

NHS TAYSIDE WOUND MANAGEMENT FORMULARY

Section 3: Care of the Surrounding Skin

The principles of good skin care depend on:

- keeping the skin clean and dry
- avoiding the excessive use of soap
- using showers in preference to baths where possible
- keeping the skin moisturised

Assessment

The state of the skin surrounding a wound should be assessed at each dressing change. Observe for the following:

- dry skin: may break down and provide a portal for infection
- maceration: caused by poor management of exudates
- inflammation: consider contact sensitivity to dressings or infection

Emollients

Emollients are moisturisers that soothe and hydrate the skin. They are indicated for all dry or scaling disorders. Most are best applied after washing but their effects are short-lived so they must be applied frequently and regularly to maintain improvement. They should continue to be applied even after improvement occurs. Emollients should be applied in the direction of hair growth. Some ingredients may rarely cause sensitisation and this should be suspected if an eczematous reaction occurs.

There are different types of product available. These include ointments, creams, lotions and gels. Effectiveness depends upon the correct choice of product and correct use. Choice will depend upon:

- the severity of the condition
- patient preference
- the site of application
- cost of preparation

Ointments: Ointments are greasy and generally insoluble in water so can be difficult to wash off, and do not suit all patients. They are recommended as the first choice of formulation in most skin conditions and are particularly useful for chronic dry conditions. Examples: Emulsifying ointment BP, Liquid and White Soft Paraffin Ointment 50:50.

Creams: Creams are emulsions of oil and water and often contain an antimicrobial preservative. They are therefore more likely to cause both irritant and allergic reactions. For this reason creams are best avoided first line but are often more cosmetically acceptable for some patients. Creams can be better than ointments for some acute conditions due to a cooling effect as they evaporate from the skin. Example: Diprobase.

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Gels: Gels also have a high water content and produce a cooling effect on evaporation from the skin. They are suitable for use on the face and scalp. Example: Doublebase.

Barrier Preparations

Wounds which are heavily exuding or have friable surrounding skin are at risk of excoriation, epidermal stripping and maceration. A barrier can be used on the surrounding skin prophylactically to protect the skin. Barrier preparations should be reapplied at dressing changes. Examples: Cavilon cream or spray, Compound Zinc Paste BP (available from Tayside Pharmaceuticals).

N.B. Sudocrem should not be used as a barrier in wound management.

For use of barrier preparations in urinary and faecal incontinence see: [Skin Care Guidelines in the management of urinary and faecal incontinence](#)

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