

**POLICY FOR THE ADMINISTRATION OF HOMELY REMEDIES IN  
COMMUNITY HOSPITALS AND COMMUNITY SERVICES**

<b>Document Details</b>		
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4	July 2022	<b>Version 4 - Scheduled review – Update to enable services outside of the hospital setting to use, inclusion of paramedics. Inclusion of bladder washouts, change of Zerodouble to Epimax. Gaviscon changed to Acidex advance 1<sup>st</sup> line. Addition of Phosphate enemas</b>

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## 1. Aim

A registered nurse who has undertaken the Shropshire Community Healthcare “Medicines Administration Competency” training and who has been assessed as competent by their clinical manager, may administer an agreed list of General Sales List (GSL), Pharmacy Only (P) or Medical Device medication in accordance with the with Royal College of Nursing (RCN) and Royal Pharmaceutical Society (RPS) guidance for medicines administration in healthcare settings [Admin of Meds prof guidance.pdf \(rpharms.com\)](#) for the pre-agreed clinical indications contained within this guidance document.

This policy is for use by all Shropshire Community Health NHS Trust nursing staff to use with the exception of staff working at HMP Stoke Heath. Staff working at HMP Stoke Heath must use the Homely Remedy Policy which has been created for specific use at this site. The homely remedy policies are not interchangeable.

## 2. Definitions

Department Lead = Ward Manager, Team Leader, Community Matron

Registered Nurse = Employed Registered Nurse or Nursing Associate with current NMC registration

Paramedic = Registered Paramedic working within SCHAT community services, e.g. MIU or community team

EPR = Electronic Patient Record used at SCHAT

SCHAT = Shropshire Community Health NHS Trust

## 3. Roles and Responsibilities

It is the responsibility of the department lead to ensure that all nursing staff using the homely remedy protocols have been signed off as competent to do so. A copy of the competency will be kept in the personnel file and reviewed annually.

It is the responsibility of the department lead to ensure that all nursing staff have read and signed all relevant medicines Standard Operating Procedures (SOP's) that will support the application of this protocol.

It is the responsibility of the registered nurse to check that the patient has no other serious symptoms that need immediate assessment by a clinician before using this protocol, and that there are no swallowing difficulties and that treatment via the homely remedy protocol is in the best interests of the patient.

It is the responsibility of the registered nurse to check the patient's medical history to ensure that there are no contra-indications, drug interactions or duplicate doses once the decision to administer via the homely remedy protocol is made.

**In the In-patient Setting:** It is the registered nurse's responsibility to record the administration of the homely remedy on the drug chart/MAR in the “ONCE ONLY” section, clearly stated drug name, dose, form, amount given, time administered and signature for administration. In the prescriber's signature box a statement say, “Homely remedy policy in place” should be written.

**In the Community Setting:** Any administration which takes place must be logged on the patient's RiO EPR record. In addition, a medicines administration log must be commenced to document the administration, this will include;

- Reason for inclusion / exclusion and consent obtained
- Confirmation of allergies
- Manufacturer / brand of product, strength, batch number, expiry date
- Dose
- Date of administration, time and route

- Advice given to patient / carer
- Details of staff who administered
- Details of any adverse drug reactions, and action taken including informing GP. For children under 5 ensure the child health book is completed too.

A register of all individuals receiving treatment under this protocol should also be kept for audit purposes within each service.

Stock balances should be reconcilable with receipts, administration, records and disposal on a patient-by-patient basis.

It is the responsibility of the registered nurse to inform the patient's doctor or advanced practitioner who is responsible for their care that medicines have been given as a homely remedy as soon as practicable after administration.

It is the responsibility of the patient's doctor, advanced practitioner, or other clinician to review and assess the patient after the maximum time allowed for homely remedy administration so that a prescription can be written if the medication is to continue.

It is the responsibility of the registered nurse to seek medical advice should the patient not respond to the homely remedy treatment, or, requires more than three separate episodes If the patient does not respond to treatment, or requires more than three separate episodes of Homely Remedy administration.

#### **4. Record Keeping**

Any medication administered must be clearly recorded on the patient's medication administration sheet (MAR sheet or drug chart) and brought to the attention of the next senior person on duty. A record should also be made in the patients notes whether paper or computer based of:

- Reason for administration
- Dose given
- Time given
- Signature

Patients should be informed of when the next dose is due if applicable. Consent should be obtained from the patient.

