

Patient Group Direction

For the supply of

Hydrocortisone 1% cream or ointment (15 g & 30 g)

By registered community pharmacists providing the

NHS Wales Clinical Community Pharmacy Service for

the treatment of symptoms associated with athlete's foot,

dry skin, intertrigo and nappy rash

in **[Powys Teaching Health Board]**

Operational from: 1st July 2023

Review Date: 31st March 2026

Version number: 1.0

PGD for the supply of supply of hydrocortisone 1% cream/ointment for the treatment of symptoms associated with athlete's foot, dry skin, intertrigo (related to ringworm) and nappy rash as part of the Community Pharmacy Common Ailment Service

Valid from: 1st July 2023 Expiry Date: 30th June 2026

Reg No: PGD 0223
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Expiry Date 30/06/2026

PGD for the supply of hydrocortisone 1% cream for the treatment of symptoms associated with athlete's foot, dry skin, intertrigo (related to ringworm) and nappy rash and the supply of hydrocortisone 1% ointment for the treatment of symptoms of dry skin by pharmacists delivering the Common Ailment Service component of the Clinical Community Pharmacy Service

Reference: Hydrocortisone 1% cream/ointment PGD
 Version no: 1.0
 Valid from: 1st July 2023
 Review date: 31st March 2026
 Expiry date: 30th June 2026

Welsh Medicines Advice Service has developed this PGD for local authorisation

Those using this PGD must ensure that it is authorised by the Local Health Board in which they are operating and signed in section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with the Human Medicines Regulations 2012 (HMR2012)¹. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Authorising organisations must not *alter*, *amend* or *add* to the *clinical* content of this document. Such action will invalidate the *clinical sign-off* with which it is provided.

As operation of this PGD is the responsibility of service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD.

INDIVIDUAL PRACTITIONERS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any queries regarding the clinical content of this PGD should be addressed to: welshmedicines.information@wales.nhs.uk

Change history:

Version number	Change details	Date
1.0	Original PGD template developed	14 th November 2022

¹ this includes any relevant amendments to legislation (e.g. [2013 No.235](#), [2015 No.178](#) and [2015 No.323](#)).

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1. PGD development

This PGD has been developed and peer reviewed by an expert panel and approved by the Community Pharmacy Clinical Advisory Group (CPCAG) in accordance with the PGD Policy.

This section MUST REMAIN when a PGD is adopted by an organisation

Expert panel

Name	Position	Designation
Alya Al-Affan	Main author	Formulary and PGD Lead for the Common Ailments Service, Welsh Medicines Advice Service, Cardiff and Vale UHB
Louise Allen	CPCAG reviewer	Head of Community Pharmacy, Primary, Community and Intermediate Care, Cardiff and Vale UHB
Jason Carroll	CPCAG reviewer	Pharmacy Team Leader – Community Services, Cwm Taf Morgannwg UHB
Richard Stratton	Medical Reviewer	Deputy Medical Director, Powys Teaching Health Board

Date CPCAG approval of PGD: 13th June 2026

PGD for the supply of supply of hydrocortisone 1% cream/ointment for the treatment of symptoms associated with athlete's foot, dry skin, intertrigo (related to ringworm) and nappy rash as part of the Community Pharmacy Common Ailment Service

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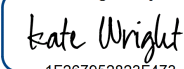
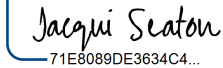


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2. Organisational authorisations

The PGD is not legally valid until it has had the authorisation of the Local Health Board in which the community pharmacy using it operates.

It is the responsibility of the Local Health Board, to ensure that all legal and governance requirements are met. The Local Health Board accepts governance responsibility for the appropriate use of the PGD.

Powys Teaching Health Board authorises this PGD for use by community pharmacies within its area that have been commissioned to provide the Common Ailments Service component of the Clinical Community Pharmacy Service. This authorisation is limited to those pharmacists that meet the requirements set out within the PGD.

