

ATOPIC ECZEMA PROFORMA SECTION B	
Eczema treatment Plan:	
<u>Moisturiser / Emollients</u> (aim to use 250 to 500 g per week):	
Should be used more often and in larger amounts than other treatments, used on the whole body even when eczema is clear, used while using other treatments & used instead of soaps and detergent-based wash products. Your child should be prescribed leave-on emollients in large quantities (at least 250 g per week). Your healthcare professional should offer a choice of unperfumed emollients (this could be several emollients or one for all purposes). The benefits of topical steroids outweigh the risks when applied correctly. Topical steroids should only be applied to areas of active eczema.	
<u>Topical Steroids</u>	
Instructions – topical steroids should be applied sparingly only to active areas of eczema. Squeeze the ointment from the tube along your index finger starting at the tip down to the first joint. This amount of ointment is called a FINGERTIP UNIT (FTU). One FTU will cover an area approximately the size of both of your hands	
<u>Your steroid supply is:</u>	
S (Strong):	M (Medium):
W (Weak):	
<u>On the body (up to 14 days) use the following:</u>	
<ul style="list-style-type: none"> • Step One: Severe areas (Widespread areas of dry skin, incessant itching, redness with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of pigmentation: Apply S, for 4 – 7 day if improves step down to • Step Two: Moderate areas(Areas of dry skin, frequent itching, redness with or without excoriation and localised skin thickening): Apply M, for 4 – 7 days if improves step down to the • Step Three: Mild Areas(Areas of dry skin, infrequent itching with or without small areas of redness): Apply W for 4 – 7 days 	
<ul style="list-style-type: none"> • <u>Face (5 – 7 days) use the following:</u> Step Two then Three 	
<ul style="list-style-type: none"> • <u>Groin, axilla (7-14 days) use the following :</u> Step Two then Three 	

<p>Recognising bacterially infected infection: weeping, pustules, crusts, atopic eczema failing to respond to therapy, rapidly worsening atopic eczema, fever & malaise. Need to see your GP / or contact the department as a course of antibiotics might be required</p>	
<p>Recognising eczema herpeticum: areas of rapidly painful eczema, clustered blisters consistent with early stage cold sores, punched-out erosions (circular depressed, ulcerated lesions), possible fever, lethargy or distress. <i>Needs urgent treatment contact your GP / A&E / or the dermatology department</i></p> <p>Keep child away from contact with people with cold sores and use separate towels. Treat small cold sores promptly with Acyclovir cream (Zovirax) which can be bought over the counter if you cannot get to your doctor that day</p>	
<p>USEFUL WEBSITES</p>	
Children with mild eczema do not need testing for allergies	www.nice.org.uk/CG057
For NICE guidance/booklet	www.nice.org.uk/CG057
National Eczema Society	www.eczema.org
British Association of Dermatologists	www.bad.org.uk
British Society of Paediatric Dermatology	www.bspd.org
New Zealand Dermatological Society	www.dermnetnz.org/
American Academy of Dermatology	www.aad.org)
Anti-bullying website	www.antibully.org.uk
<p>Adapted from:</p> <ul style="list-style-type: none"> • NICE guidelines 12/07 and information sheet by Dr M.S. Lewis-Jones/Eleanor Lowrie – Dundee) • Dr Krisztina Scharrer Consultant Dermatologist. Scharrer K <i>et al.</i> (2013). Pro forma improves compliance with NICE guidance in the assessment and management of atopic eczema in children under 12 years. British Journal of Dermatology Vol 169 Suppl 1 p52-53 • S. Dolman, Specialist Nurse, Alder Hey Children’s Hospital NHS Foundation Trust. 	