

Emollient guidelines in adults

General Information

It is important to note that there is no one product which suits all. Patient preference, health education and expectations are key to ensuring good compliance with use. This ultimately determines if an individual emollient is suitable. We therefore suggest that **any emollient costing less than £5 per 500g (or 500ml) can be considered as a formulary line** in the community, but those recommended on page 3 are the preferred initial choices and Appendix 1 on page 4 highlights products in green which are recommended as good quality and one of the cheapest available for their type.

It is crucial to advise patients at home to apply emollients liberally and frequently (at least 2-4 times a day; more frequent use is safe.) In care homes it helps care staff to have a frequency of use on scripts so this is transferred to the Medication Administration record.

Emollients should only be prescribed for patients with a dermatological condition such as eczema, psoriasis or symptomatic xerosis or pruritus caused by systemic disease that threatens skin integrity e.g. in older patients. Ensure the indication is documented on the patients' notes. Emollients should be applied in the direction of hair growth to reduce the risk of folliculitis. Emollients can be purchased over the counter by patients who do not have a diagnosed dermatological condition or risk to skin integrity. Please see the [OTC guidance](#) for more details.

Types of emollients

Cream based emollients

Creams and gels are emulsions of oil and water, and their less greasy consistency often makes them more cosmetically acceptable. Creams are less greasy than ointments so may be preferred and aid compliance. However, ointments are better for very dry skin.

Ointment Based Emollients

Ointments are the greasiest preparations, being made up of oils or fats. They do not usually contain preservatives. However, they can exacerbate acne, cause folliculitis when overused, and they should not be used where infection is present. Ointments come in tubs and so can easily become cross contaminated with bacteria from the skin - patients must not place hands into tubs but instead use a utensil (that can be cleaned) to scoop out the sufficient quantity ointment. Greasier products are more flammable, which is important if products get inadvertently onto clothes or bedlinen which could catch fire. Patients using home oxygen should have an individual risk assessment relating to this risk.

Urea based emollients

Urea products are more expensive and may be reserved when a keratin softener and hydrating agent is required. Emollient products containing urea are not all interchangeable. The urea content of products can vary and some contain additional active ingredients such as salicylic acid or lactic acid (keratolytic properties), or lauromacrogols (local anaesthetic properties, and soothes and relieves itchy skin).

Suitable quantities of emollients (BNF)

Area of body (Adult)	Amount per month- Creams and Ointments	Lotions
Face	60–120 g	400 mL
Both hands	100–200 g	800 mL
Scalp	200–400 g	800 mL
Both arms or both legs	400–800 g	800 mL
Trunk	1600 g	2000 mL
Groin and genitalia	60–100 g	400 mL

These amounts are usually suitable for an adult for twice daily application for 1 month of emollient.

It is good practice to either use a pump product or to decant from the pot/tube (using a clean spoon) to prevent microbial contamination of the remaining emollient. Encouraging application of adequate quantities of emollients can prevent progression to second line products.

Expiry

In Hertfordshire & West Essex we suggest that if an emollient pack is unopened then the expiry remains as listed on the pack. Once opened there is a **3-month shelf life**. There is no clear data to support a shortened shelf life once opened, but because of the potential for microbial contamination it is helpful to have an agreed cut off time in place. It is good practice to label emollient products at the time of opening in care homes with an expiry 3 months after opening. CQC support this recommendation.

Safety

It is important to counsel patients about the MHRA alert that states “There is a risk of severe and fatal burns with all emollients. This applies to all emollients, whether they contain paraffin or not. 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.” The MHRA has produced resources to promote awareness of the risk and to support safe use - [MHRA alert burns](#) . There is also a useful poster here: [Emollients poster burns](#)

Patients on Oxygen - Patients using home oxygen should have an individual risk assessment relating to this risk. Read code notes to denote oxygen use.

Epimax ointment and Epimax paraffin-free ointment can harm the eyes if used on the face. Do not prescribe these ointments for use on the face. Tell patients to wash their hands and avoid touching their eyes after using these products. [MHRA alert Epimax*](#).

Emollient Guidelines - (Prescribing is only recommended for managing diagnosed skin conditions requiring regular emollient use; purchase OTC otherwise)

Intervention and When to use	Order of choice	Product	Additional information	
Washing and moisturising for normal skin		Patients own skin care regime.	Unless there are medical needs, the patient should simply be educated on the benefit of good skin hygiene and regular emollients	
Washing for frail skin including ulcer care	Soap substitute	Epimax original cream or ZeroAQS or Zerocream or Emulsifying ointment or Dermol 500 lotion	Emulsifying ointment is greasier, so may be a slip hazard in showers and baths. It should be rinsed off well. Avoid use in patients allergic to SLS. Dermol 500 lotion used for infected skin and usually used for flare ups and to prevent infections in conditions prone to infection.	
Moisturising for frail skin including ulcer care	Emollient Creams 1st choice	Epimax original cream (similar to Diprobase) or Epimax Isomol gel (similar to Doublebase)	One product may be used as a soap substitute & an emollient. Creams more acceptable to some patients as less oily If tolerated, ointments may be more effective	
	Emollient Creams 2nd choice	Zerocream or Epimax ExCetra Cream (similar to Cetraben) or Doublebase gel	2 nd choice due to higher costs.	
	Emollient ointments (may be 1 st choice)	Liquid paraffin/White soft paraffin (50/50) or Emulsifying ointment or Epimax Paraffin-Free ointment*	No excipients, useful under compression bandaging regimes. Can affect integrity of latex/cotton in compression hosiery. Note MHRA alert on fire hazard Paraffin-free emollients are higher cost. Consider only if fire-risk is a significant issue post risk-assessment	
	Special circumstances (wash &/or emollient)		Dermamist 10% spray	Could be useful if the only reason a patient cannot perform their own skin care is because they cannot reach their limb, Stand on a towel when using to reduce risk of slipping
			Dermol 500 lotion	Specialists may request use, because it contains a bacteriostatic agent, benzalkonium chloride. Useful as part of the management of secondary skin infection. Used for flare ups and to prevent infections in conditions prone to infection.
Managing cracked or hyperkeratotic skin	1st	Balneum Cream	5% urea and ceramide, so good if very dry/hyperkeratotic skin	
	2nd	Flexitol 10% urea		

