Good Practice Guidance 6: Administration of creams and ointments in Care Homes

Adapted from previous NHS Berkshire East guidance, ‘Fingertip unit – for topical steroids application’ (2010) and from the CQC Pharmacy tip: CQC Pharmacy tip: ‘Administration and recording of creams and nutritional supplements’ (14 April 2009) which has now been withdrawn.

Key Points

- All prescribed medicines should be administered in accordance with the instructions of the prescriber and this includes topical formulations such as creams and ointments.
- All external medical preparations like creams, ointments, shampoos and bath preparations should be stored securely in a locked cupboard, separate from all internal medicines.
- Creams, ointments etc can be kept in residents’ rooms. If kept in a resident’s room, safe and secure storage must be available and the resident should be asked if they are happy for the products to be kept in their room. They should not be stored on window ledges or elsewhere where the temperature may exceed 25°C or in the bathroom where it is humid and where the temperature can also exceed 25°C.
- Some creams such as Daktacort® need to be kept at fridge temperatures so are not suitable to be kept in a resident’s room.
- Staff should wear disposable gloves when administering creams, ointments or emollients.
- Corticosteroid creams and ointment need to be applied thinly – this minimises the amount absorbed into the body through the skin.
- When applying a moisturising cream or ointment (emollient) this can be applied liberally.
- If instructions such as 'use as directed' are unclear, advice should be sought and the information recorded on the MAR and in the residents care plan. A body map can help care staff identify areas of application.
- The administration must be recorded.
- It is not necessary to dispose of creams a month after opening.
- The date of opening should also be recorded on the tube/bottle.
Scenario

During a key inspection of a care home without nursing the inspector looked at the current medication administration record (MAR) charts. Hydrocortisone cream was entered on the chart for one resident and was prescribed at a dose of ‘apply once a day’. However the MAR chart had no records of administration.

A member of staff explained that the cream was kept in the resident's room for staff to apply after washing the resident.

What issues does this raise?

- Can creams and ointment be kept in a resident's room?
- Who can administer creams and ointments?
- What records should be made of the administration of creams and ointments?

Things to consider

- Is the administration of creams, ointments clearly recorded to demonstrate they are being administered as prescribed?
- Does the resident’s care plan clearly record why the resident has been prescribed these products, how and where they should be administered, when?

Discussion

- All external medical preparations like creams, ointments, shampoos and bath preparations should be stored securely in a locked cupboard, separate from all internal medicines. Creams, ointments etc can be kept in resident's rooms. Safe and secure storage must be available and the resident should be asked if they are happy for the products to be kept in their room.

- External preparations should not be stored on window ledges or elsewhere where the temperature exceeds 25°C. They should also not be stored in shower rooms or bathrooms where it is humid and where the temperature can also exceed 25°C.

- Some creams such as Daktacort® need to be stored in a fridge so are not suitable to be kept in a resident's room. Preparations requiring storage in a fridge should either be in a separate medicine fridge ideally in a lid covered box separate from any internal medicines or in the case of small homes, in a separate box, separate from internal medicines, which can be kept in the domestic fridge on an isolated shelf, preferably the top shelf.

- Care should be taken not to administer the cream straight onto the resident's skin from the fridge due to its temperature. Allow the cream to warm up in the staff member’s gloved hand for a few moments before applying.

- Ensure staff wear disposable gloves when administering creams, ointments etc. This is particularly important for corticosteroid creams so that the cream and its
active ingredients are not absorbed through staff member’s skin. Ensure good hand hygiene and wash hands before and after administering the cream / ointment.

- If instructions such as ‘use as directed’ are unclear, advice should be sought and the information recorded on the MAR chart and in the resident’s care plan. Information should be available to staff to know what the cream or ointment is for, where to apply, how much to apply and how long for.

- Apply creams and ointments to clean skin, and only to the area it has been prescribed for. The administration must be recorded. A separate MAR chart could be used and kept with the cream if it is stored in the resident's room. If a separate MAR chart is used, it is good practice to document on the residents main MAR chart that the preparation is in the residents room and write “See cream chart in room” or some similar wording on the MAR chart.

- In care homes providing nursing, the nurse in charge may delegate the task of administering creams to a member of the care staff. The care staff must be trained to do so and must sign the administration record, not the nurse.

- Some people are prescribed creams such as aqueous cream to use as a soap substitute. The care plan should list these products and what they are for. A record could be made in the daily care notes to record that the cream had been used to wash the resident. This would demonstrate that staff are using the cream appropriately.

- The date of opening of external preparations should be recorded on the MAR chart and transferred each month. The date of opening should also be recorded on the tube/bottle as the outer box in case the outer box is thrown away.

