

## Topical Preparations

### Storage

All external medical preparations like creams, ointments, shampoos and bath preparations should be stored securely in a locked cupboard, separate from all internal medicines.

CQC guidelines states that creams can be stored in a resident's room but safe secure storage must be available and the resident should be consulted to make sure that 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 exceeds 25c.

In some cases creams such as **Daktacort** cream need to be stored at **refrigerated** temperatures so these are not suitable to store in a resident's room. Care should be taken not to administer the cream straight onto the skin from the fridge.

### Administering topical medication

Ensure care staff are wearing disposable gloves when applying creams, ointments, etc. (particularly important when applying a steroid cream so that the active ingredient is not absorbed through staff member's skin).

Staff should ensure good hand hygiene, wash hands before and after administering the creams or ointment.

When applying a moisturising creams or ointment this can be applied liberally.

The most important thing to remember with topical corticosteroid creams and ointment is to apply them **very thinly** and no more frequently than twice daily. This minimises the amount absorbed through the skin into the body.

Creams and ointments should be applied to clean skin, and only to the area it has been prescribed for.

Follow the instructions carefully as directed on the medicine label. If instructions are unclear such as 'use as directed' information should be sought and recorded on the MAR chart and in the residents care plan.

Information should be supplied to the staff as to what the cream or ointment is for, where to apply, how much to apply and for how long.

**Topical Steroids** - You can measure the amount required to "apply thinly" in terms of the length of cream or ointment squeezed out of the tube. This is measured in **fingertip units**. One fingertip unit is the distance from the tip of an adult index finger to the first crease of the finger.

One fingertip unit is enough to cover an area that is twice the size of your flat hand with your fingers together.



The recommended fingertip unit will depend on what part of the body is being treated. For adults the table below provides the recommended dosages in terms of fingertip units to be applied in **one single dose**.

| Affected body area | Quantity of cream or ointment to use for adults |
|--------------------|---|
| Genitalia          | Half a fingertip unit                           |
| Per hand           | One fingertip unit                              |
| Face and neck      | Two and a half fingertip units                  |
| Per foot           | Two fingertip units                             |
| Per arm            | Three fingertip units                           |
| Per leg            | Six fingertip units                             |
| Chest and abdomen  | Seven fingertip units                           |
| Back and buttocks  | Seven fingertip units                           |

The potency chart below shows generic topical steroid medications. This list is not comprehensive.

| Topical steroids  | Product                                     |
|---|---|
| <b>Mild</b><br>-with antimicrobial (combined corticosteroid-antibiotic)         | Hydrocortisone 0.5% / 1%<br>Fucidin H       |
| <b>Moderate</b><br>- with antimicrobial (combined corticosteroid-antibiotic)    | Clobetasone butyrate 0.05%<br>Trimovate     |
| <b>Potent</b><br>- with antimicrobial (combined corticosteroid-antibiotic)      | Betamethasone 0.1%<br>Betnovate C           |
| <b>Very Potent</b><br>- with antimicrobial (combined corticosteroid-antibiotic) | Clobetasol propionate 0.05%<br>Dermovate NN |

If the resident has been prescribed both a topical steroid and an emollient, the emollient should be applied first and then wait 30 minutes before applying the topical steroid.

### Record keeping

The administration must be recorded. A Registered Nurse or Senior Care Assistant should complete a Topical Medicines Application Record (TMAR) for each topical medication prescribed. As it is a handwritten document it should be countersigned. Good practice to include a body map.

Example of a Topical Medicines Application Record (TMAR) sheet has been included.

If the cream is being stored in the resident's room so should the TMAR. The original MAR chart should state "see TMAR chart" or something similar.

The TMAR should be signed by the member of staff such as Care Assistant, Registered Nurse or Senior Care Assistant who is responsible for administering the topical preparations as prescribed. Care Assistant is able to administer creams as long as they have been trained to do so and must sign the administration on the TMAR, not the nurse.

The date opened should be recorded on the TMAR and also on the tube/bottle as the outer box may be discarded.

## **Disposal**

Opened creams and ointment should **not** routinely be disposed of at the end of a monthly cycle. It is not necessary to order creams and ointments monthly. Please refer to the **guidance for expiry dates for medicines in use in care homes**.

Unwanted topical preparations should be disposed of in the same way as the disposal of unwanted medicines.

## Reference

Netdoctor *How to use your topical corticosteroid cream or ointment, 2009* [online] Available at:[http://www.netdoctor.co.uk/health\\_advice/facts/corticosteroidcream.htm](http://www.netdoctor.co.uk/health_advice/facts/corticosteroidcream.htm) [Accessed 05/08/15]

Good practice guidance 6: Administration and recording of creams and ointments in Care Homes, May 2011 Oxfordshire Clinical Commissioning Group

Caring for Care Homes, Topical Medication, March 2013, Devon and Torbay Clinical Commissioning Group.

