For queries contact Medicines Optimisation in Care Homes teams via:
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Barrier Cream Product Guidance

What are barrier preparations?
Creams, ointments or films used to protect and manage skin damage from moisture and irritants as part of a risk strategy and appraisal of the underlying issue. Potential skin damage is due to urinary or faecal incontinence, chronic venous leg ulcers or other wounds, sweat in skin folds, and stoma use.

This guidance covers the use of barrier preparations for:

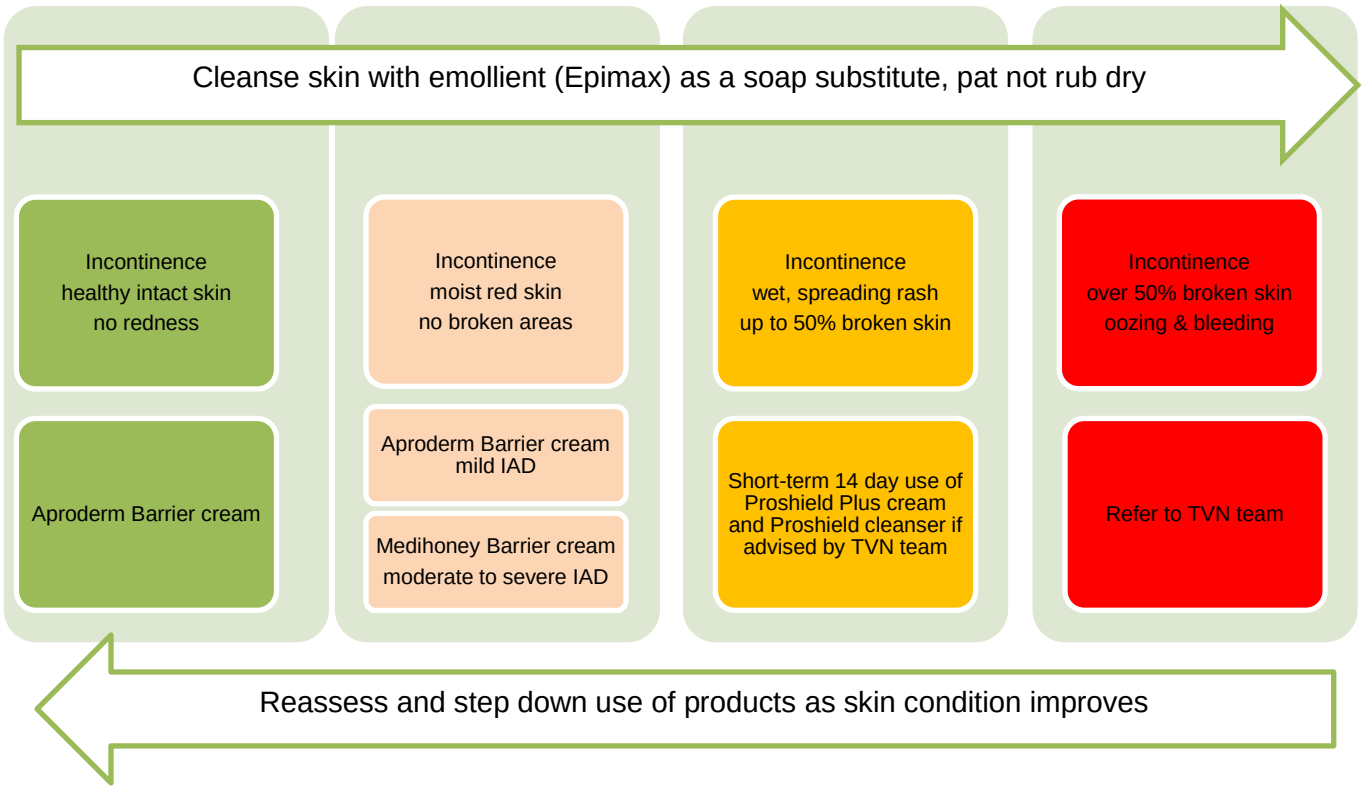
- **Moisture lesions**: occur when episodes of incontinence create increased moisture in sacral/buttock areas, sometimes leading to the breakdown of vulnerable skin.
- **Incontinence Associated Dermatitis (IAD):** occurs in some people when episodes of incontinence lead to red, inflamed, excoriated, infected and damaged skin that causes pain, discomfort and increases the risk of pressure ulcers.
- This guidance does NOT cover use for stoma care (see WCCG Stoma Appliances Guidelines)
- This guidance does NOT cover use of barrier preparations for 'nappy rash' which should be purchased over-the-counter (OTC) with advice from a healthcare professional (health visitor, pharmacist, nurse or GP).

Assess each resident on an individual basis by asking:

- Is the skin red?
- Is the skin damaged?
- Is the resident using incontinence pads?
- Is it severely excoriated (where there is break in the skin surface covered with blood or serous crusts*?

Observe for any signs of skin infection (redness, swelling, blistering, fluid leakage, pus increased temperature or pain). If skin is infected, barrier products may not be appropriate, so seek further specialist advice.

When to use barrier preparations:



For all photos and IAD pathway, access link to WH&Care Wound Dressing Formulary

Working together:
NHS Bath and North East Somerset Clinical Commissioning Group
NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

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Oil and/or zinc oxide based preparations like Sudocrem are not formulary options for treating moisture lesions or IAD. They have no role in preventing pressure sores. They can impair absorption capability of incontinence pads, reduce dressing adhesion and do not allow visualisation of underlying skin.

Remember Secura D (used in hospital settings, is NOT available in primary care). Secura Extra is not an equivalent product – use Aproderm Barrier instead.

First-line emollient is Epimax as soap substitute and general moisturiser, use twice a day for personal care

For leg ulcer care, use ExCetra (replaces Cetraben) and (Demol 500 only if advised by TVN team)

See WCCG Emollient Formulary

Application Tips

- Gloves should always be worn when applying topical preparations.
- Barrier creams: Apply very sparingly so that skin can be seen beneath. A pea sized application should cover approximately the area of the palm of the hand. If skin appears oily, too much cream has been applied.
- Barrier film: After application allow five to ten seconds for the area to dry. Hold open any skin folds to ensure complete drying.
- A 'sheen' on the skin when using film products shows there is enough present and reapplication is not required.
- Consider the frequency of product use:
  - Barrier film will last up to 72 hours without re-application
  - Barrier cream generally does not need to be applied after every episode of incontinence and can last up to 3 episodes of incontinence. If the skin is compromised apply after each episode i.e. if skin is red/hot
- Only use one product per resident; do not use two different products at the same time. If unsure of which one to use, specifically ask a healthcare professional
- Avoid applying multiple layers of barrier products. It will make the area uncomfortable and cracking of the product can occur which will allow moisture to penetrate.

Barrier preparations should not be used in isolation, but rather as part of a strategy that includes risk assessment and an appraisal of the underlying issue.

Visit http://nhs.stopthepressure.co.uk/ for further information

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	Linda Cummins	West			
	Sarah Ivin	Central Office	01225 711351		

See PrescQipp April 2017 Barrier Products https://www.prescqipp.info/media/1103/b181-barrier-products-20.pdf

Wounds UK (2018) Best Practice Statement Maintaining skin integrity. London: Wounds UK. Available to download from: www.wounds-uk.com

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