#### **5. Allergy Status**

The allergy status of all patients **MUST** be checked prior to any medication being administered. Any changes should be updated.

Known allergies must be clearly recorded in the patient's notes and within the drug chart / MAR.

#### **6. Medicines covered by this guidance and Scope**

The list contains the medicines that appropriately trained registered nurses may administer to adult patients who require symptom relief for the listed indications for up to 48 hours during the working week or a maximum of 72 hours at the weekend, with the exception of the topical preparation which may continue indefinitely if clear benefit is seen (however this will need to be reviewed at the patient's own GP after discharge, in line with NHS guidance on medicines not to be prescribed for short-term, self-limiting conditions).

In the community setting, doses are usually 'one off's' to enable relief, e.g. blocked catheters where acquiring an authorisation would lead to an unacceptable delay in treatment and similarly with rectal laxatives.

This homely remedies guidance does not cover alternative medicines or home remedies such as Arnica tablets / Tea tree Oil. Self-medication of these items is an individual's choice, if capacity exists. Nurses should not administer such items even if requested by patients. In such cases a request must be made to a clinician to review the patient's medicines and if appropriate prescribe on the drug chart.

The medicines can only be administered / used for the indications listed.

## A. PARACETAMOL

Administration of **PARACETAMOL** to patients in community hospitals by registered nurses  
**Community Nursing Staff – please refer to separate paracetamol protocol**

For full details of the drug profile please refer to the

[Paracetamol Tablets 500mg - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) or the current edition of the BNF

<b>1. Staff competencies</b>	
Authorised staff	Registered Nurse
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Awareness of medicines containing paracetamol Onus on clinical manager for induction of new staff
<b>2. Clinical condition or situation</b>	
Clinical situation	<ul style="list-style-type: none"> <li>Management of mild to moderate pain or pyrexia as assessed using the nurse's clinical judgement.</li> </ul>
Patients included	<ul style="list-style-type: none"> <li>In patients with mild to moderate pain</li> <li>Inpatients with pyrexia</li> </ul>
Patients excluded	<ul style="list-style-type: none"> <li>Hypersensitivity to any of the ingredients of the preparation (See SPC)</li> <li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li> <li>Paracetamol administered within the previous 4 hours</li> <li>4 or more doses of paracetamol taken within the previous 24 hours</li> <li>Current hepatic impairment</li> <li>Current significant renal impairment</li> <li>Alcohol dependent</li> <li>Already taking analgesics</li> </ul>
Action for patients excluded	<ul style="list-style-type: none"> <li>Within normal working hours – contact medical team for advice</li> <li>Outside normal working hours – if required contact out of hours doctor service</li> </ul>
Action if patient declines	<ul style="list-style-type: none"> <li>As for excluded patients</li> </ul>
<b>3. Description of treatment</b>	
Medicine to be administered	<ul style="list-style-type: none"> <li>Paracetamol 500mg tablets, 250mg/5ml liquid</li> <li>Legal status: GSL / P</li> </ul>

Dose schedule	<ul style="list-style-type: none"> <li>• <b>Dose:</b> Single dose of 500mg or 1g</li> <li>• <b>Route:</b> Oral</li> <li>• <b>Frequency:</b> Every 4-6 hours</li> <li>• <b>Maximum single dose:</b> 1g</li> </ul> <p>Based on weight:</p> <ul style="list-style-type: none"> <li>• 34-41kg - 500mg every 4-6 hours. Maximum four times a day and no more than 2g (2000mg) in 24 hours.</li> <li>• 42-50kg -1000mg every 4-6 hours. Maximum three times a day and no more than 3g (3000mg) in 24 hours.</li> <li>• 50kg+ -1000mg every 4-6 hours. Maximum four times a day and no more than 4g (4000mg) in 24 hours.</li> </ul> <p>If eGFR less than 30ml/min/1.73m<sup>2</sup>, the dosing interval must be a minimum of 6 hours.</p> <p>Use clinical judgement to adjust the dose to maximum 3 g in 24 hours in people with risk factors for hepatotoxicity, such as for malnourished people and people with Child Pugh C cirrhosis, irrespective of body weight</p>
Follow up	<ul style="list-style-type: none"> <li>• Monitor patient. Use clinical judgement to decide when to seek medical opinion</li> </ul>
Patient advice	<ul style="list-style-type: none"> <li>• Inform the patient that the medicine is being administered under homely remedy protocol</li> </ul>
Record keeping	<ul style="list-style-type: none"> <li>• Administered doses must be recorded on the drug chart.</li> <li>• Record reason for administration in the patient medical notes / electronic record</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Avoid the use of soluble tablets due to sodium content.</li> </ul>

