

Document Details		
Title	Policy for the Administration of Homely Remedy Medicines at HMP Stoke Heath (Stoke Heath Integrated Care)	
Trust Ref No	1451-76075	
Main points the document covers	Administration of a pre-defined list of over the counter medication that may be issued to a prisoner by a registered nurse without a prescription.	
Who is the document aimed at?	Registered nurses and healthcare staff working within HMP Stoke Heath	
Author	Medicines Management Team	
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V3	July 2019	Addition of Diorolyte Rehydration Sachets, amendment of paracetamol dosing to match Health Economy recommendations, update to the competency framework
V4	July 2022	Scheduled review – minor rewording, addition of new restrictions for some medicines

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1. Aim

The aim is to provide over the counter medicines to prisoners for commonly presented conditions, when waiting for an appointment to see the prison GP would result in unnecessary delays for the prisoner.

Treatment will be administered by a registered nurse or member of the pharmacy team who has received specific, appropriate training and who has been assessed as competent by their clinical manager. Suitably trained staff will be able to administer an agreed list of General Sales List (GSL) or Pharmacy Only (P) medication in accordance 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 in this guidance.

2. Roles and Responsibilities

It is the responsibility of the clinical service manager to ensure that this procedure is used in conjunction with the “in-possession” policy and that risk assessments are undertaken as appropriate.

The decision to administer homely remedies should be made by the registered member of staff who must check the prisoners medication record on SystmOne before administration to ensure that there are no contra-indications, drug interactions, or duplicate doses.

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

3. Record Keeping

Any medication administered must be clearly recorded on the patient’s medication record on SystmOne **AT THE TIME OF ADMINISTRATION using the homely remedies template.**

The Homely remedies template will record:

- Reason for administration i.e. the presenting complaint and the area of the body affected
- Drug, Dose, Form and Quantity given
- Time given
- Name of staff administering the medication

Patients should be informed of when the next dose is due if applicable.

Consent should be obtained from the patient.

4. Allergy Status

The allergy status of all patients **MUST** be checked prior to any medication being administered. Known allergies must be clearly recorded in the patient’s notes.

5. Medicines covered by this guidance

The Homely Remedies formulary on SystmOne contains the list of medicines that appropriately trained registered nurses may administer to prisoners 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.

The medicines can only be administered for the indications listed.

The patient’s doctor / advanced practitioner must be informed of drugs administered as homely remedies as soon as practically possible.

After the maximum allowed time, a clinician must assess the patient and write a prescription if s/he wants the medication to continue.

If the patient does not respond to treatment or requires more than three separate episodes of the same Homely Remedy administration, medical advice should be sought.

All relevant staff must have received adequate training, and competency assessment from their clinical manager and a copy kept on their personal file.

PARACETAMOL

Administration of **PARACETAMOL** to prisoners by registered nurses

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

1. Staff competencies	
Authorised staff	<ul style="list-style-type: none"> Registered nurse
Additional requirements	<ul style="list-style-type: none"> 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

2. Clinical condition or situation	
Clinical situation	<ul style="list-style-type: none"> Management of mild to moderate pain or pyrexia as assessed using the nurse's clinical judgement.
Patients included	<ul style="list-style-type: none"> Patients with mild to moderate pain Patients with pyrexia
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC www.medicines.org.uk) Paracetamol administered within the previous 4 hours 4 or more doses of paracetamol taken within the previous 24 hours Current hepatic impairment Current significant renal impairment Alcohol dependent Already taking analgesics
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – if required contact out of hours doctor service
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Paracetamol 500mg tablets Legal status: GSL
Quantity	<ul style="list-style-type: none"> 1-2 tablets as a single dose non I/P Packet of 16 tablets I/P provided an appropriate risk assessment has been made according to the "In Possession" policy
Dose schedule	<ul style="list-style-type: none"> Dose: Single dose of 500mg or 1g Route: oral Frequency: every 4 to 6 hours Maximum single dose: 1g <p>Based on weight</p> <ul style="list-style-type: none"> 34-41kg - 500mg every 4-6 hours. Maximum four times a day and no more than 2g (2000mg) in 24 hours. 42-50kg -1000mg every 4-6 hours. Maximum three times a day and no more than 3g (3000mg) in 24 hours. 50kg+ -1000mg every 4-6 hours. Maximum four times a day and no more than 4g (4000mg) in 24 hours.

