

GOOD PRACTICE GUIDANCE FOR CARE HOMES – CREAMS AND OINTMENTS

How to use creams and ointments

1. Wash your hands and put on a pair of disposable gloves
2. Once the seal is opened write the date on the tube/jar
3. Make sure the area is clean and free from moisture
4. Measure the appropriate number of fingertip units (FTU) for the area to be covered if using a steroid cream (see table overleaf)
5. Steroid creams and ointments need to be applied thinly to the amount absorbed through the skin
6. Apply the cream or ointment to the skin and gently rub in
7. Remove gloves and wash your hands
8. If more than one cream/ointment is to be applied, leave at least 15 minutes between applications. There are no standard rules which has to be applied first
9. Record each application in the resident's administration records

Questions to ask the prescriber (Record this information in the Care Plan)

- How long has the preparation to be used for?
- Where is it to be applied?
- Do any previous creams or ointments need stopping?
- Will the patient need reviewing after stopping the preparation?

Commonly prescribed creams and ointments:

EMOLLIENTS (MOISTURISER)

LIGHT	MEDIUM	HEAVY
Cetraben Cream (Pump Pack) E45 Cream	Aveeno Cream Diprobase Cream Double Base Gel Oilatum Cream Unguentum M Cream	Hydromol Ointment Epaderm Ointment 50% liquid soft paraffin/50% white soft paraffin Paraffin, White Soft Paraffin, Yellow Soft

- Emollients are used as first line treatment for a range of dry skin conditions
- They hydrate the skin and can be applied frequently 3-4 times a day
- Regular use of emollients can reduce the amount of steroid cream used
- Apply in the direction of hair growth

Note: Aqueous cream to be used as a soap substitute only not as an emollient (moisturiser)

BARRIER CREAMS

FIRST LINE TREATMENT	BARRIER FILM	SPECIALIST SERVICES
Metanium Sudocrem Triple Care Zinc and Castor Oil Ointment	Sorbaderm <i>First line use for all but severe excoriation and damage caused by diarrhoea</i>	Proshield <i>Incontinence Associated Dermatitis</i> ONLY (following discussion with Tissue Viability/Continence Advisor)

TOPICAL STEROIDS

POTENCY OF PRODUCTS					
MILD	MILD CONTAINS ANTIMICROBIAL	MODERATE	MODERATE CONTAINS ANTIMICROBIAL	POTENT	VERY POTENT
Hydrocortisone 0.5% - 2.5%	Daktacort Timodine Vioform- Hydrocortisone	Eumovate (<u>Clobetasone</u> 0.05%) Betnovate RD	Trimovate	Betnovate Elocon	Dermovate (<u>Clobetasol</u> 0.05%)

- Be aware of potency of each steroid product. More potent steroids have more side effects.
- Used intermittently (maximum 7 to 14 days depending on preparation) for acute flare ups of inflammatory skin problems like eczema when an emollient alone is not enough
- Inappropriate use of steroid creams/ointments can cause thinning of the skin and can even be absorbed into the body where it can cause side effects
- Products which contain antimicrobials should be used regularly for a short period (twice daily for 1 week). Longer use increases the chance of resistance and sensitisation
- Seek review for any resident on a long term steroid cream/ointment.
- Review of treatment is required as condition improves and especially if no improvement

HOW MUCH TOPICAL STEROID TREATMENT FOR ADULTS



It is important to get the dose right when using topical steroids. A standard measure is used called a **Finger Tip Unit**. It is the amount squeezed from a tube along an adult's fingertip, from the end of the finger to the first crease. 1 fingertip unit is pictured on the left.

AREA OF SKIN TO BE TREATED	QUANTITY OF STEROID CREAM/OINTMENT TO BE USED FOR ADULTS (FTU) 2FTU = 1GRAM
Face and Neck	2.5
Both sides of one hand	1
One Arm	3
One Foot	2
One Leg	6
Chest and Abdomen	7
Back and Buttocks	7

References:

BNF March 2014 pharmaceutical press

www.eczema.org/documents/153/factsheettopicalsteroids- accessed 30th April 2013

South Gloucestershire PCT – From the administration of medication for older people – accessed 25th March 2013

www.patient.co.uk/health/finger-tip-units-for-topical-steroids - accessed June 2014

East Lancashire Joint Formulary www.elmmb.nhs.uk

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