## B. SENNA

Administration of **SENN** to patients *in community hospitals by registered nurses*

For full details of the drug profile please refer to the

Summary of Product Characteristics (SPC) [Senna 7.5 mg Tablets Adult - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) or the current edition of the BNF

1. Staff competencies	
Authorised staff	Registered Nurse
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff

2. Clinical condition or situation	
Clinical situation	<ul style="list-style-type: none"><li>• Management of constipation</li></ul>
Patients included	<ul style="list-style-type: none"><li>• Inpatient with constipation e.g. no bowel movement for 2 to 3 days or passage of painful / hard stools or need to strain</li></ul>
Patients excluded	<ul style="list-style-type: none"><li>• Children under 6 years</li><li>• Hypersensitivity to any of the ingredients of the preparation (see SPC )</li><li>• No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li><li>• Recent bowel surgery</li><li>• History of intestinal obstruction</li><li>• Current significant abdominal pain</li><li>• Abdominal distension and/or vomiting and absence of flatulence</li><li>• Suspected faecal impaction</li></ul>
Action for patients excluded	<ul style="list-style-type: none"><li>• Within normal working hours – contact medical team for advice</li><li>• Outside normal working hours – if required contact out of hours doctor service</li><li>• Community teams refer to GP practice or community pharmacy, or NHS 111</li></ul>
Action if patient declines	<ul style="list-style-type: none"><li>• As for excluded patients</li><li>• If appropriate, advise on increased fluid intake, diet and increased exercise</li></ul>

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"><li>• Senna tablets, Senokot syrup</li><li>• Legal status: GSL / P</li></ul>
Dose schedule	<ul style="list-style-type: none"><li>• <b>Dose:</b> single oral dose of 1 or 2 tablets, or, 5 to 10ml syrup at night</li><li>• <b>Frequency:</b> once a day at bedtime if required</li><li>• <b>Maximum daily dose:</b> 2 tablets or 10ml syrup</li></ul>
Follow up	<ul style="list-style-type: none"><li>• Monitor patient. Use clinical judgement to decide when to seek medical opinion</li><li>• Ensure adequate fluid intake etc.</li></ul>
Patient advice	<ul style="list-style-type: none"><li>• Inform the patient that the medicine is being administered under homely remedy protocol</li><li>• Action may take 8 to 12 hours</li><li>• Inform staff of bowel movement or if there is abdominal pain</li></ul>

Record keeping	<p>Inpatient</p> <ul style="list-style-type: none"><li>• Administered doses must be recorded on the drug chart.</li><li>• Record reason for administration in the patient notes / electronic Record</li></ul> <p>Community teams</p> <ul style="list-style-type: none"><li>• Document the information as directed in page 3-4 of the homely remedy policy</li></ul>
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## C. GLYCERIN SUPPOSITORIES 4G

Administration of **GLYCERIN SUPPOSITORIES 4g** to patients in community hospitals and community services by registered nurses / paramedics

For details of the drug profiles please refer to the [Glycerin Suppositories BP 4g Adult Size - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) or the current edition of the BNF

<b>1. Staff competencies</b>	
Authorised staff	Registered Nurse / Paramedic
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff
<b>2. Clinical condition or situation</b>	
Clinical situation	<ul style="list-style-type: none"> <li>Management of <i>occasional</i> constipation</li> </ul>
Patients included	<ul style="list-style-type: none"> <li>Inpatient with constipation e.g. no bowel movement for 2 to 3 days or passage of painful / hard stools or need to strain</li> <li>Where oral route has been ineffective or would be inappropriate.</li> </ul>
Patients excluded	<ul style="list-style-type: none"> <li>Hypersensitivity to any of the ingredients of the preparation</li> <li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li> <li>No response to previous suppositories or enemas</li> <li>Recent bowel surgery</li> <li>History of intestinal obstruction</li> <li>Current significant abdominal pain</li> <li>Abdominal distension and/or vomiting and absence of flatulence</li> <li>Rectal bleeding</li> <li>Children under 12</li> </ul>
Action for patients excluded	<ul style="list-style-type: none"> <li>Within normal working hours – contact medical team for advice</li> <li>Outside normal working hours – if required contact out of hours doctor service</li> <li>Community teams to refer to GP practice, community pharmacy or NHS 111</li> </ul>
Action if patient declines	<ul style="list-style-type: none"> <li>As for excluded patients</li> <li>If appropriate, advise on increased fluid intake, diet and increased exercise</li> </ul>
<b>3. Description of treatment</b>	
Medicine to be administered	<ul style="list-style-type: none"> <li>One glycerin 4g suppository, moistened with water before use</li> <li>Legal Status: GSL</li> </ul>
Dose schedule	<ul style="list-style-type: none"> <li>By rectal route as a one-off dose.</li> </ul>
Follow up	<ul style="list-style-type: none"> <li>Monitor patient. Use clinical judgement to decide when to seek medical opinion.</li> <li>Glycerin Suppositories should not be used where there is severe abdominal pain or used regularly for prolonged periods except on medical advice.</li> </ul>
Patient advice	<ul style="list-style-type: none"> <li>Inform the patient that the medicine is being administered under homely remedy protocol</li> </ul>

