



- Updated HWEICB Guidance
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- Homely Remedies
- PRN's

Updated guidance

Hertfordshire and West Essex ICB
Prescribing, Policies and Pathways

We are pleased to introduce the following new and updated Good Practice guidance which you can find on our new website [Prescribing, Policies and Pathways \(hweclinicalguidance.nhs.uk\)](https://hweclinicalguidance.nhs.uk)

Emollients

Updated guidance provides information on emollient expiry dates, application and documentation procedures, safe use and storage recommendations, and guidance on prescribing.

You can find the guidance here [Good practice guidance - Emollients](#)

Self-Administration

Updated guidance covers essential areas, including risk assessments, storage of medications, accurate recording of administration, and monitoring compliance. Additionally, it provides a template consent form and a risk assessment form to help standardise and audit these processes effectively.

The guidance can be found here: [Good practice guidance - Self-Administration of Medicines](#)

Reducing Medicines Waste in Care Homes

Updated guidance now includes information regarding tablets, capsules, and oral liquids that are decanted from their original packaging into bottles by the pharmacy. It is crucial that the label on these bottles includes both the batch number and the expiry date from the original packaging. If this information is missing, care home staff should contact their Community Pharmacy for further clarification.

This guidance can be found here: [Reducing Medicines Waste in Care Homes - Care Home Staff](#)

High Risk Medications

New guidance designed to support care home staff in managing patients prescribed high-risk medications. This resource serves as a valuable starting point and covers key areas such as Parkinson's medication, patches, Direct Acting Oral Anticoagulants (DOACs), warfarin, insulin, methotrexate, and lithium—all commonly used in care homes. *Please note that this list is not exhaustive, and the guidance should be adapted as needed to ensure safe and effective medication management.*

This guidance can be found here: [Good practice guidance - High Risk drugs](#)

Behavioural and Psychological symptoms due to dementia

This new guidance has a separate section for care practitioners providing practical guidance on responding to non-cognitive symptoms of dementia.

This guidance can be found here: [Good practice guidance - Behavioural and Psychological Symptoms of Dementia \(BPSD\)](#)

New webinars

We have some new webinars coming up in conjunction with HCPA, they all start at 11am and run for one hour, the registration links are below:

19th September - **Anticholinergic Burden:** https://us02web.zoom.us/webinar/register/WN_3t3UjQUJTrGmB3EODjEp2A

24th October – **Polypharmacy and Falls:** https://us02web.zoom.us/webinar/register/WN_93yk6deMShqHWS-pF6HvfQ

21st November – **Patient Safety and Medication Incidents:** https://us02web.zoom.us/webinar/register/WN_wplugounSmiKDSAx8s-Y0w

12th December – **High Risk Medicines and Useful Medicines Resources:** https://us02web.zoom.us/webinar/register/WN_xusluib3R3ucwTOyPx8_lw

PRN's

A PRN (when required) medication is a medication that is not required on a regular basis. They are usually prescribed by GPs for a **short term, acute or intermittent condition** such as pain, indigestion or insomnia, and it may consist of variable doses e.g. Laxido sachets, Take ONE or TWO sachets daily when required. PRN medications are not confined to the times of medication administration rounds and should be administered 'as and when' required – this may be at the resident's request and/or when care home staff ascertain that the medication is clinically required. We would just like to remind you of the recording requirements when a PRN is administered.

If the PRN medication is given, the following details should be recorded to prevent incident or accidental overdose.


Documentation on the front of the MAR, on the relevant medication entry should include:

- The date the medication is given.
- The time of day the medication is given.
- The initials of the nurse/ carer administering the medication.

Documentation within care home records, for example the reverse of the MAR or in additional notes section should include:

- The date the medication is administered.
- The exact time of administration to ensure required interval time has passed before administering the next dose.
- The dose given particularly when there is variable dose (e.g. ONE to TWO).
- The reason why the medicine was administered (e.g. back pain, vomiting or constipated).
- The resident should be monitored to see if their symptoms have been relieved and the nurse/carer administering the medication should make a record of the outcome. It is good practice to record the time of the outcome and the care plan should be updated.

