## **Homely Remedies Agreement**

Resident's Name:	Date of Birth:	

Authorisation to administer homely remedies for a maximum of 48 hours for the treatment of the conditions listed below. If symptoms persist after this period, the GP must be contacted.

## Agreed drugs for use as homely remedies (GP to delete item(s) as appropriate)

Minor ailment requiring treatment	Medicine	Dose	Maximum dose in 24 hours	Warning / Precautions / Contra- indications	Authorised for use in this resident
Indigestion	Peptac <sup>®</sup> Oral Suspension	10 - 20mls after meals and at bedtime.	80ml in divided doses	Sodium and potassium content should be taken into consideration if a highly restricted salt diet is recommended	Yes / No
Diarrhoea (mild)	Oral Rehydration Sachets	One or two reconstituted sachet(s) after eard loose bowel motion	20 - 40ml / kg	The solution may be refrigerated for up to 24 hours after which it should be discarded	Yes / No
Constipation	Senna 7.5mg Tablets OR Senna 7.5mg/5ml Syrup	1 - 2 tablets at night 5 - 10mls at night	2 tablets	May colour urine	Yes / No
Mild to moderate pain (e.g. headache, toothache, muscular aches) or raised temperature	Paracetamol 500mg Tablets / Capsules / Caplets OR Paracetamol 250mg/5ml Oral Suspension	1 - 2 tablets every 4 to 6 hours, 10 - 20mls every 4 to 6 hours,	4g (8 t(blets) in 24 hours  80mls (4 doses) in 24 hours	Do not give with other paracetamol containing products.  If body weight below 50kg opse should be rejucent to one tablet of 10ml up to four times daily.	Yes / No

I agree that a suitably trained senior person on duty may administer the medication authorised above for the indications stated to this resident. This agreement does not remove the requirement that staff involved in the administration of homely remedies must ensure that the medicine to be administered is suitable for the resident's particular circumstances at the time of administration.

GP Name:	Nurse in Charge:	
GP Signature:	Signature:	
Date:	Date:	
Review Date:		