The Evidence Behind the Application of Emollients in the Treatment of Eczema.

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The Intervention – Why Emollients?

- Eczema is often very taxing for both parents and children.
- Causes irritation, sleeplessness, and pain and its management is arduous.
- An area I developed an interest in whilst on placement.
- I wanted to explore how a good therapeutic relationship could improve treatment.
The Evidence

• Evidence shows that emollients are the first choice of treatment for dry-skin conditions (MeRec, 2007) and are the most commonly prescribed treatment for childhood eczema (NHS Business Services Authority 2008).

• According to Robinson (2007) ‘[emollients] should be applied in a stroking motion in the direction of hair growth to prevent plugging of the hair follicles’.

• Using a spatula to apply the emollient if it is stored in a pot rather than a tube to avoid cross-contamination and in turn higher risk of infection.

• Highet (2002) supports the use of the more costly bottles that come with pumps as these are most effective for reducing the risk of cross-contamination.

• The National Eczema Society explains that emollients should be applied freely so that the skin is ‘shiny’.

• The National Institute for Health and Care Excellence (2007) recommends that around 250-500g a week of emollients are needed.
Potential Limitations

- Expensive

- Frequently misused – highlights importance for a good therapeutic relationship
What is a Therapeutic Relationship?

- The term ‘therapeutic relationship’ was first used by Peplau in her book *interpersonal Relations in Nursing* (1952).

- ‘The process by which the nurse can facilitate personal growth in another by helping the person to identify felt difficulties, experience emotions, and understand his or her own behavior.

- ‘6 C’s of Nursing’

- Evidence shows that adopting these values in practice will enable nurses to develop these important relationships with their patients and therefore deliver optimum standards of care (Beal, 2012).

- Meutzel’s model - intimacy, reciprocity and partnership.
Developing a Therapeutic Relationship

- ‘Nurses should facilitate a reciprocal relationship with the family, within which children, young people and families are able to determine the level of participation they desire’ – RCN 2003

- Communication – with the parents and child to put them at ease. Age appropriate education provided.

- Competence – Keeping training and understanding of evidence up to date. Being competent in carrying out intervention will allow trust to build between patient and nurse.

- CARE!
References