Record keeping	<p>Inpatient</p> <ul style="list-style-type: none"><li>• Administered doses must be recorded on the drug chart.</li><li>• Record reason for administration in the patient notes / electronic Record</li></ul> <p>Community teams</p> <ul style="list-style-type: none"><li>• Document the information as directed in page 3-4 of the homely remedy policy</li></ul>
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## D. SODIUM CITRATE ENEMA (MICRALAX®)

Administration of **SODIUM CITRATE ENEMA** to patients in community hospitals and community services by registered nurses / paramedics

For full details of the drug profile please refer [Micalax Micro-enema - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) or the current edition of the BNF

1. Staff competencies	
Authorised staff	Registered Nurse / Paramedic
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff

  

2. Clinical condition or situation	
Clinical situation	<ul style="list-style-type: none"> <li>Acute impacted constipation and no other new symptoms.</li> </ul>
Patients included	<ul style="list-style-type: none"> <li>Patients presenting with acute impacted constipation who have failed to respond to oral treatment or suppositories or in whom rapid relief from rectal loading is required.</li> </ul>
Patients excluded	<ul style="list-style-type: none"> <li>Are under 3 years of age</li> <li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li> <li>Have a hypersensitivity reaction to the drug or its constituents.</li> <li>Have or are suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease.</li> <li>Have a rectal fissure, haemorrhoids, inflammatory or ulcerative bowel conditions.</li> <li>Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools.</li> </ul>
Action for patients excluded	<ul style="list-style-type: none"> <li>Within normal working hours – contact medical team for advice</li> <li>Outside normal working hours – if required contact out of hours doctor service</li> <li>Community teams – refer to GP practice, community pharmacy or NHS 111</li> </ul>
Action if patient declines	<ul style="list-style-type: none"> <li>As for excluded patients</li> <li>If appropriate, advise on increased fluid intake, diet and increased exercise</li> </ul>

  

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> <li>Sodium Citrate Enema</li> <li>Legal status: P</li> </ul>
Dose schedule	<ul style="list-style-type: none"> <li><b>Dose:</b> Contents of ONE enema</li> <li><b>Frequency:</b> once a day for 48 hours</li> <li><b>Maximum daily dose:</b> 2 enemas</li> </ul> <p><b>Toilet/commode must be within easy reach of the patient prior to the treatment being administered due to expected onset of action between 5-15 minutes.</b></p>
Follow up	<ul style="list-style-type: none"> <li>Monitor patient. Use clinical judgement to decide when to seek medical opinion</li> </ul>

Patient advice	<ul style="list-style-type: none"> <li>• Inform the patient that the medicine is being administered under homely remedy protocol</li> <li>• Action may take 5 to 15 minutes to work</li> <li>• Inform staff of bowel movement or if there is abdominal pain</li> <li>• Patient may experience diarrhoea</li> </ul>
Record keeping	<p>Inpatient</p> <ul style="list-style-type: none"> <li>• Administered doses must be recorded on the drug chart.</li> <li>• Record reason for administration in the patient notes / electronic record</li> </ul> <p>Community teams</p> <ul style="list-style-type: none"> <li>• Document the information as directed in page 3-4 of the homely remedy policy.</li> </ul>

## E. SIMPLE LINCTUS

Administration of **SIMPLE LINCTUS SUGAR FREE** to patients in community hospitals by registered nurses

For details of the drug profile please refer to [Simple Linctus Sugar Free - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) or the current edition of the BNF