	<p>If eGFR less than 30ml/min/1.73m², 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"> • Monitor patient. Use clinical judgement to decide when to seek medical opinion
Patient advice	<ul style="list-style-type: none"> • Inform the patient that the medicine is being administered under homely remedy protocol
Record keeping	<ul style="list-style-type: none"> • Administered doses must be recorded on the homely remedies template on SystemOne.

SENNA

Administration of **SENNA** to patients in prisons 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	<ul style="list-style-type: none"> Registered nurse
Additional requirements	<ul style="list-style-type: none"> 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"> Management of constipation
Patients included	<ul style="list-style-type: none"> Inpatient with constipation e.g. no bowel movement for 2 to 3 days or passage of painful / hard stools or need to strain
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC) Recent bowel surgery History of intestinal obstruction Current significant abdominal pain Abdominal distension and/or vomiting and absence of flatulence Suspected faecal impaction
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – if required contact out of hours doctor service
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients If appropriate, advise on increased fluid intake, diet and increased exercise

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Senna tablets Legal status: GSL / P
Dose schedule	<ul style="list-style-type: none"> Dose: single oral dose of 1 or 2 tablets Frequency: once a day at bedtime if required Maximum daily dose: 2 tablets
Quantity	<ul style="list-style-type: none"> Single dose of 1-2 tablets. Administer on a dose by dose basis.
Follow up	<ul style="list-style-type: none"> Monitor patient. Use clinical judgement to decide when to seek medical opinion Ensure adequate fluid intake etc.
Patient advice	<ul style="list-style-type: none"> Inform the patient that the medicine is being administered under homely remedy protocol Action may take 8 to 12 hours Inform staff of bowel movement or if there is abdominal pain
Record keeping	<ul style="list-style-type: none"> Administered doses must be recorded using the homely remedies template on SystemOne

DIORALYTE SACHETS

Administration of **ORAL REHYDRATION SALTS** to patients in prisons by registered nurses

For full details of the drug profile please refer to the
[Dioralyte Blackcurrant Sachets P - Summary of Product Characteristics \(SmPC\) - \(emc\)](#)
medicines.org.uk
 or the current edition of the BNF

1. Staff competencies	
Authorised staff	<ul style="list-style-type: none"> Registered nurse
Additional requirements	<ul style="list-style-type: none"> 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"> Replacement of essential salt and water lost following diarrhoea.
Patients included	<ul style="list-style-type: none"> Inpatient presenting with diarrhoea
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC) Recent bowel surgery Patients with inflammatory bowel disease Patients with active ulcerative colitis Antibiotic-associated colitis Patients with bloody diarrhoea Current significant abdominal pain Abdominal distension and/or vomiting and absence of flatulence High Fever Sodium or potassium restricted diet Kidney or liver problems Diabetes
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – if required contact out of hours doctor service
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients Advise on increased fluid intake

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Dioralyte sachets Legal status: GSL/P
Dose schedule	<ul style="list-style-type: none"> Dose: One/ two sachets reconstituted with 200ml/400ml water Frequency: after each loose stool when required Maximum daily dose: Six sachets in 24 hours Up to 48 hours if diarrhoea is persistent then seek advice of a the medical team
Quantity	<ul style="list-style-type: none"> 10 sachets
Follow up	<ul style="list-style-type: none"> Monitor patient. Use clinical judgement to decide when to seek medical opinion Ensure adequate fluid intake etc. If symptoms persist for a further 36 hours, or are accompanied by a high temperature, the patient must be referred to medical staff.
Patient advice	<ul style="list-style-type: none"> Inform the patient that the medicine is being administered under homely remedy protocol

