



AFFIX IDENTIFICATION LABEL

**MEDICAL/DERMATOLOGY NURSE CONSULTANT
CHECKLIST ECZEMA CLINICAL PATH**

To be used in conjunction with the Eczema Management Clinical Guideline for all patients including Inpatients on the ward, Hospital in the Home, Short Stay Unit and Supportive Care Unit

ON ADMISSION		TICK
Admit patient to ward and document admission on progress notes		
Order on medication chart MR52		
- Cortisone ointment/cream <i>face & body</i>		
- Antibiotics <i>infected eczema only</i>		
- Acyclovir <i>HSV infected eczema</i>		
- Antihistamine <i>if required</i>		
Order on Eczema Treatment Attachment Chart (MR52)		
- Wet dressings and cool compresses		
- Moisturisers and bath oil		
Complete laboratory request cards:		
- Lesion <i>charcoal swab if indicated</i>		
- Intranasal charcoal swab <i>ONLY if recurrent infection or boil(s) present</i>		
- HSV swab card <i>if indicated</i>		
Date:	Time:	Additional notes written in UR <input type="checkbox"/>
Print name, sign, designation:		

DISCHARGE CHECKLIST		TICK
Discharge summary completed <i>including LMO details</i>		
All swab results must be reviewed and recorded on discharge summary		
Discharge medications written up		
Eczema Management Plan		
2 - 3 week follow-up appointment arranged		
All swab results must be reviewed and recorded on discharge summary		
EDC card completed		
Education given		
If patient for HACC :		
- Contact HACC Coordinator		
- Complete HACC referral form		
Copy of Eczema Management Plan to General Practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
GP name:	Contact Number:	
Date:	Time:	Additional notes written in UR <input type="checkbox"/>
Print name, sign, designation:		

The path has been developed with input from Consultants, Registrars, Residents, Nursing staff and all Allied Health personnel involved in patient's care. We have attempted to base this path on the best available evidence. Any queries please speak to Eczema Clinical Nurse Consultant ext 5510

PLEASE NOTE

All orders are to be documented on the MR56 -Treatment Order Sheets
All additional / relevant information to be documented in the Patient History.
 The Path is designed to assist clinicians by providing a framework of expected care. It is not intended to replace clinician judgement. If an individual patient does not fit the clinical care outlined, then the patient should be removed from the path.

Nursing Admission

AFFIX IDENTIFICATION LABEL

Date: **Time:** **Ward/Unit:** **Consultant:**.....

Interpreter required? Yes No **Language:**

Parents/guardians staying at: **Details on ID label correct?** Yes No

Contact numbers: **Medical Certificate required?** Yes No

Home circumstances: *Primary caregivers / child to be discharged to*

Does anyone at home smoke?Yes No **Who:** **Are they interested in help to stop?**Yes No

Resources given? Yes No **What resources?**written materials nurse advice doctor advice

ALLERGIES:

Recorded on medication & anaesthetic chart Red band attached Food allergy: Kitchen notified

FOOD ALLERGIES- *If patient has food allergies refer to dietician for special diet and/or assessment*

Formal allergy testing done? RAST Skin prick test None

Immunisations: Up to date Required- details:

Relevant Past History: *include any history of asthma*

Have wet dressings been used before? Yes No **Who applies treatments at home?**

Current Medications: *Preferred time / method of administration, include any creams or treatments used in the past*

Presenting Signs / Symptoms:

Nursing Physical Assessment: *Complete eczema SCORAD prior to first dressing*

Sleep patterns: *ie itch in sleep, how many times wake at night etc.*

Comfort object:

Diet: *For infant: * breast fed * milk / type of formula * teat * volume * times /day*

Elimination: *For infant: * number & size of nappies * toilet trained*

Other:

Weight and Height recorded on MR 52 Yes No

Have parents watched video? Yes No

Nurse

Print name, sign, designation:

Additional notes written in UR

ECZEMA - CLINICAL PATH MR 800

Eczema Clinical Pathway

Admission Stage 1

		Date:				
		Time:				
Admission	Contact at time of admission :					
	<ul style="list-style-type: none"> • Dermatology Registrar • Dermatology Nurse Coordinator pg 5561 / 5135 • RMO (Medical D Resident) Refer to Play Therapy if diversion required during dressings					
Investigations & Assessment	Swab eczema lesion (charcoal swab)					
	Parent and patient nasal swab ONLY if recurrent infection or boils present					
	HSV swab (in viral medium) to be taken if herpes vesicles observed					
	If < 2yrs arm splints to be on while sleeping <i>order from EDC - blue card</i> <i>Splints measured from bottom of deltoid to wrist, add measurement to card</i>					
Infection Control	Baseline Temp, Pulse & Respirations					
	If there are weeping areas, apply cool compresses					
	If there are crusted areas, gently wipe the crusts with a cool compress					
	Isolate patient ONLY if infected with HSV, varicella or MRSA					
	Wear gloves for ALL dressings and cream applications					
Dressings & Cool Compressing	Serve required ointment/cream onto tray / paper before each dressing (to prevent contamination of cream) <i>do not apply creams to weeping areas</i>					
	Cool Compresses:					
	<ul style="list-style-type: none"> • To face as per Eczema management clinical guideline and Eczema Treatment Attachment MR 52 • Facial moisturiser applied post compresses 					
	Non weeping areas - see Eczema Treatment Attachment MR 52					
	<ul style="list-style-type: none"> • Cortisone ointment/cream applied to face, trunk and limbs • Limb moisturiser applied to limbs • Trunk moisturiser applied to trunk • Wet dressing applied to limbs (as per eczema management clinical guideline) • Wet t-shirt to trunk, if trunk is involved 					
	Overnight wet dressing to be re-applied only if child is awake or scratching					
	Nutrition	Fluids / diet as tolerated <i>special diet may be required for food allergies</i>				
	Maintain FBC if < 2 years					
Education & Discharge Planning	Give parents / care giver ward orientation folder and Eczema booklet					
	Show family/child "Cool ways to beat Eczema" video/DVD prior to 1st wet dressing					
	Nursing staff demonstrate wet dressing technique to parents					
	Discuss eczema booklet & video/DVD with parent/caregiver					
OUTCOMES -	Ensure parents have EDC card for discharge eczema dressing equipment					
	Immunisation status documented on Essential Particulars Record					
	Swab(s) obtained and sent to lab					
	Minimal scratching / comfort maintained with current treatment plan					
	Arm splints insitu while sleeping if < 2y.o					
OUTCOMES - INFECTED ECZEMA ONLY	Child/family state they understand:					
	<ul style="list-style-type: none"> • unit layout/routine • expected plan of care • wet dressing technique 					
	<ul style="list-style-type: none"> • Weeping ceased <i>'n/a' if eczema</i> • Crusts removed <i>eczema</i> • RMO or Derm. team notified and reviewed <i>not infected</i> 					
	PROGRESS CRITERIA	Progress to stage 2 when all outcomes have been achieved				
NURSE	Date: _____ Time: _____ Print Name & Sign: _____					
NURSE	Date: _____ Time: _____ Print Name & Sign: _____					
NURSE	Date: _____ Time: _____ Print Name & Sign: _____					
NURSE	Date: _____ Time: _____ Print Name & Sign: _____					
Dermatology Nurse Consultant	PATIENT ASSESSED <input type="checkbox"/> EDUCATION COMPLETED <input type="checkbox"/> SEVERITY SCORE <input type="checkbox"/>					
	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____				

Eczema Clinical Pathway
Day 2

AFFIX IDENTIFICATION LABEL

		Date:						
		Time:						
Investigations & Assessments	If <2y.o arm splints to be worn while sleeping (order from EDC- blue card) Daily pulse, respiratory rate and temp 4 hourly if > 38°							
Infection Control	Isolate patient ONLY if infected with HSV, varicella or MRSA Wear gloves for ALL dressings Serve required ointment/cream onto tray / paper before each dressing							
Dressings & Cool Compressing	Cool Compresses: <ul style="list-style-type: none"> To face as per Eczema Management Clinical Guideline and Eczema Treatment attachment Facial moisturiser applied post compresses Non weeping areas: - see Eczema Treatment Attachment <ul style="list-style-type: none"> Cortisone ointment/cream applied to face, trunk and limbs Limb moisturiser applied to limbs Trunk moisturiser applied to trunk Wet dressing applied to limbs (as per Eczema Management Clinical Guideline) Wet t-shirt to trunk, if trunk is involved Overnight wet dressing to be re-applied ONLY if child awake & scratching							
Nutrition	Fluids / diet as tolerated <i>FBC maintained if < 2 years</i>							
Education & Discharge Planning	Supervise care giver applying wet dressing Care giver demonstrates competent wet dressing technique Show family/child "Cool ways to beat Eczema" DVD/video if not already viewed Educate & reinforce Eczema booklet with caregiver Discuss expected plan of care & length of stay using path as a guide Discuss home management plan with caregiver Continue Discharge Planning as per Page 3 of Path							
OUTCOMES	Skin status improved Diet & Fluids tolerated Afebrile Minimal scratching / comfort maintained with treatment plan Arm splints insitu while sleeping if < 2y.o							
NURSE	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____						
NURSE	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____						
NURSE	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____						

