

**PROCEDURE: SABP/EXECUTIVE BOARD/0017/PROCEDURE 11**

<b>NAME OF PROCEDURE:</b>	Medicines Procedure: Homely Remedies Administration
<b>REASON FOR THE PROCEDURE:</b>	Guidance on administration of homely remedies
<b>WHAT THE PROCEDURE WILL ACHIEVE:</b>	<ol style="list-style-type: none"> <li>1. Allow nursing staff to administer specified medicines without a prescription</li> <li>2. Improve individuals' access to medicines</li> <li>3. Reduce out of hours call outs for doctors</li> </ol>
<b>WHO NEEDS TO KNOW ABOUT IT:</b>	All medical and nursing staff
<b>DATE APPROVED:</b>	7 <sup>th</sup> June 2018
<b>VERSION NUMBER:</b>	5.0
<b>APPROVING COMMITTEE:</b>	Executive Board
<b>DATE OF IMPLEMENTATION:</b>	7 <sup>th</sup> June 2018
<b>DATE OF FORMAL REVIEW:</b>	13 <sup>th</sup> July 2020
<b>AUTHOR/REVIEWER:</b>	Medicines Management Committee
<b>DIRECTORATE RESPONSIBLE:</b>	Executive Board
<b>DISTRIBUTION:</b>	All medical and nursing staff

This policy has been reviewed and is compliant with the most up to date Code of Practice and NICE Guidelines

TITLE OF CODE OF PRACTICE	NICE REFERENCE NUMBER	
Medicines Ethics and Practice	PH10	
The Human Medicines Regulations 2012		

**POLICY, PROCEDURE AND GUIDELINE DEVELOPMENT  
PROCEDURE**

**VERSION CONTROL SHEET**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
1.0	17/11/2009	Fiona Lockwood	live	
1.1	March 2011	Fiona Lockwood	draft	Fiona Lockwood reviewed & amended procedure
1.2	July 2011	Simon Whitfield	draft	Draft sent out for consultation
1.3	September 2011	Simon Whitfield	Ready for Oct 11 PAG	
2.0	October 2011		Live	
2.1	January 2015	Fiona Lockwood	Draft	
2.2	March 2015	Fiona Lockwood	Draft	Initial review at PAG
2.2	June 2015	Fiona Lockwood	Draft	Draft ready for PAG approval post consultation
3	July 2015		Live	
3.1	May 2017	Fiona Lockwood	Draft	
4.0	July 2017	Fiona Lockwood	Approved	Approved at PAG
4.1	June 2018	Simon Whitfield	Draft	
5.0	June 2018	Simon Whitfield	Approved	

**Summary of Changes since Version 3.0** (*Include version control number here*)

<b>Page /Paragraph/ Appendix Number</b> <i>(select the appropriate action)</i>	<b>Original / New / Amendment / Deleted – Statement</b> <i>(select the appropriate action)</i>
<b>Page 6 &amp; Appendix 1</b>	<b>Amended</b> – addition of eBurn our first line e cigarette product

## PROCEDURE FOR ADMINISTERING HOMELY REMEDIES WITHOUT A PRESCRIPTION FROM A PRESCRIBER

### 1.0 INTRODUCTION

This procedure is to allow nursing staff to administer specified medicines without a prescription.  
This will improve access to medicines and reduce out of hours call outs for doctors.

### 2.0 RELATED POLICY

- The Medicines Policy.

### 3.0 THE PROCEDURE

3.1 Homely remedies do **not** include Prescription Only Medicines **or** Controlled Drugs.

3.2 Registered nurses may administer some medicines, in the circumstances specified. Homely remedies must be written in the designated section on the in-patient medicine card and be signed and dated, along with the nurse's designation.

3.3 The designated section of the medicine card is called "Medicines Administered Under Protocol"

3.4 Further doses may only be administered to the same individual following prescription by a doctor.

3.5 For children, nurses may **NOT** administer any medication without a prescription from an authorised prescriber.

### 3.6 **IN-PATIENT SETTINGS**

#### ➤ **PAIN RELIEF OR PYREXIA**

Paracetamol 500mg tablets: one or two tablets every 4 - 6 hours when required (maximum 4g in 24 hours), **for up to two days only.**

*Caution: Do not administer to individuals with liver disease, including hepatitis.*

*Do not administer to any individual already taking other medicines containing Paracetamol.*

#### ➤ **CONSTIPATION**

Senna tablets: one or two tablets at night when required **for up to two nights only;**

Glycerin suppositories: 2x4g when required **for up to two days only;**

Micro-enema: 5ml when required **for up to two days only.**

*Caution: Avoid if impaction suspected and refer to doctor if no bowel movement occurs.*

#### ➤ **COUGH**

Simple Linctus (Sugar-free): 5ml 3 - 4 times a day when required **for up to two days only.**

#### ➤ **INDIGESTION**

Gaviscon Advance suspension: 5 -10ml after meals and at bedtime when required **for up to two days only.**

*Caution: Do not administer to individuals on a low sodium diet, or those taking lithium, tetracyclines, bisphosphonates or gastro resistant tablets.*

#### ➤ **NICOTINE REPLACEMENT THERAPY – First 24 hrs of admission (see Smoke Free policy and pathway)**

Nicotine patch 21mg in 24 hours: Apply the patch to non-hairy skin on the hip, trunk or upper arm. Hold in position for 10- 20 seconds to ensure adhesion.

Remove patch after 24 hours or sooner if patients doesn't want the patch at night or experiences side effects of nicotine.

