


Emollient Rx Guide

“Emollients are typically under-prescribed and under-used. This results in suboptimal treatment of dry skin and eczema, and may increase the occurrence of flares.” (CKS)¹

NICE recommends 250g-500g / week for a child.²

Suitable weekly prescribing quantities of emollients for specific areas of the body recommended in the BNF³



Scalp	50 - 100g
Face	15 - 30g
Both hands	25 - 50g
Trunk	400g
Both arms or legs	100 - 200g
Groins & genitalia	15 - 25g

Based on twice daily application in an adult

How to apply 'leave-on' emollients

Use emollients generously and regularly.

Smooth the emollient gently onto the skin.

Use gentle downward strokes in the same direction as hair growth to prevent folliculitis.

Apply sufficient amount so that the skin looks 'shiny'.



Do not vigorously rub the emollient into the skin and allow time for it to soak into the skin.

Application immediately after a bath or shower helps to trap moisture in the skin.

Selecting a suitable 'leave-on' emollient

Select an emollient that suits individual patient needs

Consider the following aspects when prescribing the most suitable emollient for the patient:

Clinical factors

- Dryness of the skin
- Site and area of the skin affected
- Previous sensitivities to ingredients

Emollient characteristics

- Formulation and emollient oil content e.g. ointment, cream, lotion or gel
- Other ingredients such as a humectant (glycerol or urea), antipruritics and antimicrobials
- Exclusion of irritants e.g. sodium lauryl sulfate
- Cosmetic acceptability

Involving the patient in choosing an emollient can lead to improved adherence to skincare treatment regimes

Doublebase™ Gel

Isopropyl myristate 15%, liquid paraffin 15%

A proven, effective emollient^{4,5} available in an added value, 1kg economy pack



Up to
4g per
pump

In an open, blinded study, children who were empowered to select their own emollient were most likely to select Doublebase Gel from a selection of 7 different emollients⁶.

Prescribing a big value Doublebase Gel 1kg pack rather than 2 x 500g packs can help to reduce cost, avoid unnecessary wastage and reduce packaging.

Prescribing information

Doublebase™ Gel

Isopropyl myristate 15% w/w, liquid paraffin 15% w/w.

Uses: Highly moisturising and protective hydrating gel for dry skin conditions.

Directions: Adults, children and the elderly: Apply direct to dry skin as required.

Contra-indications, warnings, side effects etc: Please refer to SPC for full details before prescribing. Do not use if sensitive to any of the ingredients. In the rare event of a reaction, stop treatment.

Instruct patients not to smoke or go near naked flames. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a potential fire hazard.

Washing clothing and bedding may reduce product build-up but not totally remove it.

Package quantities, NHS prices and MA number: 100g tube £2.65, 500g pump dispenser £5.83, 1kg pump dispenser £10.98, PL00173/0183.

Legal category: P.

MA holder: Dermal Laboratories, Tatmore Place, Gosmore, Hitchin, Herts, SG4 7QR, UK.

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'Doublebase' is a trademark.

Adverse events should be reported. Reporting forms and information can be found at yellowcard.mhra.gov.uk. Adverse events should also be reported to Dermal.

References: 1. Clinical Knowledge Summaries, provided by National Institute for Health and Care Excellence. Eczema – atopic. April 2023. 2. National Institute for Health and Care Excellence. Atopic eczema in under 12s: diagnosis and management. Clinical guideline [CG57] subsection 1.5.1.4. Published: 12 December 2007 Last updated: 07 June 2023. 3. BNF March 2023 edition. 4. Whitefield. M Clinical evaluation of Doublebase. A multi-centre GP study of 78 patients with dry skin conditions. (Data on File). 5. Wynne A. *et al*. An effective, cosmetically acceptable, novel hydro-gel emollient for the management of dry skin conditions. *Journal of Dermatological Treatment* 2002;13(2):p.61-66. 6. Aslam A. Empowering children to select their own emollients. *Dermatological Nursing* 2009;8(4):p.1-5.