Record keeping	<ul style="list-style-type: none">Administered doses must be recorded using the homely remedies template on SystemOne
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IBUPROFEN

Administration of **IBUPROFEN TABLETS** to patients in prison by registered nurses

For full details of the drug profile please refer to the
[Ibuprofen 200mg film-coated tablets \(PL 16363/0522\) - 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"> Management of mild to moderate pain and acute musculoskeletal pain as assessed using the nurses clinical judgement.
Patients included	<ul style="list-style-type: none"> Patients with mild to moderate pain where paracetamol has tried and failed or where there is paracetamol allergy, toothache or musculoskeletal pain.
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC) Patients with a known hypersensitivity to aspirin or any other NSAID. Patients with a history of asthma Patients with a history of dyspepsia, peptic ulceration Patients taking medication known to interact with NSAID's- methotrexate, lithium, tacrolimus, ciclosporin. – check the BNF for current drug interactions. Patients with severe cardiac disease Patients with hypertension Patients with renal impairment Patients with heart failure Patients with oedema
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – if required contact out of hours doctor service
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Ibuprofen 200mg tablets Legal status: GSL
Dose schedule	<ul style="list-style-type: none"> Dose: 200mg-400mg Frequency: Every 8 hours Maximum daily dose: 1.2g
Quantity	<ul style="list-style-type: none"> Single dose of 1-2 tablets given on a dose by dose basis Pack of 12 tablets given IP provided an appropriate risk assessment has been made according to the "In Possession" policy
Follow up	<ul style="list-style-type: none"> Monitor patient. Use clinical judgement to decide when to seek medical opinion. Discontinue if patient develops indigestion or other gastro-intestinal symptoms

Patient advice	<ul style="list-style-type: none">• Inform the patient that the medicine is being administered under homely remedy protocol
Record keeping	<ul style="list-style-type: none">• Administered doses must be recorded using the homely remedies template on SystemOne.

GAVISCON ADVANCE TABLETS

Administration of **GAVISCON ADVANCE TABLETS** to patients in prisons by registered nurses

For full details of the drug profile please refer to the
[Gaviscon Advance Mint Chewable Tablets - 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"> Management of symptoms of gastro-oesophageal reflux
Patients included	<ul style="list-style-type: none"> Patients who are otherwise well
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC www.medicines.org.uk) Severe gastric pain Patients on a restricted calcium, potassium or sodium diet Patients with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi. Patients with heart or liver disease Patients taking diuretics for high blood pressure or medication that increases plasma potassium levels. Patients with phenylketonuria.
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – if required contact out of hours doctor service
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Gaviscon Advance Chewable Mint Tablets
Dose schedule	<ul style="list-style-type: none"> Dose: 1-2 tablets to be chewed before swallowing Frequency: after meals and at bedtime Maximum daily dose: 4 doses in 24 hours Other considerations: Patient taking other medication whose absorption may be affected by indigestion remedies will need to take the medicine after a 2 hour gap. See BNF.
Quantity	<ul style="list-style-type: none"> 1-2 tablets on a dose by dose basis
Follow up	<ul style="list-style-type: none"> Monitor patient. Use clinical judgement to decide when to seek medical opinion
Patient advice	<ul style="list-style-type: none"> Inform the patient that the medicine is being administered under homely remedy protocol
Record keeping	<ul style="list-style-type: none"> Administered doses must be recorded on the homely remedies template on SystmOne

Administration of **CETIRIZINE 10MG TABLETS**
to patients in prison by registered nurses

For details of the drug profiles please refer to
[Cetirizine Hydrochloride 10mg Tablets - 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"> Patients presenting with seasonal allergic rhinitis (Hayfever)
Patients included	<ul style="list-style-type: none"> Patients presenting with sneezing, blocked or runny nose, itchy and watery eyes, itchy throat.
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC) Patients with signs of infection i.e pyrexia, thick mucus discharge from the eyes or nose. Patients with kidney or liver disease Patients with prostatic hypertrophy Patients with urinary retention Patients with glaucoma Epileptic patients at risk of having convulsions Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption. Patients taking medication that may interact with Cetirizine (refer to current BNF)
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – If required seek advice from the out of hours service.
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients Provide non pharmacological advise – to reduce exposure to allergens by keeping windows closed, wearing sunglasses, washing after exposure to allergen.

