Emollient creams are used in the treatment of dry skin conditions

**Emollient cream**

**Generic and Proprietary Names**
- Aqueous cream.
- Cetraben.
- Diprobase.
- E45.
- Gammaderm.
- Hewletts.
- Hydromol.
- Neutrogena Dermatological Cream.
- Oilatum.
- Ultrabase.
- Unguentum.
- Vaseline Dermacare.
- Zerobase.

**Action**
- Following application, water is lost from the cream by both evaporation and absorption into the skin. This cools the skin and alleviates pruritus.
- Water loss from the mixture, combined with the mechanical stress of applying the preparation, causes the emulsion to release the oil onto the surface of the skin, sealing it, and preventing any further water evaporating from the skin’s surface.

**Classification**
- Emollients.
- Barrier preparations.

**Indications**
- Used in the treatment of dry skin conditions, particularly eczema and dermatitis.

**Contraindications**
- Sensitivity to constituents.

**Caution**
- For external use only.

**Side-effects**
- Sensitisation or allergic reaction, which are most commonly associated with the preservative.

**Interactions**
- Emollient creams can increase the absorption of other medication applied to the skin. However, this is sometimes a useful property in conditions such as eczema, allowing topical corticosteroid to penetrate the skin and reduce inflammation.

**Administration**
- Emollient cream should be applied frequently to the skin.
- Ensure patients are using sufficient emollient cream. It is common for an adult with eczema to use at least a 500g tub per week, and a child to use a 500g tub every two weeks.

**Nursing Considerations**
- Compared with lotions and ointments, creams have an intermediate lipid content. This makes them easily absorbable, less greasy than ointments, and easy to apply. They are therefore generally cosmetically acceptable to patients.
- In addition to frequent application of cream, bath additives and soap substitutes should be used.
- The effects of emollient preparations are short-lived, and they need to be applied frequently even after the skin condition improves.
- The use of pump dispensers reduces the risk of contamination.

**Patient Teaching**
- Apply as often as needed to keep the skin supple and moist.
- Apply as soon as possible after bathing, showering or swimming.
- To help prevent flare-ups of eczema keep applying even when inflammation has gone.
- Advise on allergy avoidance and factors that could aggravate dry skin such as washing powder.
- Emollients do not contain active drugs therefore overdose is not possible.

**References**
- nurse-prescriber.co.uk (2005) Preparations for skin conditions. www.nurse-prescriber.co.uk

Nurses should refer to manufacturer’s summary of product characteristics and to appropriate local guidelines.