

# Emollient Pathway



## Nursing Care Plan

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

Encourage washing with applied emollient

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

Use ointments or gels on venous leg ulcer patients and avoid the use of creams.

\*Refer to reverse side for current emollient guidance

Refer to reverse side for prescribing quantities

## Generalised Skin Care

### Generalised Moderately Dry Skin

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



Cream

### Generalised Very Dry Skin

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



Ointment

## Lower Leg Skin Care

### Dry Skin

- Wash with an Ointment\* or Gel\*
- Apply Ointment\* or Gel\* as leave on emollient to legs
- Use a gel emollient if applying hosiery immediately after skin care routine



Ointment

Gel

### Very Dry Skin

- Wash with an Ointment\*
- Apply Ointment\* as leave on emollient to legs



Ointment

### Hyperkeratosis

- Consider using a urea-containing emollient
- Consider debridement with UCS



### Infected / Cellulitic skin

- Wash with Dermol 500 lotion as soap substitute
- Review the prescribing of Dermol products to ensure that there is ongoing clinical need for an antimicrobial



### Inflamed Skin not associated with infection

- Use potent steroid Betamethasone Valerate ointment
- Apply thinly to inflamed skin 1-2 times daily
- Review after 2 weeks
- If daily application is not possible use Mometasone 0.1%
- Consider using Adex gel as a leave on emollient



# Emollient Pathway

## Cream



## Gel



## Ointment



### Local Resources

NHS Cornwall and Isles of Scilly Integrated Care Board  
Emollients prescribing guidelines

[NHS Cornwall and Isles of Scilly Joint Formulary skin chapter.](#)

### References

Adapted from lower leg skin care pathway Swindon adult community services March 2017  
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  
National Institute for Health and Care Excellence (NICE). BNF Treatment Summary:  
Eczema. Available at: [Eczema | Treatment summaries | BNF | NICE](#) [Accessed 09/06/2022.]  
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Topical Steroids. Available at: [Topical corticosteroids | Treatment summaries | BNF | NICE](#) [Accessed 09/06/2022.]



**MHRA Drug Safety Update Dec 2018 Emollients:** new information about risk of severe and fatal burns with paraffin containing and paraffin-free emollients Warnings about the risk of severe and fatal burns are being extended to all paraffin based emollients regardless of paraffin concentration. Data suggest there is also a risk for paraffin-free emollients. 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.

### Prescribing emollients - how much is enough for adults per month? Please halve this amount for children

Area affected	Creams or ointments (grams)	Children (grams)
Face	15-30 x week	7.5-15 x week
Both hands	25-50 x week	12.5-25 x week
Scalp	50-100 x week	25-50 x week
Both arms or both legs	100-200 x week	50-100 x week
Trunk	400 x week	200 x week
Groin and genitalia	15-25 x week	7.5-12.5 x week

#### 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.

Based on data from BNF skin condition management 2021 .