MIL

Oxford University Hospitals NHS
NHS Foundation Trust

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This Medicines Information Leaflet is produced locally to optimise the use of medicines by encouraging prescribing that is safe, clinically appropriate and cost-effective to the NHS.

TOPICAL STEROIDS AND EMOLLIENTS

This Medicines Information Leaflet (MIL) is applicable to all adult inpatients of the Oxford University Hospitals NHS Foundation Trust (OUH). This MIL covers the principles of prescribing topical steroids and emollients, common conditions for their use, and referrals to dermatology urgently (Bleep #5044 between 9am – 5pm, switchboard between 5pm – 9pm; Medical SpR #1475 between 9pm – 9am) or non-urgently (via EPR Communicate). Related guidance on the management of cutaneous drug reactions can be found **here**.

Topical Steroids

Topical steroids can be used for common dermatological conditions.

Prescription:

- **Potency of steroid:** Start with the lowest potency for site, with anti-microbial if appropriate
- **Site:** Please specify affected site
- **Formulation:** Ointment, Topical
- **Application:** 1 application, OD
- **Duration:** 7-14 days. If chronic, continue application twice a week as maintenance, with GP review on discharge
- **Dose:** e.g. 1 fingertip unit = 1 hand (both sides)
- **Special Instructions:** Apply until skin glistens. Can be applied to broken skin, e.g. on fissures arising from eczema**.**

Steroid ladder

Potency	Steroid	Site
Weak ↓ Strong	Hydrocortisone 1%	Delicate sites*
	• Clobetasone (Eumovate) 0.05% If not available: • Betamethasone (Betnovate) RD 0.025%	
	• Betamethasone (Betnovate) 0.1% or • Mometasone (Elocon) 0.1%	Body
	Clobetasol (Dermovate) 0.05%	Hands Feet

*Delicate sites: Face, axillae, neck, groin, genitals.

Avoid topical steroids in the following:
1. Acne or Rosacea
2. Fungal infections – if annular and scaly, scrape skin/lesion with a stitch cutter, fold in black paper, and request 'Mycology MCS' on EPR.
3. When the diagnosis is unclear – take medical photographs (bleep hospital-specific medical photography team), then refer the patient via *Consult – Dermatology.*

Steroid-Sparing Agents

This is usually prescribed based on Dermatology advice.

Common prescriptions include Tacrolimus 0.1%, 0.03% (Protopic).

Avoid: Pregnancy / previous herpes simplex infection / immunosuppression.

Side effects: Burning sensation

Topical Emollients

Topical emollients should be applied liberally.

Common indications: Emollients help to manage dry, itchy or scaly skin conditions such as eczema, psoriasis and ichthyosis.

Prescription:

- **Emollient choice:**
  - If the patient is already using an emollient, they can continue this if it meets two conditions:

    a) In the formulary
    b) At minimum, of similar strength to Enopen.

    If not, prescribe Enopen.
  - If not using emollients prior, start with Enopen as daily emollient to maintain a good skin barrier.
  - If the patient needs a greasier emollient, consider stepping up to an ointment e.g. Hydromol.
  - The greasier the better, but be guided by patient preference (increases compliance rate).
- **Application:** 1 application, BD or TDS to the whole body
- **Special Instructions:** Use as both moisturiser and soap substitute (mix water and emollient with a 1:1 ratio**.**

Emollient guide

	Common Emollients
Least ↓ Most Greasy	**1st line: Enopen cream** Alternatives: - Oilatum Emollient - Diprobase Cream - Epaderm ointment* - Cetraben cream
	1st line: Hydromol ointment Alternatives: - Liquid paraffin 50% in white soft paraffin ointment

*Non-formulary, switch to 1st line emollient

Cautions:

- **Slipping –** in elderly using soap substitutes.
- **Flammability** – in paraffin-based emollients, avoid smoking.

Common indications for steroids (Inpatients)

- **If this is likely to be a cutaneous drug reaction** or **red flag signs** are present:
  - See Cutaneous Drug Reactions MILs
  - Consider Urgent Dermatology Referral

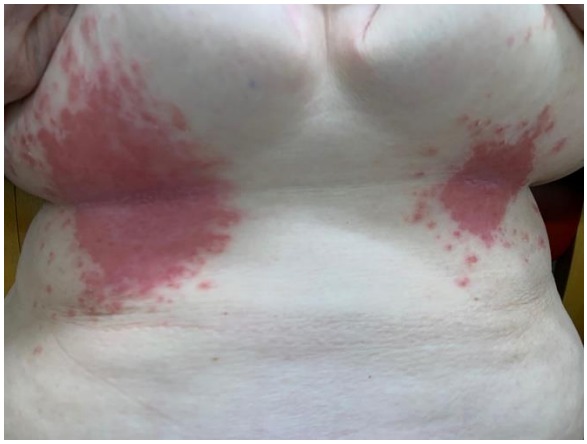
Red flag features:
Systemic features (fever, abnormal renal/liver function, lymphadenopathy)

Mucosal involvement, blistering, dusky erythema, desquamation, facial oedema, skin pain

- **If this is a chronic condition,** consider referral to the GP or non-urgent outpatient Dermatology Referral (*Consult – Dermatology* via EPR).

