

Lower Leg Ulcer Skin Care Pathway

Good Practice:

- Use ointments/gels on the skin of patients with venous leg ulcers as cream contains potential sensitisers.
- Refer to formulary factsheet regarding suitable quantities
Both lower legs will require 200-400g of applied emollient per month.
- Apply emollient in the direction of the hair line to reduce the risk of folliculitis.
- Refer to compression selection chart for appropriate compression.

Dry Skin



- Wash with Zeroderm Ointment or Doublebase Gel
- Apply Zeroderm ointment or Doublebase Gel as leave on emollient to legs
- Note Doublebase Gel to be used under compression hoisery



Very Dry Skin Hyperkeratosis



- Wash with Zeroderm ointment
- Apply Zeroderm Ointment as leave on emollient to legs
- Consider debridement with UCS cloth
- If severe apply Balneum cream 5% urea as leave on emollient to legs
Consider Diprosalic ointment to aid penetration of emollient.
Apply thinly 1-2 times daily; max 60g per week.
- Review after 2 weeks. Diprosalic ointment not suitable for diabetic patients at risk of neuropathic ulcers



Infected / Cellulitic skin

- Wash with Dermol 500 lotion as soap substitute
- Apply Dermol 500 lotion as leave on emollient to legs
- Only continue use after 1 month if skin remains infected



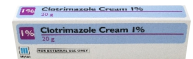
Inflamed skin

- Use potent steroid Betnovate ointment
- Apply thinly 1-2 times daily
- Review after 2 weeks
- If daily application is not possible consider Elocon Ointment



Fungal infected skin

- Use Clotrimazole 1% cream to treat interdigital fungal infections
- Apply 2-3 times daily
- Review after 2 weeks



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Local Resources

NHS Kernow Clinical commissioning group
Formulary Factsheet: Prescribing Emollients

<https://www.eclipsesolutions.org/Cornwall/info.aspx?sectionid=64>

References

Adapted from lower leg skin care pathway
Swindon adult community services March 2017

Prescribing emollients – how much is enough for adults per month?

Please halve this amount for children.

Area affected	Creams / Ointments (grams)
Face	60-120
Both hands	100-200
Scalp	200-400
Both arms or both legs	400-800
Trunk	1600
Groin and genitalia	60-100

Notes:

- The amount of emollient required will depend on the size of the person and the extent and severity of the skin condition.
- Where possible, pump-dispensers should be prescribed because they are more convenient and are less likely to become contaminated by potential pathogens.

The above is based on data from: *Best practice in emollient therapy; a statement for healthcare professionals. Dermatological Nursing (2012) (British Dermatological Nursing Group)*



MHRA/CHM update (April 2016): Fire risk with paraffin-based skin emollients on dressings and clothing

When patients are being treated with a paraffin-based emollient product that is covered by a dressing or clothing, there is a danger that smoking or using a naked flame could cause dressings or clothing to catch fire. Patients' clothing and bedding should be changed regularly - preferably daily - because emollients soak into fabric and can become a fire hazard.