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Cetirizine 10mg oral tablets (GSL) Dose by dose or a maximum of 7 supplied in possession (refer to the prison in possession policy)
Dose schedule	<ul style="list-style-type: none"> 10mg daily
Follow up	If symptoms persist for more than 72 hours, seek medical advice.
Patient advice	<ul style="list-style-type: none"> Inform the patient that the medicine is being administered under homely remedy protocol Keep windows closed May cause drowsiness in some people, if affected, do not use tools or machinery. Other side effects include: dry mouth, headache, feeling nauseous, diarrhoea.
Record keeping	<ul style="list-style-type: none"> Administered doses must be recorded on the homely remedies template on SystmOne

Administration of **ACICLOVIR 5% CREAM**
to patients in prison by registered nurses

For details of the drug profiles please refer to
[Aciclovir Cold Sore Cream - 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"> Patients presenting with herpes simplex virus of the skin (cold sores)
Patients included	<ul style="list-style-type: none"> Patients presenting with early signs of a cold sore i.e. at the tingling or first blistering stage.
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC), or valaciclovir Patients with herpes simplex infection of the eye Patients with herpes infection affecting the inside of the mouth or the genitals. Immunocompromised patients
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – If required seek advice from the out of hours service.
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Aciclovir 5% Cream Pack of 2g cream (GSL) in possession (refer to the prison in possession policy)
Dose schedule	<ul style="list-style-type: none"> Apply five times a day for 5-10 days
Follow up	If symptoms persist for more than 10 days then medical advice should be sought.
Patient advice	<ul style="list-style-type: none"> Inform the patient that the medicine is being administered under homely remedy protocol Wash hands before and after applying the cream Do not touch the cold sore unnecessarily as this can lead to the cold sore spreading. Do not share towels to reduce transmission of virus Adverse reactions may include temporary stinging or burning sensation, itching, redness and drying or flaking of the skin.
Record keeping	<ul style="list-style-type: none"> Administered doses must be recorded on the homely remedies template on SystemOne

Administration of **HAEMORRHOID CREAM (ANUSOL®)**
to patients in prison by registered nurses

For details of the drug profiles please refer to
[Anusol Cream - 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"> • Symptomatic treatment of haemorrhoids (piles)
Patients included	<ul style="list-style-type: none"> • Patients presenting uncomplicated external and/or internal haemorrhoids.
Patients excluded	<ul style="list-style-type: none"> • Hypersensitivity to any of the ingredients of the preparation (see SPC) • Excessive rectal bleeding • Presence of dark stools
Action for patients excluded	<ul style="list-style-type: none"> • Within normal working hours – contact medical team for advice • Outside normal working hours – Contact the out of hours service if necessary.
Action if patient declines	<ul style="list-style-type: none"> • As for excluded patients • Give non-pharmacological advice about increasing fluid and fibre in the diet to prevent “straining”. Gently clean the area to prevent itching. Taking regular exercise and losing weight may also help avoid further symptoms.

