

Eczema Treatment Plan

| Treatments | Mild | Moderate | Severe |
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| EVERY DAY CARE | | | |
| Education and advice Aggravators (heat, prickle, dryness, irritants, allergies) and treatments | Yes education should be delivered verbally to parents initially and they must also be given a copy of the booklet "knowing your child's eczema" as a resource, this booklet is also available on line. | Yes education should be delivered verbally to parents initially and they must also be given a copy of the booklet "knowing your child's eczema" as a resource, this booklet is also available on line. | Yes education should be delivered verbally to parents initially and they must also be given a copy of the booklet "knowing your child's eczema" as a resource, this booklet is also available on line |
| Emollients Type and frequency (products may be altered for individual preference, tolerance and any practical limitations) | FACE AND BODY: Aqueous cream or sorbolene cream with 10% glycerin Apply 2-3 times per day top to toe Add paraffin bath oil to the bath (less than 29°C) once or twice daily. | FACE AND BODY: 50% soft paraffin and 50% liquid paraffin or sorbolene cream with 10% glycerin or aqueous cream. Apply 3 times per day top to toe Add moisturizing bath oils to the bath (less than 29°C) once or twice daily. | FACE AND BODY: 50% soft paraffin and 50% liquid paraffin or sorbolene cream with 10% glycerin or aqueous cream Apply 3 times per day top to toe Add moisturizing bath oil to the bath (less than 29°C) once or twice daily |
| FLARING TREATMENTS | | | |
| Antiseptic wash Type and frequency (products may be altered for individual preference, tolerance and any practical limitations) DO NOT APPLY IN WET DRESSINGS OR IF STINGING OR DRYING SKIN | BATH Add antiseptic moisturising bath oil to the bath (less than 29°C) as per instructions, if there has been a history of frequent episodes of infected eczema | BATH Add antiseptic moisturizing bath oils to the bath (less than 29°C) as per instructions, if there has been a history of frequent episodes of infected eczema. | BATH Add moisturizing bath oils to the bath (less than 29°C) as per instructions, if there has been a history of frequent episodes of infected eczema |

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| <p>Topical Steroids Type and frequency (will only be prescribed if patient is not responding to emollient treatments)Type and frequency</p> | Hydrocortisone 1% ointment to affected areas on the face and body twice daily until symptoms subside then when required after that | <p>FACE: Hydrocortisone 1% (1st line) ointment to affected areas on the face twice daily until symptoms subside then when required after that</p> <p>BODY: Mometasone furoate 0.1% or methyprednisolone aceponate 0.1% ointments to body at night until symptoms subside then when required at night after that.</p> | <p>FACE: Hydrocortisone (1st line) 1% to affected areas on the face</p> <p>BODY: Mometasone furoate 0.1% or methyprednisolone aceponate 0.1% ointments to body at night until symptoms subside then as required.</p> |
| <p>Non-steroid anti-inflammatories Type and frequency This is used for moderate or persistent facial eczema unresponsive to hydrocortisone acetate 1%</p> | Not applicable | <p>FACE: Tacrolimus cream 1% to affected areas of the face twice daily until symptoms subside then when required.</p> <p><i>This is used for moderate or persistent facial eczema unresponsive to hydrocortisone acetate 1%</i></p> | Not applicable |
| <p>Tar Type and frequency</p> | Not applicable | <p>BODY: Tar creams 1-5% as prescribed to lichenified areas on the body. NOT to be applied to the face or groin.</p> <p>Apply daily until symptoms subside then when required.</p> <p>Best used under wet dressings at night.</p> | <p>BODY: Tar creams 1-5% as prescribed to lichenified areas on the body. NOT to be applied to face or groin.</p> <p>Apply daily until symptoms subside then as required</p> <p>Best used under wet dressings at night</p> |
| <p>Wet dressings Area and frequency Start wet dressings if eczema is moderate to severe and if the steroid ointments have not cleared the eczema within 24 -48 hours</p> | Not applicable | <p>TRUNK: Use wet T-shirt (immerse the T-shirt in a tepid bowl of water remove, wring out excessive water and then apply to body)</p> <p>LIMBS: Use at night to affected areas and twice daily if required until symptoms subside and then use as required.</p> | <p>TRUNK: Use wet T-shirt (immerse the T-shirt in a tepid bowl of water remove, wring out excessive water and then apply to body).</p> <p>LIMBS: use twice daily to one per day at night to affected areas until symptoms subside then when required.</p> <p>If wet dressings are required 4 times per day then hospital admission is recommended.</p> |

