

Good Practice Guidance 6: Administration and recording of creams and ointments in Care Homes

Adapted from the CQC Pharmacy tip: Administration and recording of creams and nutritional supplements (14 April 2009) which has now been withdrawn.

Key Points

- All external medical preparations like creams, ointments, shampoos and bath preparations should be stored securely in a locked cupboard, separate from all internal medicines.
- Creams, ointments etc can be kept in residents' rooms.
- If kept in a resident's room, safe and secure storage must be available and the resident should be asked if 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 25°C.
- Some creams such as Daktacort need to be kept at fridge temperatures so are not suitable to be kept in a resident's room.
- Staff should wear disposable gloves when administering creams, ointments etc.
- Corticosteroid creams and ointment need to be applied thinly – this minimises the amount absorbed into the body through the skin.
- When applying a moisturising cream or ointment this can be applied liberally.
- If instructions such as 'use as directed' are unclear advice should be sought and the information recorded on the MAR and in the residents care plan.
- The administration must be recorded.
- Opened creams and ointments should not routinely be disposed of at the end of a monthly cycle.

Scenario

During a key inspection of a care home without nursing the inspector looked at the current medication administration record (MAR) charts. Hydrocortisone cream was entered on the chart for one resident and was prescribed at a dose of 'apply once a day'. However the MAR chart had no records of administration.

A member of staff explained that the cream was kept in the resident's room for staff to apply after washing the resident.

What issues does this raise?

- Can creams and ointment be kept in a resident's room?
- Who can administer creams and ointments?
- What records should be made of the administration of creams and ointments?

Discussion

- All external medical preparations like creams, ointments, shampoos and bath preparations should be stored securely in a locked cupboard, separate from all internal medicines.
- Creams, ointments etc can be kept in resident's rooms. Safe and secure storage must be available and the resident should be asked if 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 25°C.
- Some creams such as Daktacort need to be kept at fridge temperatures so are not suitable to be kept in a resident's room.
- Preparations requiring storage in a fridge should either be in a separate drugs fridge ideally in a box separate from any internal medicines or in the case of small homes in a lockable box like a cash tin, separate from internal medicines, which can be kept in the domestic fridge. Care should be taken not to administer the cream straight onto the resident's skin from the fridge due to its temperature. Allow the cream to warm up in the staff members gloved hand for a few moments before applying.
- Ensure staff wear disposable gloves when administering creams, ointments etc. This is particularly important for corticosteroid creams so that the cream and its active ingredients are not absorbed through staff member's skin. Ensure good hand hygiene and wash hands before and after administering the cream / ointment.

- Corticosteroid creams and ointment need to be applied thinly – this minimises the amount absorbed into the body through the skin.
- When applying a moisturising cream or ointment this can be applied liberally.
- If instructions such as ‘use as directed’ are unclear advice should be sought and the information recorded on the MAR and in the residents care plan.
- Information should be available to staff to know what the cream or ointment is for, where to apply, how much to apply and how long for.
- Apply creams and ointments to clean skin, and only to the area it has been prescribed for.
- The administration must be recorded. A separate MAR could be used and kept with the cream if it is stored in the resident's room. If a separate MAR chart is used, it is good practice to document on the residents main MAR chart that the preparation is in the residents room and write “See cream chart in room” or some similar wording on the MAR chart.
- In care homes providing nursing the nurse in charge may delegate the task of administering 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.
- Some people are prescribed creams to use a soap substitute. The care plan should list these products and what they are for. A record could be made in the daily care notes to record that the cream had been used to wash the resident. This would demonstrate that staff are using the cream appropriately.
- The date of opening of external preparations should be recorded on the MAR chart and transferred each month.
- The date of opening should also be recorded on the tube/bottle as the outer box in case the outer box is thrown away.
- Discontinued or out of date preparations should be disposed of in the same way as the disposal of unwanted medicines.
- It is not necessary to dispose of creams a month after opening. However if large quantities are ordered that last for greater than 3 months, this should be discussed with the residents GP and a smaller quantity requested. It is not necessary to order creams and ointments monthly. Please refer to

Good Practice Guidance Q: Guidance on the expiry date and storage of medicines in care homes.

Things to consider

- Is the administration of creams, ointments clearly recorded to demonstrate they are being given as prescribed?
- Does the resident's care plan clearly record why the resident has been prescribed these products, how they should be given and when?

Steroid creams

Topical steroids are used for various skin conditions. The amount of topical steroid that you should apply is commonly stated as “apply thinly” and can be measured by 'fingertip units' (FTUs).

A FTU is the amount of topical corticosteroid needed to squeeze a line from the tip of an adult finger to the first crease of the finger. It should be enough to treat an area of skin that is double the size of the flat of your hand with your fingers together.

The recommended dosage in terms of FTUs will depend on what part of the body is being treated. This is because the skin is thinner in certain parts of the body and more sensitive to the effects of corticosteroids.

For adults, the recommended FTUs to be applied in one single dose are:

- 0.5 FTU for genitalia
- 1 FTU for hands, elbows and knees
- 1.5 FTUs for the feet, including the soles
- 2.5 FTUs for the face and neck
- 3 FTUs for the scalp
- 4 FTUs for the hands, arms and buttocks
- 8 FTUs for the legs and trunk (the main section of the body, excluding the arms, legs and head)

For children, the recommended FTUs will depend on their age. The residents GP or pharmacist can advise on this.

Further information

- Further information on managing medicines in care homes is available in Outcome 9 of the [CQC Essential Standards of Quality and Safety](#)
- Further information on [The handling of medicines in Social Care](#) can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance and [advice on a number of topics](#) which is available on their website; www.nmc-uk.org
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>
- Information on [dosage of topical corticosteroids](#) can be found on the www.nhs.uk website.

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

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