

Emollient Prescribing Guideline

This document is intended to guide cost effective and preferred emollient choice when initiating or changing emollient therapy within Primary Care.

Protocol Approval Details

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Reviewed by	Marco Motta & Mike Wilcock (Head of Prescribing Support Unit c/o Pharmacy Department RCHT)		18/06/2020
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Sensitivities to excipients are not uncommon and should be checked before prescribing; the BNF lists all excipients in emollient preparations.

Regular review of how the patient is getting along with their emollient would also help improve patient compliance and ensure early detection of any issues or infections.

Prescribing (i.e. funding on the NHS) is only indicated for a diagnosed dermatological condition. For mild and moderate dry skin patients should be advised to purchase recommended emollient OTC.

In Care homes it helps care staff to have a frequency of use on scripts so this is transferred to the Medication Administration record.

Primary Care Emollient Quick-Reference

This factsheet has been developed for use in the management of patients whose **skin integrity is at risk** through dry or itchy skin. **Any patient requiring a general skin moisturiser or soap substitute should be advised to purchase these over the counter.** Any cream or ointment listed below (apart from 50:50) can be used instead of soap in the bath/shower, so patients can use one product for both washing and moisturising. Aqueous cream should not be used as a leave-on emollient unless prescribed as ZeroAQS. There is no “best emollient”, the type(s) to use depends on the dryness of the skin, general rule “the higher the oil content the better and longer it works”, but it may be messier to use.

Where possible, pump-dispensers should be prescribed because they are more convenient and are less likely to become contaminated by potential pathogens.

Patients with diagnosed dermatological and vulval conditions who are managed by secondary care should be prescribed the emollient recommended by the specialist due to the specific nature of the condition and this should be continued by primary care.

BATH EMOLLIENTS AND ADDITIVES				
Adult 18+	DO NOT prescribe. Prescribe one product only to be used for both purposes.			
	Preferred products	Active constituents	cost per 500g/ml	similar products
Children 0 to 17 years	Hydromol bath and shower emollient	LLP 37.8% + IM 13%	£4.46	
	Zerolatum	LP 65% + acetylated wool alcohols 5%	£4.79	Oilatum Emollient

Choose a cost-effective emollient taking into consideration patient preferences as well as severity of condition and site of application before making a suitable choice. Any initiation product should be given in the smallest appropriate pack size to allow the product to be trialled.

If a topical corticosteroid is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.

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

(The amount of emollient required will depend on the size of the person and the extent and severity of the skin condition)

Area affected	Creams / Ointments (grams)	Children (grams)
Face	60-120 x month	30-60 x month
Both hands	100-200 x month	50-100 x month
Scalp	200-400 x month	100-200 x month
Both arms or both legs	400-800 x month	200-400 x month
Trunk	1600 x month	800 x month
Groin & genitalia	60-100 x month	30-50 x month

Based on data from: *Best practice in emollient therapy: a statement for healthcare Professionals. Dermatological Nursing (2012) British Dermatological Nursing Group*

Suggested expiry dates after opening: (Gloves should always be used when applying topical medication)

Formulation & packaging	Suggested expiry after opening *	Rationale	* These are suggested dates due to a lack of available evidence on generic expiry dates. In practical terms, the main concern with these products is contamination rather than destabilisation.
Tubs of creams/ointments	3 months. Any product whose appearance suggests it may be unfit for use should be discarded regardless of expiry date. Contents are exposed and can become contaminated.		
Tubes of creams/ointments	3 months	Closed container, contents less exposed to environment	
Pump packs of creams/ointments	3 months	Closed container, contents not openly exposed to environment	
Reduced expiry date applies to residents of care and nursing homes only and is on the advice of local infection control team.			



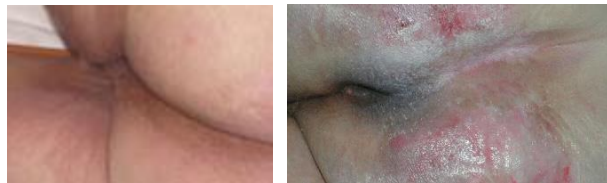
MHRA/CHM update (December 2018) Risk of severe and fatal burns with paraffin-containing and paraffin-free emollients

There is a fire risk with all paraffin-containing emollients, regardless of paraffin concentration, and it also cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days. Advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them.