Local Health Board approval (legal requirement) as per health board policy			
Role	Name	Sign	Date
Lead Doctor for PTHB	Dr Kate Wright	DocuSigned by:  1F267952823F473...	8/31/2023
Chief Pharmacist for PTHB	Jacqui Seaton	DocuSigned by:  71E8089DE3634C4...	8/24/2023
Clinical Governance Lead for PTHB	Amanda Edwards	DocuSigned by:  74A4E51A42E9473...	8/31/2023
Senior Pharmacist Lead for Community Pharmacies PTHB	Emlyn Pritchard	DocuSigned by:  EB776BA7283F49B...	8/25/2023

Local enquiries regarding the use of this PGD may be directed to:
welshmedicines.information@wales.nhs.uk

[Appendix B](#) provides a practitioner listing sheet. Individual practitioners must be listed by name to work to this PGD. Alternative practitioner listing sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner listing sheet as included at the end of this PGD.

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3. Characteristics of Staff

Qualifications and professional registration	This PGD is for use by pharmacists currently registered with the General Pharmaceutical Council (GPhC).
Additional requirements	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ be employed by, or providing services on behalf of a pharmacy listed in the All Wales Pharmacy Database (AWPD) for the Clinical Community Pharmacy Service. ➤ be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it by completing Appendix B. ➤ be familiar with the medicine and alert to changes in the Summary of Product Characteristics (SmPC). ➤ have access to the Patient Group Direction and associated resources (including the service specification and the clinical guidance document supporting the PGD) and must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs). ➤ be named in the All Wales Pharmacy Database for the Common Ailment component of the Clinical Community Pharmacy Service. ➤ have met the training requirements for the service as set out by HEIW (Health Education and Improvement Wales). ➤ be familiar with the British National Formulary (BNF) and SmPC entries for hydrocortisone 1% cream/ointment. ➤ have awareness of the adverse drug reactions associated with hydrocortisone 1% cream/ointment. <p>The pharmacist must be listed by name, under the current version of this PGD that has been issued by the local health board in which area they are operating before working under its authority.</p>
Ongoing training and competency	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ undertake regular CPD and maintain own level of competence and knowledge in this clinical area to provide the service. ➤ be aware of any updates made to the products in the SmPC and BNF. ➤ be aware of any updates to relevant national and local guidelines. ➤ as registered professionals, be professionally accountable and must work within their competence. <p>A record of any training and competency assessments undertaken must be maintained.</p>

4. Clinical condition

Clinical condition or situation to which this PGD applies	<p>Hydrocortisone 1% cream</p> <p>For the treatment of symptoms relating to:</p> <ul style="list-style-type: none"> ➤ athlete's foot (tinea pedis) where inflammation is present, in combination with an antifungal cream
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PGD for the supply of supply of hydrocortisone 1% cream/ointment for the treatment of symptoms associated with athlete's foot, dry skin, intertrigo (related to ringworm) and nappy rash as part of the Community Pharmacy Common Ailment Service

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	<ul style="list-style-type: none"> ➤ dry skin/dermatitis ➤ intertrigo, in combination with a topical antifungal ➤ nappy rash <p>in accordance with the community pharmacy Common Ailment Service (CAS) component of the Clinical Community Pharmacy Service (CCPS).</p> <p>Hydrocortisone 1% ointment For the treatment of symptoms relating to:</p> <ul style="list-style-type: none"> ➤ dry skin/dermatitis <p>in accordance with the community pharmacy Common Ailment Service (CAS) component of the Clinical Community Pharmacy Service (CCPS).</p>
Criteria for inclusion	<p>Hydrocortisone 1% cream can be supplied in the following instances:</p> <p><u>Athlete's foot</u></p> <ul style="list-style-type: none"> ➤ To individuals aged 1 month old and over, presenting with inflammatory symptoms of athlete's foot, in conjunction with a topical antifungal <p><u>Dry skin/dermatitis</u></p> <ul style="list-style-type: none"> ➤ Individuals aged 1 month old and over, presenting with mild symptoms such as areas of dry skin and infrequent itching with/without small areas of redness (may appear darker in deeper skin tones) <p><u>Intertrigo</u></p> <ul style="list-style-type: none"> ➤ Individuals aged 1 month old and over, for use in combination with a topical antifungal in associated marked inflammation of a fungal body infection (i.e. ringworm) <p><u>Nappy rash</u></p> <ul style="list-style-type: none"> ➤ For use in conjunction with a barrier preparation in infants aged 1 month and over, if the rash appears inflamed and is causing discomfort <p>Hydrocortisone 1% ointment can be supplied:</p> <p><u>Dry skin/dermatitis</u></p> <ul style="list-style-type: none"> ➤ To individuals aged 1 month old and over presenting with mild symptoms such as areas of dry skin and infrequent itching with/without small areas of redness (may appear darker in deeper skin tones) <p><u>For all indications supply can be made provided:</u></p> <ul style="list-style-type: none"> ➤ where informed consent has been given (patient, parent/guardian, carer) <p>the individual has no contraindications to hydrocortisone 1% cream/ointment – see SmPC</p>

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Criteria for exclusion²	<p><u>For all indications</u></p> <p>Hydrocortisone 1% cream/ointment should not be supplied:</p> <ul style="list-style-type: none"> ➤ if the pharmacist is unsure of the diagnosis ➤ to individuals with severe, extensive or persistent symptoms ➤ to individuals with signs of an untreated bacteria, viral or fungal infection of the skin (e.g. if severe redness/soreness is present with/without exudate or if infected lesions are present) ➤ if an individual has multiple recurrent episodes which fall outside maximum issues in a 12 month period ➤ to individuals with ulcerative conditions ➤ to individuals who are immunocompromised as these individuals may require systemic treatment (for further information regarding supply of medication to diabetic individuals see under individual ailments below) ➤ to individuals for use on areas affected by rosacea ➤ to individuals for use on areas affected by perioral dermatitis or acne ➤ if the individual appears systemically unwell ➤ if an individual is pregnant ➤ if symptoms have not improved after using advised treatment ➤ if the pharmacist is unable to undertake an appropriate assessment, in order to determine the need for the medicine and that it would be appropriate for the patient to use it ➤ to individuals who are unable to administer or use the product effectively themselves or who do not have a parent/guardian/carer to administer or apply the medication for them ➤ if individual does not agree to share relevant clinical information ➤ to individuals with known hypersensitivity to hydrocortisone or any of the excipients – see SmPC <p><u>Athlete's foot</u></p> <p>Hydrocortisone 1% cream should not be supplied:</p> <ul style="list-style-type: none"> ➤ if an individual is in significant pain and discomfort ➤ to an individual with diabetes, if, in the opinion of the pharmacist:
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² Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required.

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<p>Criteria for exclusion (continued)</p>	<ul style="list-style-type: none"> ○ there are concerns regarding diabetic control ○ the individual is at increased risk of detrimental symptoms associated with poorly controlled diabetes; symptoms can include thirst, blurred vision, fatigue and increased frequency of urination, poor sensation to extremities and poor circulation ○ if the individual is unsure how to manage their diabetes <ul style="list-style-type: none"> ➤ if the intended use is for more than 7 days ➤ if the intended use is for an area other than the affected toes/feet ➤ if an individual has tried appropriate treatment for a maximum of 7 days in the current episode and symptoms persist ➤ if the individual is not using a concurrent topical antifungal <p><u>Dry skin/dermatitis</u> Hydrocortisone 1% cream/ointment should not be supplied:</p> <ul style="list-style-type: none"> ➤ if an individual has tried appropriate treatment for 7-14 days in the current episode and symptoms persist ➤ if an individual appears to be experiencing psychological effects from the ailment <p><u>Intertrigo</u> Hydrocortisone 1% cream should not be supplied:</p> <ul style="list-style-type: none"> ➤ in the presence of extensive spread of fungal infection and change in morphology of lesions due to inappropriate use of topical corticosteroids <p><u>Nappy rash</u> Hydrocortisone 1% cream should not be supplied:</p> <ul style="list-style-type: none"> ➤ if the rash is severely sore/red with or without exudate ➤ if punched out ulcers or erosions are present with/without elevated borders
<p>Cautions (including relevant actions to be taken)</p>	<p>Please refer to the SmPC for hydrocortisone 1% cream/ointment for full details of special warnings and precautions for use.</p> <ul style="list-style-type: none"> ➤ Hydrocortisone 1% cream/ointment is for external use only. ➤ Some preparations of hydrocortisone 1% <i>cream</i> may contain chlorocresol which may cause allergic reactions. ➤ Some preparations of hydrocortisone 1% <i>ointment</i> may contain wool fat which may cause allergic reactions. ➤ Hydrocortisone 1% cream/ointment may be irritating to the eyes. Contact with the eyes should be avoided. In case of accidental contact with the eyes, rinse eyes thoroughly with running water. ➤ Hydrocortisone 1% cream/ointment should be kept out of the reach of children.

