

Good Practice Guidance: Administration of creams and ointments in Care Homes



Clinical Commissioning Group

Introduction

The term 'topical preparation' applies to products such as creams, ointments, gels and lotions. They are applied directly to the skin to treat dermatological topical conditions and areas of local irritation; they can also be used as a soap substitute for washing if prescribed for this use.

Storage of topical preparations

- The majority of items such as creams, ointments, shampoos and bath additives should be stored in a locked cupboard, separate from any oral medications e.g. tablets, capsules and liquids.
- Topical products can be kept in the resident's room as long as they are stored safely and securely, and the resident (or family member) agrees with this storage.
- Ensure the temperature and environment of the room in which the products are stored is suitable. Topical products should not be exposed to excess heat, light or moisture e.g. stored on a window ledge or in the bathroom.
- Majority of creams should be stored at room temperature (25°C). Some topical preparations require storage in the fridge (between 2°C to 8°C). The manufacturer's packaging instructions should be checked, e.g. Timodine® cream

Application of topical preparations

- All prescribed medicines should be administered as directed by the prescriber; this includes topical formulations such as creams and ointments.
- Check the expiry date before using the product; shorter expiries should be highlighted.
- It is **not** always necessary to throw a product out at the end of each cycle; pumps especially can be used for a longer period of time. Please Refer to Good Practice Guidance: 'Expiry dates for medication' for more information on topical formulation expiry dates.
- When opening a new product, record the date of opening on the product/ packaging, using a sticker, permanent marker or in the space remaining on the dispensing label. If there is no space to write directly on the product, record the date of opening on the box or outer packaging and store the product in the outer packaging.
- If a product doesn't look 'fit for use' then it should be returned it to the community pharmacy and reordered.
- Staff should wear disposable gloves when applying topical products.
- Do not apply a topical product straight onto the resident's skin from the fridge. Allow it to warm up in the staff member's gloved hand for a few moments before applying.
- Make sure it is clear where and how (e.g. thinly) the product is to be applied or used.
- If instructions such as 'use as directed' are unclear, clarify with a healthcare professional; record the information on the MAR chart and in the resident's care plan. A body map can help identify areas of application.
- Administration of the product must be recorded.
- Ensure the lid or cap is put back on the product correctly to reduce contamination.
- Apply creams and ointments to clean dry skin, and only to the area it has been prescribed for.
- In care homes with nursing, the nurse in charge may delegate the task of applying creams to a member of the care staff. The care staff must be trained to do so and must sign the administration record, not the nurse. A topical MAR chart (TMAR) may be used.

Author and Version:	Frimley CCG MOCH Team - Version 1	Date Ratified:	24 th November 2021
Committee Ratified:	Medicines Optimisation Board (MOB)	Review Date:	November 2024

Good Practice Guidance documents are believed to accurately reflect the literature at the time of writing.

Please Refer to Good Practice Guidance: ‘Expiry dates for medication’ for more information on topical formulation expiry dates.

Emollients / Moisturising creams

Emollients soothe, smooth and hydrate the skin and are indicated for several dry skin conditions. Their effect doesn't last for long, so they need to be applied often, even when the skin feels hydrated. Moisturising creams or ointments should be applied generously and in the direction of hair growth on the skin.

Most emollients are oil based; if being used as a soap substitute there is a risk of slipping during bath times. Ensure all staff involved in personal care for residents are aware of this risk. Staff should ensure that the bath or shower must be cleaned out properly after use to minimise this risk of harm to the resident.

Some emollients contain white soft paraffin (WSP) and/ or liquid paraffin (LP) and these soak into outer clothing and bedding after administration. Because paraffin is flammable, all care staff need to be made aware of the risk of fire. Residents should be kept far away from naked flames, ignited cigarettes or open fires after the use of such preparations.

