

Good Practice Guidance: Administration of Topical Preparations in Care Settings

Introduction

The term 'topical preparation' applies to products such as creams, ointments, gels and lotions. They are applied directly to the skin to treat dermatological topical conditions and areas of local irritation; they can also be used as a soap substitute for washing if prescribed for this use.

Storage of topical preparations

- The majority of items such as creams, ointments, shampoos and bath additives should be stored in a locked cupboard, separate from any oral medications e.g. tablets, capsules and liquids.
- Topical products can be kept in an individual's room as long as they are stored safely and securely, and the individual (or family member where this is appropriate) agrees with this storage.
- Ensure the temperature and environment of the room in which the products are stored is suitable. Topical products should not be exposed to excess heat, light or moisture e.g. stored on a window ledge or in the bathroom.
- The majority of topical preparations should be stored at room temperature (25°C) however some require storage in the fridge (between 2°C to 8°C) e.g. Timodine® cream. The manufacturer's packaging instructions should always be checked.

Application of topical preparations

- All prescribed medicines should be administered as directed by the prescriber; this includes topical formulations such as creams and ointments.
- Check the expiry date before using the product; shorter expiries should be highlighted.
- It is **not** always necessary to dispose of a product at the end of each cycle; pumps especially can be used for a longer period of time. Please Refer to the Shropshire Telford and Wrekin Good Practice Guidance: 'Reducing medicines waste'. [Reducing-medicines-waste-guidance-V2-June-2025](#).

When opening a new product:

- Write both the date you opened it and the expected expiry date on the product or its packaging.
- You can use a sticker, a permanent marker, or write in any available space on the dispensing label.
- If there's no room on the product itself, write the dates on the box or outer packaging instead.
- Make sure to keep the product in the outer packaging for the entire time it's in use.

- If a product doesn't look 'fit for use' then it should be returned to the community pharmacy and reordered.
- Staff should wear disposable gloves when applying topical products.
- Do not apply a topical product straight onto the individual's skin from the fridge. Allow it to warm up in the staff member's gloved hand for a few moments before applying.
- Make sure it is clear where and how (e.g. thinly) the product is to be applied or used.
- If instructions such as 'use as directed' are unclear, clarify with a healthcare professional; record the information on the MAR chart and in the individual's care plan. It is best practice to use a body map as this can help identify areas of application.
- Administration of the product must be recorded directly after application.
- Ensure the lid or cap is put back on the product correctly to reduce contamination and ensure bottles and tubes are always kept clean.
- Apply creams and ointments to clean dry skin, and only to the area it has been prescribed for.
- In care settings with nursing, the nurse in charge may delegate the task of applying 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. A topical MAR chart (TMAR) may be used.

Emollients / Moisturising creams

Emollients soothe, smooth and hydrate the skin and are indicated for several dry skin conditions. Their effect doesn't last for long, so they need to be applied often, even when the skin feels hydrated.

Moisturising creams or ointments should be applied generously and in the direction of hair growth on the skin.

Most emollients are oil based; if being used as a soap substitute there is a risk of slipping during bath times. Ensure all staff involved in personal care for residents are aware of this risk. Staff should ensure that the bath or shower must be cleaned out properly after use to minimise this risk of harm to the resident.

Care staff and supported individuals must be made aware of the fire risk associated with **all emollient products**.

- Some dressings and bandages may also contain emollients and carry the same fire risk.
- After applying emollients, individuals should be kept well away from naked flames, lit cigarettes, and open fires.
- Emollients can transfer from the skin onto clothing, bedding, and bandages, creating an increased fire hazard.
- Fabric with dried-on emollient can ignite more easily and burn more intensely than clean fabric when exposed to an ignition source.
- Please see the additional [CQC guidance Fire risk from use of emollient creams](#) and the free [Skin: Creams Alert poster](#) from the Medicines and Healthcare Products Regulatory Agency and the National Fire Chiefs Council.

Steroid Creams/ Ointments

Topical steroids are used for various skin conditions. As they are potent medications only a small amount is needed to achieve the desired effect. They should be applied thinly to the affected area. This is to minimise the amount absorbed into the body through the skin. The amount of topical steroid applied is measured by 'fingertip units' (FTUs).

A FTU is the amount of topical steroid needed to squeeze a line from the tip of an adult finger to the first crease of the finger. See diagram below showing ONE FTU.

The recommended dosage in terms of FTUs varies, depending on the part of the body being treated. This is because the skin is thinner in certain parts of the body and more sensitive to its effects.

It is acknowledged that the amount of cream or ointment in a fingertip unit varies slightly, for example, an adult male’s fingertip unit is likely to provide 0.5g whereas an adult female’s fingertip unit is likely to provide 0.4g



Table to show the amount (FTU) of cream or ointment required to treat various parts of the body in adults

Body Area	Number of Fingertip Units (FTU)
One hand (front and back- including fingers)	Apply 1 FTU
One arm (excluding hand)	Apply 3 FTU
An entire arm and hand	Apply 4 FTU
One foot	Apply 2 FTU
Both soles on feet	Apply 1.5 FTU
One leg (excluding foot)	Apply 6 FTU
An entire leg and foot	Apply 8 FTU
Face and neck	Apply 2.5 FTU
Trunk, front	Apply 7 FTU
Trunk, back (including buttocks)	Apply 7 FTU
Genitalia	Apply 0.5 FTU
Scalp	Apply 3 FTU
Buttocks	Apply 4 FTU
Elbow (large plaque)	Apply 1 FTU
Knee (large plaque)	Apply 1 FTU
Entire body	Apply 40 FTU

Heat Rubs, Creams and Gels for joint pain

Some individuals may be prescribed a rub for pain with conditions such as arthritis. These preparations contain irritant compounds such as camphor, salicylic acid, anti-inflammatory compounds or capsicum. Examples include ibuprofen gel and Zacin® cream. It is important to remember to use disposable gloves and to wash hands immediately if care staff are applying. Do NOT apply to inflamed or broken skin. Ensure individuals are aware of any special precautions such as not to touch the area treated and then touch eyes or nose.

Bath oils and additives

Bath and shower oils and additives are no more effective than emollients applied directly to the skin; they are no longer prescribed. They are available for OTC purchase by an individual or their family.

<https://www.england.nhs.uk/wp-content/uploads/2017/11/annex-b-sps-evidence-review-bath-emollients.pdf>

References

DermNet NZ, <http://dermnetnz.org/treatments/fingertip-units.html>

Paraffin-based treatments: risk of fire hazard Paraffin-based treatments: risk of fire hazard - GOV.UK (www.gov.uk)

NHS England Guidance on conditions for which over the counter items should not routinely be prescribed in primary care NHS England » Items which should not be routinely prescribed in primary care

<https://www.nhs.uk/conditions/emollients/>

With thanks to Frimley ICB MOSCCH team