<b>1. Staff competencies</b>	
Authorised staff	Registered Nurse
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff

<b>2. Clinical condition or situation</b>	
Clinical situation	<ul style="list-style-type: none"> <li>Management of dry, irritating cough</li> </ul>
Patients included	<ul style="list-style-type: none"> <li>Inpatients with a dry irritating cough without any other respiratory symptoms</li> </ul>
Patients excluded	<ul style="list-style-type: none"> <li>Hypersensitivity to any of the ingredients of the preparation (see SPC)</li> <li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li> <li>Patients who appear unwell, with shortness of breath or wheeze, have liver disease/epilepsy/alcoholism</li> <li>Patients with rare hereditary problems of fructose intolerance, should not take this medicine.</li> <li>Patients seen outside of the inpatient setting</li> </ul>
Action for patients excluded	<ul style="list-style-type: none"> <li>Within normal working hours – contact medical team for advice</li> <li>Outside normal working hours – if required contact out of hours doctor service</li> <li>Community teams -refer to community pharmacy if cough less than 3 weeks and associated with cold/flu type symptoms, or GP practice/NHS 111 if cough is over 3 weeks old.</li> </ul>
Action if patient declines	<ul style="list-style-type: none"> <li>As for excluded patients</li> </ul>

<b>3. Description of treatment</b>	
Medicine to be administered	<ul style="list-style-type: none"> <li>Simple Linctus BP sugar free</li> <li>Legal status: GSL</li> </ul>
Dose schedule	<ul style="list-style-type: none"> <li>Dose: 5ml</li> <li>Frequency: three or four times a day (minimum interval between doses = 4 hours)</li> <li>Maximum daily dose: 20ml</li> </ul>
Follow up	<ul style="list-style-type: none"> <li>Monitor patient. Use clinical judgement to decide when to seek medical opinion</li> </ul>
Patient advice	<ul style="list-style-type: none"> <li>Inform the patient that the medicine is being administered under homely remedy protocol</li> </ul>

Record keeping	<ul style="list-style-type: none"><li>• Administered doses must be recorded on the drug chart.</li><li>• Record reason for administration in the patient notes / electronic patient record</li></ul>
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## F. SODIUM ALGINATE WITH POTASSIUM BICARBONATE

Administration of **ACIDEX ADVANCE OR GAVISCON ADVANCE** to patients in community hospitals by registered nurses

For full details of the drug profile please refer to [Acidex Advance Oral Suspension \(Aniseed Flavour\) - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) Or [Gaviscon Advance Aniseed Oral Suspension - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) or the current edition of the BNF

1. Staff competencies	
Authorised staff	Registered Nurse
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff

2. Clinical condition or situation	
Clinical situation	<ul style="list-style-type: none"> <li>Management of symptoms of gastro-oesophageal reflux</li> </ul>
Patients included	<ul style="list-style-type: none"> <li>Patients who are otherwise well</li> </ul>
Patients excluded	<ul style="list-style-type: none"> <li>Hypersensitivity to any of the ingredients of the preparation (see SPC)</li> <li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li> <li>Severe gastric pain and/or pain radiating down the left arm</li> <li>On low salt diet</li> <li>Patients with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi.</li> <li>Patients with congestive cardiac failure and renal impairment or when taking drugs which can increase plasma potassium levels.</li> </ul>
Action for patients excluded	<ul style="list-style-type: none"> <li>Within normal working hours – contact medical team for advice</li> <li>Outside normal working hours – if required contact out of hours doctor service</li> <li>Community service teams to refer to community pharmacy, GP practice, or NHS 111</li> </ul>
Action if patient declines	<ul style="list-style-type: none"> <li>As for excluded patients</li> </ul>

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> <li>Acidex Advance Suspension or Gaviscon Advance Suspension</li> <li>Legal Classification: P</li> </ul> <p><i>(NB: Only use Gaviscon advance when acidex advance is unavailable)</i></p>
Dose schedule	<ul style="list-style-type: none"> <li><b>Dose:</b> 5 to 10 ml</li> <li><b>Frequency:</b> after meals and at bedtime</li> <li><b>Maximum daily dose:</b> 4 doses in 24 hours</li> </ul>
Follow up	<ul style="list-style-type: none"> <li>Monitor patient. Use clinical judgement to decide when to seek medical opinion</li> </ul>
Patient advice	<ul style="list-style-type: none"> <li>Inform the patient that the medicine is being administered under homely remedy protocol</li> <li>Consider raising the head of the bed</li> </ul>
Record keeping	<ul style="list-style-type: none"> <li>Administered doses must be recorded on the drug chart.</li> <li>Record reason for administration in the patient notes or electronic patient record.</li> </ul>

