



UR NUMBER: _____

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: _____

↑
AFFIX PATIENT LABEL HERE

Eczema treatment plan

Atopic Dermatitis Working Party

ACTIVE ECZEMA (red +/- itchy areas)

1. Medicated creams/ointments

Apply to affected areas (red and/or itchy)

Face _____

Other (body, limbs, scalp) _____

Moisturiser may be applied over medicated creams.

	Morning	Noon	Afternoon	Night
Face				
Other				

2. Wet dressings

Apply wet dressings to the arms and legs

Apply cool compresses to the face

Wear wet t-shirt singlet bandana neck scarf

Remove when dry or when child wakes.

	Morning	Noon	Afternoon	Night
Arms and legs				
Face				
Wet clothing				

3. Medications

Take the following medications as prescribed

	Morning	Noon	Afternoon	Night
Medication 1				
Medication 2				

EVERYDAY CARE

1. Bathing

Use the following at bath time

Gently wipe off any scabs with a wet cloth while soaking in the bath.

	Morning	Noon	Afternoon	Night
Bathing				

2. Moisturiser

Apply the following moisturiser/s

Face _____

Limbs _____

Body _____

	Morning	Noon	Afternoon	Night
Face				
Limbs				
Body				

Additional information _____

Contact information _____

This plan was written by _____

Signature _____

Date _____