Dermatology Nurse Coordinator	PATIENT ASSESSED <input type="checkbox"/>	EDUCATION COMPLETED <input type="checkbox"/>
	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____

DISCHARGE CHECKLIST	
Consider referral to HACC or SCU if child uncooperative with dressings or if parents need ongoing support / supervision with dressings	
Ensure family have discharge equipment from EDC	
Ensure family have Eczema Management Plan	
Send Ointments / Creams to Pharmacy to be re-labelled	
Discharge summary completed and given to parents	
Family understand Eczema Management Plan and have hospital contact numbers	
Explain HACC visiting plan (if applicable)	
Discharge patient from IBA and record time on Discharge Summary	
Nurse	Date: _____ Time: _____ Print name, sign, designation: _____ Additional notes written in UR <input type="checkbox"/>

ECZEMA - CLINICAL PATH MR 800

Eczema Clinical Pathway
Day 3

AFFIX IDENTIFICATION LABEL

		Date:						
		Time:						
Investigations & Assessments	If <2y.o arm splints to be worn while sleeping (order from EDC- blue card) Daily pulse, respiratory rate and temp (4 hourly if > 38°)							
Infection Control	Isolate patient ONLY if infected with HSV, varicella or MRSA Wear gloves for ALL dressings Serve required ointment/cream onto tray / paper before each dressing							
Dressings & Cool Compressing	Cool Compresses: <ul style="list-style-type: none"> To face as per Eczema Management Clinical Guideline & as per Eczema Treatment attachment. Facial moisturiser applied post compresses Non weeping areas: - see Eczema Treatment Attachment <ul style="list-style-type: none"> Cortisone ointment/cream applied to face, trunk and limbs Limb moisturiser applied to limbs Trunk moisturiser applied to trunk Wet dressing applied to limbs as per Eczema Management Clinical Guideline. Wet t-shirt to trunk, if trunk is involved Overnight wet dressing to be re-applied ONLY if child awake & scratching							
Nutrition	Fluids / diet as tolerated <i>FBC maintained if < 2 years</i>							
Education & Discharge Planning	Supervise care giver carrying out wet dressing Care giver demonstrates competent wet dressing technique Show family/child "cool ways to beat asthma" DVD/video if not already viewed Educate & reinforce Eczema booklet with caregiver Discuss expected plan of care & length of stay using path as a guide Discuss home management plan with caregiver Continue Discharge Planning as per Page 3 of Path							
OUTCOMES	Skin status improved Diet & Fluids tolerated Afebrile Minimal scratching / comfort maintained with treatment plan Arm splints insitu while sleeping if < 2y.o							
NURSE	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____						
NURSE	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____						
NURSE	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____						

Dermatology Nurse Consultant	PATIENT ASSESSED <input type="checkbox"/>	EDUCATION COMPLETED <input type="checkbox"/>
	Date: _____ Time: _____ Print Name & Sign: _____	Date: _____ Time: _____ Print Name & Sign: _____

DISCHARGE CHECKLIST	
Consider referral to HACC if child uncooperative with dressings or if parents need ongoing support / supervision with dressings	
Ensure family have discharge equipment from EDC	
Ensure family have Eczema Management Plan	
Discharge summary completed and given to parents	
Family understand Eczema Management Plan and have hospital contact numbers	
Explain HACC visiting plan (if applicable)	
Discharge patient from IBA and record time on Discharge Summary	
Nurse	Date: _____ Time: _____ Print name, sign, designation: _____ Additional notes written in UR <input type="checkbox"/>

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