

Emollient and Barrier Cream Advice for Care Homes

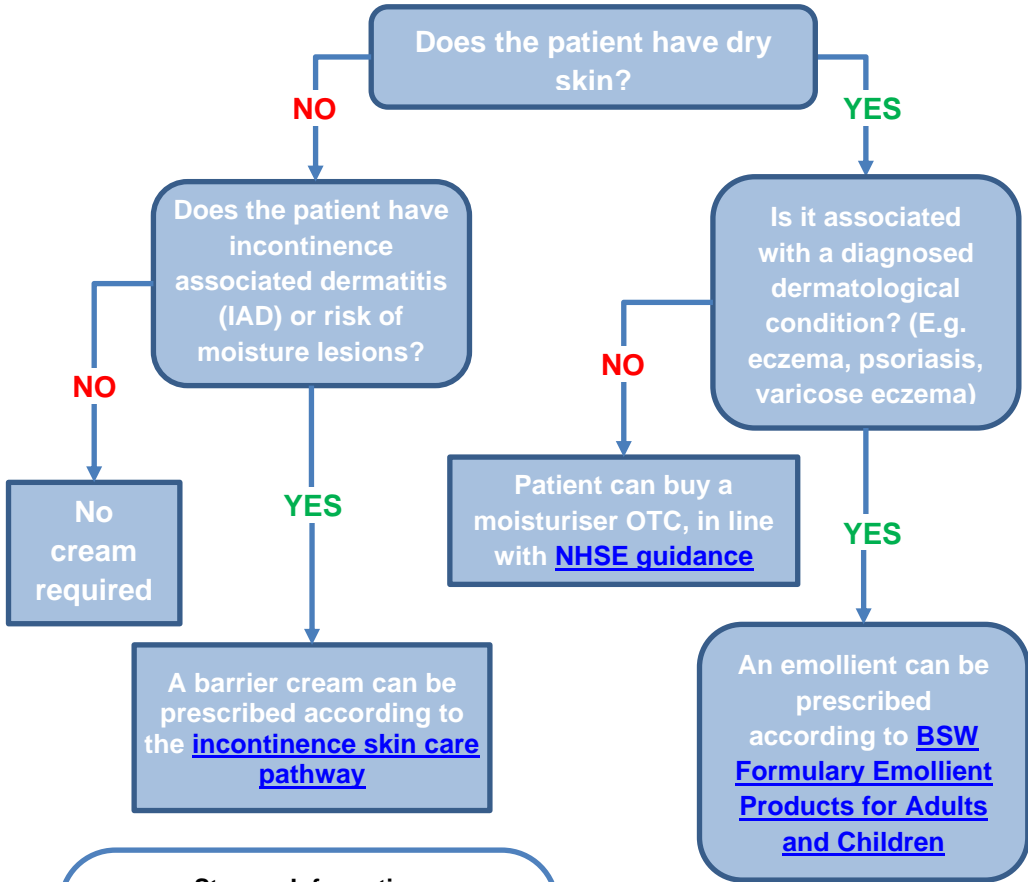
Fire risk, Emollients and Oxygen

- Patients who require large quantities of emollient (e.g. application of 100g or more at once or over a short period of time) should use a water-based product rather than a paraffin-based one (e.g. ointment) to reduce the fire risk.
- Risk is greater when preparations are applied to large areas of the body and clothing or dressings become impregnated.
- Patients should be told to keep away from fire or flames and not to smoke when using these preparations. The risk has also been extended to non-paraffin containing creams.
 - See [MHRA Drug Safety Update on Fire risk](#)
 - See [CQC Fire risk and emollients](#)
 - See [Safe Use of Emollients](#)
 - See [PresQIPP- Emollients with no, or low paraffin content](#)

Rationalisation

- Many patients are on multiple emollients/barrier creams, which is ineffective, confusing, and expensive.
- Simplify skin care regimes to one emollient as moisturiser and soap substitute and one barrier preparation if needed.

Visit [Stop The Pressure](#) for further information on preventing pressure sores



Storage Information

- A number of items have been found to be stored incorrectly in care homes; this includes fridge items being stored at room temperature and vice versa.
- Always read storage instructions to ensure the product is stored correctly.
- See the [BSW Medicines Optimisation website](#) for expiry date and storage information.

Bath Emollients

- Bath emollients/oils are not recommended for routine prescribing for dry skin and should only be used where there has been TVN involvement. Please see [NHSE evidence](#).

Residents in care homes and self-care/OTC/non-prescribed medicines

- Stopping prescribing for certain conditions should be considered for care home residents on an individual basis.
- In certain scenarios patients should continue to have their treatments prescribed.**
 - This includes particular patients prescribed an OTC treatment for a long-term condition, and individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.
 - A process must be in place for carers or residents to safely administer non-prescription medicines. Non-prescribed medicines should be recorded in the care plan and entered on the MAR, transcribing the directions as stated on the medicine box.
 - For guidance around care home staff administering medicines to residents, see [NICE Managing Medicines in Care Homes](#).
 - The Care Quality Commission (CQC) have published [Treating minor ailments and promoting self-care in adult social care](#) with information on home remedies and supporting self-care where appropriate.

Remember: Barrier products should not be used in isolation; ALL formulary emollients can be used as a soap substitute if skin is sensitive, as well as a moisturiser