

## Homely Household Remedies - Risk Assessment

A: SERVICE USER DETAILS					
Surname:		First Name(s):		G.P.:	
Age last birthday:		Date of Birth:		SERVICE USER REF:	
B: DETAILS OF HOMELY / HOUSEHOLD REMEDY					
Product		Active Medicine & Strength		Packaging & Presentation	
C: RISK MANAGEMENT					
	RISK ELEMENT	Assessed by	Date	Verified by	Date
1	Service User understands the purposes of the medicine.				
2	Service User is able to read and UNDERSTAND instructions on the packaging.				
3	Product contains a Direction Sheet or Product Information Leaflet.				
4	Product Information Leaflet clearly identifies possible contra-indications with other medicines.				
5	Product Information Leaflet clearly identifies possible allergies to the medicine.				
6	G.P. or Pharmacist is consulted to verify compatibility with other (prescribed) medication.				
7	Written permission is obtained from the G.P. to administer the homely remedy. This is recorded on an Approved List of Homely Remedies.				
8	Administration of homely remedies are recorded on the Service User's normal MAR Chart, together with any prescribed medication.				
9	There is a documented Policy for the management and administration of homely remedies.				
Risk Assessment conducted by (PRINT NAME): _____ Signature: _____ Date: _____					