

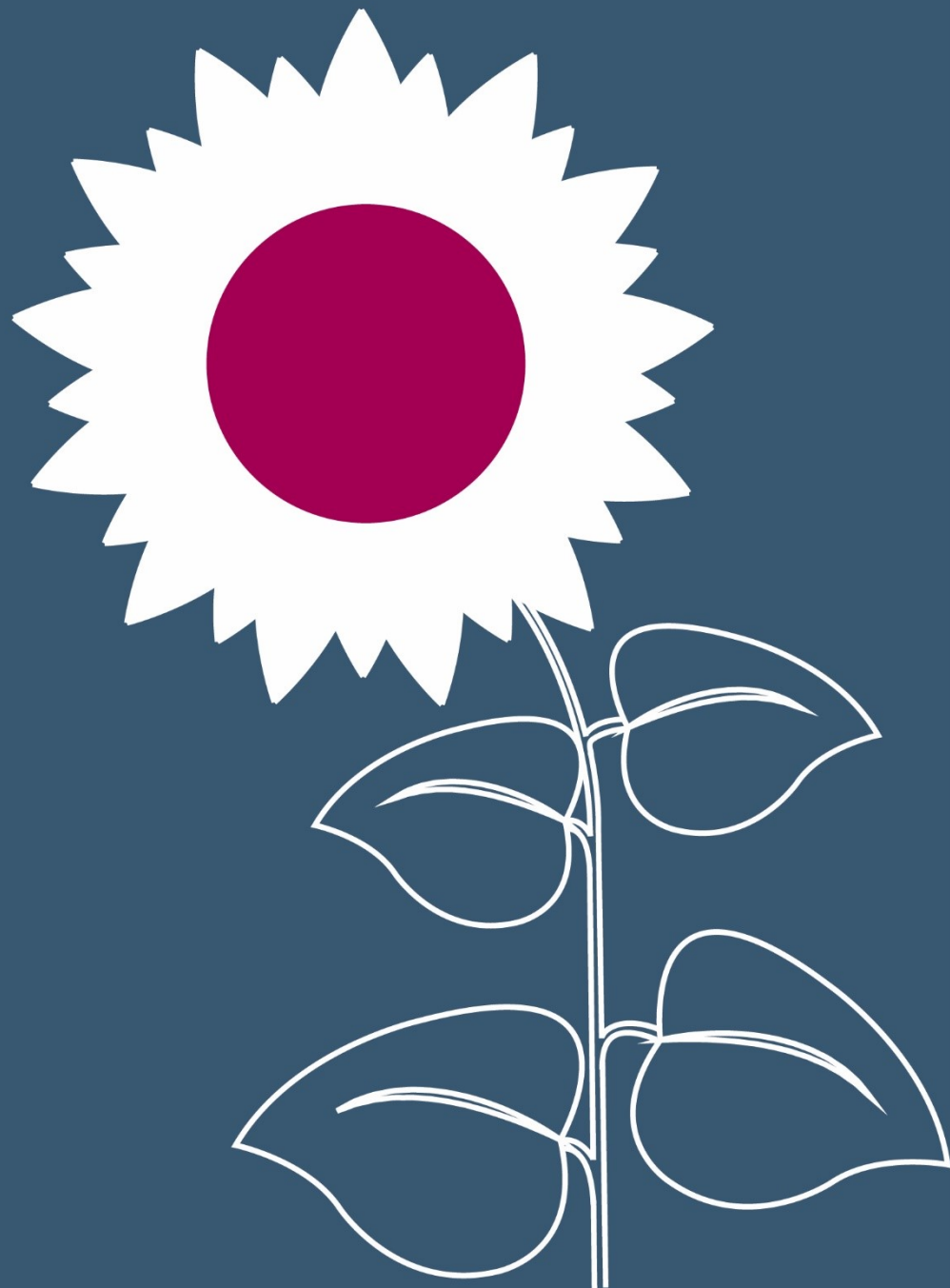


City of
Stoke-on-Trent

Medication Policy Children's Residential Services

Tri X 5_4_3 (July 2024)

