



Surrey Heartlands Area Prescribing Committee

Emollient Prescribing Summary

Emollients should only be prescribed for the management of **diagnosed dermatological conditions** such as eczema or psoriasis.

Patients who do not have a diagnosed dermatological condition or risk to skin integrity should be advised to purchase over the counter emollients.

A prescription for the treatment of mild dry skin should not be offered routinely in primary care as the condition is appropriate for self-care. Patients with mild dry skin can be successfully managed using over the counter products on a long-term basis

[Conditions for which over the counter items should not routinely be prescribed in primary care – Guidance from NHS England for CCGs – April 2018](#)

Table 1 – Suggested quantities for adult (twice daily application)

Body site	Creams or ointments	Lotions
	One week supply	One week supply
Face	15-30g	100mL
Both hands	25-50g	200mL
Scalp	50-100g	200mL
Both arms or legs	100-200g	200mL
Trunk	400g	500mL
Groins & genitalia	15-25g	100mL

***Safety notice:** Products containing cetostearyl alcohol could cause eye irritation or injury [MHRA](#). Eye/face specific products available are:
 - Epimax eye pintment (4g)
 - Eucerin replenishing face cream (50ml)
 See section 5 of full guidelines

Table 2 – Preferred products list

Pharmaceutical form		Most cost effective	Medium cost effective	Least cost effective
Gel		Epimax Isomol gel	AproDerm Gel MyriBase gel Zerodouble gel	Adex Gel Doublebase gel Doublebase Dayleve gel HypoBase Gel
Creams	Light	Epimax Original cream* Epimax Excetra cream* ExmaQS cream*	ExoCream* Epimax moisturising cream* Exmaben cream* ZeroAQS emollient cream* ZeroCream*	AproDerm Emollient Cream* Cetraben cream* Diprobase Advanced Eczema Cream* E45 cream* Hydromol cream* Oilatum cream* & Oilatum Jr cream* QV cream* Ultrabase Cream* Zerobase cream*
	Medium – heavy	Aquamax cream*		Epaderm cream*
Ointments	Greasy	Epimax ointment*	Aquaderm hydrous ointment, Hydromol ointment* Zeroderm ointment*	Cetraben ointment* Epaderm ointment* Thirty:30 Ointment
	Very greasy	EmulsifEss Ointment* Fifty:50 Ointment	Ovelle Emulsifying ointment*	
Colloidal oat products		Epimax oatmeal cream*	Aproderm colloidal oat cream* Miclara Oat Cream	Aveeno cream* Zeroveen cream*
Urea containing products		Imuderm cream 5%*	Balneum Intensive cream*	Aquadrate 10% cream Balneum plus cream* Dermatronics once heel balm, E45 itch relief 5% cream, Eucerin Dry Skin Relief* Eucerin intensive 10% cream, Flexitol 10% and 25% cream* Hydromol intensive cream 10%, Nutraplus 10% cream
Paraffin Free products			Epimax paraffin-free ointment (0% paraffin)*	AproDerm colloidal oat cream (0% paraffin)*
Lotions			Miclara Oat Cream lotion* E45 Lotion	Aveeno lotion* Cetraben lotion* QV lotion*
Preparations containing antimicrobials				Dermol 500 lotion* Dermol 500 cream*
Bath and shower preparation		Bath and shower products should not be ROUTINELY prescribed; Do not initiate bath and shower preparations for any new patient and switch patients using bath and shower preparations to an alternative “leave-on” emollient in line with the Surrey Heartlands Integrated Care System Area Prescribing Committee (APC) emollient guidelines		

Recommendations

- Initially, prescribe a small amount of emollient on an acute prescription to gauge suitability to patient.
- Once a suitable emollient is chosen a sufficient amount appropriate for a repeatable prescription should be prescribed – see *table 1*.
- Unlicensed specials should not be prescribed first line and only on the recommendation of a specialist. Only an unlicensed special listed in the British Association of Dermatologists [BAD-Specials-Booklet-2018-FINAL.pdf](#) may be prescribed.
- Prescriptions for adult patients should generally be reviewed annually

Counselling points for patients and carers

- If a topical corticosteroid is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.
- Emollients should be ideally applied as frequently as possible at least three times a day and ideally four to six times a day (every three hours) and use continued even when the condition appears to have improved.
- Wash and dry hands before applying an emollient to reduce the risk of introducing contaminants to the skin.
- If using a tub, remove the required amount of emollient from the tub onto a clean plate/bowl using a spatula/teaspoon to prevent introduction of germs into the container.
- Emollients should be applied in the direction of the hair growth.
- Apply emollients after bathing while water is still trapped in the skin to increase skin hydration

Considerations before prescribing

- Patient preference, health education and their expectations from treatment are key to compliance. Try small quantities initially, until an acceptable emollient is found. Lotions are still not preferred compared to other formulations prescriber should consider whether it helps patient adherence. Paraffin free products should ONLY be used in those with confirmed paraffin sensitivity.

Flammability risk with emollient use

- All patients and their families should be warned regarding the risk of fire when using large quantities of emollients. Patients should be counselled to keep away from gas fires, hobs and naked flames. They should also be reminded to avoid smoking when using paraffin containing preparations.
- ***Patients on medical oxygen who require an emollient should not use any paraffin based products***
- New guidance from the [MHRA](#) suggests that all emollients pose a fire risk whether or not they contain paraffin. Patients should be advised to wash both clothing and bedding regularly at a temperature of 60 degrees to minimize the buildup of impregnated paraffin which could become a fire hazard. Resources are available [here](#)

Aqueous Cream – not to be prescribed

- Aqueous cream carries a higher risk of causing skin irritation particularly in children with eczema, due to its sodium lauryl sulphate content according to [MHRA guidance](#). Sodium lauryl sulphate is a known skin irritant and as a surfactant it could remove protective oils from skin
- Some patients with eczematous conditions may develop adverse skin reactions (burning, stinging, itching or red-

Emollients containing urea

- Emollients with urea are useful where a keratolytic is required such as in hyperkeratosis or ichthyosis.
- If emollients containing urea are recommended, specify the duration and area that they are to be trialed on. Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling skin conditions. Urea can cause stinging and irritation for some people and preparations are generally more costly. It is therefore reasonable to target use

Preparations containing antimicrobials

- Antimicrobial emollients should only be used where infection is present. Use should be targeted and short term, usually up to four weeks as recommended for chlorhexidine.

Bath and shower products

- Bath and shower products should not be ROUTINELY prescribed; Do not initiate bath and shower preparations for any new patient and switch patients using bath and shower preparations to an alternative “leave-on” emollient

References:

<https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>

<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

[Bulletin 239: Emollients | PrescQIPP C.I.C](#)

<https://www.prescgipp.info/media/1306/b76-emollients-20.pdf>

[EMOLLIENT REFERRAL form to Surrey Fire & Rescue Service .doc](#)

<https://www.nice.org.uk/guidance/cg57>

<https://www.nice.org.uk/guidance/qs44>

<http://www.pcids.org.uk/clinical-guidance/atopic-eczema>

<https://cks.nice.org.uk/eczema-atopic>

<https://cks.nice.org.uk/dermatitis-contact>

<http://www.eczema.org/emollients>

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