## G. EPIMAX ORIGINAL® CREAM

Administration of **EPIMAX ORIGINAL® CREAM** to patients in community hospitals and community services by registered nurses

For details of the drug profiles please refer to the current edition of the BNF.  
All emollient prescribing should be in line with Shropshire and Telford CCG emollient formulary

<b>1. Staff competencies</b>	
Authorised staff	Registered Nurse
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff

<b>2. Clinical condition or situation</b>	
Clinical situation	<ul style="list-style-type: none"> <li>Management of dry/itchy skin</li> </ul>
Patients included	<ul style="list-style-type: none"> <li>New dry/itchy skin and is not already under the care of the wound team/dermatology/ GP practice.</li> </ul>
Patients excluded	<ul style="list-style-type: none"> <li>Hypersensitivity to any of the ingredients of the preparation</li> <li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li> <li>No response to previous emollients</li> <li>Use of any other creams/ointment/gels on the skin</li> <li>History/pre-existing eczema/psoriasis</li> <li>Under the care of the wound team/dermatology/GP practice for any other skin condition</li> </ul>
Action for patients excluded	<ul style="list-style-type: none"> <li>Within normal working hours – contact medical team for advice</li> <li>Outside normal working hours – if required contact out of hours doctor service</li> <li>Community service teams to refer to community pharmacy, GP practice or NHS 111 if a new condition, or back to the care of GP/dermatology wound team if already in their care.</li> </ul>
Action if patient declines	<ul style="list-style-type: none"> <li>As for excluded patients</li> </ul>

<b>3. Description of treatment</b>	
Medicine to be administered	<ul style="list-style-type: none"> <li>Epimax Original Cream®</li> <li>Legal Status: MEDICAL DEVICE</li> </ul>
Dose schedule	<ul style="list-style-type: none"> <li>Apply thinly (so skin glistens) three to four times a day. (tube can then be left with patient/carer)</li> </ul>
Follow up	<ul style="list-style-type: none"> <li>Ask a clinician to review prescribe if it is for a long-term condition. For conditions classed as self-limiting ask the patient's own GP practice to review and prescribe or ask the patient to purchase over the counter.</li> </ul>

Patient advice	<ul style="list-style-type: none"> <li>• Inform the patient that the medicine is being administered under homely remedy protocol</li> <li>• To be applied thinly, gently and quickly in smooth downward strokes in the direction of the hairline</li> <li>• Cream is flammable – keep away from heat sources</li> </ul>
Record keeping	<p>Inpatient</p> <ul style="list-style-type: none"> <li>• Administered doses must be recorded on the drug chart.</li> <li>• Record reason for administration in the patient notes / electronic record</li> </ul> <p>Community teams</p> <ul style="list-style-type: none"> <li>• Document the information as directed in page 3-4 of the homely remedy policy.</li> </ul>

## H. SODIUM ACID PHOSPHATE WITH SODIUM PHOSPHATE ENEMAS

Administration of **PHOSPHATE ENEMAS** to patients in community hospitals and community services by registered nurses / paramedics

For full details of the drug profile please refer to the current edition of the BNF

<b>1. Staff competencies</b>	
Authorised staff	Registered Nurse / Paramedic
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff

<b>2. Clinical condition or situation</b>	
Clinical situation	<ul style="list-style-type: none"><li>Acute impacted constipation and no other new symptoms.</li></ul>
Patients included	<ul style="list-style-type: none"><li>Patients presenting with acute impacted constipation who have failed to respond to oral treatment or suppositories or in whom rapid relief from rectal loading is required.</li></ul>
Patients excluded	<ul style="list-style-type: none"><li>Hypersensitivity to any of the ingredients of the preparation</li><li>Under 18 years</li><li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li><li>Inflammatory bowel disease, rectal fissure or haemorrhoids</li><li>Gastro-intestinal obstruction</li><li>Conditions associated with increased colonic absorption</li><li>Pregnant and/or breastfeeding</li><li>Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools.</li><li>Significant renal impairment</li></ul>
Action for patients excluded	<ul style="list-style-type: none"><li>Within normal working hours – contact medical team for advice</li><li>Outside normal working hours – if required contact out of hours doctor service</li><li>Community service teams to refer to, GP practice or NHS 111</li></ul>
Action if patient declines	<ul style="list-style-type: none"><li>As for excluded patients</li></ul>