Review July 2025



INFORMATION SHEET

Service area	Children and Young People's Services
Date effective from	July 2013
Responsible officer(s)	Strategic Manager Children in Care
Date of review(s)	January 2022 July 2022 December 2022 July 2024
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) 	Mandatory
Target audience	All residential staff and Registered Managers
Date of committee/SMT decision	
Related document(s)	
Superseded document(s)	December 2022
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1 Introduction

- 1.1 All residential carers within a children's care home have a duty of care that requires all medication to be handled in a way that is as safe as possible. This means any policies and procedures regarding medication must be detailed and precise with all carers aware of such procedures.
- 1.2 For young people sixteen and under the administration of medication and contraception will depend on their level of understanding e.g. Gillick competence and Fraser Guidelines. Their level of development must be taken into account and a risk assessment completed of their ability to safely administer their own medication.
- 1.3 Young people aged sixteen and over should be encouraged to take responsibility for their medication and the administration of it, if this is appropriate to do so. Whilst recognising that at times, a young person may be at risk if they have medication in their possession.

2 Aim of the Policy

- 2.1 The aim of this policy is to ensure carers offer a high level of health care to children in care which minimises risk and harm. It aims to raise carers' knowledge of safe boundaries in their work with children and young people, in the administration of medicines and to offer guidance to carers on what is best practice for the handling, storage and administration of medicines.
- 2.2 With regard to health care, children who are in care should experience the same level of care as children who live with their own families receive. However, there need to be clear guidelines and some regulation in order to protect both carers and children. The policy gives carers and children precise detail on what is acceptable and safe for everyone, whilst ensuring there are clear lines of accountability.
- 2.3 This policy covers storage, disposal, administration and recording of both prescribed and home remedy medications. The policy does not cover invasive treatment.

3 Legislative Context

- 3.1 The following is a list of legislation/guidance that has a direct impact on the handling of medication within a care home for children:
 - **Care Standards Act 2000**
 - **Health and Safety at Work Act 1974 (HASAWA)**
 - **Mental Capacity Act 2005.**
 - **The Human Medicines Regulations 2012**

- **The Medicines Act 1968 (revised 2006).** This provides the legal framework for manufacturing, licensing, prescribing, supply and administration of medicines which includes:
 - **Promoting the health and wellbeing of looked after children.** (DfE & Department of Health and Social Care 2015)
 - **Managing medicines in Care Homes** (NICE 2014)
 - **Children Act 1989**
 - **Pharmacy Only Medicines. (Over the Counter)**
Over the Counter medicines can only be obtained from a registered pharmacy under the supervision of a pharmacist e.g. Emergency Contraception
 - **General Sale List. ('Household Medication')**
General sale list medicines can be obtained from retail outlets e.g. Paracetamol
 - **Prescription Only Medicines (POM)**
Prescription Only Medicines can only be supplied or administered to an individual on instruction of an appropriate practitioner namely a Doctor or Nurse e.g. Antibiotics
- **The Misuse of Drugs Act 1971**
This covers controlled drugs and must be prescribed by a Doctor and written in ink e.g. Methadone, Diamorphine
- **The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001**
- **The Data Protection Act 2018**
- **The Health and Social Care Act 2001**
- **The Administration and Control of Medicines in Care Homes and Children's Services**
- **'Handled with care?' – 'Managing medication for residents of care homes and children's homes – a follow up study'.** (CSCI Special Study Report Feb 2006)

4 Designated Staff

- 4.1 The **Care Standards Regulations** state that first aid and the administration of medication must be given only by “competent designated staff”. In order to comply with this standard “designated staff” will be the following:
- A fully qualified first-aider who is on site (i.e. Emergency first aid at work and holds a valid certificate). In the absence of a first-aider, a carer or a delegated person can undertake this role.
 - Carers who have attended medicine management training covering key areas of receipt, storage and administration of medication and controlled drugs.
- 4.2 The designated carer must read and sign this policy and discuss it in supervision and should attend refresher courses depending on the specific needs of the service.
- 4.3 Casual and agency **should not**, at any time, administer medication of any kind unless they have completed Stoke-on-Trent City Councils medication training in line with colleagues working in that service.