Preferred products	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Advice	Equivalent to:
Very greasy ointment					
White soft paraffin in liquid paraffin (50:50) - (500g tub)	WSP 50% + LP 50%	£4.57	Not appropriate	Severe and very dry skin and/or acute flares. No known sensitizers.	Diprobase ointment
Emulsifying ointment (500g tub)	WSP 50% + EW 30% + LP 20%	£2.47	yes	Good for night time, very dry skin or scaly patches need softening.	
Ointment					
Epimax ointment (500g tub)	YSP 30% + LP 40% + EW 30%	£2.99	yes	Dry skin in eczema and psoriasis, other dry skin conditions.	<ul style="list-style-type: none"> • Epaderm ointment • Hydromol ointment • Zeroderm ointment
Zeroderm ointment (500g tub)	WSP 30% + LP 40% + EW 30%	£4.10	yes		Similar to Epaderm ointment (contains YSP) £6.58/500g
Hydromol ointment (500g tub)	YSP 30% + LP 40% + EW 30%	£4.96	yes		
Epimax Paraffin Free Ointment (500g tub)	Polyoxyethylene (40) hydrogenated castor oil 38% w/w.	£4.99	yes	Reserved for patients who require paraffin free e.g. patients on oxygen or smoker	
Creams					
EPIMAX® Original Cream (500g flexi-dispenser tube)	WSP 15% + LP 6%	£2.49	yes	A light moisturiser should be applied during the day and a greasy one at night	<ul style="list-style-type: none"> • Aproderm emollient cream • Aqueous cream • Diprobase cream • Oilatum cream • Zerobase cream • ZeroCream and E45 cream contain lanolin. Avoid as first line option
EPIMAX® ExCetra Cream (500g flexi-dispenser tube)	WSP 13.2% + Light Liquid paraffin 10.5%	£2.95	yes	Lasting relief for more severe symptoms	• Cetraben cream
Zerobase (500g pump)	WSP 10% + LP 11%	£5.26	yes	Moderately dry skin. Less greasy than ointments. Good for everyday use.	Similar to: Diprobase cream £6.32/500g
Zerocream (500g pump)	WSP 14.5% + LP 12.6% + anhydrous lanolin 1%	£4.08	yes	Mild to moderate dryness. Good for everyday use	Similar to: E45 cream £5.99/500g
Cetraben (500g pump)	WSP 13.2% + LLP 10.5%	£5.99	yes	Moderately dry skin. Less greasy than ointments. Good for everyday use.	
Zero AQS (500g tub)	WSP 15% + LP 6%	£3.29	yes	SLS free. Use as leave-on emollient and soap substitute.	• Aqueous cream

Gels					
EPIMAX® Isomol Gel (500g flexi-dispenser tube)	LP 15% + isopropyl myristate 15%.	£2.92	Yes (unlicensed)	Can be used to treat: psoriasis, elderly pruritus, ichthyosis, various forms of eczema, dermatitis and other dry skin conditions. Apply to the affected areas as often as necessary and it may also be applied before washing, showering or having a bath in order to prevent further drying of the skin.	<ul style="list-style-type: none"> • AproDerm gel • Doublebase gel • Doublebase Dayleve gel • Myribase gel • Zerodouble gel
Doublebase (500g pump)	LP 15% + Isopropyl myristate 15%	£5.83	Yes (unlicensed)		
Urea-containing					
Balneum cream (500g pump)	Urea 5% + Ceramide 3	£9.97	Not appropriate	Apply two times a day to the affected areas. If you are allergic to peanuts or soya, Balneum Cream may not be a suitable treatment for you.	Similar to: Calmurid cream £33.40/500g
Balneum Plus cream (500g pump)	Urea 5% + lauromacrogols 3%	£14.99	Not appropriate	For the treatment of pruritus, eczema, dermatitis, and scaling skin conditions where an antipruritic and/or hydrating effect is required. Should be applied to each affected area twice a day. Avoid on broken or infected skin.	
Antimicrobial-containing					
Dermol 500 lotion (500ml pump)	LP 2.5% + IM 2.5% + benzalkonium chloride 0.1% + chlorhexidine dihydrochloride 0.1% +	£6.04	yes	Preparations containing an antibacterial should be avoided unless infection is present or is a frequent complication. Review the prescribing of Dermol products to ensure that there is an ongoing clinical need for an antibacterial containing emollient.	<ul style="list-style-type: none"> • Dermol Cream & Dermol Wash • Dermol 200 Shower • Dermol 600 Bath

Incontinence Associated Dermatitis (IAD) *Conotrane 500gr is still available, alternative for Conotrane 100gr (unavailable) are Zerolon, Drapolene or Metanium



Prevention to Mild IAD (Slight erythema present but no broken areas of skin):



Wash skin with water and a soap substitute like **Epimax** or Zerobase cream and dry thoroughly. Apply **Conotrane** cream sparingly after each episode of incontinence. Avoid using on broken skin.



Moderate to Severe IAD (Erythema present and 'pinprick' pattern on skin evident):



Wash skin with water and a soap substitute like **Epimax** or Zerobase cream and dry thoroughly. Apply **Medi Derma-S Cream** daily (More frequent application may be needed if patient requiring frequent washing eg. every third wash). Small amount only required. A 28g tube is usually sufficient for a month. Can be used on broken skin.



Severe IAD (Excoriated, weeping skin, shallow island/satellite lesions may be visible):



Wash skin with water and a soap substitute like Epimax or Zerobase cream and dry thoroughly. Apply **Medi Derma-S Barrier Film** every 72 hours. If condition of skin deteriorates then consider a more frequent application of the film.