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> • Anusol cream (GSL) 1x23g in possession (refer to the prison in-possession policy)
Dose schedule	<ul style="list-style-type: none"> • Apply morning and night and after each bowel movement until the condition is controlled.
Follow up	If symptoms are no better after 7 days treatment, then seek medical advice. Discontinue treatment if the patient develops a severe skin reaction
Patient advice	<ul style="list-style-type: none"> • Inform the patient that the medicine is being administered under homely remedy protocol • Advise the patient to wash and dry the anus carefully before applying the cream. • Wash your hands before and after applying the cream. • For treatment of internal haemorrhoids, application into the back passage will be necessary. A nozzle provided with the cream should be screwed on to the tube. The nozzle should be gently inserted into the rectum and a small amount of cream squeezed out. Withdraw the nozzle slowly and clean after each use. • Increase fluids and fibre in the diet and take regular exercise to help prevent further symptoms.
Record keeping	<ul style="list-style-type: none"> • Administered doses must be recorded on the homely remedies template on SystmOne

Administration of **OLIVE OIL EAR DROPS**
to patients in prison by registered nurses

For details of the drug profiles please refer to 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"> Excessive ear wax
Patients included	<ul style="list-style-type: none"> Patients presenting with excessive ear wax leading to hearing loss.
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see patient information leaflet in the box) Pain in the ear Patients with discharge from the ear Patients with a fever Patients with foreign bodies in the ear canal
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – Contact medical team for advice Outside normal working hours – Contact the out of hours service if necessary.
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Olive Oil ear drops 10ml (GSL) plastic bottle pack in possession or supervised administration (refer to the prison in-possession policy)
Dose schedule	<ul style="list-style-type: none"> Insert 2-3 drops into the ear morning and night for 7 days.
Follow up	If symptoms are no better after 2 weeks, or recur frequently then seek medical advice. Seek medical advice if any pain or discharge develops. Discontinue treatment if the patient develops a severe skin reaction or has difficulty in breathing.
Patient advice	<ul style="list-style-type: none"> Inform the patient that the medicine is being administered under homely remedy protocol Ensure olive oil is at room temperature Tilt the head sideways with the affected ear facing upwards when applying the drops and allow a few minutes for the oil to reach the eardrum before returning to the upright position. Do not insert the dropper or any solid object in to the ear.
Record keeping	<ul style="list-style-type: none"> Administered doses must be recorded on the homely remedies template on SystmOne

Administration of **MOUTH ULCER GEL**
to patients in PRISON by registered nurses

For details of the drug profiles please refer to the current edition of the SPC
www.medicines.org.uk or 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"> • Aphthous mouth ulcers
Patients included	<ul style="list-style-type: none"> • Patients presenting with aphthous mouth ulcers.
Patients excluded	<ul style="list-style-type: none"> • Hypersensitivity to any of the ingredients of the preparation (see SPC) • Mouth ulcers present for more than 3 weeks • Mouth ulcers that are bleeding • Patients with recurrent mouth ulcers • Suspected herpes simplex infection
Action for patients excluded	<ul style="list-style-type: none"> • Within normal working hours – contact doctor for advice • Outside normal working hours – Contact the out of hours service if necessary.
Action if patient declines	<ul style="list-style-type: none"> • As for excluded patients

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> • Lidocaine 0.33%, Cetylpyridium chloride (Calgel®) 10g 'P' pack in possession. (refer to the prison in-possession policy)
Dose schedule	<ul style="list-style-type: none"> • Apply a small amount of gel to the sore area with a clean fingertip. Can be repeated after 3 hours if necessary up to a total of 6 applications in 24 hours.
Follow up	If symptoms are no better after 3 weeks, or recur frequently then seek medical advice. Discontinue treatment if the patient develops a severe skin reaction or has difficulty in breathing.
Patient advice	<ul style="list-style-type: none"> • Inform the patient that the medicine is being administered under homely remedy protocol • Wash your hands before and after applying the gel
Record keeping	<ul style="list-style-type: none"> • Administered doses must be recorded on the homely remedies template on SystmOne

Administration of **LOPERAMIDE 2MG CAPSULES**
to patients in prison by registered nurses

