 **Rainbow House Homely Remedies**

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| **A Homely Remedy is anything that can be bought over the counter without a prescription.** |

**At certain times we may need to administer certain homely remedies to ensure your child remains comfortable during their stay.**

**Please indicate below if you are happy for us to administer the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Medication | Tick |  Signature |  Date |  Notes |
| Calpol |  |  |  |  |
| Ibuprofen |  |  |  |  |
| Paracetamol |  |  |  |  |
| Simple Linctus (cough medicine) |  |  |  |  |
| Piriton liquid/tablets |  |  |  |  |
| Vaseline |  |  |  |  |
| Antiseptic Cream e.g. Germoline / Savlon |  |  |  |  |
| Elastoplast |  |  |  |  |
| Sun Cream/spray (Factor 50) |  |  |  |  |
| Lip Salve / Balm |  |  |  |  |
| Imodium |  |  |  |  |
| Lactulose |  |  |  |  |
| Sudocrem |  |  |  |  |

If there is anything that is not listed which is a homely remedy and you would be happy for us to administer if required, please indicate below:

I have indicated above that I am happy for Rainbow House to administer all homely remedies which have been ticked by myself (insert name)………………………………………

Parent/Carer of :…………………………………………..(Full name please) Date:……………

Keyworker signature:……………………… Senior Practitioner Signature:……………………..

**If your child becomes ill on placement Rainbow House will contact you/your nominated emergency contact and appropriate arrangements made for your child to return home.**

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| RAINBOW HOUSE HOME REMEDY  |

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| **Medication Name** | Strength | Recommended Dose | Use by date |
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| **Please read warning labels before administrating to any young person with serious liver or kidney disease, if they have an intolerance to sugar or are taking ant of the following medications – dopmperidone, anti-convulsants (e.g. Epilepsy medicine), anticoagulants (e.g. Warfarin) or Cholestyramine (e.g. high blood pressure).** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time | Dose | Child (Initials) | Reason (Cross reference to Mosaic)  | Stock Balance | Dispenser Signature | Administrator Signature |
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| RAINBOW HOUSE HOME REMEDY |

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| **Monthly management stock balance sheet** |

|  |  |  |  |
| --- | --- | --- | --- |
| Month | Year  | Signature | Quality Assurance |
| JAN |  |  |  |
| FEB |  |  |  |
| MAR |  |  |  |
| APR |  |  |  |
| MAY |  |  |  |
| JUN |  |  |  |
| JUL |  |  |  |
| AUG |  |  |  |
| SEPT |  |  |  |
| OCT |  |  |  |
| NOV |  |  |  |
| DEC |  |  |  |

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| NOTES |
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