5 Admission Procedure

- 5.1 Carers should establish if the child/young person is taking regular medication when the child/young person arrives at the home. If the child/young person takes regular medication and does not have any medication with them they should see the GP/Out of Hours Service/NHS Direct/Local A&E Department at the earliest opportunity. Asthma inhalers, epilepsy medication and insulin **must** be obtained immediately if none is available.
- 5.2 Information should be obtained about any medication to be given to the child/young person and the type, dose, amount and other specific requirements should be recorded.
- 5.3 The supply of medicines to all children’s homes in the UK comes under the remit of the **Medicines Act 1968**. All medicines brought into the homes from whatever source must be recorded on the child’s **Medication Administration Record (MAR)** as soon as received and the medicine must be put, immediately, into the medicine cabinet.
- 5.4 The record must show:
- Name and date of birth of the child
 - Known allergies
 - Date received
 - Date started

- Name, strength, and dosage of medicine
 - Quantity received
 - Signature of the carer receiving the medicines
 - Record of when to dispose of the medicine and disposal sheet
- 5.5 All medication from the pharmacy must have a pharmacy label to include the young persons:
- Name
 - Name and strength/dose and frequency of medication
 - Date of dispensing
 - Name of pharmacy where it was dispensed
- 5.6 Carers must ensure written permission from a person with parental responsibility for the administration of appropriate non-prescription medication is obtained and retained on the child's file.
- 5.7 A risk assessment of the child/young person for the safe administration of medication must be completed and recorded on the child's file.
- 5.8 If carers are in any doubt about the proper action to be taken in respect of medication they should seek advice from a health professional.

6 Storage of Medicines

- 6.1 The safe keeping of medications is required by law (**National Patient Safety Agency DOH 2004**).
- 6.2 All medication must be stored in its original container, with the original dispensing label, as received from the pharmacy. The name of the child, dose, frequency and route of administration must be clearly visible on the prescription label.
- 6.3 Household remedies should be checked regularly to ensure they remain in date.
- 6.4 All medication must be stored in a locked cabinet that is securely fixed to the wall and is used for medication storage only. The security of medicines must not be compromised by the cupboard being used for non-clinical purposes.
- 6.5 Dressings should be kept separate from oral medication e.g. on a separate shelf.
- 6.6 Creams should be labelled with a date when opened and discarded after 28 days unless instructed otherwise by GP or pharmacist.

- 6.7 Urine testing or blood sugar testing equipment should be kept in a separate locked cupboard.
- 6.8 Residential staff should hold the key for the cupboard and have access to its contents.
- 6.9 The keys for the medicine cupboard should not be part of the master system for the home. Key security is integral to the security of the medicines and therefore access should be restricted to Residential staff. Keys to the secure locked cupboard or fridge should be allocated to the authorised carer on shift and kept in a secure locked cupboard.
- 6.10 Some medications must be stored securely but must be readily available to the child (e.g. asthma inhalers, EpiPen's;) when appropriate and safe to do so should be kept in the possession of the young people, this would be risk assessed ahead of time.

7 Cold Storage

- 7.1 Wherever possible, a separate, secure refrigerator should be available to be used exclusively for the storage of medicines requiring cold storage. The temperature of the medicine's refrigerator should be monitored daily when in use, using a maximum/minimum thermometer and recorded.

8 Administration and Recording

- 8.1 Medicines supplied for an individual child are the property of that child and **The Medicines Act 1968** clearly states that medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Therefore, medicines obtained in this manner may not at any time be used for another child and must not be used for a purpose that is different from that for which they were prescribed.
- 8.2 Carers must not tamper with prescribed packs of medication i.e. by mixing medicines, as this may lead to potential claims under product liability law. This applies to the receipt of new supply of medications. The original supply must be finished first.
- 8.3 It is the responsibility of the designated person to ensure that stock levels of medication are kept at an appropriate level.

