



Medicines Optimisation

Key Message Bulletin

Guidance for prescribing emollients containing antiseptics e.g. **Dermol[®]**

KEY MESSAGE:

Dermol[®] products are restricted based on formulation and indication

- **Dermol[®] products contain antimicrobials:** benzalkonium chloride 0.1% w/w and chlorhexidine dihydrochloride 0.1% w/w (**antiseptics**), plus emollient oils. They are licensed for the management of dry and pruritic skin conditions
- Preparations containing an antibacterial should be avoided **unless infection is present or is a frequent complication.** [BNF]
- **Emollients containing active ingredients are not generally recommended** because they increase the risk of skin reactions, and the evidence to support the use of active ingredients in emollients is limited. However, they may be useful in some people
 - Antiseptics (for example benzalkonium chloride) have a limited role in protecting skin which is prone to infection [NICE CKS - [Eczema atopic](#)] (*can reduce skin bacterial load*)
- **Dermol[®] Lotion / Cream are more than twice the cost of formulary 1st choice emollients**
- **Dermol[®] bath / shower emollient / wash cutaneous emulsion: not for FP10**
[TAG BLACK: not commissioned for prescribing in Norfolk and Waveney](#)
- **Dermol[®] Cream is a *non-formulary* formulation.** *Formularies cover prescribing for ≈ 80% of patients*
- **Dermol 500[®] lotion can be initiated in primary care for use as a soap substitute** in line with restricted recommendations. *Long term or repeated use should only be on specialist advice.*

What do I need to consider before prescribing Dermol[®] ?

- **Should not be used alone for *clinically infected* skin conditions** – topical / systemic antibiotic management should be used in line with relevant national and local guidance
- **Not first-line for routine long-term emollient therapy** – using antiseptics incorrectly can irritate the skin and worsen eczema. *Continuous use can result in excessive drying of the skin.*
[\[BAD - atopic eczema PIL\]](#)
- **Extensive broken skin / open large wounds:** antiseptic agents can be irritating — *assess on a case-by-case and consider alternatives.*
- **History of sensitivity** to chlorhexidine, quaternary ammonium compounds (benzalkonium), or other product excipients — *stop if reaction* [MHRA: Chlorhexidine: reminder of potential for hypersensitivity](#)
- **Adverse effects:** Local irritation, contact sensitivity, hypersensitivity; *report suspected reactions via yellow card scheme. Avoid contact with the eyes.*
- **Risk of severe and fatal burns with the use of ALL emollients** [\[MHRA\]](#)

When and how should I prescribe Dermal[®] 500 Lotion?

- Use the lotion short-term if an antimicrobial soap substitute is *clinically indicated* to reduce bacterial load e.g., *eczema with heavy Staph. aureus colonisation, weeping lesions*.
- Limit duration and monitor response.
 - use as a soap substitute for a *defined short course* (e.g., days - weeks) and stop if no benefit or if irritation / sensitisation occurs
 - **do not add to repeat, unless specialist approved for long term / repeated use**
 - *issue as acute prescriptions / set maximum issues to help monitor use.*
 - *consider appropriate quantity for size of area being treated.*
 - *ensure specific directions including site, when use is appropriate vs standard emollient soap substitute and appropriate duration of treatment.*
 - **Revert to a standard simple emollient** to use as a soap substitute once the condition is controlled
 - consider dermatology specialist review if repeated or longer term use requested
- If a leave on emollient is also required use a standard emollient
- do not routinely use Dermal[®] lotion as a leave on emollient, [Emollient-pathway-v1.4-March-2026.pdf](#) the level of 'greasiness' is too low to be as effective as formulary simple emollients.
- Counsel patients about application and safety: apply to clean, dry skin used as a soap substitute for washing or in the shower; avoid near eyes.
 - **Risk of severe and fatal burns with the use of ALL emollients** [\[MHRA\]](#)

When should I *only* prescribe Dermal[®] Lotion on the advice of a specialist?

Dermal[®] Lotion – for long term or repeated use as a soap substitute in patients with chronic skin conditions and / or with repeated and difficult to manage skin infections, to help minimise the use of oral antibiotics e.g.

- patients with both [Hidradenitis suppurativa](#) and eczema
- chronic eczema / hand dermatitis / gravitational eczema
- recurrent episodes of folliculitis

What about Dermal[®] Cream?

Dermal[®] cream is *rarely* recommended by dermatology specialists; use as a leave on emollient may increase the risk of adverse effects and contribute to potential resistance to antiseptics.

Dermal[®] lotion used as a soap substitute to reduce bacterial load *plus a separate standard emollient*, for patients with dry skin conditions, should be adequate.

Antiseptic stewardship

There is some evidence to suggest a reduced tolerance and resistance to antiseptics and the potential for cross-resistance to antibiotics. Although evidence is currently limited it does support a **cautious prescribing approach** to prevent routine widespread and long term use of antiseptic agents, *unless clinically indicated*.

References:

1. NICE NG 190 Evidence Review: Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing guideline. Accessed November 2025 click [here](#)
2. Emollient Prescribing Guideline and Formulary North East North Cumbria 2024. [ntag.nhs.uk](#),
3. Spada F et al., Emollient formulations containing antiseptics reduce skin bacterial levels - evidence that antimicrobial emollients lower S. aureus counts vs emollient alone. [PMC](#)
4. NHS Choices: How and when to use chlorhexidine.(including Dermal[®]). Accessed November 2025 click [here](#)
5. Australian Commission 2023: Appropriate and safe use of chlorhexidine in healthcare settings [safetyandquality.gov.au](#)
6. DermNet: Benzalkonium contact dermatitis. Accessed November 2025 click [here](#)
7. Taheri et al., Frequency of antiseptic resistance among Staphylococcus spp. — data on susceptibility to chlorhexidine and quaternary ammonium compounds and implications. [PMC](#)
8. G.Kampf., Adaptive microbial response to low-level benzalkonium chloride exposure [PMC](#)

Title	KEY MESSAGE Bulletin for prescribing emollients containing antiseptics e.g. Dermal®
Description of policy	<i>To inform healthcare professionals</i>
Scope	
Prepared by	Prescribing & Medicines Management Team
Impact Assessment (Equalities and Environmental)	<p><i>Please indicate impact assessment outcome:</i> <i>Positive impact</i> <i>Adverse impact - low - action plan completed as per guidance.</i> <i>Adverse impact - medium - action plan completed as per guidance.</i> <i>Adverse impact - high - action plan completed as per guidance.</i> <i>No impact</i></p> <p>No policy will be approved without a completed equality impact assessment</p>
Other relevant approved documents	
Evidence base / Legislation	<p>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></p>
Dissemination	Is there any reason any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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