- Discontinued or out of date preparations should be disposed of in the same way the as the disposal of unwanted medicines. It is not necessary to dispose of creams a month after opening. However if large quantities are ordered that last for greater than 3 months, this should be discussed with the residents GP and a smaller quantity requested. It is not necessary to order creams and ointments monthly. Please refer to Good Practice Guidance 4: Expiry dates for medication for more information on topical formulation expiry dates.

**Emollients / Moisturising creams**

Emollients soothe, smooth and hydrate the skin and are indicated for a number of dry skin conditions. Their effect is short-lived and so need to be applied frequently even when the skin feels hydrated. For this reason, moisturising creams or ointments can be applied liberally and should be applied in the direction of hair growth on the skin.

Most of these preparations are oil based and if being used as a soap substitute or bath oil, there is a risk of slipping during bath times. All staff involved in personal care for residents should be made aware of this.
Fire hazard: Some emollients contain white soft paraffin or liquid paraffin and these can sometimes soak into outer clothing after administration. Because paraffin is flammable, all carers need to be made aware of the risk of fire and so residents should be kept far away from naked flames, ignited cigarettes or open fires after the use of such preparations.

Steroid Creams/ Ointments

Topical steroids are used for various skin conditions. The amount of topical steroid that you should apply is commonly stated as “apply thinly” and can be measured by ‘fingertip units’ (FTUs).

A FTU is the amount of topical corticosteroid needed to squeeze a line from the tip of an adult finger to the first crease of the finger.

ONE Fingertip unit

The recommended dosage in terms of FTUs will depend on what part of the body is being treated. This is because the skin is thinner in certain parts of the body and more sensitive to the effects of corticosteroids.

Corticosteroid creams and ointment need to be applied thinly because this minimises the amount absorbed into the body through the skin as corticosteroids are potent compounds and usually a small amount is needed to achieve the desired effect.

Dose of cream in a fingertip unit varies on who is administering:
- Adult male: one fingertip unit provides 0.5 g
- Adult female: one fingertip unit provides 0.4 g
Good Practice Guidance documents are believed to accurately reflect the literature at the time of writing

Amount of cream (FTUs) required to treat the various parts of the body (in adults) \(^{1,2,3}\)

<table>
<thead>
<tr>
<th>Body area</th>
<th>Number of FTU</th>
</tr>
</thead>
<tbody>
<tr>
<td>One hand</td>
<td>apply 1 FTU</td>
</tr>
<tr>
<td>One arm (excluding Hand)</td>
<td>apply 3 FTUs</td>
</tr>
<tr>
<td>One foot</td>
<td>apply 2 FTUs</td>
</tr>
<tr>
<td>One leg (excluding foot)</td>
<td>apply 6 FTUs</td>
</tr>
<tr>
<td>Face and neck</td>
<td>apply 2.5 FTUs</td>
</tr>
<tr>
<td>Trunk, front</td>
<td>apply 7 FTUs</td>
</tr>
<tr>
<td>Trunk back (including buttocks)</td>
<td>apply 7 FTUs</td>
</tr>
<tr>
<td>Genitalia</td>
<td>apply 0.5 FTU</td>
</tr>
<tr>
<td>Scalp</td>
<td>apply 3 FTUs</td>
</tr>
<tr>
<td>Buttocks</td>
<td>apply 4 FTUs</td>
</tr>
<tr>
<td>elbow (large plaque)</td>
<td>apply 1 FTU</td>
</tr>
<tr>
<td>both soles on feet</td>
<td>apply 1.5 FTUs</td>
</tr>
<tr>
<td>knee (large plaque)</td>
<td>apply 1 FTU</td>
</tr>
<tr>
<td>Entire body</td>
<td>apply about 40 units</td>
</tr>
</tbody>
</table>

For children, the recommended FTUs will depend on their age. The resident’s GP or pharmacist can advise on this.

Heat Rubs, Creams and Gels for joint pain

Some elderly residents may be prescribed a rub for pain in various joints in the body or to treat conditions such as arthritis. Such preparations usually contain irritant compounds such as camphor, salicylic acid, anti-inflammatory compounds or capsicum.

Examples include: ibuprofen gel, piroxicam gel, Votarol emulgel®, Zacin® cream

It is important to remember to use disposable gloves and to wash hands immediately if care home staff administering such preparations come into contact with such preparations.
Such preparations should not be applied to inflamed or broken skin and resident’s should be made aware of any special precautions such as not to touch area treated and then to touch eyes or nose e.g. with Zacin® Cream.

Further information

- Further information on managing medicines in care homes is available in Outcome 9 of the CQC Essential Standards of Quality and Safety.
- Further information on ‘The handling of medicines in Social Care’ can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance and advice on a number of topics which is available on their website; www.nmc-uk.org
- The National Patient Safety Agency also contains safety alerts related to medicines; http://npsa.nhs.uk/

References

http://www.npc.co.uk/merec/therap/skin/resources/merec_bulletin_vol10_no06.pdf