Front of MAR




Medicines administration record

Dorothy Smith 11/05/1937 South St surgery

NKDA

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Early																												
Morning																												
Lunch																												
Tea																												
Bed																												

PARACETAMOL 500MG TABLETS
 Take TWO tablets up to Four times a day when required
 Do not take more than 2 at any one time. Do not take more than 8 in 24 hours. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine. Talk to a doctor at once if you take too much of this medicine, even if you feel well



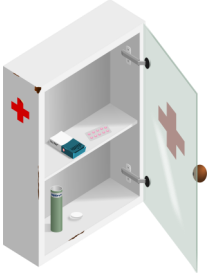
Back of MAR

Notes						
Date	Time	Medication	Dose	Reason	Sign	Outcome
10/2/20	13:00	Paracetamol 500mg Tablets	2 tablets	Back Pain	AC	14:00 pain relieved

*** Reminder that Paracetamol doses vary according to weight.**

Paracetamol 500mg tablets (also caplets & capsules)	Weight <50Kg: 1 tablet every 4 to 6 hours, up to a maximum of 4 in 24 hours.	Resident Weight <50Kg - Then Max is 2g daily (4 tablets) in divided doses
	Weight >50Kg: 2 tablets every 4 to 6 hours, up to a maximum of 8 in 24 hours.	Resident Weight >50Kg - Then Max is 4g (8 tablets) in divided doses
Paracetamol 250mg/5ml oral suspension	Weight <50Kg: 10mls every 4 to 6 hours, maximum of 4 doses in 24 hours.	Resident Weight <50Kg - Then Max is 40mls in divided doses
	Weight >50Kg: 20mls every 4 to 6 hours, maximum of 4 doses in 24 hours.	Resident Weight >50Kg - Then Max is 80mls in divided doses

Homely Remedies




In our ongoing effort to enhance resident care, we encourage care home staff to support residents in managing minor ailments by assisting access to over-the-counter (OTC) treatments. These treatments can be accessed either through Homely Remedies or a self-care protocol. Residents or their families may purchase self-care products for personal use, and it is essential to **check these for potential interactions** and document the outcomes.

Homely Remedies are non-prescription medicines kept in stock within care homes, intended to treat common minor ailments such as mild pain, coughs, or indigestion. These remedies provide residents with convenient access to medications that would typically be available in any household, ensuring they receive timely care without the need for a prescription

Self-care - a non-prescription medicine purchased by a resident or their family for their **personal use**.

Homely remedy - a non-prescription medicine that a care home can purchase over the counter in advance and keep as **stock for residents**.

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- 😊 Only the named preparations listed in the care homes homely remedy policy may be administered
 - 😊 The receipt of purchase should be kept and stock should be recorded as part of a running balance.
 - 😊 Each resident should have an individual agreement form in place signed by a relevant healthcare professional to assess the suitability of each remedy.
 - 😊 They can be administered for **up to 48hours**, if symptoms persist the resident should be referred to the GP or pharmacist.
 - 😊 All administered doses of homely remedies must be recorded manually on the MAR or eMAR, it must be clearly marked that a homely remedy was used.
 - 😊 The homely remedies must be stored securely and kept separate from other prescribed medication, we would recommend storing them in a box clearly marked as 'homely remedies'.
 - 😞 External preparations, suppositories, dressings and vitamins are not suitable to be used as homely remedies.
 - 😞 They should not be offered to residents on a regular basis and recorded as not required.
 - 😞 Re-using any other medication either prescribed or non-prescribed as a homely remedy is inappropriate, for example– removing a medication dispensing label for a resident no longer at the home.
 - 😞 They are not suitable to be used for long term conditions.
 - 😞 It is the responsibility of the care home to purchase not the resident
 - 😞 GP's will need to prescribe if needed for longer than 48 hours
 - 😞 They are not for staff use

Our Good practice guidance for Homely Remedies can be found here [download \(hweclinicalguidance.nhs.uk\)](https://www.hweclinicalguidance.nhs.uk)

Please send details of any queries /requests for support to the team e-mail address hweicbenh.pharmacycarehomes@nhs.net Emails are monitored Monday-Friday, 9am-5pm (exc Bank Holidays) and will be triaged to the most appropriate member of the team. Patient identifiable details should ONLY be sent from and to secure email addresses (NHS.net to NHS.net). More information, guidance documents & newsletters can be found at our new website [Prescribing, Policies and Pathways \(hweclinicalguidance\)](https://www.hweclinicalguidance.nhs.uk)

