

## Emollient and Barrier Cream Advice for Care Homes

This is a summary of several guidance documents originating from Wiltshire CCG Medicines Optimisation Teams grouped together to give a useful overview of the many factors affecting emollient use and prescribing.

### Residents in care homes and self-care/OTC (over-the-counter)/non-prescribed medicines

- Stopping prescribing for certain conditions should be considered for care home residents on an individual basis. In certain scenarios patients should continue to have their treatments prescribed.

(Please see below for further information)

### Storage Information

- A number of items have been found to be stored incorrectly in care homes; this includes fridge items being stored at room temperature and vice versa.
- The MOCH Team have created a useful new [storage information document](#)



### Please see [Emollient Prescribing Guidelines for Adults in Primary Care \(July 2018\)](#)

- Epimax cream is first line emollient for mild to moderate dry skin
- For use in the management of patients with a diagnosed dermatological condition. Those people without a diagnosed dermatological condition should purchase these over the counter, in line with the [NHSE self-care agenda](#).



### Bath Emollients

- Bath emollients/oils are no longer recommended, and if a patient wishes to use them, they can purchase OTC. Please see [Emollient Prescribing Guidelines](#)



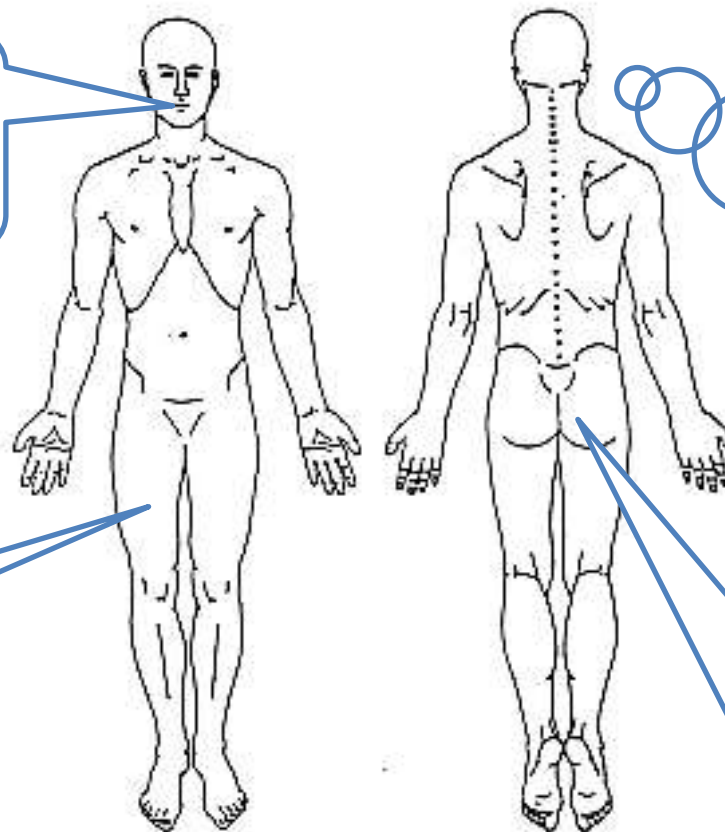
### Fire risk, Emollients and Oxygen

- Patients who require large quantities of emollient (e.g. application of 100g or more at once or over a short period of time) should use a water-based product rather than a paraffin-based one (e.g. ointment) to reduce the fire risk.
- Risk is greater when preparations are applied to large areas of the body and clothing or dressings become impregnated.
- Patients should be told to keep away from fire or flames and not to smoke when using these preparations. The risk has also been extended to non-paraffin containing creams.
  - See [MHRA Drug Safety Update on Fire risk](#)
  - See [CQC Fire risk and emollients](#)
  - See [PresQIPP- Emollients with no, or low paraffin content](#)
- Homes need to document their fire risks and if an at-risk resident requires an emollient they may request Aproderm Colloidal Oatmeal cream (no paraffin content) to minimise risks.



### Barrier Creams

- A consensus statement on best treatment options for incontinence associated dermatitis (IAD) is being prepared by TVN (Tissue Viability Nurse) teams across Bath, Swindon and Wiltshire STP. Until that document has been finalised, the MOCH team are recommending options as per the attached [Barrier Cream sheet](#). (**Aproderm Barrier cream 30g or 100g as first-line option**)



### Working Together:

NHS Bath and North East Somerset Clinical Commissioning Group

NHS Swindon Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group

For queries contact MOCH (Medicines Optimisation in Care Homes) teams via:  
 BaNES- [bccg.prescribingbanes@nhs.net](mailto:bccg.prescribingbanes@nhs.net)  
 Swindon- [swiccg.moch@nhs.net](mailto:swiccg.moch@nhs.net) or 01793 987667  
 Wiltshire- [wccg.moch@nhs.net](mailto:wccg.moch@nhs.net)



**Expiry Dates**

- Bath, Swindon and Wiltshire have made updates to expiry guidance.
- Cream and liquids without a shortened expiry on opening can be used until they are finished, or the manufacturer's expiry, rather than discarding after 6 months.
- New guidance can be found [here](#)

