

Medicines Optimisation

Best Practice Guidance for care Homes – *Bulletin 11*

Skin Care - Emollients

The Role of Emollients

- The aging process means that the level of natural moisturiser in the skin is reduced. This results in increased skin dryness and a break down in the barrier function of the skin, which can lead to an increased risk of developing a skin infection.
- Emollients are creams and ointments which can help to prevent moisture being lost from the skin, reduce dryness, and scaling.
- Good skin care should be promoted to residents as part of their personal-care requirements. An assessment of an individual’s skin care needs should be done on entering the care home.
- Many simple emollients can be purchased from pharmacies and supermarkets and residents should be encouraged to purchase these as part of their personal-care regimes.
- However, several commercially available moisturisers and creams can contain perfumes and preservatives which may irritate the skin and result in dryness and itching. Please contact your local pharmacist for advice on recommended emollients available to purchase for elderly skin.
- **Emollients should only be issued on prescription where there is a diagnosed skin condition such as eczema or psoriasis.** [NHS England](#) have produced guidance for GPs on conditions for which Over the Counter (OTC) medicines should not routinely be prescribed in primary care, and this includes the management of mild dry skin. Norfolk & Waveney ICS have produced guidance to support this advice.
- [CQC](#) has produced guidance to support carers to promote self-care and enable people receiving care to access OTC products.

Not all emollients are the same

- Creams vs Ointments – creams have a high-water content and are lighter in consistency whereas ointments contain less water and are greasier and waxier. The drier the skin, the greasier the emollient should be.
- Simple emollients – the table below shows some commonly used, first line creams and ointment available on prescription, as above, *only for the treatment of diagnosed skin conditions:*

Simple Creams	Simple Ointments
Epimax Original Cream®	Epimax Ointment®
ExoCream®	Emulsifying Ointment
Zerobase®	Fifty-50 Ointment

- **Aqueous cream is no longer recommended** for use as an emollient as it can irritate the skin. It should be particularly avoided in people with eczema.

- Some emollients such as **Adex gel®** and **Imuderm®**, contain added ingredients to reduce inflammation and itching. These are more expensive and should only be used for residents with itching skin where other causes of itch have been eliminated and where treatments for dry skin have not worked or are not appropriate. **Dermol 500 Lotion®** contains an antimicrobial, **it should only be used short term, to wash the skin** for patients with eczema where recurrent infections are a problem. It should not be used as a leave on emollient. **No other Dermol® products are included in the local skin formulary.**

Fire risk from use of emollient creams

- **There is a risk of severe and fatal burns with all emollients.** Ensure all staff and relevant patients are aware of the safety information available on the [MHRA website](#) and [CQC](#) advice.
- Emollients are easily transferred from skin on to clothing, bedding and other fabrics. Once dry they can built up over a period of time.
- A naked flame can easily ignite fabric with dried on emollient. Emollients are not flammable in themselves or when on the skin, but when dried into fabric they act as an accelerant which increases the speed and intensity of the fire.
- Residents should continue to use emollients but to avoid injury, it is important to **avoid any naked flame**, this includes residents that may smoke.
- Residents using oxygen should not use any paraffin-based products as oxygen strongly supports combustion.

How to apply emollients

- Emollients can be applied as needed but usually at least 2 to 3 times a day. They should be applied liberally. Quantities required will depend on the level of skin dryness, frequency of application and size of the area being treated but can be between 250g to 600g per week.
- Ointments are generally applied less often than creams. Some residents may prefer to have ointments applied prior to bed as they are greasier.
- Hands should be washed before applying an emollient and it is advised to wear gloves to stop the medication being absorbed into the skin of the care worker.
- **Applying after washing** helps to trap moisture in the skin and maximise the hydrating effects.
- Apply gently in smooth, downward strokes in the direction of the hair growth to avoid blocking the hair follicles.
- If other topical preparations are being used, for example a topical steroid, allow time for the emollient to be absorbed in the skin before applying the other product. Ideally this should be at least half an hour.
- **Each application of emollient should be recorded on the MAR chart or topical medicines chart by the carer who has applied the emollient.**
- Body maps should be used to show where, and how different emollients should be applied.
- Emollients should be dated when opened and guidance on expiry should be observed – see table below (extracted from [Best Practice Guidance on Expiry of Medications, Bulletin 10](#))

