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 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 adult's 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 needed 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)

<table>
<thead>
<tr>
<th>Size is roughly:</th>
<th>FTUs each dose (adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A hand and fingers (front and back) About 2 adult hands</td>
<td>1 FTU</td>
</tr>
<tr>
<td>Front of chest and abdomen About 14 adult hands</td>
<td>7 FTUs</td>
</tr>
<tr>
<td>Back and buttocks About 14 adult hands</td>
<td>7 FTUs</td>
</tr>
<tr>
<td>Face and neck About 5 adult hands</td>
<td>2.5 FTUs</td>
</tr>
<tr>
<td>An entire arm and hand About 8 adult hands</td>
<td>4 FTUs</td>
</tr>
<tr>
<td>An entire leg and foot About 16 adult hands</td>
<td>8 FTUs</td>
</tr>
</tbody>
</table>
Suitable quantities of steroid creams and ointments – twice daily application for 1 week.

<table>
<thead>
<tr>
<th>Region</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face and neck</td>
<td>15 to 30g</td>
</tr>
<tr>
<td>Both hands</td>
<td>15 to 30g</td>
</tr>
<tr>
<td>Scalp</td>
<td>15 to 30g</td>
</tr>
<tr>
<td>Both arms</td>
<td>30 to 60g</td>
</tr>
<tr>
<td>Both legs</td>
<td>100g</td>
</tr>
<tr>
<td>Trunk</td>
<td>100g</td>
</tr>
<tr>
<td>Groins and genitalia</td>
<td>15 to 30g</td>
</tr>
</tbody>
</table>
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?