Steroid Creams/ Ointments

Topical steroids are used for various skin conditions. As corticosteroids are potent medications only a small amount is needed to achieve the desired effect. They should be applied thinly to the affected area. This is to minimise the amount absorbed into the body through the skin. The amount of topical steroids applied is measured by 'fingertip units' (FTUs).

A FTU is the amount of topical corticosteroid needed to squeeze a line from the tip of an adult finger to the first crease of the finger. See diagram on the right showing ONE FTU.

The recommended dosage in terms of FTUs varies, depending on the part of the body being treated. This is because the skin is thinner in certain parts of the body and more sensitive to the effects of corticosteroids.

The amount of cream or ointment in a fingertip unit varies, depending on who is administering it:

- Adult male: one fingertip unit provides 0.5 g
- Adult female: one fingertip unit provides 0.4 g



Table to show the amount (FTU) of cream or ointment required to treat various parts of the body in adults

Author and Version:	Frimley CCG MOCH Team - Version 1	Date Ratified:	24 th November 2021
Committee Ratified:	Medicines Optimisation Board (MOB)	Review Date:	November 2024

Good Practice Guidance documents are believed to accurately reflect the literature at the time of writing.

Body area	Number of Fingertip Units (FTU)
One hand (front and back- including fingers)	Apply 1 FTU
One arm (excluding hand)	Apply 3 FTU
An entire arm and hand	Apply 4 FTU
One foot	Apply 2 FTU
Both soles on feet	Apply 1.5 FTU
One leg (excluding foot)	Apply 6 FTU
An entire leg and foot	Apply 8 FTU
Face and neck	Apply 2.5 FTU
Trunk, front	Apply 7 FTU
Trunk back (including buttocks)	Apply 7 FTU
Genitalia	Apply 0.5 FTU
Scalp	Apply 3 FTU
Buttocks	Apply 4 FTU
Elbow (large plaque)	Apply 1 FTU
Knee (large plaque)	Apply 1 FTU
Entire body	Apply about 40 FTU

Heat Rubs, Creams and Gels for joint pain

Some residents may be prescribed a rub for pain to treat conditions such as arthritis. These preparations contain irritant compounds such as camphor, salicylic acid, anti-inflammatory compounds or capsaicin, e.g. ibuprofen gel, Zacin® cream. It is important to remember to use disposable gloves and to wash hands immediately if care staff are applying. Do NOT apply to inflamed or broken skin. Ensure residents are aware of any special precautions such as not to touch the area treated and then touch eyes or nose

Bath oils and additives

Bath and shower oils and additives are no more effective than emollients applied directly to the skin; they are no longer prescribed. They are available for OTC purchase by a resident or their family. All other prescribed emollient products except LP and WSP 50:50 ointment may be used as a soap substitute for washing. The resident will then only require one product to use for washing and as an emollient.

References

- MeReC. Using topical corticosteroids in general practice. MeReC Bulletin 1999;10(6), 21-24 http://www.npc.co.uk/merec/therap/skin/resources/merec_bulletin_vol10_no06.pdf
- DermNet NZ, <http://dermnetnz.org/treatments/fingertip-units.html>
- Menter A et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 3. Guidelines of care for the management and treatment of psoriasis with topical therapies. *J Am Acad Dermatol*. 2009 Apr;60(4):643-59. Epub 2009 Feb 13.
- Paraffin-based treatments: risk of fire hazard Paraffin-based treatments: risk of fire hazard - GOV.UK (www.gov.uk)
- Good Practice Guidance: Administration of creams and ointments in Care Homes Version 1
- NHS England Guidance on conditions for which over the counter items should not routinely be prescribed in primary care NHS England » Items which should not be routinely prescribed in primary care

Author and Version:	Frimley CCG MOCH Team - Version 1	Date Ratified:	24 th November 2021
Committee Ratified:	Medicines Optimisation Board (MOB)	Review Date:	November 2024

Good Practice Guidance documents are believed to accurately reflect the literature at the time of writing.