NHS

**South Tyneside and Sunderland
Area Prescribing Committee**

Guideline for the Prescribing of Emollients

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Approved by	Sunderland Medicines Optimisation and Guideline Group
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This guideline is intended for use in primary care

EMOLLIENT GUIDE for prescribing in primary care (prior to referral to secondary care)

Review emollients frequently, and at least annually and discontinue where continued use is not justified for existing patients with no clear dermatological condition. Prescribing (i.e. funding on the NHS) of emollients is only indicated for a diagnosed dermatological condition. For mild and moderate dry skin patients should be advised to purchase emollients over the counter. Prescribing is not supported for lotions, except Dermol lotion (antimicrobial short term use). Prescription of small quantities in the first instance is advisable, until an acceptable emollient is found. Manufacturers may provide sample on request.

Body site	Creams or ointments		Lotions	
	7 days	One month	7 days	One month
Face	15-30g	60-120g	100ml	400ml
Both hands	25-50g	100-200g	200ml	800ml
Scalp	50-100g	200g-400g	200ml	800ml
Both arms or legs	100-200g	400-800g	200ml	800ml
Trunk	400g	1600g	500ml	2000ml
Groins and genitalia	15-25g	60-100g	100ml	400ml

MHRA advice

March 2013: AQUEOUS CREAM is no longer recommended as a leave on emollient due its sodium lauryl sulphate (SLS) content which can cause skin drying and irritation. DO NOT PRESCRIBE

April 2016: patients should be informed of the fire hazard risk with paraffin-based emollients.

LIGHT EMOLLIENTS
Mildly dry skin

1st line	2 line	3rd line	Do not initiate new pts
Epimax cream Aquamax QV Cream	ZeroAQS Zerocream ZeroDouble gel	Zerobase cream Zeroveen cream	Diprobase cream Doublebase gel Aveeno products Hydromol cream

MEDIUM EMOLLIENTS
Moderately dry skin

1st line	2nd line
Zeroderm ointment	Cetraben cream Diprobase ointment

HEAVY EMOLLIENTS
Severe dry skin

1st line	2nd line
Emulsifying ointment	Hydromol ointment

SOAP SUBSTITUTES AND BATH ADDITIVES

Bath and shower products offer no advantages over standard emollients. They also make surfaces very slippery, increasing the risk of falls.

Standard emollients can be used as soap substitutes. Patients should be advised to wash with their normal emollients, used as a soap substitute. This provides better moisturisation and is more cost effective than using bath/shower additives.

If the patient requests a bath additive, any ointment (except 50:50) can be dissolved in some hot water and added to the bath water as a bath additive and/or use of a cream emollient as a soap substitute in the bath will offer similar emollient effect. Warn patients of the slipping hazard.

COST EFFECTIVE ALTERNATIVES *(Prices are per 500g)*

These are considered interchangeable but formulations are not identical. Please check for skin sensitivities if switching.

✓ **DIPROBASE CREAM (£6.32) → EPIMAX CREAM (£2.49) or ZEROBASE cream (£5.26)**
(Epimax is also similar to ZeroAQS cream/AproDerm emollient cream/Zerobase)

✓ **E45 CREAM (£5.99) → ZEROCREAM (£4.08**

✓ **AVEENO CREAM (£6.47) → ZEROVEEN CREAM (£5.89)**

✓ (**DOUBLEBASE GEL (£5.83) → ZERODOUBLE GEL (£4.90)**
(Zerodouble is also similar to Doublebase Dayleve gel/ /HypoBase gel/Zerodouble gel/Isomolgel)

✓ **DIPROBASE OINTMENT (£5.99) or EPADERM OINTMENT (£6.58) → ZERODERM OINTMENT (£4.10)**

UNGUENTUM M (£8.48) → ZEROGUENT cream (£6.99)

✓ **HYDROMOL CREAM (£12.41) → HYDROMOL OINTMENT VS (£4.92)**
(If cream is needed consider formulary alternative)
✓

In exceptional circumstances – if bath additives are needed use the lowest cost option.

✓ **OILATUM JUNIOR (£7.43) → ZEROLATUM BATH ADDITIVE (£4.79)**

✓ **BALNEUM (£5.38) → ZERONEUM BATH ADDITIVE (£4.48)**

Approved: Review: