

## Topical Medications

### 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. The products should not be stored on window ledges or elsewhere where the temperature may exceed 25°C.

In some cases, products 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

Staff should ensure good hand hygiene, wash hands before applying gloves and after administering the products. This is particularly important when applying a steroid cream so that the active ingredient is not absorbed through staff member's skin.

Check that the topical medication is in date before use. An 'opened date' should be present on the packaging and staff should adhere to manufacturer's recommendations for the expiry once opened.

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

Follow the instructions carefully on the medicine label. If instructions are unclear such as 'use as directed' more detailed information should be sought from the prescriber and recorded on the MAR chart and in the resident's care plan.

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

### 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 smoothed, not rubbed, into the skin in the same direction as the hair grows. This helps to prevent hair follicles getting blocked.

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. Some are also potentially flammable. All staff involved in providing personal care for residents should be made aware of these points.

## Topical Steroids

Topical corticosteroid creams and ointments must be applied **very thinly** and as prescribed (usually once or twice daily). This minimises the amount absorbed through the skin into the body.

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 application**.

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 some topical steroid medications. This list is not exhaustive and the BNF contains more information.

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

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

Staff need to complete records to show when these medicines were applied, where and by whom. A person appropriately trained to administer topical medications should complete a Topical Medicines Application Record (TMAR) for each product prescribed. As it is a document copied from the prescription, MAR or label, it should be second checked by an appropriately trained person. It is good practice to include a body map to clarify the area of administration.

The original MAR chart should state “see TMAR chart” or similar. Staff responsible for administering these products should know where to access the TMAR, either in the resident’s room, in a separate folder or alongside the MAR.

If staff record administrations on an electronic MAR (eMAR), the same standard of documentation should be in place. If the eMAR does not have the capability for staff to annotate a body map, then a paper record should be used, and this noted on the eMAR.

The TMAR should be signed by the member of staff who is responsible for administering the topical medication. The application task may be delegated by a Registered Nurse to a trained and competent carer. The carer must sign for the administration on the TMAR, not the nurse. The nurse should check the application and documentation regularly.

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

At the end of each 28-day medication cycle the TMAR should be attached and filed with the corresponding MAR chart to provide a full record of administration.

## Disposal

Opened creams and ointments should **not** routinely be disposed of at the end of a monthly cycle. It is **not** necessary to order creams and ointments on a routine basis.

Staff should use the manufacturer’s guidance usually found on the product or within the patient information leaflet and NHS Coventry & Warwickshire Expiry Date Guidance.

Safely dispose of any topical preparations where appearance suggests it is unfit for use or discontinued i.e. no longer prescribed.

## Topical Medicines Administration Record (TMAR)

<b>Resident's Name:</b>	<b>D.O.B</b>	<b>Room No:</b>	<b>GP:</b>	<b>Allergies:</b>
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Name of Topical Preparation:		Frequency of application e.g. daily, after washing:
Instructions for application e.g. thinly, liberally, use as a soap substitute:		
Site of application (record on body map on page 2 and indicate below):		
Storage:	Date opened:	Expiry date:
Record written by:		Countersigned by:

[illegible]

## Topical Medicines Administration Record (TMAR)

To be used in conjunction with page 1.

<b>Resident's Name:</b>	<b>D.O.B</b>	<b>Room No:</b>	<b>GP:</b>	<b>Allergies:</b>
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Areas may be numbered on body map to refer to administration table on page 1.

