

## Prescribing Guidance for Barrier Creams

<b>Products</b>	<b>Emollient Cream</b> <small>(Use patient's own)</small> 100g	<b>Medi-Derma s® Barrier Cream</b> 90g - £5.95*	<b>Proshield® Plus</b> 115g - £9.94*
Protecting intact skin around: <ul style="list-style-type: none"> <li>feeding tube</li> <li>stoma</li> <li>catheter</li> </ul>	x	<b>Yes</b>	x
Prevent skin irritation and maceration caused by <ul style="list-style-type: none"> <li>rubbing/friction</li> <li>bacteria/yeast</li> <li>moisture from sweat/wound exudate/urine/faeces e.g. incontinence associated dermatitis</li> </ul>	x	<b>Yes</b>	x
Treating skin damage <ul style="list-style-type: none"> <li>From incontinence or corrosive body fluids</li> <li>Sore skin damage around a stoma</li> <li>Active Moisture Lesion</li> </ul>	x	X	<b>Yes</b> Treatment should be for a <b>maximum of 4 weeks – Acute prescriptions only for severely excoriated skin only</b>
Treating friction and shear damage in immobile patients. All Grade 2 or above Pressure Ulcer should be reported	x	<b>Yes</b> (First line choice) Typical usage 1x90g tube on alternate months	Yes
Protection of skin around a wound	x	<b>Yes</b>	x
Moisturising severely dry skin	<b>Yes</b> This should also be used as a soap substitute	x	x
Frequency of Application	When needed for dry skin	<u>Small amount to be applied after every 3 episodes of incontinence.</u> A pea sized amount will cover an area the size of the palm of a hand – if the skin appears oily too much product has been applied	<u>Lasts up to 72 hours</u> without the need for reapplication - if the skin appears oily too much product has been applied

## Prescribing Guidance for Barrier Creams\*

### Indications (see individual product)

1. Prevent skin irritation and maceration caused by:
  - rubbing/friction
  - bacteria/yeast
  - moisture from sweat/wound exudate/urine/faeces
2. Preventing moisture- or incontinence-associated dermatitis in high risk patients' e.g. very acidic urine, diarrhoea, sweat, faeces.
  - Not all incontinent patients will require a barrier cream; professional judgement is required.
  - Barrier creams can clog incontinence pads if applied too thickly.
3. Protecting sore skin around stoma, catheter, feeding tube and wound.
  - Barrier creams are NOT recommended as majority will reduce adhesion of bags/flanges except Medi Derma – S Film®
4. Treating broken skin damage from incontinence or corrosive body fluids (Proshield Only)
5. Treating friction and shear damage in immobile patients.
  - All Grade 2 Pressure Ulcer should be reported to the GP – for information only.

### General rules for skin protection

1. Remove irritants from skin and protect further exposure.
2. Clean affected skin with water and emollient cream as a soap substitute (do not use soap and water).
3. Control symptoms and treat underlying cause e.g. treat eczema, fungal infection, malnutrition.
4. Barrier preparations are NOT substitutes for adequate nursing care.
5. Only one product needed per resident.
6. Do not share products between residents.

### Check the creams and films manufacturer's instructions before using

1. Some barrier creams should not be used on broken skin
2. Some barrier creams may reduce the adherence of some adhesive products. Persons with fragile skin should avoid using such creams under all adhesive products.
3. Some products will last between 12 hours to 72 hours and resist wash-off therefore reducing the number of applications needed.

### Prescribing Points

1. Query requests for large quantities; barrier cream is highly concentrated, and small amounts of cream will cover a large skin area.
2. Barrier creams should not be used at the same time as barrier wipes.
3. Barrier creams should be applied very sparingly so that skin can be seen beneath.
4. Applying too many layers of product may make the area feel stiff and block pores.
5. Choose the correct product size for the area to be covered.
6. Barrier creams should not be prescribed for nappy rash in babies; suitable products are available over the counter from pharmacy or supermarket.
7. Barrier creams alone should not be used for prevention of pressure ulcers. Only the relief of pressure can do this.
8. Proshield For ACUTE prescription only.
9. Advice can be sought from your GP or the Tissue Viability team.

\*Adopted with kind permission from Bexley CCG

## Moisture damage guide

The pH of the skin normally stands at between 4.4 and 5.5. Changes occur in the skin of elderly patients, which may predispose them to skin damage. We need to maintain the normal pH of the skin and the normal bacteria found on the skin of elderly patients.

Antiseptics should not be used routinely.

Barrier products should not be used routinely. Careful assessment should be undertaken to identify any reversible causes of skin irritation before a decision is made to use a cream or lotion.

The reason for excess moisture should be addressed in the first instance e.g. more regular change of pads. Barrier preparations should only be used where there is a need to reduce contact with moisture. Barrier preparations should not be used solely as a moisturiser.

### Healthy Low Risk Skin



Pink  
Well perfused  
Normal Bowel Habit  
Continent or Catheterised  
No other risk factors

#### Treatment

- Regular cleansing using emollient as a soap substitute as part of the normal daily routine

### At risk skin



Pink  
Well perfused  
Dry or scaly to touch  
Loose stools  
Urinary incontinent  
No other risk factors

#### Treatment

- Emollient as a soap substitute
- Mediderma S cream daily
- As a general guideline Medi Derma-S can be reapplied after every third wash, although may require more frequent application if skin is being exposed to higher levels of moisture from incontinence.

### Moisture lesion



Red / blotchy / irregular / lumpy  
Shiny  
May be hot  
May be painful  
Areas of broken skin

#### Treatment

- Proshield Spray – only to be used for incontinence that cannot be removed with soap substitute.
- Proshield Plus.
- Continue for 5 days – if no improvement refer to CN or TV
- Once resolved return to At Risk Pathway
- Proshield needs to be reapplied after every encounter of incontinence.
- Acute prescription only (not repeat)

#### Application Guide:

- Medi derma S and Proshield: pea-sized amount of cream will cover an approximate area the size of a palm
- Do not over-apply. Skin should always be clearly visible after application.
- Apply an even coating to clean skin and allow to fully dry before reapplication of incontinence pads or adhesive devices.

The following treatments are not recommended and should *not* be applied:

- Sudocream (blocks skin pores)
- Conotrane (contains antiseptic)