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	<ul style="list-style-type: none"> ➤ In the event of an allergic reaction, the cream/ointment should be removed and the treatment interrupted. ➤ Visual disturbance (usually with long term use) may be reported with systemic and topical corticosteroid use. If a person presents with symptoms such as blurred vision or other visual disturbances, they should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids. ➤ While undergoing treatment with hydrocortisone 1% cream/ointment, persons should not smoke or go near naked flames due to risk of severe burns. Fabric (clothing, bedding, dressings etc.) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it. ➤ Fingertip unit advice for corticosteroid use found in the BNF should be adhered to; in particular for infants and children in order to avoid overuse of the cream and subsequent potential adverse effects. Inappropriate use of hydrocortisone 1% cream/ointment can result in the development of a rebound flare after stopping treatment. A severe form of this can take the form of a dermatitis with intense redness, stinging and burning that can spread beyond the initial treatment area. It is more likely to occur when delicate skin sites e.g. flexures, are treated. Should there be a reoccurrence of the condition within days to weeks after successful treatment, a withdrawal reaction should be suspected. Reapplication should be with caution and specialist advise is recommended in these cases or other treatment options should be considered. <ul style="list-style-type: none"> ○ Occlusive dressings <u>should not be used</u> on the treated area as this can considerably increase the degree of systemic absorption: ○ great care needs to be taken if applying for nappy rash and the nappy should not be secured in place for at least 15 minutes after applying the hydrocortisone cream in order to avoid increased absorption if covered by the nappy. ○ The use of hydrocortisone 1% cream/ointment in a patient with psoriasis may be hazardous for a number of reasons including rebound relapses following development tolerance, the risk of generalised pustular psoriasis and local and systemic toxicity due to impaired barrier function of the skin. <p>As a result, careful supervision is important.</p> <p>Athlete's foot</p>
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	<ul style="list-style-type: none"> ○ Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms suggestive of poor control. For example, thirst, blurred vision, fatigue, poor sensation to extremities, poor circulation etc. Where treatment is supplied, the individual must be advised to make an appointment with their diabetic clinic/diabetic nurse for review within 7 days of supply. <p>➤ See also drug interactions section below for additional cautions.</p>
Action to be taken if the individual is excluded or declines treatment	<ul style="list-style-type: none"> ➤ Explain the reasons for exclusion to the individual and document in the consultation record. ➤ If the individual declines, record the reason and advise of the consequences of not receiving treatment. Document the advice given alongside details of any referral made and their (patient, parent, guardian) intended actions. ➤ If appropriate, patients may be offered a suitable alternative to hydrocortisone 1% cream/ointment from the All Wales Common Ailments Service Formulary. Alternatively, refer the individual to their GP if appropriate and/or provide them with information about further options. ➤ Where there are safeguarding concerns, seek advice from local safeguarding services.
Further advice	<ul style="list-style-type: none"> ➤ Further information can be found in the SmPC, BNF and the All Wales Common Ailments Service Formulary.

5. Description of treatment

Name, strength & formulation of drug	Hydrocortisone 1% cream/ointment (non-proprietary)
Legal category	POM (Prescription Only Medicine) P* (Pharmacy only) *P (Pharmacy only medicine): care should be taken to identify if a P pack can be supplied to an individual based on licensed indications and the age of the individual. If the individual does not meet the P pack criteria, a POM pack should be issued instead
Black triangle ▼	No
Off-label use	No
Route / method of administration	Topical. For external cutaneous use only.
Dose and frequency of administration (continued over page)	<u>Athlete's foot - hydrocortisone 1% cream</u> For individuals aged 1 month old and over: Apply thinly ONCE daily for a MAXIMUM of SEVEN days.