Rotate the area of skin to which the patch is applied.

Cautions: patches should not be placed on broken skin and should not be used by people with chronic skin conditions (such as psoriasis, chronic dermatitis or urticaria).

Nicotine Lozenges 2mg or 4mg: Give one lozenge every 1-2 hours when person feels the urge to smoke. Advise the person to allow the lozenge to dissolve in the mouth, moving it from one side of the mouth to the other. This may take up to 30 minutes. Maximum 15 lozenges in 24 hours.

Use the 2mg for those who smoke up to 20 cigarettes a day and use the 4mg for those who smoke over 20 cigarettes a day.

Cautions: may contain sweeteners, sugars or sodium, and may not be suitable for individuals with dietary restrictions. Check the SPC.

## **E- Cigarettes**

### **E-BURN (first line e-cigarette option)**

Each e-burn provides 320 x 2 second puffs (roughly equates to 30-35 cigarettes)

### **NICOCIG (only if E-burn is not available)**

One NICOCIG is equivalent to twenty cigarettes.

Two strengths are available, 11mg and 16mg. Use the 11mg for service users who are used to smoking 'light' cigarettes, the 16mg for 'regular' cigarettes.

E-cigarettes are to be kept in locked medicine cupboards once obtained from pharmacy.

### **Administration**

The administration side of the chart should be completed when the e-cigarette is issued to the service user. The service user may then keep the E-cig on their person.

## **3.7 CARE HOME SETTINGS**

**(See Medicines Procedure: Registered Care Homes)**

**Appendix 1**

**ADMINISTERING HOMELY REMEDIES IN AN IN-PATIENT SETTING  
(See Homely Remedies Administration Procedure for full details)**

<b>INDICATION</b>	<b>DRUG</b>	<b>DOSE</b>	<b>TIME LIMIT</b>	<b>CAUTION</b>
<b>Pain relief or pyrexia</b>	Paracetamol 500mg	1-2 tablets every 4-6 hours when required (max. 4g in 24 hours)	Up to 2 days	<i>Do not administer to individuals with liver disease, or individuals already taking other medicines containing Paracetamol.</i>
<b>Constipation</b>	Senna	1-2 tablets at night when required	Up to 2 days	<i>Avoid if impaction suspected and refer to doctor if no bowel movement occurs.</i>
<b>Constipation</b>	Glycerin suppositories 4g	2x4g when required	Up to 2 days	<i>Avoid if impaction suspected and refer to doctor if no bowel movement occurs.</i>
<b>Constipation</b>	Micro-enema	5ml when required	Up to 2 days	<i>Avoid if impaction suspected and refer to doctor if no bowel movement occurs.</i>
<b>Cough</b>	Simple Linctus (Sugar-free)	5ml 3-4 times a day when required	Up to 2 days	<i>Check formula is sugar-free if giving to diabetics.</i>
<b>Indigestion</b>	Gaviscon Advance suspension	5-10ml after meals and at bedtime when required	Up to 2 days	<i>Caution: Do not administer to individuals on a low sodium diet, or those taking lithium, tetracyclines, bisphosphonates or gastro resistant tablets.</i>
<b>Nicotine replacement therapy</b>	Nicotine Lozenges 2 or 4mg	Give one lozenge every 1-2 hours when person feels the urge	First 24 hours of admission	<i>Cautions: may contain sweeteners, sugars or sodium, and may not be suitable for</i>



INDICATION	DRUG	DOSE	TIME LIMIT	CAUTION
		<p>to smoke. Advise the person to allow the lozenge to dissolve in the mouth, moving it from one side of the mouth to the other. This may take up to 30 minutes.</p> <p>Maximum 15 lozenges in 24 hours.</p>		<p><i>individuals with dietary restrictions. Check the SPC.</i></p> <p>Use the 2mg for those who smoke up to 20 cigarettes a day and use the 4mg for those who smoke over 20 cigarettes a day.</p>
<p><b>Nicotine replacement therapy</b></p>	<p>Nicotine patch 21mg in 24 hours</p>	<p>Apply the patch to non-hairy skin on the hip, trunk or upper arm. Hold in position for 10- 20 seconds to ensure adhesion.</p> <p>Remove patch after 24 hours or sooner if patients doesn't want the patch at night or experiences side effects of nicotine.</p> <p>Rotate the area of skin to which the patch is</p>	<p>First 24 hours of admission</p>	<p><i>Cautions: patches should not be placed on broken skin and should not be used by people with chronic skin conditions (such as psoriasis, chronic dermatitis or urticaria).</i></p>

INDICATION	DRUG	DOSE	TIME LIMIT	CAUTION
		applied.		
<b>Nicotine replacement therapy</b>	E-burn	1 e-CIG per day	First 24 hours of admission	Each e-burn provides 320 x 2 second puffs (roughly equates to 30-35 cigarettes)
<b>Nicotine replacement therapy</b>	NICOCIG 11mg	1 e-CIG per day for smokers who smoke 20 cigarettes per day	First 24 hours of admission	One E-cigarette is equivalent to twenty cigarettes. Use the 11mg for service users who are used to smoking 'light' cigarettes
<b>Nicotine replacement therapy</b>	NICOCIG 16mg	1 e-CIG per day for smokers who smoke 20 cigarettes per day	First 24 hours of admission	One E-cigarette is equivalent to twenty cigarettes. Use the 16mg for service users who are used to smoking 'regular' cigarettes