9 Preparation

9.1 Collect all the equipment required:

- Jug of water and cups
- Spoons and syringes
- Medication record charts and pen
- Medication
- Tissues

9.2 Take the child/young person to the medication and check and confirm the identity of the child/young person.

9.3 Wash hands thoroughly and explain the procedure to the child. Administer medication in a quiet area away from distractions. Only administer medication to one child at a time.

9.4 Staff should:

- check correct names on container, correct medicine, dose and time;
- check Medication Record Card and correct child.

9.5 Medication should never be dispensed for someone else to administer at a later time or date.

10 Process of Administration

10.1 Check the medication is in date.

10.2 Read the medication label for the six rights of administration:

- Right medication
- Right dose
- Right time
- Right route
- Right child
- Right to refuse

- 10.3 It is essential that the person administering the medication cross references the medication label with the MAR and checks that the medication has not already been administered. The person administering the medication should also ensure the young person has not self-medicated or been given any medication by parents/carers/relatives prior to returning to the home.
- 10.4 Transfer tablets or capsules from the container into another receptacle, i.e. plastic medicine spoon or medicine cup. **Do not** touch by hand. Do not crush tablets/capsules unless directed to do so by a pharmacist or doctor. If possible wear gloves, if not possible then staff are to ensure that they wash hands, ensuring that they follow the government guidelines on hand washing.
- 10.5 Pour liquids with the drug label on the bottle facing up to prevent spillage onto the label. Hold the medicine cup/measuring spoon at eye level when pouring liquids out; hold the bottle upright and level if using a syringe.
- 10.6 Give medicines that are prescribed daily at the same time each day. Divided doses should be given at times spread out evenly across the day.
- 10.7 Give the medication to the child/young person and observe that it is swallowed.
- 10.8 Record immediately on the Medication that the medicine has been taken by the child and the quantity of medicine dispensed. Sign in the space provided and lock the medicine away.
- 10.9 The Medication file is a working document and the signature of the person administering the medication and the date of administration must be linked to a specific medication. This is to facilitate audits at a later date and to ensure that the records are clear.
 - Record also if a child refuses medication or is not taken for any other reason e.g. absent from home.
 - Record if medication is spilt or dropped and re-administered.
 - Record if medication is regurgitated but DO NOT re-administer.
- 10.10 If the child refuses to take the medication, make sure that records are up to date, risk assessment and medical advice has been sought. Advice may be needed from the GP or from the Nurse for Children in Care, 111 can be used to seek medical advice as well if this is deemed to be necessary.
- 10.11 When medication is discontinued by the GP or the course has been completed, a line should be drawn through the remaining section of the Medication file, dated and signed and the disposal/completed paperwork should be completed and filed.
- 10.12 If a child has difficulty accepting medication, advice should be sought from a health professional who knows the child and a plan of action recorded on the child's file as to how best to deal with this.

11 Medication Errors i.e. Over-dosage or Medication Given to Wrong Child

- 11.1 Check the child is not suffering an adverse reaction. Contact the child's GP, a local pharmacist or NHS 111 for advice.
- 11.2 If the child is suffering an adverse reaction e.g. collapse/difficulty in breathing, Summon an ambulance via 999. Provide first aid care. In both instances the Registered Manager / social worker must be informed (on call system or EDT if out of hours) and, where appropriate, the child's parents.
- 11.3 The medication error must be documented in the child's records and on the Medication folder.
- 11.4 The person who administered the medication will need to record the incident.