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| <p>Cool compresses</p> <p>Area and frequency</p> | <p>FACE and BODY</p> <p>To itchy areas for 5 minutes when required, then apply moisturizer post compress.</p> | <p>FACE and BODY</p> <p>To itchy areas for 5 min then apply moisturizer post compress until symptoms subside then when required</p> | <p>FACE and BODY</p> <p>To itchy areas for 5 min then apply moisturizer post compress until symptoms subside then when required</p> |
| <p>Antihistamines</p> <p>Type and frequency</p> <p>SEDATIVE ANTIHISTAMINES ARE NOT RECOMMENDED FOR CHILDREN UNDER 2 YEARS OF AGE</p> <p>Sedating antihistamines are used for the drowsiness side effects for severe nocturnal pruritus and should be used in conjunction with wet dressings and topical steroids.</p> <p>Non sedating antihistamines have shown variable results and insufficient evidence is available these medications on the effectiveness on reducing pruritus</p> | <p>None recommended</p> | <p>None recommended</p> | <p>Trimeprazine tartrate</p> <p>Sedation dose: 1-2 mg/kg at night.</p> |
| <p>Antibiotics</p> <p>Type and Frequency</p> <p>Adjunctive therapy for bacterial infections</p> <p>Signs of bacterial secondary infections include; yellow crusts, weeping, increased itch, excoriation</p> <p>DO NOT use topical bactroban on areas of skin</p> | <p>Remove crusts with wet compress after soaking in the bath for 20-30 minutes.</p> | <p>Remove crusts with wet compress after soaking in the bath for 20-30 minutes.</p> <p>Cephalexin or flucloxacillin, 6.25-12.5mg/kg, (Adult max= 500mg 4 times a day) per dose orally, and 4 times a day for 10days.</p> <p>Intranasal mupirocin, topically, twice a day for 5 days for moderate intranasal staphylococcus aureus</p> | <p>Remove crusts with wet compress after soaking in the bath for 20-30 minutes.</p> <p>Cephalexin or flucloxacillin, 6.25-12.5mg/kg, (Adult max= 500mg 4 times a day) per dose orally, 4 times a day for 10days.</p> <p>For severe infections or febrile patients flucloxacillin, IV, 25-50mg/kg, per dose, every 6 hours. Duration of therapy is patient dependent based upon clinical assessment of disease severity. IV therapy can be followed with oral flucloxacillin, 4 times per day for a combined 10 day course.</p> <p>Intranasal bactroban, topically, twice a day for 5 days for profuse intranasal staphylococcus aureus</p> |

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| <p>Antiviral treatments</p> <p>Type and frequency</p> <p>Adjunctive therapies for viral infections</p> <p>Cease topical steroids until lesions cleared</p> | | <p>Oral Aciclovir, less than 2 years 100mg per dose/5times per day for 10 Days. 2years and older, 200mg per dose /5times per day for 10 Days</p> | <p>IV Aciclovir if systemically unwell,</p> <p>3 months to 12 years, 250mg per metre squared, per dose 8 hourly.</p> <p>Over 12 years of age, 5mg/kg, per dose 8 hourly. Duration is patient dependent based upon clinical assessment of disease severity.</p> <p>Oral aciclovir, orally, 5 times/day can follow IV therapy, for a combined 10 day course</p> |

If you have any further questions regarding appropriate treatment please contact Eczema Clinical Nurse Consultant on (03) 9345 5510.

Appropriate ointments, creams, bath oils and wet dressing can be obtained from The Equipment Distribution Centre (EDC) at the Royal Children's Hospital (03) 9345 5325.