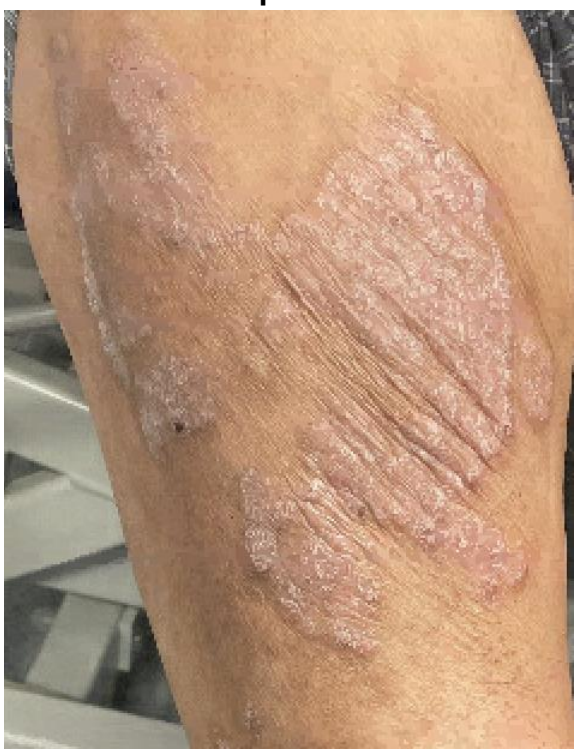
Intertrigo:

- **Signs/Symptoms:** Macerated, well-defined erythematous flexural rash.
- **Risk factors:** High BMI, diabetes, immunocompromised, excess moisture.
- **1st line: Trimovate Cream OD for 2 weeks then twice/week.**



Chronic plaque psoriasis:

- **Signs/Symptoms:** Well-demarcated, salmon-pink, scaly plaques on extensor surfaces.
- **1st line:** Patient's **regular medications** if condition well-controlled OR **Enstilar Foam** (Calcipotriol 0.005% **/**Betamethasone diproprionate 0.05% foam) OD for 2 weeks (body) then twice/week **+ Enopen**



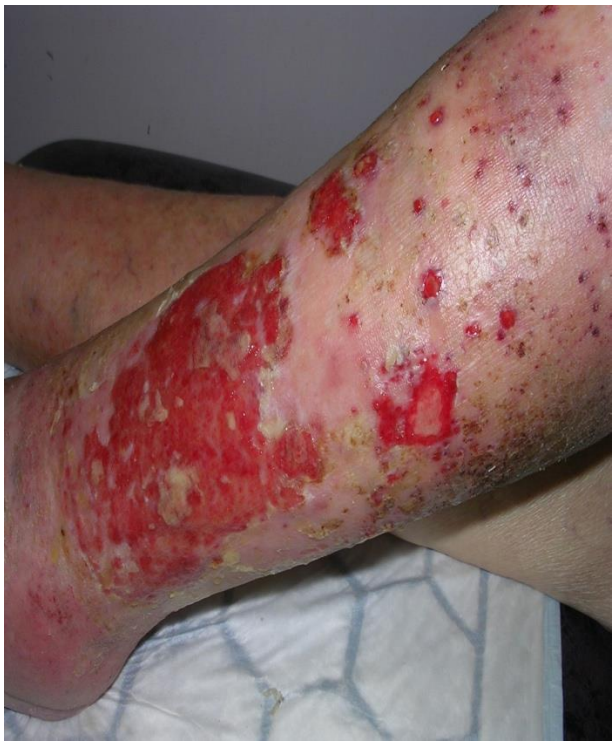
Venous Eczema:

- **Signs/Symptoms:** Itch, discolouration of skin (haemosiderin deposition) and dryness, inflamed eczema with erythema, scaling, weeping/crusting.
- **Risk factors:** History of DVT/cellulitis, varicose veins, oedema.
- **Conservative management:** Leg elevation, optimise fluid balance, compression stockings (requires

measurement) or double Tubigrip bandages.

- **1st line: Mometasone 0.1% ointment (Elocon)** OD for 2 weeks, then twice/week **+ Enopen.**

** Reconsider a suspected diagnosis of bilateral cellulitis – it is more likely to be chronic venous disease.



Eczema:

- Prescribe patient's **regular medications** if well-controlled OR **Mometasone 0.1% ointment (Elocon)** OD for 2 weeks (body) then twice/week **+ Clobetasone 0.05% ointment** OD for 2 weeks (face) then twice/week **+ Enopen**

Urticaria:

See Cutaneous Drug Reactions MIL

Referrals

- **Urgent:** Dermatology Registrar on-call, Bleep #5044 (9-5pm); Switchboard (5 – 9pm);

  Medical SpR, Bleep #1475 (9pm – 9am)

  Please see Cutaneous Drug Reaction MIL if applicable
- **Non-urgent:** EPR → Communicate → "Consult – Dermatology"

References:

1. British Association of Dermatologists 2023, Guidelines and Standards, accessed 1 August 2023, <www.bad.org.uk>
2. Oxford University Hospitals NHS Foundation trust, Dermatology Department, Churchill Hospital
3. Images: Obtained with patient consent

Prepared by:
Dr Jaclyn Tan (Academic Foundation Trainee)

With advice from: Dr Helena Wace (Dermatology Registrar), Letty Yeung (Dermatology Pharmacist), Dr Rubeta Matin (Consultant Dermatologist), Dr Catriona Wootton (Consultant Dermatologist) OUH Churchull Dermatology Department

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