12 Self Administration

- 12.1 Some young people may wish to manage and administer their own medication e.g. Antibiotics, asthma inhalers, contraceptive pill, eczema cream, insulin. Ideally this should be done after discussions have taken place between the young person and the Registered Manager and a risk assessment has been completed.
- 12.2 Wherever possible, consent to self-administer should come from someone with parental responsibility. Where this is not possible, further discussions need to take place between the Registered Manager, social worker, a Principal Manager and relevant Health professional.
- 12.3 A thorough assessment must be undertaken for anyone potentially administering their own medication. Areas needing to be covered include:
 - The young person understands their medical condition and the side effects of any misuse of medication.
 - The young person understands the importance of administering the medication at the correct time, correct method and correct dosage.
 - The Manager and carers are aware of the side effects of the medication and how to respond to an emergency.
 - The storage of the medication.
- 12.4 A written record of the name, strength, dosage and quantity of medication received into the home must be recorded on the medication chart and it should be identified on the young person's health plan that they are administering their own medication. Carers should monitor the need for repeat prescriptions and order it if this supports the young person.

- 12.5 The young person will not be required to complete a medication record for self-administration.
- 12.6 Self-administration should also include oral contraception. Carers should be aware of the sensitive nature of contraception for the young person. There may be issues of confidentiality to consider so carers need to be clear about who knows about the young person and what the young person's views are on people knowing. A health professional would only prescribe the Pill to a young person assessed as being competent to take it. Therefore, if there are any concerns over compliance advice should be sought from the professional who prescribed it.
- 12.7 With regard to sexually transmitted infections (STIs), only young people themselves should apply their prescribed cream, not carers. If any concerns arise about compliance then advice should be sought from the health professional who prescribed the medication.
- 12.8 If a child/young person is clearly under the influence of alcohol or some other substance or if a young person has a history of overdosing and carers feel that following a risk assessment there is potential for this to occur, carers may need to withhold medication from the child/young person. If carers are unsure whether to withhold any medication they should contact:
- NHS
 - 111
 - Drug Link
 - 01782 425100

13 Administration away from the Home

- 13.1 When a child is away from the home overnight, medication must be taken in its original container. Medicines must not be dispensed into unsuitable containers i.e. envelopes.
- 13.2 Appropriate entries in the Medication folder and the child's records must indicate that the child has been away from home and details of the amount of medication the child has taken with them should be made.
- 13.3 If a child/young person has prescribed medication that it is to be taken both at home and at school, it is vital that the carers liaise closely with the Designated Teacher and the school health nurse to discuss how best this should be managed. Refer to the appropriate school policy for guidance.

14 Disposal of Medication

- 14.1 When the child no longer lives in residential care any remaining prescribed medications should go with the child to their new home. The transfer of medication should be detailed on the Medication folder and in the child's records, ensuring that the new home also signs to take account for this medication.
- 14.2 To provide an audit trail, prescribed medicines that are not used should be returned to the pharmacist and the disposal recorded on the Medication folder and on the child's file. A receipt, stamp or signature should be obtained and attached to the Medication folder.
- 14.3 Expiry dates on home remedies i.e. Calpol/Paracetamol should be regularly checked and if out of date should be returned to the pharmacist for disposal – following the recording process outlined above.

15 Controlled Drugs

- 15.1 Controlled drugs will only be prescribed in exceptional circumstances.

Receipt of controlled drugs e.g. morphine sulphate, methylphenidate

- 15.2 As for **Section 5** but two carers must sign for receipt of controlled drugs.

Storage of controlled drugs – As for Section 6

- 15.3 Controlled drugs must be stored in a locked box within the locked medicine cupboard. The key for the box must be held by the designated person and **MUST NOT** be on the same key chain as for the generic medicines.

Administration and recording – as for Section 8

- 15.4 Follow the preparation process and the five rights of administration as detailed in **Section 10**, but there must be two carers to administer and witness the administration. The Medication folder must be signed immediately by both carers.
- 15.5 Record the amount of medication left on the young person's medication sheet.
- 15.6 Any cases of theft must be reported immediately to the police and a Registered Manager.

Disposal – as for Section 14

- 15.7 A signature of the receiving pharmacist or carer should be obtained on the MAR stating the amount of medication received.

