

A large, stylized blue swirl graphic on the left side of the slide. It starts as a small circle and spirals outwards, becoming a thick, curved band that ends in a pointed shape at the bottom right. The background is a gradient of blue, from light on the left to dark on the right.

Topical preparations.

Medicines Optimisation
Care Home Pharmacist

Aim

To reinforce good practice for the application of :

- Emollients
- Barrier products
- Topical steroids

Emollients

- Emollients should be the first line treatment for eczema, psoriasis and other dry skin conditions
- They should be used regularly, **at least twice daily**, even when the skin is clear, to maintain skin integrity
- Choice of preparation should be based on severity of condition, patient preference and site of application.
- Generally, 'greasy' preparations provide the best emollient effect for severe skin conditions

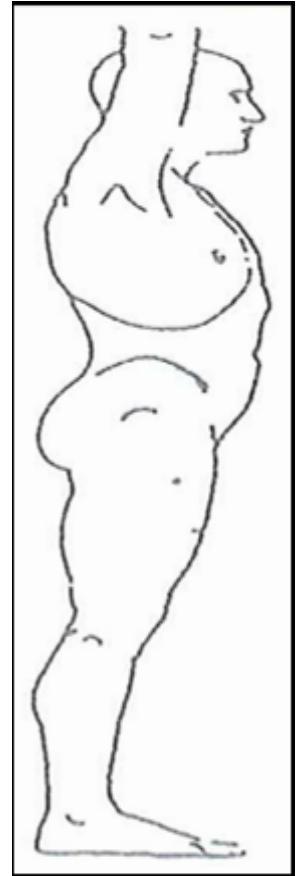
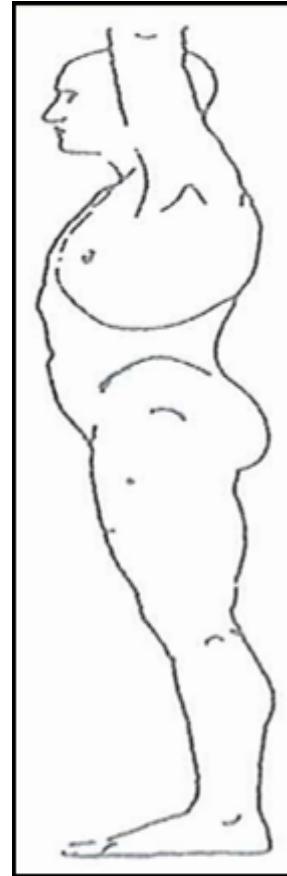
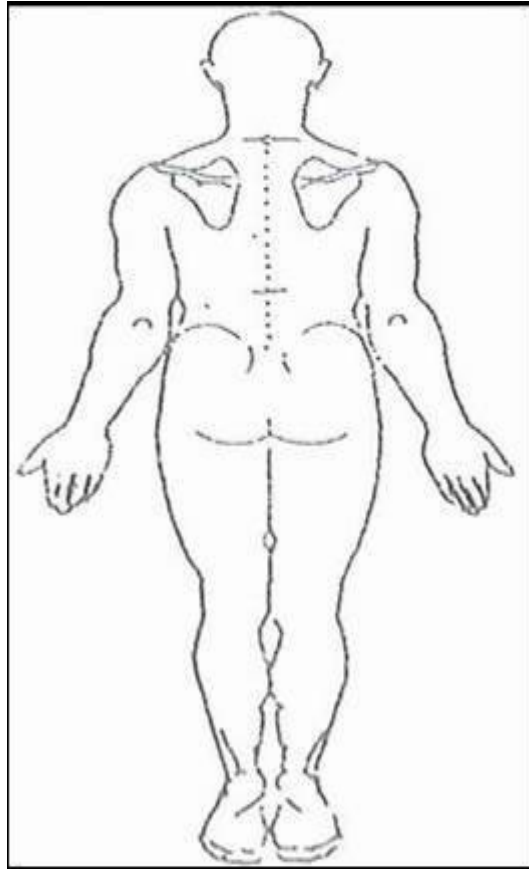
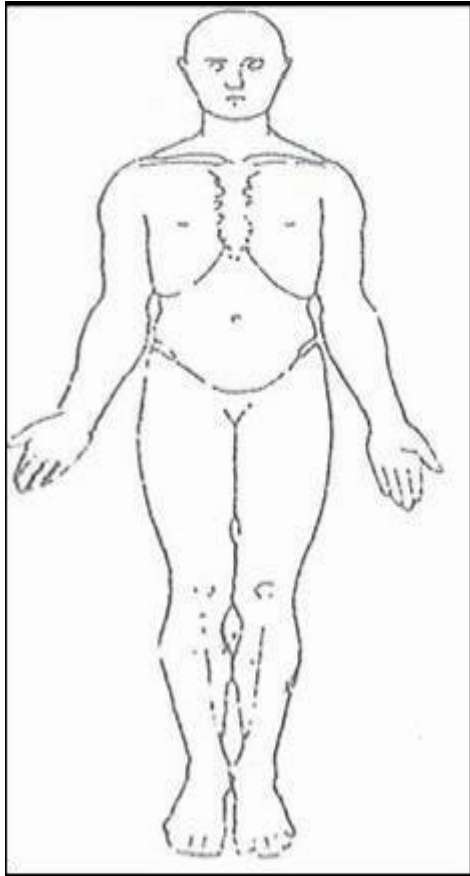
Emollients continued..