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	<p>N.B. hydrocortisone 1% cream should be used in addition to a topical antifungal (i.e. it should not be used alone).</p> <p><u>Dry skin/dermatitis - hydrocortisone 1% cream/ointment</u> For individuals aged 1 month old and over: Apply thinly ONCE daily for SEVEN TO FOURTEEN days. If symptoms have resolved after 7 days, stop the corticosteroid. If there has been a significant improvement in symptoms, but they have not resolved, continue for a further 7 days.</p> <p><u>Intertrigo associated with fungal skin infection - hydrocortisone 1% cream</u> For individuals aged 1 month old and over: Apply thinly ONCE or TWICE daily for SEVEN to FOURTEEN days. If symptoms have resolved after 7 days, stop the hydrocortisone 1% cream.</p>
Dose and frequency of administration (continued)	<p>If there has been a significant improvement in symptoms, but they have not resolved, continue for a further 7 days. N.B. hydrocortisone 1% cream should only be used in addition to a topical antifungal (i.e. it should not be used alone).</p> <p><u>Nappy rash - hydrocortisone 1% cream</u> For individuals aged 1 month old and over: Apply thinly ONCE daily until symptoms settle or for a MAXIMUM of SEVEN days.</p> <p>N.B. hydrocortisone 1% cream should be used in addition to a barrier preparation. The topical corticosteroid should be applied first, and the barrier preparation applied a few minutes later.</p>
Duration of treatment	<p>SEVEN to FOURTEEN days maximum depending on indication as per information above.</p> <p>This PGD only allows supply for the duration stated in the dosage schedule above.</p>
Quantity to be supplied/administered	<p>Appropriately labelled pack to provide treatment for SEVEN to FOURTEEN days.</p> <p><u>Athlete's foot</u> 1 x 15 g pack to provide a maximum of SEVEN days treatment at a dose of ONCE daily application.</p> <p><u>Dry skin/dermatitis</u> Depending on patient's body habitus/area(s) of body affected, there are two different pack size options available to offer individuals: 1 x 15 g pack to provide SEVEN to FOURTEEN days treatment at a dose of ONCE daily application.</p> <p style="text-align: center;">OR</p>

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	<p>1 x 30 g pack to provide SEVEN to FOURTEEN days treatment at a dose of ONCE daily application.</p> <p><u>Intertrigo associated with fungal skin infection</u> 1 x 15 g pack to provide SEVEN to FOURTEEN days treatment at a dose of ONCE or TWICE daily application.</p> <p><u>Nappy rash</u> 1 x 15 g pack to provide a maximum of SEVEN days treatment at a dose of ONCE daily application.</p>
Drug interactions	<ul style="list-style-type: none"> ➤ The SmPC for hydrocortisone 1% cream/ointment states no known drug interactions. ➤ The BNF states that interaction does not generally apply to corticosteroid used for topical action unless specified. <p>A detailed list of drug interactions for hydrocortisone in general can be found in the BNF.</p>
Identification & management of adverse reactions	<p>A detailed list of adverse reactions is available in the SmPC, and the BNF. This list does not reflect all reported side effects.</p> <p>If the patient experiences any of the following they must discontinue treatment:</p> <ul style="list-style-type: none"> ➤ difficulty breathing or swallowing. ➤ swelling of the mouth, face, lips, tongue or throat (severe allergic reaction symptoms). ➤ severe itching of the skin, with a rash or raised lumps, hives or blisters. <p>The following undesirable effects have been reported:</p> <ul style="list-style-type: none"> ➤ epidermal thinning, telangiectasia and striae: may occur in areas of high absorption such as skin folds, the face and where occlusive dressings are used; local atrophic changes may occur in intertriginous areas or in nappy areas in young children where moist conditions favour hydrocortisone absorption. ➤ following prolonged topical use systemic absorption from sites may be sufficient to produce hypercorticism and suppression of the pituitary adrenal axis after prolonged treatment; this effect is more likely to occur in infants and children and if occlusive dressings are used or large areas of skin are treated. ➤ blurred vision (frequency not known). ➤ withdrawal reactions - redness of the skin which may extend to areas beyond the initial affected area, burning or stinging sensation, itch, skin peeling, oozing pustules (frequency not known).