16 Home Remedies

- 16.1 Homely medications can be used to treat minor ailments without necessarily consulting the young person's GP. Homely medications are medications which can be purchased 'over the counter' and can be purchased directly by staff in the homes. There is a limited list of homely medications, which may be used if required.
- 16.2 The use of homely medications for young people in the homes should be similar to their use within a home setting. It is good practice to seek a Pharmacist's advice to ensure the medication is suitable for the young person.
- 16.3 Homely medications can only be administered for as long as advised on the medication package. Any deterioration in the young person's condition or if they require homely medication longer than advised then their GP should be contacted. Homely medications should be stored, administered, recorded and disposed of as prescribed medication. The procedure in place is:
- Homely medication purchased is logged on the medications inventory in the medication file.
 - Medication administered to a young person is recorded on their file with a staff signature.
 - Medication to be counted and checked regularly.
- 16.4 On admission to the home the staff should note:
- Any known allergies.
 - Any medication the young person is currently taking.
 - Any reactions to any medications taken in the past.
 - Obtain a signature from whoever has parental responsibility consenting to the use of homely medications (Consent Form).
- 16.5 The consent for home remedies and the consent for medical treatment should be retained on the child's file.

17 Minor Conditions that may be Resolved with a Home Remedy

- 17.1 Carers can check with NHS Tel 111, or with child's GP or Pharmacy if they are unsure about the child's condition.

Cuts and Grazes

17.2 Mild pain e.g. headache, toothache, period pain can be treated with:

- Paracetamol (for 12 years and over in tablet form, 1-2 tablets) - This dose may be repeated every 4-6 hours when necessary. Maximum of 4 doses in any 24-hour period. Check that any prescribed medicines do not contain Paracetamol prior to giving any Paracetamol. For any persistent pain, painful movement or pain not controlled by Paracetamol seek advice from GP or NHS 111.
- Paracetamol can be used to help manage temperatures, if these continue then seek advice from GP.
- Paracetamol Oral Suspension 250mg/5ml. (Follow guidance and quantities on the packaging depending on the age of the person taking this).
- Ibuprofen is more effective in managing period pain, advice would need to be sought from the Pharmacist before starting to take Ibuprofen.
- stopping smoking – smoking is thought to increase the risk of period pain.
- exercise – you may not feel like exercising during a painful period, but being active may reduce pain; try some gentle swimming, walking or cycling.
- heat – putting a heat pad or hot water bottle (wrapped in a tea towel) on your tummy may help reduce pain.
- warm bath or shower – taking a warm bath or shower can relieve pain and help you relax.
- massage – light, circular massage around your lower abdomen may also help reduce pain.
- relaxation techniques – relaxing activities, such as yoga or Pilates, may help distract you from feelings of pain and discomfort.

Sore Throat

17.3 Strepsils are throat lozenges that come in a variety of flavours and contain dichlorobenzyl alcohol and amylmetacresol. Do not take if allergic to any of the ingredients. Not to be used in rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase deficiency. Recommended dose – 1 lozenge every 2-3 hours.

Hay Fever

- 17.4 Seek advice from GP as the young person may be allergic to something else rather than have hay fever. This will enable appropriate treatment to be prescribed for the young person and repeat prescriptions can also be requested.

Constipation

- 17.5 Constipation is often relieved by adjustment of lifestyle and diet. An increase in dietary fibre, fluid intake and exercise may be sufficient to regulate bowel action. If constipation lasts longer than 2 days or is accompanied by severe abdominal pain or vomiting seek advice from GP.

Diarrhoea

- 17.6 The most important treatment is to give the child plenty of water to drink to prevent dehydration. Consult the child's GP/111 if condition persists for longer than 2 days or if the condition deteriorates, or the child is unable to keep fluid down because of vomiting. Frequent washing of hands with soap and water, wash any clothes of bedding or bedding that has poo or vomit on a separate hot wash, clean toilet seats, flush handles, taps, surfaces and door handles regularly. Do not prepare food for other people if suffering with D and V, do not share towels, flannels, cutlery or utensils.