- Paraffin based products, in contact with dressings and clothing are easily ignited by a naked flame. - WSP, emulsifying ointment, Diprobase ointment.
- Application is down the direction of hair growth in a stroking action leaving a thin shiny film on the skin. Avoid circular or rubbing motions as this increases the risk of folliculitis especially in hairy areas.
- If skin is not showing signs of improvement in dryness and itch **increase applications and amount before choosing and using another brand.** (apply up to 6 times/day – 500g per week)



Emollients - administration

- There should be an appropriate skin chart application form for **each** resident for **each** cream they are prescribed: TMAR
- Ideally the TMAR should include a body map
- TMAR charts should be kept in the residents room with the cream/s
- Complete the TMAR chart at the time of application for EVERY application made
- The MAR chart should state 'see TMAR chart'.
- At the end of each cycle, the skin MAR should be attached to the MAR chart to provide a full record of administration



Emollient products

- Products should only be prescribed for a clinical need.
- Residents with dry vulnerable skin should avoid irritants (e.g soaps)
- Use emollients to wash with instead of soap.
- Pump dispensers – minimise the risk of bacterial contamination.

Emollient products

CHECK what is being prescribed
and ordered on repeat
prescription.

Barrier products

- Barrier creams, films, and foam are indicated when patients skin is at risk of damage from exposure to moisture e.g. incontinence, excess exudate, sweat.
- Residents should be assessed and re-assessed as to their skin care needs
 - Is skin red?
 - Is skin severely excoriated?
 - Is skin damaged?
 - Is skin infected?

Formulary Products

- **Zerolon cream**
 - Equivalent to and cheaper than Cavilon
 - When not a treatment encourage patient/family to buy as an Over The Counter product.
- **Cavilon Barrier cream** for peri-wound areas
- **Cavilon Barrier Film** with applicator
- **Medihoney barrier cream** – for active treatment
- **Senset Foam Cleanser**



CHECK the range of products being prescribed and ordered on repeat prescription.

Barrier creams

- Barrier creams should be applied very sparingly so that skin can be seen beneath. If the skin appears oily then too much cream has been applied
- Use a pea sized amount of cream only. For patients with incontinence this can be applied after every third wash.

Barrier films / Cleansers

- Barrier films will last up to 72 hours without application.
- If too much applied, cracking will appear which lets through moisture.
- Skin cleansers should be used only for severely excoriated skin and to cleanse injured skin associated with incontinence.



Recording use of barrier products

- Record sheet should be completed for barrier products
 - Indication: prevent moisture damage or treatment?
 - Frequency of use
 - Date started, review date
 - When patient has been washed and when barrier product has been applied



Medihoney barrier cream

- Barrier cream containing active Medihoney antibacterial honey.
- Helps to reduce inflammation, prevent maceration, excoriation and irritation resulting from effects of incontinence and diarrhoea.
- Can be applied to injured skin, peri-wound areas, pressure areas and skin folds.

Topical Steroids

- Topical steroids are creams, ointments and lotions which contain steroid drugs.
- They work by reducing inflammation in the skin and are used for various skin conditions such as atopic eczema.
- Unlike many other creams and ointments, it is important to get the dose right when using topical steroids. A standard measure is often used - the fingertip unit.

Finger tip units



- One fingertip unit (FTU) is the amount of topical steroid that is squeezed out from a standard tube along an adults fingertip.
- A finger tip is from the very end of the finger to the first crease in the finger.

Topical steroids continued..

How many FTUs are need to treat one adult hand – front and back?

Topical steroids continued..

- One FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together.
- Two FTUs are about the same as 1 g of topical steroid. Therefore, for example, say you treat an area of skin the size of eight adult hands. You will need four FTUs for each dose.

Area of skin to be treated (adults)

Size is roughly:	FTUs each dose (adults)
A hand and fingers (front and back) About 2 adult hands	1 FTU
Front of chest and abdomen About 14 adult hands	7 FTUs
Back and buttocks About 14 adult hands	7 FTUs
Face and neck About 5 adult hands	2.5 FTUs
An entire arm and hand About 8 adult hands	4 FTUs
An entire leg and foot About 16 adult hands	8 FTUs

Suitable quantities of steroid creams and ointments – twice daily application for 1 week.

Face and neck	15 to 30g
Both hands	15 to 30g
Scalp	15 to 30g
Both arms	30 to 60g
Both legs	100g
Trunk	100g
Groins and genitalia	15 to 30g

Topical steroids continued..

- Patients may have more than one preparation.
Make sure you know
 - The relative potency of preparation
 - Where to apply
 - How much to apply using FTUs
 - How often
 - For how long



Thank you for listening.

Any questions?





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