Care Home Skin Care Pathway

Is this a SHORT-TERM or MINOR skin condition that will resolve with self-care?

<table>
<thead>
<tr>
<th>For example</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Minor dry skin</td>
<td>• Skin irritation e.g. sensitivity</td>
</tr>
<tr>
<td>• Fungal skin infection</td>
<td>• Skin rash e.g. heat / viral</td>
</tr>
</tbody>
</table>

YES

Suitable for self care
Prescription NOT required

Think pharmacist!
Purchase over the counter (OTC)

NO

Prescription MAY BE required

Has resident been reviewed by a nurse or GP for treatment of this?

Request review if necessary, then follow chronic pathway (below)

Useful self-care links


• Common skin conditions: [https://www.nhs.uk/live-well/healthy-body/common-skin-conditions/](https://www.nhs.uk/live-well/healthy-body/common-skin-conditions/)

CHRONIC PATHWAY: for chronic or vulnerable skin condition that may alter skin integrity

For example

| • At risk of pressure / moisture damage |
| • Incontinence / immobility |
| • Venous / arterial disease impacting lower limb |

| • Respiratory disease |
| • Eczema / psoriasis |
| • Diabetes malnutrition |
| • Steroid-induced skin changes |

Is this a NEW prescription request?

NO

YES

Check CCG skin care formulary list overleaf and choose appropriate product

Complete skin care order form and send to GP

Is the product on REPEAT prescription?

(Not all preparations are appropriate to go on repeat - see overleaf for further guidance)

NO

YES

Please order via the usual process for repeat prescriptions
Skin Care order form NOT REQUIRED

*If a non-formulary product is required, please complete CCG exception reporting form via IESCG and WSCCG website wound care section

Developed by IESCG & WSCCG Medicines Management Teams – Version 1.0 August 2019 – Review Date: August 2020
Care Home Skin Care Product Request Form

All new, changing OR non-repeat skin care products must be requested via this form - please complete and return to your GP Practice

GPs may refuse to prescribe unless ALL the relevant sections have been completed

# Products that may be placed on repeat prescription for long-term protection of skin integrity

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Date of Birth:</th>
<th>GP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of request:</td>
<td>NHS number (optional):</td>
<td></td>
</tr>
<tr>
<td>Care Home:</td>
<td>Name of staff member:</td>
<td></td>
</tr>
</tbody>
</table>

Mark wound locations with ‘X’

- □ Eczema / psoriasis
- □ Pressure damage
- □ Moisture damage
- □ Infected / fungal
- □ Minor dry skin (OTC)
- □ Other, specify:

Skin condition
- □ More than once a day
- □ Once daily
- □ Alternate days
- □ Three times weekly
- □ Twice weekly
- □ Once Weekly
- □ Occasionally (OTC)

Has the resident been referred to
- □ District Nurse
- □ Tissue Viability
- □ Dermatology
- □ Vascular
- □ Dietician
- □ Other, specify:

Date referred

Duration of skin condition

Total number of skin ailments

---

**EMOLLIENTS - PLEASE SELECT ONE CHOICE OF EMOLLIENT ONLY**

<table>
<thead>
<tr>
<th>Type of emollient</th>
<th>Formulary List (Tick box for relevant product &amp; size)</th>
<th>Frequency and area of application</th>
<th>Indication</th>
<th>Quantity for a month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soap substitute</td>
<td>□ Emulsifying ointment # □ ZeroAQS® cream #</td>
<td>□ 500g</td>
<td>Chronic skin conditions e.g. psoriasis or eczema</td>
<td>Expected quantity 1 x 500g per month*</td>
</tr>
<tr>
<td>Emollient Cream</td>
<td>□ Epimax® cream # (can be used as soap substitute)</td>
<td>□ 500g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emollient Ointment</td>
<td>□ Zeroderm® ointment # □ 50/50 ointment #</td>
<td>□ 500g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BARRIER PREPARATIONS - PLEASE SELECT ONE CHOICE OF BARRIER ONLY**

Please refer to the CCG Skin Care Algorithm [step-up step-down](#) approach when choosing a barrier preparation.

Please tick below to indicate current stage of skin damage.

- □ PREVENT
- □ PROTECT
- □ REPAIR
- □ RESTORE

<table>
<thead>
<tr>
<th>Type of cream</th>
<th>Formulary List (Tick box for relevant product &amp; size)</th>
<th>Frequency and area of application</th>
<th>Indication</th>
<th>Maximum quantity for a month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrier cream</td>
<td>□ Conotrane # (1st line) □ Medi Derma-S (2nd line)</td>
<td>□ 100g tube □ 115g tube</td>
<td>For INTACT vulnerable skin - can be on repeat</td>
<td>1 tube per month (Additional may be required for increased skin surface area)</td>
</tr>
<tr>
<td>Barrier film</td>
<td>□ Medi Derma-S barrier applicators □ Medi Derma-S barrier pump spray</td>
<td>□ 1ml swab □ 30ml spray</td>
<td>For damaged skin OR where Conotrane tried and failed</td>
<td>Reapply at each dressing change Not on repeat</td>
</tr>
</tbody>
</table>

**Barrier products with restricted use – Severe moisture damaged skin**

<table>
<thead>
<tr>
<th>Barrier Ointment</th>
<th>Skincare</th>
<th>For severe moisture excoriated skin only</th>
<th>Short term use until resolved</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Medi Derma Pro skin protectant</td>
<td>□ Medi Derma Pro foam &amp; spray incontinence cleanser</td>
<td>□ 115g tube</td>
<td>□ 115g tube</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For severe moisture excoriated skin only</td>
<td><em>Review after 2 weeks</em></td>
</tr>
</tbody>
</table>

*Not on repeat*