<b>3. Description of treatment</b>	
Medicine to be administered	<ul style="list-style-type: none"><li>Phosphate Enema BP Formula B (standard tube)</li><li>Legal Status: P</li></ul>

Dose schedule	<ul style="list-style-type: none"> <li>• <b>Dose:</b> Contents of ONE enema</li> <li>• <b>Frequency:</b> once a day for 48 hours</li> <li>• <b>Maximum daily dose:</b> 2 enemas</li> </ul> <p>U&amp;E should be checked prior to administration if patient at risk of fluid disturbances.</p> <p>Oral medicines should not be given one hour either side of this enema.</p> <p><b>Toilet/commode must be within easy reach of the patient prior to the treatment being administered due to expected onset of action between 5-10 minutes</b></p>
Follow up	<ul style="list-style-type: none"> <li>• Monitor patient. Use clinical judgement to decide when to seek medical opinion</li> </ul>
Patient advice	<ul style="list-style-type: none"> <li>• Inform the patient that the medicine is being administered under homely remedy protocol</li> <li>• Action may take 5 to 15 minutes to work</li> <li>• Inform staff of bowel movement or if there is abdominal pain</li> <li>• Patient may experience diarrhoea</li> </ul>
Record keeping	<p>Inpatient</p> <ul style="list-style-type: none"> <li>• Administered doses must be recorded on the drug chart.</li> <li>• Record reason for administration in the patient notes / electronic record</li> </ul> <p>Community teams</p> <ul style="list-style-type: none"> <li>• Document the information as directed in page 3-4 of the homely remedy policy.</li> </ul>

## I. URO-TAINER® NaCl 0.9%

Administration of **URO-TAINER® NaCl 0.9%** to patients in community hospitals and community services by registered nurses / paramedics

For details of the safety profile and instructions for use see [Uro-Tainer® NaCl 0,9% \(bbraun.co.uk\)](http://bbraun.co.uk).

<b>1. Staff competencies</b>	
Authorised staff	Registered Nurse / Paramedic
Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire (Appendix 1) Ongoing CPD Onus on clinical manager for induction of new staff
<b>2. Clinical condition or situation</b>	
Clinical situation	<ul style="list-style-type: none"> <li>To check patency and/or to remove debris from urinary catheters</li> </ul>
Patients included	<ul style="list-style-type: none"> <li>Patients with indwelling or suprapubic catheters</li> </ul>
Patients excluded	<ul style="list-style-type: none"> <li>No consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained (Refer to Shropshire Community Health NHS Trust policy on consent to examination and treatment for more information on gaining consent)</li> <li>Autonomic dysreflexia.</li> </ul>
Action for patients excluded	<ul style="list-style-type: none"> <li>Within normal working hours – contact continence teams</li> <li>Outside normal working hours – if required contact out of hours doctor service</li> </ul>
Action if patient declines	<ul style="list-style-type: none"> <li>As for excluded patients</li> </ul>
<b>3. Description of treatment</b>	
Medicine to be administered	<ul style="list-style-type: none"> <li>Uro-Tainer® NaCl 0.9%</li> <li>Legal Status: MEDICAL DEVICE</li> </ul>
Dose schedule	<ul style="list-style-type: none"> <li>Administer the contents of one Uro-Tainer® into the catheter as a single dose.</li> </ul> <p><b>If a second dose is needed within a 6 month period then a prescription must be requested and a referral must be made to the continence team for advice</b></p>
Follow up	<ul style="list-style-type: none"> <li>Seek advice for the continence team of there on ongoing concerns.</li> </ul>
Patient advice	<ul style="list-style-type: none"> <li>Inform the patient that the medicine is being administered under homely remedy protocol</li> </ul>
Record keeping	<p>Inpatient</p> <ul style="list-style-type: none"> <li>Administered doses must be recorded on the drug chart.</li> <li>Record reason for administration in the patient notes / electronic record</li> </ul> <p>Community teams</p> <ul style="list-style-type: none"> <li>Document the information as directed in page 3-4 of the homely remedy policy.</li> </ul>

## 7. Appendix 1 – Competency Sign-off

**Competency:** Registered Nurse or Paramedic competency assessment for the administration of a Homely Remedy in the absence of a prescriber.