Sunburn

- 17.7 Prevention is better than cure. Use a sunscreen with a high blocking factor i.e. Factor 25 and above, particularly for sensitive skins. Hats and t-shirts should be worn during the summer. Summer sun should be avoided between 12 midday and 3pm. Calamine Lotion will help to relieve mild burning. If sunburn is severe, seek medical advice. Certain drugs may predispose towards photosensitivity reactions (i.e. may react to the sun). Check with the local community pharmacist.

Sponge sore skin with cool water, then apply soothing after sun cream or spray, like Aloe Vera. Painkillers, such as paracetamol or Ibuprofen will ease the pain by helping to reduce inflammation caused by sunburn. Stay out of the sun until all signs of redness have gone.

NHS guidance is between the months of March to October are to avoid full sun between 11-3pm and use at least Factor 30 UVB and at least 4 Star UVA protection. Make sure the sun lotion is not past expiry date.

If sunscreen is applied too thinly, the amount of protection it gives is reduced.

If you're worried you might not be applying enough SPF30, you could use a sunscreen with a higher SPF.

If you plan to be out in the sun long enough to risk burning, sunscreen needs to be applied twice:

- 30 minutes before going out
- just before going out

Sunscreen should be applied to all exposed skin, including the face, neck and ears, and head if you have thinning or no hair, but a wide-brimmed hat is better.

Sunscreen needs to be reapplied liberally and frequently, and according to the manufacturer's instructions.

This includes applying it straight after you have been in water, even if it's "water resistant", and after towel drying, sweating or when it may have rubbed off.

It's also recommended to reapply sunscreen every 2 hours, as the sun can dry it off your skin.

Eye Care

- 17.8 For foreign bodies, bathe eye in warm water. An eye bath may be used. Consult NHS 111 or child's GP if the eye is splashed with irritants i.e. bleach. If the eye, or surrounding skin, is inflamed and has a yellow/green discharge or is encrusted consult the child's GP.

Foot Care

- 17.9 A diagnosis from the GP should always be obtained if either athletes' foot or verruca is suspected. Children with Diabetes Mellitus should always see the GP for foot care.

Bites/Stings

- 17.10 If the bite or sting is to the mouth, ear, eye or nose, and is external **consult the child's GP, a Pharmacist or NHS 111**. If lips begin to swell or the child has difficulty breathing, dial 999 immediately.

To treat an insect bite or sting:

- remove the sting or tick if it's still in the skin
- wash the affected area with soap and water
- apply a cold compress (such as a flannel or cloth cooled with cold water) or an ice pack to any swelling for at least 10 minutes
- raise or elevate the affected area if possible, as this can help reduce swelling
- avoid scratching the area, to reduce the risk of infection
- avoid traditional home remedies, such as vinegar and bicarbonate of soda, as they're unlikely to help

The pain, swelling and itchiness can sometimes last a few days. Ask your pharmacist about medicines that can help, such as painkillers, creams for itching and antihistamines.

Head Lice Solution

17.11 Seek advice from a Pharmacist as asthmatics need to be careful when using some of the preparations.

- Best treatment is to use wet combing.
- Treat head lice as soon as you spot them.
- You should check everyone in the house and start treating anyone who has head lice on the same day.
- There's no need to keep your child off school if they have head lice.
- Lice and nits can be removed by wet combing. You should try this method first.
- You can buy a special fine-toothed comb (detection comb) online or from pharmacies to remove head lice and nits. There may be instructions on the pack, but usually you:
 - wash hair with ordinary shampoo
 - apply lots of conditioner (any conditioner will do)
 - comb the whole head of hair, from the roots to the ends
 - It usually takes about 10 minutes to comb short hair, and 20 to 30 minutes for long, frizzy or curly hair.
- Do wet combing on days 1, 5, 9 and 13 to catch any newly hatched head lice. Check again that everyone's hair is free of lice on day 17.

