

Northamptonshire Emollient Guidelines

For mild dryness	For moderate dryness	For severe dryness
Zerocream® Zeroguent® Dermol 500 lotion® (For washing and when infection is a concern or recurrent) Cetraben® lotion	Zerobase® Zerodouble® Cetraben cream® Adex gel ® Eucerin Intensive® Lotion/cream Contains urea Balneum Cream Balneum® Plus Cream Contains urea/Lauromacrogols Both useful for itch Oilatum Cream Dermol Cream (when infection risk)	Zeroderm® Hydromol ointment® Doublebase Dayleve Ultrabase
Paraffin free emollient –Nutraplus 10% Cream - To be used for patients at high fire risk e.g. Large soaked dressings and/or inability to wash sheets frequently (See NPSA safety alert below).		

Products contain a variety of excipients. Please check prior to prescribing if patients have any known sensitivities.
 *WSP/LP – white soft paraffin/liquid paraffin

Bath additives have not been included on this formulary due to lack of evidence of efficacy and **all emollients listed can be used as soap substitutes**

There are two exceptions where bath additives are beneficial to patients and should be made available:

- Balneum Plus bath oil – used as soak for managing itch that remains a problem despite optimum topical therapy
- Dermol bath emollient – can be used where there is recurrent infection, especially in children. It should be reviewed 6 monthly

NPSA Patient Safety Alert *Paraffin-based skin emollients on dressings or clothing: fire risk, Medicines and Healthcare Products Regulatory Agency, published 18/4/2016

<https://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk>

Guidance notes for selecting an emollient

Dry skin conditions lead to impaired skin barrier function and increased transepidermal water loss. Emollients improve both of these factors and can help with scaling, and sensations of itching or skin tightness. To optimise concordance, it is essential that the emollient is acceptable to the user, in terms of, for example, greasiness, feel and cosmetic acceptability. Below are some factors to bear in mind when recommending and prescribing emollients.

<p>Consideration when prescribing emollients</p> <ul style="list-style-type: none"> •History, and type and severity of skin condition •Previous emollients and their effectiveness •Patient preference – consider providing a selection of trial size packs to allow an informed decision about which product suits best •Known allergens/irritation to skin products – check ingredients •Ointments have fewer potential allergens •Emollient requirements may vary between 250 to 600g per week depending on severity of dryness, product and frequency of application •All emollients should be applied at least twice a day and more frequently if the skin is extremely dry •Emollients in pots: patients should remove the required amount of emollient with a clean spoon or spatula to prevent cross contamination; pump dispensers eliminate this and may be more suitable in patients with limited hand dexterity •Cost: prescribed vs. purchased •Follow up to assess acceptability and effectiveness 	<p>Choosing an emollient</p> <ul style="list-style-type: none"> •Drier skin benefits from a greasier emollient <p>Lotions (relatively low oil content)</p> <ul style="list-style-type: none"> •Very frequent applications required on drier skin •Generally better for milder dry skin and cosmetically acceptable on the face <p>Creams/gels (emulsions of oil in water)</p> <ul style="list-style-type: none"> •Less greasy than ointments and more effective than lotions •May be more cosmetically acceptable than ointments •Some can be used as soap substitute <p>Ointments (oil based)</p> <ul style="list-style-type: none"> •Greasy •Ideal under wet wraps – beware of overheating if used in hot weather/environments •Older children and adults may find them less acceptable •Some can be used as soap substitute •Emollients containing humectants such as urea can also be applied to more severe dry skin (e.g. ichthyosis)
<p>Emollient application and use</p> <ul style="list-style-type: none"> •Each patient should have a personalised emollient plan •Emollients should be used during washing and applied after washing to maximise hydrating effect •Apply regularly to keep the skin hydrated •Advise to apply gently and smoothly in downward strokes in the direction of hair growth – rubbing can exacerbate itch and thicker products applied upwards can lead to folliculitis •Where relevant, ensure that emollients are fully absorbed into the skin before continence pads are used •Other topical preparations e.g. corticosteroids should be applied 30 minutes before or after emollients to prevent dilution, or spread to unaffected skin 	<p>Skin care</p> <ul style="list-style-type: none"> •Avoid soaps, detergents, bubble-bath etc. which disrupt skin barrier function •Avoid other irritants where possible (e.g. gloves in context of hand dermatosis) •Use an emollient as soap substitute: care needed to prevent slipping; baths and shower surfaces require regular washing to prevent accidents and infection •Use an antimicrobial wash e.g. Dermal if getting repeated infections. •Bathe or shower in warm water (high temperatures often exacerbate itching) •Some patients may require help to apply emollients to hard to reach areas