Cream/Ointment Packaging	Suggested expiry once opened	Rationale
Tub	1 month	The contents is exposed and can become contaminated.
Flexi dispenser (squeeze bottle)	3 months	Manufacturers recommendation
Tube	3 months	Closed container, contents not openly exposed to environment
Pump dispenser	Manufacturers' advice	Closed container, contents not openly exposed to environment

Washing

- Soaps, shower gels and bubble baths can remove natural oils from the skin and cause skin dryness and irritation.
- All simple creams and ointments (except gels and Fifty:50 ointment) can be used as soap substitutes. They are also available to purchase over the counter as part of self-care for patients with simple, dry skin. Please contact your local pharmacist for advice on available wash products to purchase for elderly skin.
- Emollient soap substitutes do not foam but are just as effective at cleaning the skin as soap. Soap substitutes can either be applied before bathing, showering, or washing, or while in the water. They are not effective if just added into the water.
- Emollient wash products and bath additives are NOT recommended on prescription. [NHS England: Items which should not routinely be prescribed in primary care](#).
- Care should be taken as emollient soap substitutes can make bath and shower surfaces slippery.

Key Points for Skin Care

- When creams and ointments are prescribed, ask the prescriber to write specific directions on the prescription on how, when and where the emollient is to be applied.
- Clarify with the prescriber how long the emollient is intended to be used for.
- Correct and regular use of emollients can reduce the need for topical corticosteroids.
- Emollients should continue to be used even if the skin looks better. Prevention of further dry skin is key.

References

1. NHS England: Conditions for which over the counter items should not routinely be prescribed in primary care <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>.
2. Norfolk & Waveney ICS : Policy for conditions for which over the counter items should not (routinely) be prescribed in primary care - [SelfCare Formulary.pdf \(nwknowledgenow.nhs.uk\)](#)
3. CQC Treating minor ailments and promoting self-care in adult social care. <https://www.cqc.org.uk/guidance-providers/adult-social-care/treating-minor-ailments-promoting-self-care-adult-social-care>
4. MHRA Drug safety Update Emollients: <https://www.gov.uk/drug-safety-update/emollients-and-risk-of-severe-and-fatal-burns-new-resources-available>
5. UK.GOV Infection control : <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care>
6. NHS Emollients: <https://www.nhs.uk/conditions/emollients/>

Title	Best Practice Guidance – Skin Care- Emollients
Description of policy	To inform healthcare professionals
Scope	
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Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> B. mix of national and local consensus <i>C. based on local good practice and consensus in the absence of national research based information.</i>
Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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0.1	Jul 2015	Prescribing & Medicines Management Team JC	Draft	Discussed at SMT and amendments suggested
0.2	Sept 2015	Prescribing & Medicines Management Team JC/SW	Draft	Clarification of wording & revision of formatting
1.0	Nov 2015	Prescribing & Medicines Management Team JC/SW	FINAL	
1.1	April 2018	Prescribing & Medicines Management Team ZD/SPC	Draft	Reviewed and updated. AGEM logo's added. Flexi dispensers added to expiry date table.
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2.1	Nov 2018	Medicines Optimisation Team LB	Update	Updated in line with NHSE and CQC self-care guidance, plus formulary preferred choices.
2.2	Nov 2020	Medicines Optimisation Team – LE	Review	Checked and no changes needed
2.3	April 2021	Medicines Optimisation Team -STM	Review	Product table updated. Advice on when and how to use updated. MHRA alert link added. Prescribing guidance updated
3.0	May 2021	Medicines Optimisation Senior Team	FINAL	Approved at Senior Team meeting April 21
3.1	Jan 2024	Medicine Optimisation Team - RH	Review	Updated guidance links and added infection control link. Minor wording changes.
3.2	Jan 2024	Medicines Optimisation Team – HH	Clinical review	Addition of fire safety section. Minor word changes and formatting. Links added.