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<p>Patient or carer advice/follow up</p>	<p>Supply the marketing authorisation holder's patient information leaflet (PIL).</p> <p>Use of hydrocortisone cream/ointment Inform the individual or their carer:</p> <ul style="list-style-type: none"> ➤ skin should be clean and dry prior to application and the preparation should be applied in a thin layer on and around the affected skin; the cream/ointment should be rubbed in gently. ➤ the inflammation usually appears to improve within a few days of starting to use the cream/ointment. ➤ if too much cream/ointment is squeezed out of the tube, wipe off the excess with a paper towel. ➤ if using hydrocortisone 1% cream in addition to an emollient or an antifungal preparation, apply the emollient or antifungal preparation first and then wait for 15-30 minutes before applying the hydrocortisone cream. ➤ if using hydrocortisone 1% cream in addition to a barrier cream for the management of nappy rash, apply the hydrocortisone 1% cream first and then wait for a few minutes before applying the barrier product. ➤ do not use the cream/ointment under airtight dressings (such as plasters), as too much hydrocortisone may be absorbed and may result in adverse effects upon adrenal gland function. ➤ if a dose of hydrocortisone cream/ointment is forgotten, apply it as soon as possible and carry on as before; if it is 3 hours or less until the next application, then ignore the missed dose. ➤ if the affected area becomes weepy or infected, stop using the cream/ointment and seek the advice of a GP. ➤ if they get any side effects, to talk to their doctor, or pharmacist or nurse and report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the Yellow Card reporting scheme. This includes any possible side effects not listed in the PIL. ➤ to seek medical advice in the event of a severe adverse reaction. ➤ to read the PIL before taking the medication. ➤ to visit the NHS website on hydrocortisone cream/ointment for more information. <p><u>Athlete's foot</u> Inform the individual or their carer:</p> <ul style="list-style-type: none"> ➤ if applicable, that immunocompromised individuals (including individuals who have diabetes) are at increased risk of developing a severe, resistant or extensive fungal foot infection; the infection should be monitored and if not healing or worsening the individual should seek medical attention. ➤ to minimise exposure to risk factors for developing recurrent fungal foot infection including: <ul style="list-style-type: none"> ○ hot, humid climates or working in high temperature environments.
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<p>Patient or carer advice/follow up (continued)</p>	<ul style="list-style-type: none"> ○ wearing occlusive footwear (may be prevalent in e.g. athletes, soldiers, construction workers); wear footwear that keeps the feet cool and dry, leaving shoes and socks off as much as possible when at home instead. ○ walking on floor surfaces contaminated with infectious desquamated skin scales e.g. communal shower facilities, swimming pools and saunas. ○ hyperhidrosis (if able via treatment options available OTC or via the GP). <ul style="list-style-type: none"> ➤ wear a fresh pair of cotton socks every day. ➤ change to a different pair of shoes every 2–3 days. ➤ wash the feet daily, then dry them thoroughly, especially between the toes. ➤ avoid using moisturiser between the toes because this may help fungi to multiply. ➤ antifungal dusting powders may help prevent re-infection. ➤ to reduce transmission risk do not share towels, and wash them frequently. <p><u>Dry skin/dermatitis</u> Inform the individual or their carer:</p> <ul style="list-style-type: none"> ➤ to control dry skin and preserve the skin barrier, it is better to prevent it spreading/flaring up by regular and liberal application of emollients; application advice is as follows: <ul style="list-style-type: none"> ○ frequency of application depends on the severity of the condition; for very dry skin, application of an emollient every 2–3 hours is recommended. ○ use emollients during or after washing; if used during washing, the bath/shower will become slippery so extreme care must be taken not to fall. ○ dry the skin after washing and apply the emollient while the skin is still moist. ○ smooth emollients into the skin along the line of hair growth, rather than rubbing them in. ➤ topical corticosteroids (if used) should be applied about 15-30 minutes after the emollient. ➤ there is a fire risk associated with the build-up of emollient residue on clothing and bedding; do not smoke or go near naked flames. ➤ washing clothing or fabric at a high temperature may reduce emollient build-up but may not totally remove it. ➤ keep nails short and avoid scratching the area. Gentle rubbing can help alleviate itching. ➤ avoid trigger factors if possible. ➤ avoid soaps, detergents and bubble bath when washing as they can damage the skin. <p><u>Intertrigo</u> Intertrigo can be associated with ringworm (fungal body infection). The following can help avoid future episodes:</p>
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PGD for the supply of supply of hydrocortisone 1% cream/ointment for the treatment of symptoms associated with athlete's foot, dry skin, intertrigo (related to ringworm) and nappy rash as part of the Community Pharmacy Common Ailment Service

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- avoid hot, humid climates or working in high temperature environments.
 - avoid wearing tight-fitting clothing; wear loose-fitting clothes made of cotton or a material designed to keep moisture away from the skin instead.
 - maintain good hygiene by washing affected skin areas daily; after washing, dry thoroughly, especially in the skin folds.
 - avoid scratching affected skin, as this may spread infection to other sites.
 - do not share towels, and wash them frequently, to reduce the risk of transmission.
 - wash clothes and bed linen frequently to eradicate fungal spores.
 - consider losing weight if obese.
- take your pet to the vet if you think they might have ringworm (for example, if you notice patches of missing fur).
- hyperhidrosis can worsen symptoms; seek advice from your GP for treatment options.