### Homely Remedies:

Name:	Role:
Base:	Date initial training completed:

#### **Competency Statement:**

The participant demonstrates clinical knowledge and skill in medicines administration without assistance and/or direct supervision. Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 2 or above.

Competent Practitioner Level 2 Descriptor: Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice.

#### **Level 2**

Responsible for Co-ordinating and delivering effective quality clinical care following a patient centred model of practice and ensuring the work area runs smoothly

#### **Demonstrates knowledge regarding Accountability, Responsibility and Concordance for administering Homely Remedy medicines**

Performance Criteria	Assessment Method (Questioning/Observation)	Level achieved	Date	Assessor/self-assessed
Has successfully completed Medicines Administration Competency to a level 2.	Questioning			
Demonstrates they have read and understood the Medicines Policy Part 9: Homely Remedies and agrees to supply the medicines only in accordance with this guidance.	Questioning			
Demonstrates awareness of when the Homely Remedy policy should be used.	Questioning			
Demonstrates the ability to assess patient need.	Observation			
Demonstrates how they would communicate when a Homely Remedy has been administered during the handover.	Questioning			
Demonstrates when they would refer a patient to the out of hours service.	Questioning			

Demonstrates knowledge regarding Accountability, Responsibility and Concordance for Medicines Administration				
Performance Criteria	Assessment Method (Questioning/Observation)	Level achieved	Date	Assessor/self-assessed
Demonstrates an understanding of what to do should the patient's symptoms persist.	Questioning			
Demonstrates the maximum number of administrations that can be made for each protocol	Questioning			
Demonstrates an understanding of how to check for drug interactions	Questioning			
Demonstrates an understanding of how to check for contra-indications	Questioning			
Demonstrates if a healthcare professional is asked to supply, or administer a medicine not covered by this or any other protocol, then a patient specific direction is required from a doctor, dentist or independent prescriber	Questioning			
Demonstrates understanding of the consent to examination and treatment policy and steps to be taken if a patient refuses consent	Questioning			
Demonstrates an understanding of their accountability and responsibilities for drug administration: <ul style="list-style-type: none"> <li>Professional Standards for medicines administration</li> <li>Shropshire Community Health NHS Trust Medicines Policy and associated standard operating procedures. Please specify service related ones</li> </ul>	Questioning and completion of SOP sign off sheet			
<b>Drug Errors</b> The nurse must demonstrate knowledge of actions to be taken following a drug error or near miss. Includes: <ol style="list-style-type: none"> <li>ensure patient safety – is medical intervention necessary?</li> <li>SCHT medication incident process must be followed including removal of practitioner from drug administration until a satisfactory competency assessment has been documented</li> <li>make a Datix entry</li> </ol>	Questioning			

d) explicit communication about the error at handover				
e) Complete a reflective account				
f) Complete a duty of candour				

<b>Demonstrates knowledge regarding Accountability, Responsibility and Concordance for Medicines Administration</b>				
<b>Performance Criteria</b>	<b>Assessment Method (Questioning/ Observation)</b>	<b>Level achieved</b>	<b>Date</b>	<b>Assessor/ self-assessed</b>
<b>Security of medicines</b> Can describe how medicines are stored	Questioning			
Ensure patient has taken medication correctly ie.; tabs have been swallowed, - Check patient has requested water - Talk to patient to clarify drug swallowed	Questioning & Observation			
<b>Patient Centred</b> Can explain why it is important to obtain informed consent before administering a homely remedy	Questioning			
Check Patient understanding & knowledge of the drug being offered	Observation			
Explanation / information offered where necessary	Observation			
Patient Allergy Status checked				
Ensure hands are washed according to policy – ensuring IPC procedures are followed at all times.	Observation			
<b>Clinical Knowledge:</b> Demonstrates knowledge of each drug before it is administered e.g. common uses, side effects, contra-indications, usual dosage, any monitoring required	Questioning			
<b>Accountability:</b> Records the administration of medicines on the appropriate authorisation chart and in the appropriate place.	Observation			
Records administration without delay.	Questioning			

**Comments / Discussion Points:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in **administering Homely Remedies**.

**Assessor Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This competency should be reviewed every 2 years and re-signed below, or sooner if the registered nurse is involved in a medication incident involving homely remedies.*

Review Dates:	Competent Yes/No	Registered Nurse signature	Verifier signature	Comments