For details of the drug profiles please refer to the
[Loperamide 2mg Capsules - 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"> Patients presenting with diarrhoea
Patients included	<ul style="list-style-type: none"> Patients presenting with acute diarrhoea for less than 5 days duration.
Patients excluded	<ul style="list-style-type: none"> Hypersensitivity to any of the ingredients of the preparation (see SPC) Patients with signs of inflammatory bowel disease such as active ulcerative colitis or Crohns disease.. If diarrhoea contains blood or mucus. Patients with irritable bowel syndrome (IBS) Patients with a fever which may indicate infection of the gut by Salmonella, Shigella or Campylobacter Diarrhoea started after a course of antibiotics - antibiotic associated pseudomembranous colitis. Patients with hepatic impairment Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption. Patients taking medication that may interact with Loperamide such as desmopressin (refer to current BNF)
Action for patients excluded	<ul style="list-style-type: none"> Within normal working hours – contact medical team for advice Outside normal working hours – If required seek advice from the out of hours service.
Action if patient declines	<ul style="list-style-type: none"> As for excluded patients Provide non pharmacological advise – drink plenty of fluids

3. Description of treatment	
Medicine to be administered	<ul style="list-style-type: none"> Loperamide 2mg capsules Dose by dose or a maximum of 6 (GSL pack) supplied in possession (refer to the prison in possession policy)
Dose schedule	<ul style="list-style-type: none"> Take Two capsules to start (4mg) followed by one capsule (2mg) after each loose stool, up to a maximum of 8 capsules in 24 hours.
Follow up	If symptoms persist for more than 24 hours, seek medical advice.
Patient advice	<ul style="list-style-type: none"> Inform the patient that the medicine is being administered under homely remedy protocol Drink plenty of fluids to maintain hydration. Wash your hands after you go to the toilet and before touching food. Side effects may include constipation, dizziness, flatulence, abdominal cramps.

Record keeping	<ul style="list-style-type: none">Administered doses must be recorded on the homely remedies template on SystemOne
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Appendix 1

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

Homely Remedies:

Name:	Role:
Base:	Date initial training completed:
<p>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 Healthcare Professional who can demonstrate competence at level 3 or above.</p> <p>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.</p>	
<p>Level 2 Competence Descriptor: Responsible for Co-ordinating and delivering effective quality clinical care following a patient centred model of practice and ensuring the work area runs smoothly</p> <p>Level 3 Definition: Responsible for Co-ordinating, Delivering and maintaining high standards of day to day clinical care for all patients in the designated clinical area. Provide support to the team leader and clinical leadership to the team</p>	

Demonstrates knowledge regarding Accountability, Responsibility and Concordance for administering Homely Remedy medicines				
Performance Criteria	Assessment Method (Questioning/ Observation)	Level 2 achieved Y / N	Date	Assessor/ self-assessed
Has successfully completed Medicines Administration Competency to a level 2.	Questioning			
Demonstrates they have read and understood the procedure for administration of homely remedies and agrees to supply the medicines only in accordance with this guidance.	Questioning			
Demonstrates awareness of when the Homely Remedy procedure 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 2 achieved Y / N	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 an understanding of their accountability and responsibilities for drug administration: <ul style="list-style-type: none"> Professional Standards for Medicines Management Shropshire Community Health NHS Trust Medicines Policy and associated standard operating procedures. Please specify service related ones 	Questioning			
Drug Errors The nurse must demonstrate knowledge of actions to be taken following a drug error or near miss. Includes: <ol style="list-style-type: none"> ensure patient safety – is medical intervention necessary? SCHT medication incident process must be followed including removal of practitioner from drug administration until a satisfactory competency assessment has been documented make a Datix entry explicit communication about the error at handover Complete a reflective account Complete a duty of candour 	Questioning			

Demonstrates knowledge regarding Accountability, Responsibility and Concordance for Medicines Administration				
Performance Criteria	Assessment Method (Questioning/ Observation)	Level 2 achieved Y / N	Date	Assessor/ self-assessed
Security of medicines 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			
Patient Centred 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			
Clinical Knowledge: Demonstrates knowledge of each drug before it is administered e.g. common uses, side effects, contra-indications, usual dosage, any monitoring required	Questioning			
Accountability: 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:** _____

Review Dates:	Competent Yes/No	Registered Healthcare Professional signature	Verifier signature	Comments