



Self-Care – Dry Skin Guidance in Care Homes

Taking care of your “SELF” – Supporting Everyone to Live Freely

This is a self-care guide designed for those working in care homes, residential homes and assisted living.

The information provided in this guide does not replace person-centred clinical advice.

The following information should be used as a guide when advising or purchasing self-care treatments for people residing in a care home, residential home or assisted living. Self-care medication and medical products are not always the most appropriate choice for treating minor ailments. Sometimes starting with a lifestyle change or trying natural remedies can be more effective.

Should you have any concern, at any time around self-care items being purchased on behalf of the resident or being brought in by relatives for the residents use, please discuss with your community pharmacist or GP practice.



What causes dry skin?

The skin is made up of many different layers and it forms a natural barrier to protect our body from the outside environment.

To help protect the outer layer of skin from losing water, the skin produces an oily substance called sebum. If the skin doesn't have enough sebum, it loses water and feels dry.

Some of the common causes of dry skin include:

- Decreased production of sebum can cause dry, itchy skin and is often the reason for dry skin in the elderly
- Excessive washing i.e. bathing, showering and scrubbing of the skin can remove the protective layers and cause the skin to dry out
- The use of soaps and other fragranced products can dissolve the protective layer of sebum
- Environmental conditions that increase water loss such as very hot dry weather or central heating
- Frequent exposure to wind and sun can evaporate water from the skin, making the surface feel itchy and dry.

Simple lifestyle changes to help prevent dry skin:

- Stopping smoking
- Drink plenty of water / fluids to help hydrate the skin and prevent dryness
- Be aware of the weather conditions - dry air (low humidity) increases the risk of dry skin
- During periods of low humidity you can help by increasing humidity in the residents room, this can be achieved by placing a damp towel on a warm radiator (if appropriate)
- Avoid aggressively washing or scrubbing the skin and try to avoid the use of harsh soap and bubble baths
- Avoid really hot bath or showers, having water too hot can dry skin out and cause it to crack. The resident may want to use a gentle soap or an emollient when washing will help to keep skin hydrated
- If the resident chooses to use an emollient, try to apply this after a shower or bath when the skin is still a little bit damp, this will help to lock in moisture and prevent dryness.

Treating Dry Skin:

- Dry skin is usually a non-serious condition which can happen to anyone at any age
- Dry skin does not usually require long term treatment. The use of an emollient or moisturiser that can be purchased over the counter from local pharmacies or supermarkets, will usually resolve minor complaints
- If a resident requests an emollient or moisturiser to treat a minor dry skin complaint or one is purchased on a residents behalf, you will need to document this on their care plan and monitor if this has been effective
- If the dry skin patch does not clear up, spreads or if you have any concerns you may need to seek further advice from your community pharmacist or GP practice.



The use of emollients and moisturisers to treat dry skin:

Please note that emollients used in the treatment of dry skin are no longer available on NHS prescription and should be purchased over the counter. Only emollients prescribed for diagnosed skin conditions can be prescribed on the NHS.

- Emollients are used to soothe, hydrate and moisture the skin. They help to reduce dryness, itching, reduce scaling and soften cracks
- Emollients should be applied directly to the skin and used frequently to help reduce water loss from the skin
- Residents can purchase any emollient of their choice when self-treating dry skin, however if the resident is reviewed and diagnosed with a skin condition such as eczema or psoriasis, they will be given the cost effective emollients that are recommended locally and available on NHS prescription.

If you are unclear which treatment would be best, please contact the resident's regular community pharmacist for advice.

You should only need to contact the GP practice if:

- Skin became cracked and was weeping or bleeding
- Skin looks or has become infected
- You have concerns and feel they require a GPs attention
- Symptoms do not improve after one month
- Symptoms get suddenly worse
- **You are concerned about the resident and their condition.**

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References:

Wakefield Emollient Guidelines

Dr Chris Barraclough - Clinical Lead GP for Wakefield CCG Medicines / Dermatology Specialist

Patient Choices - <https://www.nhs.uk/conditions/itchy-skin/>

<https://www.self.com/story/dry-skin-mistakes>