

Care Homes Good Practice Guidance

Emollients

Introduction

The **purpose of this guidance** is to support care home staff with the appropriate use of emollients for their residents and to promote best practice.

Emollients are moisturising treatments applied directly to the skin to soothe and hydrate it. They cover the skin with a protective film to trap in moisture.

Emollients are **often used to help manage dry, itchy or scaly skin conditions** such as eczema, psoriasis and ichthyosis. They help prevent patches of inflammation and flare-ups of these conditions.

There are **different types of emollients** including **lotions, creams, ointments and sprays**.

Recommendations for prescribing emollients

Emollients should **only be prescribed for the management of diagnosed dermatological conditions**, such as eczema, psoriasis or ichthyosis; or where there is a **significant risk to skin integrity (skin health)**, in the prescriber's clinical assessment. Prescribing emollients would be appropriate for example in a resident with a history of varicose eczema, which is a long-term skin condition that affects the lower legs and is common in people with varicose veins. This condition may clear up, however prescribing emollients would be advised to prevent further recurrence.

Residents who have dry skin, but **do not have a diagnosed dermatological condition or significant risk to skin integrity** should purchase emollients over-the-counter (OTC) as part of self-care. It is important **not to allow skin integrity to break down** as a result of emollients not being applied when necessary.

Care Quality Commission (CQC) expects residents to be 'supported to access OTC products to enable them to self-care, with the appropriate safeguards put in place' for adults in social care: [Over the counter medicines and homely remedies - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

In addition, NHS England produced guidance (March 2018) advising that OTC products should not routinely be prescribed for certain conditions that are either considered self-care conditions or a minor ailment. Mild skin conditions is one of the listed conditions: Please refer to: <https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>

Primary care prescribers will prescribe the most suitable cost-effective emollient in line with the Hertfordshire and West Essex ICB (HWEICB) formulary: [Prescribing, Policies and Pathways \(hweclinicalguidance.nhs.uk\)](https://www.hweclinicalguidance.nhs.uk) **Frequent use of emollients** is effective in reducing the amount of topical steroids and other agents needed to manage skin conditions.

It is recommended to use a maximum of one emollient as a moisturiser/soap substitute and in some residents up to one ointment as a night-time moisturiser. Leave-on emollients are recommended as soap substitutes (except white soft paraffin alone), if you have dry or itchy skin. Many patients can manage with just one emollient, having more than one or two emollients available is ineffective, confusing, and expensive.

Emollients must be **reviewed annually** (or more frequently) by the initiating clinician (Prescribers based in primary care or specialist) and stopped where continued use is not justified e.g., skin condition has improved, and there is no evidence of chronic relapsing eczema, or if the skin condition has resolved completely and does not require on-going emollient therapy for maintenance.

Simplify skin care regimes to one emollient for use as a soap substitute/moisturiser for daytime use, and (optionally, if needed and liked by the resident) a more greasy ointment for night-time use Please refer to: [British Association of Dermatologists \(bad.org.uk\)](https://www.bad.org.uk)

Residents or their carers should be requested to purchase a suitable OTC or cosmetic product when the prescribed emollient is no longer necessary.

Safety

It is important to counsel residents about the Medicines and Healthcare products Regulatory Agency (MHRA) alert, regarding the risk of severe and fatal burns from emollients: [Emollients and risk of severe and fatal burns: new resources available - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

There is a fire risk with all emollients, regardless of paraffin concentration. This also applies to 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 residents who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings, and other fabrics that

have dried residue of an emollient product on them. Be aware that washing fabrics at a high temperature may reduce emollient build-up, but may not totally remove it.

Patients who are on oxygen usually have a risk assessment as part of initiation of their oxygen by their specialist team. **Residents on medical oxygen who require an emollient should not use any paraffin-based product.**

Further information is available at:

[Bulletin 228: Emollients, paraffin content and fire risk | PrescQIPP C.I.C](#)

The MHRA and CQC have produced resources to promote awareness of the risk and to support safe use. Please refer to the links below:

[Emollients and risk of severe and fatal burns: new resources available - GOV.UK \(www.gov.uk\)](#)

[Issue 3: Fire risk from use of emollient creams - Care Quality Commission \(cqc.org.uk\)](#)

Storage

Topical products should whenever possible be stored separately from those to be taken orally (by mouth). Emollients are often stored in the person's room to enable them to be applied with the necessary level of privacy and as frequently as needed. Products kept in a resident's room must be stored safely.

Expiry dates

If an emollient pack supplied in its original container is unopened, then the expiry remains as listed on the pack. Once opened, the expiry date of tubes or tubs without pump dispensers is 3 months, and the expiry date of products using a pump to dispense the emollient is 6 months. Please refer to the following link to view 'Expiry Date Guidelines for Care Homes': [download \(hweclinicalguidance.nhs.uk\)](#)

All emollients must be for named residents. The 'date opened' must be recorded on the dispensing label on the container itself, rather than on the outer carton (which may be thrown away). CQC supports this recommendation.

