence and skin breakdown.

Barrier preparations such as Cavilon® barrier cream or LBF® barrier cream can be used for patients who are incontinent (urinary or faecally), and in the following circumstances:

- For prophylaxis when the skin is healthy and intact
- On moist skin which is red, but intact

Barrier preparations must not be used on excoriated/ulcerated, red skin with breakdown.

**Insect bites and stings.** A homely remedy treatment is used to soothe the associated irritation and itching. Complications of bites are allergic reactions, infection and cellulitis. These would need immediate referral. (Look for excessive swelling and widespread hotness and redness). Aqueous calamine cream is an unbranded OTC product which soothes by cooling.

Drug	<b>Hydrocortisone 1% cream</b>	
Indication for use	For symptomatic treatment of all insect bites and stings	
Strength	1%w/v	
Dose	Apply sparingly to a small area, once or twice a day	
Maximum dose in 24 hours	One finger-tip unit twice in 24 hours	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)	
Cautions	The product should not be used on the eyes or face, the ano-genital area or on broken or infected skin including impetigo, cold sores, acne, athlete's foot, scabies or infected bites or stings.	
Additional information	GP may suggest continued treatment but should be prescribed	
Additional resources	BNF chapter 13.3.1 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

Drug	<b>Aqueous Calamine Cream</b>	
Indication for use	For relief of the symptoms of mild sunburn and other minor skin conditions.	
Strength	Calamine 4.0% w/w and Zinc Oxide 3.0% w/w	
Dose	Apply liberally to dry, clean skin as required.	
Maximum dose in 24 hours	Liberally used	
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)	
Cautions	Hypersensitivity to phenoxyethanol or any other ingredient. (Liquid paraffin, glyceryl monostearate, macrogol cetostearyl ether 22, cetostearyl alcohol) Do not apply prior to X-rays as may mask X-ray pictures under certain circumstances.	
Additional information	GP may suggest continued treatment but should be prescribed beyond 48 hours use	
Additional resources	BNF chapter 13.3.1 Patient leaflet <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a>	

## Appendix 1: Homely Dressings for use within Nursing Homes

This must be used in conjunction with Bedfordshire & Luton CCGs JPC's Wound Formulary, available: <http://cms.horizonsp.co.uk/viewer/sept/woundformulary>

This is a list of stock dressings that nursing homes should keep 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 use and record keeping.

This means that a RGN can apply an initial dressing to a wound, without the need for a prescription, whilst awaiting a clinical review. This is to enable immediate treatment of a wound only and subsequent dressings are then prescribed following clinical review and assessment. This can include, but not be limited to: first aid to abrasions, tears or burns; initial treatment of pressure ulcers; excoriation of skin; skin trauma; other skin reactions.

More serious wounds must be reported for clinical review urgently and are not appropriate for a first dressing approach using the homely dressings stock. This can include, but not be limited to:

- History of head injury / loss of consciousness
- Persistent bleeding
- An injury that may require suturing or tetanus prophylaxis
- Foreign body in wound
- Excessive pain
- Signs of infection or showing signs of spreading infection
- Diabetic feet
- Pressure ulcer (category 3 and 4)
- Deterioration in the wound
- Any other concerns

The homely dressings approved for nursing homes to stock and use as a 'first dressing'\* are:

Wound type	Dressing type (wound formulary section)	Formulary choice
First aid		Adaptic Touch®
Burns	Low adherence (A5.1.1)	Atrauman® (primary dressing)
Exudating	Absorbent dressing (A5.1.2)	Zetuvit Plus®
Sloughy (yellow)	Hydrofibre (A5.2.4)	Aquacel® Extra
Epithelialising (pink) Granulating (red)	Foam dressing (A5.2.5)	Kliniderm®
	Surgical tape (A5.7.3)	Clinipore®
	Light weight conforming bandage (A5.8)	K-band®

\*Dressing choice MUST be made in conjunction with Bedfordshire & Luton CCGs JPC's Wound Formulary, available: <http://cms.horizonsp.co.uk/viewer/sept/woundformulary>

**Appendix 2: Record of homely remedies and audit sheet**

<b>Name and strength of homely remedy</b> 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**
1. 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.
  2. For residents who purchase they own homely remedies, record separately to those purchased and stocked by the care home.