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PTHB Emollient Prescribing Guidelines for Adults and Children – July 2025

A resource for general practice and other healthcare professionals to guide prescribing of emollients.

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These guidelines are intended to support, not replace, clinical judgement, and serve as a resource for managing patients in Powys who are prescribed emollients.

Refer to the **PTHB Emollient Formulary** for approved products and guidance.

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1. Introduction

This guideline aims to support healthcare professionals in the effective prescribing of emollients in clinical practice. It outlines formulation selection, optimal application techniques, and patient-centred considerations.
Emollients come in a range of formulations including creams, ointments, lotions, and gels, each with distinct properties suited to different patient needs and skin types.
Emollients are an essential therapy in the treatment of dry skin conditions. There is no evidence from trials that any one emollient is better than others.

Compliance and education are key to a successful emollient regime. Consider the physiological properties, patient acceptability, skin dryness, area affected, previous emollient use and patient lifestyle (greasier ointments preferred for nighttime application) when selecting a product.

Dry skin conditions result from impaired barrier function and trans epidermal water loss. Emollients work by increasing the amount of water held in the stratum corneum:

- *Occlusive emollients* (lanolin, emulsifying ointment, and liquid paraffin-based products) trap moisture in the skin.
- *Humectant emollients* (urea, glycerol or propylene glycol-based products) draw moisture into the skin.

2. Emollient Applications and Use, Emollient Formulations

- **Daily application is essential**, even when skin appears controlled. Frequency depends on severity and may range from once daily to multiple times.
- **Post-washing application** maximises skin hydration. Limit washing to once daily (for no more than 10-15 minutes) using lukewarm water.
- **Avoid soap products/ bubble baths and detergents -** they disrupt the skin barrier and cause irritation.
- **Apply in the direction of the hair growth** to reduce follicle irritation. Smooth gently into skin; avoid rubbing.
- **Use as a soap substitute with caution** - emollients can make surface slippery. Non-slip mats are recommended.
- **When using multiple topical preparations**, apply one product at a time, allowing several minutes between applications.
- **Prescribe leave-on emollients in large quantities** (250-500g/week) – to support regular use and reduce reliance on topical steroids.
- **Encourage frequent use** by supplying separate packs for home, work or school.

3. Prescribing Guidance

- Emollients should only be prescribed for the management of diagnosed dermatological conditions, such as eczema or psoriasis; or where there is a significant risk to skin integrity.
- Patients without a diagnosed dermatological condition or significant risk to skin integrity (maintenance) should no longer receive emollients on an NHS prescription and be advised to purchase emollients over the counter (OTC).

- Regular emollient use can reduce reliance on topical steroids and other agents needed to manage skin disease/conditions.
- **Bath and shower products SHOULD NOT BE ROUTINELY PRESCRIBED –** recommend using an appropriate emollient in warm water instead.
- If a specialist recommends an emollient not listed in this guideline, a written rationale should be provided, including why other first line products are unsuitable, and the request respected.
- If the rationale for deviation from products listed in this guideline is not recorded in communication from specialist/secondary care, the primary care prescriber should switch to the most suitable cost-effective alternative.
- Emollients should be reviewed at least annually by the initiating clinician (GP or specialist) and stopped where continued use is not justified. e.g. Skin condition has improved, with no evidence of chronic relapsing eczema or if skin condition has resolved completely and does not require on-going emollient therapy for maintenance. Patient should be advised to purchase a suitable *over the counter (OTC)* product when a prescribed emollient is no longer clinically indicated.

4. Approximate Quantities of Emollients

- Start with a small pack of a first-line formulary emollient to assess suitability. If effective, consider prescribing larger quantities.
- Typical adult usage: 600g per patient per week. For children, prescribe approximately half.
- Patients with diagnosed skin conditions may require large quantities maintain control. Do **not** prescribe emollients for dry skin without a diagnosis - these patients should be encouraged to purchase emollients over the counter.
- During flare-ups: Apply every 2 hours if possible. Otherwise, aim for 2-4 times daily, depending on dryness.
- Increased emollient use reduces the need for topical steroids.

This table suggests suitable quantities to be prescribed for an adult per week. For children, approximately half this amount is suitable.

Area of application	Creams and ointments (Flare-up)	Creams and ointments	Lotions (Flare-up)	Lotions
Face	50-100g	15-30g	250ml	100ml
Both hands	100-200g	25-50g	500ml	200ml
Scalp	100-200g	50-100g	500ml	200ml
Both arms or both legs	300-500g	100-200g	500ml	200ml
Trunk	1000g	400g	1000ml	500ml
Groin and genitalia	50-100g	15-25g	250ml	100ml

Note: Always tailor quantities to individual needs and review regularly.

5. Expiry Dates After Opening / In-Use Expiry

In the absence of specific manufacturer or infection control guidance, the following pragmatic timescales apply:

- **Open top containers** (tubs with lids): Discard 3 months after opening. Use a clean spoon or spatula - not fingers.
- **Tubes**: Discard 3 months after opening.
- **Pump dispensers**: Discard at manufacturer's expiry date.

If the manufacturer provides a shorter expiry or specific 'in use' expiry, this should take priority over the general guidance above.

6. Cost Effective Prescribing

- Prescribe gels, ointments and creams costing **less than £0.90 per 100ml/100g**, referring to the **PTHB Emollient Formulary** for cost-effective choices.
- Reducing lotion prescribing by 50% due to higher acquisition cost and lower efficacy.
- **Do not prescribe bath/shower emollients** - Recommend leave-on emollients as a soap substitute instead.
- Only prescribe borderline substances where ACBS criteria apply:
    - Aveeno®: Endogenous / exogenous eczema, xeroderma, ichthyosis, senile pruritus associated with dry skin.
    - E45®: dermatitis, eczema, pruritus.

7. Patient Safety and Cautions

- **Fire Risk**: All emollients – paraffin-based or paraffin-free – pose a fire hazard. **Keep away from flames, heat sources, candles and smoking.**
- Patients should be warned of this risk, especially when using large quantities.
- Patients using medical oxygen must **not** use paraffin-based emollients.
- Advise patients to:
    - Wash clothing and bedding regularly at **high temperatures** to minimise emollient build up.
    - Change clothing and bedding daily - emollients soak into fabric and can become a fire hazard.

- **Epimax Ointment and Epimax Paraffin-Free Ointment should not be used on the face –** they may irritate eyes.
    - Patients should wash their hands and avoid touching their eyes after use.
    - If product enters the eyes, rinse well with water and seek medical advice.

References

- NICE CKS - https://cks.nice.org.uk/topics/eczema-atopic
- Gov.uk - Safe use of emollient skin creams to treat dry skin conditions - GOV.UK
- Primary Care Dermatology Society - https://www.pcds.org.uk/clinical-guidance/atopic-eczema
- Powys Teaching Health Board Formulary - https://powformulary.wales.nhs.uk/

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