**HOMELY REMEDIES CONSENT FORM**

Date:

Dear Doctor/Non-Medical Prescriber

Re: Homely Remedies at *insert care home name FOR insert Residents details*

In order to satisfy the guidelines for registration and inspection we are required to maintain a policy for the administration of homely remedies. We would be grateful of your support in this.

The administration of a homely remedy will not exceed 48 hours without consulting a doctor/Non-Medical Prescriber (this does not necessarily require a Visit and can be a telephone consultation).

The medicine supply for homely remedy is purchased from the usual community pharmacy that supplies the nursing home, and has full dosage instructions on the label.

The medicine is administered in accordance with the criteria and instructions on the label that must include; the usual dose, the maximum dose, precautions and contraindications

*I Dr/Non-Medical Prescriber....................................agree to the homely remedies highlighted in the tables to be administered to the Care Home resident named above according to the appendix, (attached), unless I indicate otherwise in the future. If you do not wish for certain homely remedies to be administered please inform us of this decision and the details of this.*

*Signed*

*Doctor/Non-Medical Prescriber*

*Date*

**Please return this letter to the address above unless you wish to discuss this policy further. If so please contact me on telephone number…………………………**

**Yours Sincerely**

**Approved Homely Remedies List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Indication for use** | **Dose** | **Maximum dose in 24hours** | **Cautions** |
| PARACETAMOL 500mg | Relief of mild pain/pyrexia | 1-2 tablets (500mg-1g), every six to eight hours | The maximum dose is eight tablets (4g) in any 24 hour period. If required, use PARACETAMOL sugar fee syrup instead of tablets. Dosage remains 500mg-1g every four to six hours. Maximum dosage is 4g in every 24 hour period | Do not use if the resident has liver disease without GP agreement.Do not use if resident is already receiving any other preparation containing paracetamol, e.g. co-codamol, cold and flu preparations, etcIf body weight is <50kgs, consider giving one tablet up to four times a day. |
| Gaviscon  | Heartburn and indigestion | 10 to 20mL to be taken after meal times and at bedtime | Maximum of 4 times a day | Do not take within 2 hours of taking other oral medicines by mouth as it can interfere with the action of other medicines |
| Simple linctus (sugar free) | For relief of occasional non-persistent cough | 5-10mL up to four times per day | Maximum 40mL in 24hrs | Ensure sugar free formulation is used |
| Senna 7.5mg/5mL Syrup | For relief of constipation | 5-10mL | Maximum daily dose 10mL | Do **NOT** give if any signs of intestinal obstructionActs within 8-12hours |
| Lemsip | Cold symptoms | 1 sachet every 4 hours | Maximum 4 sachets in 24hours  | Contains **Paracetamol** and phenylephermine |
| Strepsils | Sore throat | One lozenge to be dissolved in the mouth, every two to three hours, as required. | Maximum of 12 lozenges in 24 hours |  |
| Bonjela | Sore gums/mouth ulcers | Approximately 1cm of gel should be applied to the sore area, not more than once every 3hours | 3 hourly  | Not to be used in patients suffering from active peptic ulceration or known to be allergic to salicylates. |
| Aqueous Cream, E45 cream, Double base, Diprobase | Dry/Chapped Skin problems - dry skin and scalp, sweat rash, incontinence rash, insect bites and stings | Apply twice daily to affected area  | Maximum |  |
| Dioralyte,Loperamide | Diarrhoea, Oral rehydration therapy  | 2mgTwo capsules immediately then one after each loose stool | 8 capsules Up to 24 hours then seek advice of GP  | Dehydration risk must be addressed first |