Nappy rash

Inform the baby's parents/guardian/carer:

- Nappy rash usually clears up after about 3 days and can be prevented, if you follow this advice:
 - consider using a nappy with high absorbency (for example, disposable gel matrix nappies rather than non-disposable nappies).
 - make sure the baby's nappy fits properly (too tight increases skin occlusion; too loose minimizes absorption of fluids).
 - change wet or dirty nappies as soon as possible after wetting or soiling.
 - clean the whole nappy area gently but thoroughly, wiping from front to back; use water or fragrance-free and alcohol-free baby wipes.
 - bathe the baby daily but avoid bathing them more than twice a day as this may dry out their skin.
 - do not use soap, bubble bath, or lotions.
 - dry the baby gently after washing them; avoid vigorous rubbing.
 - lie the baby on a towel and leave their nappy off for as long and as often as you can to let fresh air get to their skin.
 - do not use talcum powder as it contains ingredients that could irritate the baby's skin.
- If using hydrocortisone cream under a nappy:
 - in addition to a barrier cream, apply the hydrocortisone 1% cream first and then wait for a few minutes before applying the barrier product.

the nappy should be left off and not secured for a minimum of 15 minutes in order to avoid the nappy acting as an occlusive dressing resulted in increased absorption.

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Records	<p>The consultation details including any medication supplied under this PGD must be recorded in Choose Pharmacy at the time of the consultation. Where the Choose Pharmacy platform is not available, temporary records must be made using the paper-based consultation record. Paper based records must be transferred into Choose Pharmacy as soon as practically possible following the consultation.</p> <p>If the patient is excluded, a record of the reason for exclusion and any specific advice that has been given must be documented within the consultation notes.</p>
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Appendices

Appendix A: Key references

- British National Formulary (BNF) – current edition. Available from: <https://bnf.nice.org.uk/> [accessed 20 March 2023]
- Summary Product Characteristics (SmPC). Available from: <https://www.medicines.org.uk/emc> [accessed 20 March 2023]
- Patient Group Directions. Medicines practice guideline [MPG2]. Updated March 2017. Available from: <http://www.nice.org.uk/guidance/mpg2/resources> [accessed 20 March 2023]
- General Pharmaceutical Council. In Practice: Guidance on Consent. Revised June 2018. Available from: <https://www.pharmacyregulation.org> [accessed 20 March 2023]
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- All Wales Medicines Strategy Group. All Wales Common Ailments Formulary. February 2018. Available from: <https://awttc.nhs.wales> [accessed 20 March 2023]
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- National Institute for Health and Care Excellence: Clinical Knowledge Summaries. Fungal skin infection-body and groin. Last revised July 2022. Available from: <https://cks.nice.org.uk> [accessed 04 May 2023]
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- Yellow Card Reporting. Available from: <http://yellowcard.mhra.gov.uk> [accessed 20 March 2023]
- NHS 111 Wales Health A-Z. Available from: <https://111.wales.nhs.uk> [accessed 20 March 2023]
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Appendix B: *Healthcare Professionals Agreement to Practice*

Authorisation for the use of the Patient Group Direction for the supply of:
Hydrocortisone 1% cream/ointment, by community pharmacists under the
Clinical Community Pharmacy Service, Common Ailment Service (athlete's foot,
dry skin, intertrigo and nappy rash), commissioned by
[Powys Teaching Health Board]

Patient Group Directions do not remove inherent professional obligations or accountability.

Once completed and approved, health professionals wishing to use the PGD must sign up to the PGD for the local health board in which they will be providing services. Only pharmacists who are accredited in line with the National Service Specification can operate under the PGD.

This Patient Group Direction is to be read, agreed and signed by all registered healthcare professionals authorised to operate the PGD. By signing this document, the professional operating the PGD confirms that they have read and understood the content of this PGD and are willing and competent to work under it within their professional code of conduct. One copy should be given to each named pharmacist and a signed copy must be kept within the pharmacy by the nominated member of staff with responsibility for PGDs. This will usually be the Superintendent Pharmacist or Responsible Pharmacist.

Name and address of pharmacy:

For registered professional

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work under it within my professional code of conduct.

Name of registered pharmacist	Signature	GPhC number	Date

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