

OLDER PERSON SKIN CARE PATHWAY

Good Practice:

- Avoid overuse of harsh soaps or chemicals as this removes the oils from the skin



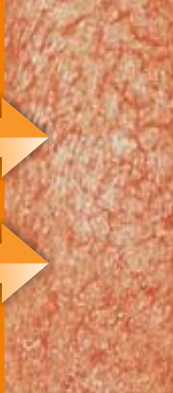
Aging Skin

- Wash with Zerobase Cream* as a soap substitute
- Apply Zerobase Cream* twice a day as a leave on emollient
- If skin remains dry after 1 week increase frequency of application of Zerobase Cream*

* See Formulary factsheet: Prescribing Emollients for alternative choices on Cornwall Joint Formulary



- Use suitable quantities. See reverse



Aging Skin

- Wash with Zeroderm ointment* as a soap substitute
- Apply Zeroderm ointment* twice a day as a leave on emollient
- If skin remains dry after 1 week increase frequency of application of Zeroderm ointment*

- If skin does not improve after 1 week switch to Balneum Cream twice a day. Avoid broken or cracked skin



Flammable

- Apply emollient in the direction of the hair line to reduce risk of folliculitis.



Dehydrated

* See Formulary factsheet: Prescribing Emollients for alternative choices on Cornwall Joint Formulary



- Warm water is less drying than hot water



Itchy

- Follow both dry and very dry/dehydrated regimes to ensure itchiness is not due to dryness
- Switch to Balneum Plus cream twice a day. Avoid broken or cracked skin





Local Resources

NHS Kernow Clinical commissioning group
Formulary Factsheet: Prescribing Emollients

<https://www.eclipsesolutions.org/Cornwall/info.aspx?sectionid=64>

References

Wounds UK(2012) Best practice statement:
Care of the older persons skin (2nd edition)

BDNG (Dec 2012) Best practice in emollient therapy:
a statement for healthcare professionals

Prescribing emollients – how much is enough for adults per month?

Please halve this amount for children.

Area affected	Creams / Ointments (grams)
Face	60-120
Both hands	100-200
Scalp	200-400
Both arms or both legs	400-800
Trunk	1600
Groin and genitalia	60-100

Notes:

- The amount of emollient required will depend on the size of the person and the extent and severity of the skin condition.
- Where possible, pump-dispensers should be prescribed because they are more convenient and are less likely to become contaminated by potential pathogens.

The above is based on data from: *Best practice in emollient therapy; a statement for healthcare professionals. Dermatological Nursing (2012) (British Dermatological Nursing Group)*



MHRA/CHM update (April 2016): Fire risk with paraffin-based skin emollients on dressings and clothing

When patients are being treated with a paraffin-based emollient product that is covered by a dressing or clothing, there is a danger that smoking or using a naked flame could cause dressings or clothing to catch fire. Patients' clothing and bedding should be changed regularly - preferably daily - because emollients soak into fabric and can become a fire hazard.