Appendix 1 – Emollients costing less than £5 per 500g /500ml (ascending costs)

Product Name	Formulation	Pack Size	Price *	Lipid profile similar to.....(NB excipients may differ)	Comments
Epimax Original Cream (previously Epimax Cream)	Cream	500g	£2.72	Diprobase Cream ZeroAQS Oilatum Cream	
Aquaderm Cetomacrogol	Cream	500g	£2.99		
Epimax Isomol Gel (previously Isomol gel)	Gel	500g	£3.14	Doublebase Gel Myribase Gel Aproderm Gel Zerodouble Gel HypoBase Gel	
Epimax ExCetra Cream (previously ExCetra Cream)	Cream	500g	£3.15	Cetraben Cream	
Epimax Oatmeal cream	Cream	500g	£3.16	Aveeno oatmeal cream Zeroveen cream Aproderm colloidal oatmeal	
Epimax Ointment*	Ointment	500g	£3.19	Cetraben Ointment Epaderm Ointment Zeroderms Ointment	Greasy - please consider fire risk
ZeroAQS	Cream	500g	£3.39	Epimax Original Cream (previously Epimax Cream) Diprobase Cream Oilatum Cream	Contains alcohol-based stabilisers / drying
Aquaderm liquid paraffin/WSP	Ointment	500g	£3.49	Fifty:50	Greasy - please consider fire risk
Fifty:50	Ointment	500g	£3.92	Liquid paraffin/WSP	Greasy - please consider fire risk
AproDerm	Ointment	500g	£3.95	Diprobase Ointment	Greasy - please consider fire risk
AproDerm	Gel	500g	£3.99	Epimax Isomol Gel (previously Isomol Gel) Doublebase Gel Zerodouble Gel Myribase Gel HypoBase Gel	
Aquaderm aqueous	Cream	500g	£3.99		
Aquamax	Cream	500g	£3.99		
ExoCream	Cream	500g	£3.99	E45 Zerocream	
Emulsifying Ointment	Ointment	500g	£4.06		Avoid use in patients sensitive to SLS. Flammable.
ZeroCream	Cream	500g	£4.08	E45 Cream ExoCream	Has been 1 st choice product in West Herts in the past so widely used locally
Aquaderm Hydrous Ointment	Cream	500g	£4.15		
Emcrem	Cream	500g	£4.25	Epimax Original Cream (previously Epimax Cream) Diprobase Cream Oilatum Cream	
Zeroderms	Ointment	500g	£4.29	Epimax Ointment* Cetraben Ointment Epaderm Ointment	Greasy - please consider fire risk
Liquid Paraffin/WSP	Ointment	500g	£4.57	Fifty:50	Greasy - please consider fire risk
MyriBase	Gel	500g	£4.66	Epimax Isomol Gel (previously Isomol gel) Doublebase Gel Zerodouble Gel Aproderm Gel HypoBase Gel	
AproDerm Emollient	Cream	500g	£4.95	Epimax Original Cream (previously Epimax Cream) ZeroAQS	

Prices based on September 2024 Drug Tariff Prices

Products in green are recommended as good quality and one of the cheapest available for their type

Products in red are equivalent but more costly >£5 per 500g

*[MHRA alert Epimax ointment](#)

Version	V1.0
Previous Versions	<p>This guideline has been through the harmonisation process and has been adopted from the following previously approved versions:</p> <ul style="list-style-type: none"> • Legacy HMMC emollient guideline - Version 3.0 (HMMC October 2020) MHRA update on emollients and risk of fatal burns. Previous version 2.0 (HMMC July 2020) – updates on change in product names for Epimax brands. Previous version 1.3 (HMMC - December 2018). • Legacy WE MOPB emollient guideline - Approved MOPB March 2019, reviewed added Epimax pf oint and MHRA Sept 20 guidance
Developed by	<p>HWE ICB Pharmacy and Medicines Optimisation Team. Original HMMC guideline developed by: Sarah Crotty, Head of Pharmacy and Medicines Optimisation, Melanie McCann, Senior nurse at HCT, Helen Tilbe Nurse specialist for Tissue Viability, HCT with comments from Dr Victoria Brown (consultant dermatologist WHHT), Original WE MOPB guidance produced by the Medicines Optimisation Team March with thanks to Dr. Kim Gerlis.</p>
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