**Rationalisation**

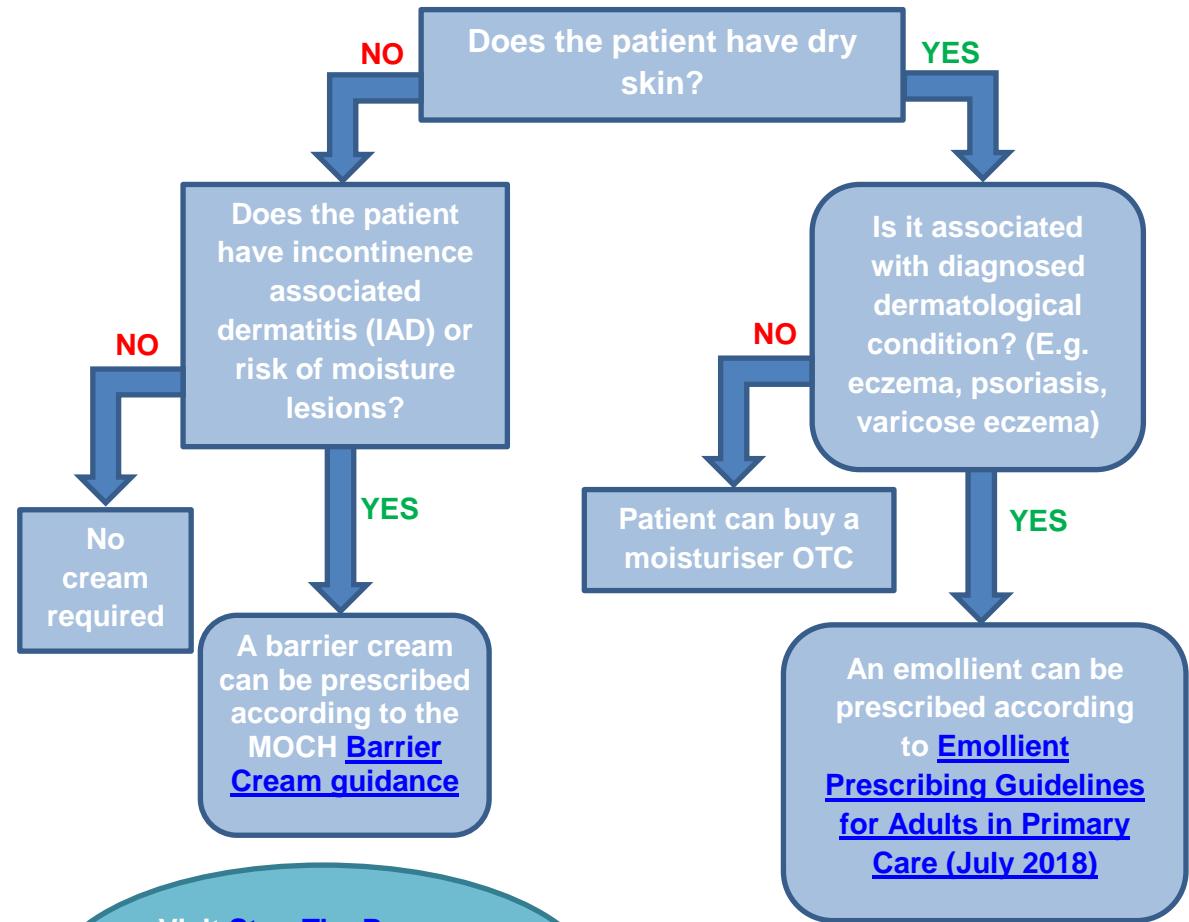
- Many patients are on multiple emollients/barrier creams, which is ineffective, confusing and expensive.
- Simplify skin care regimes to one emollient as moisturiser and soap substitute and one barrier preparation if needed.
- See information on the prescribing of emollients and barrier creams, with aim to reduce duplications and NHS wastage.

**Residents in care homes and self-care/OTC/non-prescribed medicines**

- Stopping prescribing for certain conditions should be considered for care home residents on an individual basis.

**In certain scenarios patients should continue to have their treatments prescribed.**

- This includes particular patients prescribed an OTC treatment for a long term condition, and individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.
- Many elderly residents in care homes have dry skin. It is important to maintain skin integrity by daily moisturisation with personal care. However, if there is no diagnosed chronic skin condition (e.g. eczema, psoriasis, etc.), then the resident's family can purchase a body moisturiser, in the same way as other toiletries.
- A process must be in place for carers or residents to safely administer non-prescription medicines. Non-prescribed medicines should be recorded in the care plan and entered on the MAR, transcribing the directions as stated on the medicine box.
- For guidance around care home staff administering medicines to residents, see [NICE Managing Medicines in Care Homes](#).
- The Care Quality Commission (CQC) have published [Treating minor ailments and promoting self-care in adult social care](#) with information on homely remedies and supporting self-care where appropriate.



Visit [Stop The Pressure](#) for further information on preventing pressure sores

**Remember:** Barrier products should not be used in isolation; ALL formulary emollients can be used as a soap substitute if skin is sensitive, as well as a moisturiser

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