

Emollient prescribing guidelines

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

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 with mild dry skin requiring a general skin moisturiser or soap substitute should be advised to purchase these over the counter.

Leave on emollients can be prescribed as lotions, creams, ointments and gels, but Aqueous cream should not be used as a leave-on emollient unless prescribed as ZeroAQ. Aqueous cream and ZeroAQ are no longer recommended as a soap substitute or emollient.

Most emollients (apart from 50:50) can be used as soap substitutes therefore separate emollient bath and shower products are not required unless specifically prescribed for dermatological conditions. Review and discontinue the prescribing of emollient bath and shower preparations unless requested by dermatology team.

Patients should be aware of the potential dangers of slipping when using emollients in a bath or shower, or on a tiled floor. Parents are also advised to be cautious when removing children from the bath.

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 (for example, 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 over the counter.

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

Creams

These contain a mixture of fats and water making them less greasy than ointments. They are often deemed to be more acceptable for daytime use. Creams contain preservatives and their use should be avoided in patients with venous leg ulcers and those known to have sensitivities to products containing preservatives.

Gels

These are light and non- greasy with a high fat content. Useful for sore skin and where standard ointments have been unacceptable. Humectant containing emollients: Urea and Glycerin are examples of humectants which are added to emollients to help the skin to retain moisture.

Lotions

These contain more water than creams and as such are thinner and easier to apply to the skin. They are good for hairy areas on the body and for sore skin but need to be applied more frequently as they are not as effective at hydrating dry skin. Some contain preservatives which can sensitise some people.

Ointments

These are greasy products however they are good for hydrating dry and very dry skin and under bandages because of their higher fat content. Generally, they are free from preservatives.

Inflamed skin not associated with infection

Adex Gel. Products that contain an anti-inflammatory agent can be helpful in reducing inflammation and reduce topical steroid use.

Itchy dry skin

Oatmeal products such as Epimax Oatmeal Cream. Aveeno products are non-formulary and not supported for prescribing. For the management of a diagnosed dermatological condition prescribe a recommended formulary emollient, including Epimax Oatmeal Cream for an alternative colloidal oatmeal emollient.

Mild dry skin

Patients are advised to purchase over the counter emollients such as Epimax cream or Ointment in the first instance. Zerobase and Zeroderm are alternatives that can also be suggested.

Moderately dry skin

Patients are advised to purchase over the counter emollients such as Epimax cream is first line or Zerobase cream. Ointments can be used if under bandages or at night. Frequency depends on the severity of the dry skin. Recommended every 3 to 4 hours to effectively manage dry skin.

Very dry skin

Epimax ointment is first line or Zeroderm Ointment. Best applied every 6 to 8 hours. Epimax Isogel or Doublebase gel can be prescribed if the alternatives are not effective.

Anti-pruritic

Some products such as Oatmeal contain ingredients to reduce itchy skin.

Anti microbial

Products containing antimicrobials are effective at reducing skin bacteria. They should be avoided for long term use, as they may sensitise the skin causing reactions.

Dermol lotion or Dermol cream should be restricted use for skin infection only and limited time period. Not to be used as a leave on for eczema patients due to risk of allergy. Review the prescribing of Dermol products to ensure that there is an ongoing clinical need for an antibacterial containing emollient.

Hyperkeratosis

Urea containing emollients such as Hydromol Intensive.

High percentage urea (25%) is considered suitable for the initial starting treatment for callused, anhidrotic, fissured, and hard foot skin. Urea breaks down Keratin on the skin surface and those with a higher than 20% urea content have the strongest exfoliating action.

Patients should decrease to the low percentage urea (Hydromol Intensive 10%) for maintenance treatment when there has been improvement in the skin condition; then further stepping down to standard emollient preparations (Epimax) when hydration has returned.

Higher urea based products are for a short time and usually not total body coverage so larger quantities should not be required. For any complications or problematic, please refer to foot care specialist.

Local specialists have indicated that 25% urea preparations are considered suitable options for patients with diabetes who suffer from neuropathy where the skin is very dry with callus; in these patients the continuous use would be recommended.

Points to consider

There is no best emollient, the type(s) to use depends on the dryness of the skin. The general rule is that the higher the oil content the better and longer it works, but it may be messier to use. Emollients should be applied in the direction of hair growth to reduce the risk of folliculitis.

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

Adults and children aged 1 or older

Do not prescribe emollient bath additives, offer an emollient soap substitute. For further information please refer to the [Bath emollients support document 2023](#)

Children 0 to 1 years

Preferred products	Active constituents	Cost per 500g/ml	Similar products
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 preference, as well as severity of condition and application site before making 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 to 30 minutes before or after the topical corticosteroid.

Prescribing emollients: How much is enough for adults per week?

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

Based on data from BNF skin condition management 2021.

Suggested expiry dates after opening

Gloves should always be used when applying topical medication.

Formulation and packaging	Rationale
Tubs of creams or ointments	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 or ointments	Closed container, contents less exposed to environment.
Pump packs of creams or ointments	Closed container, contents not openly exposed to environment

The suggested expiry after opening dates is 3 months. This 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. Reduced expiry dates apply to residents of care and nursing homes only.



Risk of severe and fatal burns

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. Digital resources and further information about the campaign to help fire services promote the campaign is available to download from the [GOV.UK website](https://www.gov.uk)

Consider the smoking status and memory issues and/or confusion of your patients before commencing emollients. Patients should be given information that includes advice about the potential fire risks of smoking (or being near to people who are smoking) and their exposure to any open flame or other potential cause of ignition such as cooking if there is any possibility of their clothing, bandages or bedding being contaminated with these products.