Calamine Lotion

17.12 Calamine is a medicine traditionally used to relieve itching and soothe minor skin irritations. It works by its counter-irritant effect. After application to the skin the calamine evaporates, which produces a cooling effect that helps distract you from the itch. This sensation also helps relieve sunburn. Calamine lotion and cream are for external use on the skin only. They must not be taken by mouth. Avoid getting the cream or lotion in the eyes.

If the skin condition gets worse after using Calamine, or if you develop a rash, stop using the preparation and speak to your GP or Pharmacist. Calamine lotion or cream should not be applied to the skin before an X-Ray examination (including mammograms) because the zinc oxide in it may affect what shows up on an X-Ray. Calamine lotion or cream should not be used if the young person is allergic to one or any of its ingredients.

Please inform the GP or Pharmacist if young person has previously experienced such an allergy. If allergic reaction is experienced the use of the medicine should be stopped and inform the GP or Pharmacist immediately.

Side Effects – skin irritation in people hypersensitive to any of the ingredients. Witch Hazel Gel can also be applied directly to the skin for the relief of itching.

Blisters

17.13 Do:

- cover blisters with a soft plaster or padded dressing
- wash your hands before touching a burst blister
- allow the fluid in a burst blister to drain before covering it with a plaster or dressing

Don't:

- burst a blister yourself
- peel the skin off a burst blister
- pick at the edges of the remaining skin
- wear the shoes or use the equipment that caused your blister until it heals

A pharmacist can help with blisters.

To protect your blister from becoming infected, a pharmacist can recommend a plaster or dressing to cover it while it heals.

A hydrocolloid dressing (a moist dressing) can protect the blister, help reduce pain and speed up healing.

Seek advice from GP If blister appears infected- red, hot or fluid filled. They appear for no reason or keep returning, it is in an unusual place or the blister was caused by a burn, scald or allergic reaction.

17.14 For any persistent pain, painful movement or pain that is not controlled with Paracetamol consult NHS 111 or child's GP. Check that any prescribed medicine does not contain Paracetamol before giving any of the above Paracetamol preparations.

Sepsis

17.15 Call 999 or go to A&E if an adult or older child has any of these symptoms of sepsis:

- acting confused, slurred speech or not making sense
- blue, pale or blotchy skin, lips or tongue
- a rash that does not fade when you roll a glass over it, the same as [meningitis](#)
- difficulty breathing, breathlessness or breathing very fast

They may not have all these symptoms.

Urgent advice: Call 111 if you, your child or someone you look after:

- feels very unwell or like there's something seriously wrong
- has not been able to urinate all day (for adults and older children) or in the last 12 hours (for babies and young children)
- keeps vomiting and cannot keep any food or milk down (for babies and young children)
- has swelling, redness or pain around a cut or wound
- has a very high or low temperature, feels hot or cold to the touch, or is shivering

Do not worry if you're not sure if its sepsis – it's still best to call 111.

They can tell you what to do, arrange a phone call from a nurse or doctor, or call you an ambulance.

18 Medication for Carers

18.1 Carers requiring medication e.g. Paracetamol, whilst on duty must buy their own medication.

Appendix 1 Consent for Administration of Home Remedies

Name of Child:

DOB:

I give my permission for (insert Child's Name)

to receive Home Remedies whilst he/she is resident in a Stoke-on-Trent City Council residential children's home for minor ailments. I will receive information and explanations when the home remedies are used after consultation with a Pharmacist.

Is the young person allergic to anything? Yes No (Please circle)

If yes, please give details below:

Signed:

Date:

Sun cream

Calamine Lotion

Simple Linctus (paediatric)

Simple Linctus

Pholcodine sugar free linctus

Paracetamol suspension

Paracetamol tablets (500mg)

Witch Hazel Gel

E 45 Cream

Aqueous cream

After bite cream

Lozenges

Cold Sore creams (e.g. Zovirax or other brands)

Anti-fungal foot cream/powder (e.g. Mycil or other brands)