Applying emollients

- Any emollient (except white soft paraffin alone), can be used as a soap substitute, as normal soap tends to dry the skin.
- Apply emollients after bathing while water is still trapped in the skin to increase skin hydration.
- Wash and dry hands before applying emollients to reduce the risk of introducing germs to the skin.
- If using a tub of emollient, it is important not to put your hands in it to prevent germs getting into the tub. Always use a clean spoon to take out what you need and use a second spoon if you did not take enough. The spoons can be washed in warm soapy water.
- Emollients should be applied gently in the direction of hair growth so that a visible sheen remains.
- The number of times a day an emollient is used will depend on how dry the skin is. The prescriber must indicate where the emollient is to be applied and how frequently.
- Emollients can be stored in a medicines fridge to provide extra itch relief.
- It is recommended to have a gap of 20 to 30 minutes between applying emollients and other creams/ointments which have been prescribed for the skin condition. The prescriber must specify the order in which the treatments should be used.

Record of administration

Care homes must have processes in place to ensure that topical products are applied and recorded appropriately, and it should be clear what site each product is intended for, using a body map. Please refer to Appendix 1 to see an example of a 'Topical Application Record Chart'

For a carer applying a preparation during personal care, many homes have 'cream administration sheets' separate to other medicine administration record (MAR) sheets/e-MAR system, which are kept with the care plans for carers to sign. A cross-reference (e.g. 'see cream administration sheet') should be added to the MAR sheet/e-MAR.

It is good practice to use a body map to record where a topical product should be applied. The body map must be shaded with the intended site of application and dated. It is common for individuals to want to apply external preparations

themselves. Self-administration is encouraged whenever possible and a risk assessment must determine understanding and practical ability to apply correctly.

References

1. NHS website <https://www.nhs.uk/conditions/emollients/>
2. CQC [Over the counter medicines and homely remedies - Care Quality Commission \(cqc.org.uk\)](#) Updated Mar 2023
3. NHS England [NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care](#) Published Mar 2024
4. PrescQIPP [240. Care homes - Emollients and barrier preparations 2.0 \(prescqipp.info\)](#) Aug 2020
5. PrescQIPP [Bulletin 228: Emollients, paraffin content and fire risk | PrescQIPP C.I.C](#) June 2020
6. MHRA <https://www.gov.uk/drug-safety-update/emollients-and-risk-of-severe-and-fatal-burns-new-resources-available>
7. Gov.uk <https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions#tell-your-healthcare-professional>
8. CQC. [Issue 3: Fire risk from use of emollient creams - Care Quality Commission \(cqc.org.uk\)](#) Updated Sept 2022
9. British Association of dermatologists <https://www.bad.org.uk/pils/emollient-use-in-skin-conditions/>
10. Emollients: General Information – HVCCG, ENHCCG, WHHT, HCT Oct 2020
11. West Essex CCG. Emollient and Barrier Creams for Care Home Residents. Jan 2020
12. HWEICB [Care Homes Good Practice Guidance - Homely Remedies and Self-Care](#) May 2023
13. National Institute of Health and Care Excellence. Managing medicines in care homes (NICE full guideline) [SC1]. [Overview | Managing medicines in care homes | Guidance | NICE](#) Issued March 2014
14. South East London Emollient Guidance for Adults and Children [Emollient-Guideline-SEL-FINAL-May-2023-v2.pdf \(selondonics.org\)](#) Approved May 2023

Acknowledgements:

1. NHS North of England Care Systems Support MO Team. Good Practice Guide for Care Homes – Topical Application Record Chart

Appendix 1



A care system support organisation

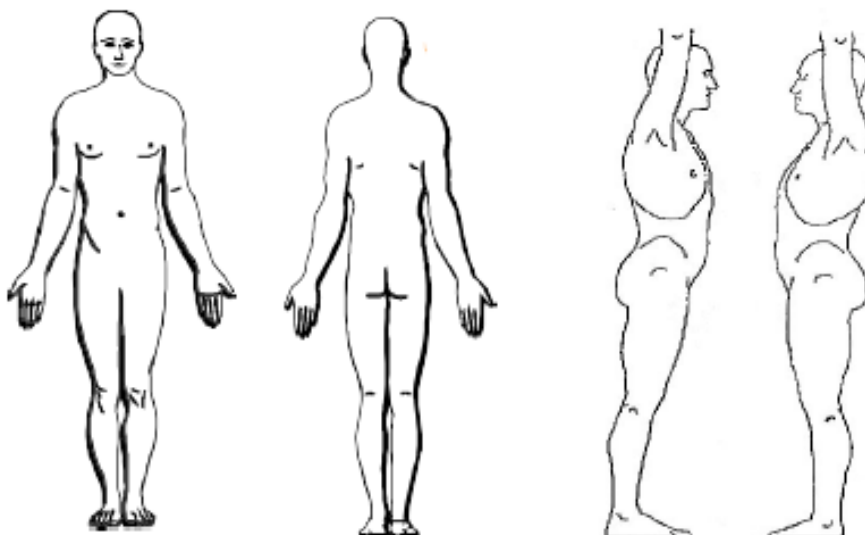


Good Practice Guidance for Care Homes			
Topical Application Record Chart			
When using this chart, write 'See Topical Application Record Chart' on main MAR. DO NOT DOUBLE RECORD			
Person's Name:		Date of Birth:	
Room No:		Preparation:	
Indication:		Frequency of application:	
Therapy started:		Review Date:	
Chart produced by/date:		Chart checked by/date:	
Instruction for: Apply sparingly*/Apply liberally* (*delete as applicable) to part of the body as indicated in the body map diagrams below.			
Additional Notes:			

Record of application

	Month																																
Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

(Mark or shade area(s) for application).



MOVP-018 V4 Good Practice Topical Application Record Chart – MO0523-07	Approved date: 02/05/2023	Review date: 02/05/2025
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