

Form 1

Sample of authorisation form for the GP to complete **for a group of service users under their care.**

I authorise service users under the care of.....(*practice name*) to receive any of the listed products in-line with your Homely Remedy Policy For Adult Service Users. This policy states that only senior members of staff may administer these preparations.

Indication/ Symptoms	Homely Remedy	Instructions for Use	Authorisation given (please indicate)
Mild pain eg toothache , relief of cold symptoms, headache	Paracetamol tablets (500mg)	ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. Do not give with other paracetamol containing medicines. GP to be consulted if symptoms persist for longer than 48hours	
	Paracetamol soluble tablets (500mg)		
Sore throat	Glycerin, honey and lemon lozenges	One to be sucked when required for sore throat (Note: not to be used if service user requires supervision ie if considered to be at risk of choking on lozenge)	
	Paracetamol soluble tablets (500mg)	ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. Do not give with other paracetamol containing medicines. GP to be consulted if symptoms persist for longer than 48 hours	
Diarrhoea – for replacement of water and salt loss in treatment of acute diarrhoea.	Oral Rehydration Salts eg Dioralyte sachets Electrolade sachets	The contents of one sachet to be dissolved in 200ml water and taken after each loose bowel motion. If vomiting has occurred small amounts should be taken regularly. Store any remaining solution in the fridge for up to 24 hours. GP to be consulted if symptoms persist for longer than 24 hours Do not use if the service user has (consult GP immediately): Persistent vomiting Diabetes Low sodium/potassium diet	

Listed below are service users who should not be given any of the above homely remedies

Name of service user	Reason for not administering homely remedies
.....
.....
.....

Signed by GP Date.....

Return the completed form to the care home

Form 2 - For individual service user

Sample of a authorisation form for the GP to complete **for each individual service user under their care.**

Service user name and date of birth name of care home
 is currently residing in

I authorise the above service user under the care of(practice name) to receive the following products (*please indicate*) in-line with your Homely Remedy Policy For Adult Service Users. This policy states that only senior members of staff may administer these preparations

Indication/ Symptoms	Homely Remedy	Instructions for Use	Authorisation given (please indicate)
Mild pain eg toothache , relief of cold symptoms, headache	Paracetamol tablets (500mg)	ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. Do not give with other paracetamol containing medicines. GP to be consulted if symptoms persist for longer than 48hours	
	Paracetamol soluble tablets (500mg)		
Sore throat	Glycerin, honey and lemon lozenges	One to be sucked when required for sore throat (Note: not to be used if service user requires supervision ie if considered to be at risk of choking on lozenge)	
	Paracetamol soluble tablets (500mg)	ONE to TWO tablets to be given 4-6 hourly if required for pain relief. Maximum of 8 tablets in 24 hours. Do not give with other paracetamol containing medicines. GP to be consulted if symptoms persist for longer than 48 hours	
Diarrhoea – for replacement of water and salt loss in treatment of acute diarrhoea.	Oral Rehydration Salts eg Dioralyte sachets Electrolade sachets	The contents of one sachet to be dissolved in 200ml water and taken after each loose bowel motion. If vomiting has occurred small amounts should be taken regularly. Store any remaining solution in the fridge for up to 24 hours. GP to be consulted if symptoms persist for longer than 24 hours Do not use if the service user has (consult GP immediately): Persistent vomiting Diabetes Low sodium/potassium diet	

Signed by GP Date.....

Return the completed form to the care home