

Emollient Prescribing Guidance

Emollient choice for dry skin	How's & Why's of emollient use
<p>Generally the greasier an emollient is the more effective it is. All should be applied frequently – at least twice per day.</p> <p>Lotions: Needs reapplying frequently on very dry skin Good for very mild dry skin and also for the face</p> <p>Creams: Less greasy but more effective than mild emollients More cosmetically acceptable than oil based moisturisers</p> <p>Ointments: Generally greasy Tolerated less well with older children / adults Ideal under wet wraps</p>	<p>Create a personalised emollient programme. Instruct on correct emollient application in direction of hair growth & frequently Stress regular emollient is the key to settling dry skin conditions There are no standard rules regarding whether to apply a topical steroid preparation after or before using an emollient. Some people are happiest using an emollient first to prepare the skin, followed by the steroid. However, whichever order of care you choose it is important that you leave at least ½ hr between the two treatments to avoid diluting the strength of the topical steroid preparation, and to prevent the spread of topical steroids to areas not affected by eczema Awareness of health issues, NPSA awareness on fire risk, folliculitis (apply in direction of hair growth to reduce risk of folliculitis), allergies, contamination (emollient preparations contained in tubs should be removed with a clean spoon or spatula to reduce bacterial contamination of the emollient) and emollients and slippery surfaces.</p>
Consider when prescribing emollients	Baths
<p>Patient lifestyle and preference - may prefer light moisturiser during day and greasy one at night</p> <p>Previous emollients - may have tried other moisturisers with little benefit</p> <p>Cost - moisturisers vary greatly in NHS and/or OTC price</p> <p>Prescribing amounts – See table above or refer to BNF section 13.1.2 (suitable quantities for prescribing).</p> <p>Prescribe sufficient quantities once patient has settled on an emollient - may require 500g or more per month.</p>	<p>The use of bath and shower emollients is controversial and evidence to inform practice is lacking. It is, however, generally accepted that soap is drying and potentially irritating to skin and is best avoided by those with dry skin conditions. Therefore consider alternative to soap to wash with. Avoid bubble baths and soaps Use an emollient as a soap substitute e.g. ZeroAQS (all the emollients can be used in this way) Encourage to bathe regularly. Use emollient bath oils if appropriate. Functions of the bath routine are to: Clean the skin preventing infection by removing scales, crusts, dried blood and dirt from the skin Moisturises the skin and reduce discomfort caused by dry skin Hydrates the skin making it more receptive to active topical therapy, e.g. topical corticosteroids.</p>

In November 2007 the National Patient Safety Agency (NPSA) <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59876> issued an alert to all healthcare staff involved in the prescribing, dispensing or administration of paraffin based skin products. The NPSA highlighted that the **topical administration of paraffin based skin-products**, for example, emulsifying ointment or 50% liquid paraffin + 50% white soft paraffin (WSP) ointment **have a potential fire risk** as bandages, dressings and clothing that come in to contact with them are easily ignited with a naked flame or cigarette. The **risk is greater when these preparations are applied to large areas of the body** and clothing or dressings become soaked with the ointment.

Patients should be told to keep away from fire or flames, and not to smoke when using these preparations.