Emollient formulary

Very greasy ointment

Product	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Advice	Equivalent to
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 sensitisers. Very greasy, best used under retention bandages.	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

Product	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Advice	Equivalent to
Epimax ointment (500g tub)	YSP 30% + LP 40% + EW 30%	£2.99	Yes	Dry skin in eczema and psoriasis, other dry skin conditions	• Epaderm ointment • Hydromol ointment • Zeroderm ointment Excipients may vary.
Zeroderm ointment (500g tub)	WSP 30% + LP 40% + EW 30%	£4.10	Yes	Dry skin in eczema and psoriasis,	Similar to Epaderm ointment (contains YSP) £6.58/500g
Hydromol ointment (500g tub)	YSP 30% + LP 40% + EW 30%	£4.96	Yes	Dry skin in eczema and psoriasis,	Similar to Epaderm ointment (contains YSP) £6.58/500g
Epimax Paraffin Free Ointment (500g tub)	Polyoxyethylene (40) hydrogenated castor oil 38% w/w.	£4.99	Yes		

Creams

Product	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Advice	Equivalent to
EPIMAX® Original Cream (500g flexi-dispenser tube)	WSP 15% + LP 6%	£2.49	Yes	A light moisturiser good for day time use. Contains preservatives (to avoid in patients with venous leg ulcer)	• Aproderm emollient cream • Aqueous cream • Diprobase cream • Oilatum cream • Zerobase cream • ZeroCream and E45 cream contain lanolin. Avoid as first line option. Excipients may vary. Can be used as an alternative to Zero AQS since both SLS free.
EPIMAX® ExCetra Cream (500g flexi-dispenser tube)	WSP 13.2% + Light Liquid paraffin 10.5%	£2.95	Yes	Lasting relief for more severe	• Cetraben cream
Zerobase (500g pump)	WSP 10% + LP 11%	£5.26	Yes	Moderately dry skin. Less greasy than	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	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	

Gels

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. It may also be applied before washing, showering or having a bath in order to prevent further drying of the skin.

Product	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Equivalent to
EPIMAX® Isomol Gel (500g flexi-dispenser tube)	LP 15% + isopropyl myristate 15%	£2.92	Yes (unlicensed)	• AproDerm gel • Doublebase gel • Doublebase Dayleve gel • Myribase gel • Zerodouble gel
Doublebase gel (500g pump)	LP 15% + Isopropyl myristate 15%	£5.83		

Colloidal oatmeal-containing

Use daily use in eczema, psoriasis and other dry itchy skin conditions.

Product	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Equivalent to
Epimax Oatmeal Cream (out of stock until quarter 1 2022). Aproderm colloidal oat cream is the first line alternative until item is available	Colloidal oatmeal (Avena sativa Kernel Flour), Paraffin 3.5%	£2.99	Yes	• Aproderm colloidal oat cream, Paraffin free £5.80/500ml • Aveeno cream • Zeroveen, Paraffin 5.9% £5.89/500g Excipients may vary. Alternative to Balneum Plus cream for eczema, pruritus (best to avoid due to limonene and linalool perfumes)

Inflamed skin not associated with infection

For eczema or psoriasis in elderly and children as a step down to steroid where long-term use is inappropriate or where a steroid-free period is required.

Product	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Equivalent to
Adex gel	Nicotinamide	£5.99	Not appropriate	Cheaper alternative to Balneum and Imuderm for itchy skin.

Urea-containing

Product	Active constituents	Cost per 500g/ml	Advice	Equivalent to
Hydromol Intensive	Urea 10% WP 28.15%	£1.67/30g or £4.45/100g For larger volumes of 10% urea containing creams (for example 500g) prescribe Flexitol 10% Urea, as this represents better value for money.	Patient with very dry skin once the skin is hydrated choose an alternative leave on emollient such as Epimax. Very dry hyperkeratotic skin is unlikely to be over large areas of the body therefore usage of larger size should be limited.	Alternative to Balneum cream 5%
Flexitol	Urea 10% LP 1-10%	£11.77/500g For smaller volumes of 10% urea containing creams (for example 100g) prescribe Hydromol Intensive 10% Urea, as this represents better value for money	Patient with very dry skin, once the skin is hydrated choose an alternative leave on emollient such as Epimax. Very dry hyperkeratotic skin is unlikely to be over large areas of the body therefore usage of larger size should be limited.	Alternative to Balneum cream 5%
Dermatonics Once heel balm	Urea 25%	£3.60/75ml or £8.50/200ml For smaller volumes of 25% urea containing creams (for example 75ml, 200ml) prescribe Dermatonics Once Heel Balm, as this represents better value for money	Not recommended for use in children under 12 years of age.	
Flexitol 25% Urea Heel balm	Urea 25%	£14.75/500g For larger volumes of 25% urea containing creams (for example 500g) prescribe Flexitol 25% Urea Heel Balm, as this represents better value for money.	Not recommended for use in children under 12 years of age.	

Antimicrobial-containing

Product	Active constituents	Cost per 500g/ml	Appropriate as soap substitute	Advice
Dermol cream	LP 10%	£6.63	Yes	Leave on or soap. Dry pruritic skin conditions, anti-microbial. Not greasy and are quite easy to spread over sore and weeping skin.
Dermol 500 lotion (500ml pump)	LP 2.5% + IM 2.5% + benzalkonium chloride 0.1% + chlorhexidine dihydrochloride 0.1% +	£6.04	Yes	For skin infection only and limited time period. Preparations containing an antimicrobial should be avoided unless infection is present or is a frequent complication. We only recommend this a soap substitute. Please discourage use as leave on, especially for eczema, due to its potential to irritate skin and risk of allergy. Can be used as a wash product for infected legs. It should be restricted use. Useful in the initial management of wet legs. Quick to apply but may take a little longer to dry. It may be useful for hair-bearing areas.

Protocol approval details

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