PAEDIATRIC ACUTE CARE GUIDELINE	
Eczema	
Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
http://kidshealthwa.com/about/disclaimer/

Eczema

Eczema is a dry itchy chronic inflammatory skin condition which typically begins in early childhood.

Background

- Eczema affects approximately 30% of children
- Usually starts at less than 12 months of age
- It follows a remitting and relapsing course
- Eczema tends to resolve in most children by 5 years

Assessment

Diagnostic Criteria

- Must have itchy skin condition plus three or more of the following:
  - Onset < 2 years (not diagnostic if child < 4 years)
  - History of flexural involvement (e.g. neck, popliteal fossa, antecubital fossa)
  - History of dry skin within the past year
  - History of atopic disease in patient or 1st degree relative
  - Visual flexural dermatitis

- In babies eczema can affect everywhere including the scalp, ears and face
- In older children it tends to affect the elbows, knees and wrist

Examination

In order to evaluate the severity of eczema the European Taskforce on Atopic Dermatitis has developed a method allowing consistent assessment by means of a severity index called SCORAD.

- SCORAD calculator (**SCO**Ring **A**topic **D**ermatitis)

Investigations

- Skin swabs for bacterial or viral infections if required
- Swabs of potential staphylococcal aureus carriage sites should be considered in patients with recurrent skin infection

Differential diagnoses

- Psoriasis
- Histiocytosis
- Zinc deficiency (if perioral or perianal distribution)
- Scabies
- Malaria
- Immunodeficiency

Management

- Ensure the patient is provided with a Eczema Treatment Plan (complete utilising information as below)
    - All advice given is to be documented in the medical notes

Everyday Management

- Avoid aggravating factors such as
    - Contact irritants (e.g. rough clothing (wool), fragranced soaps)
    - Allergies (e.g. dust mites, pollens)
    - Infections
    - Overheating

Bathing
• Daily bathing in lukewarm water with dispersible bath oil added to the bath ◦ e.g. QV bath oil, Dermaveen bath oil, Hamilton dry skin bath oil • Soap and shampoo substitutes should be used ◦ e.g. QV gentle wash, Dermeze soap free wash, Cetaphil restoraderm skin restoring body wash
Moisturiser

- The drier the skin the thicker the emollient needs to be (e.g. ointment or thick cream) and the more frequent the application
- Application of emollient immediately after bathing and twice daily is important to prevent dryness and itching
  - Ointments e.g. Dermeze ointment, QV intensive body moisturiser, QV kids balm
  - Creams e.g. Sorbolene with 10% Glycerin (tub container not pump), Dermeze thick cream, Cetaphil cream, QV cream

Active Eczema (red, itchy, rough areas)

Medicated creams/ointments

- Topical corticosteroids are the mainstay of treatment
- Use on all areas of inflammation, not just the worst areas, until complete clearance then stop
- Ointment based treatments have an increased moisturising effect and are less likely to sting
- Once daily application is usually sufficient
- Liberal application is often required
- **Authority Prescription is needed when prescribing more than 1 x 15g tube.** The majority of children discharged from the ED will require more than a 15g tube (e.g. 4 tubes).
- At PMH contact the ED Pharmacist for advice regarding prescribing ointments and emollients onto a hospital PBS prescription if required.

The following suggestions are not proscriptive and are only a guide for short term use

Severity	Scalp	Face	Body/Limbs
Very Mild	Soap free shampoo +/- Hydrocortisone ointment 1% daily	Hydrocortisone ointment 1% daily	Hydrocortisone ointment 1% daily
Mild	Advantan lotion or Desowen lotion +/- Hydrocortisone ointment 1% daily	Hydrocortisone ointment 1% daily	Advantan Fatty Ointment daily
Moderate	Elocon lotion daily	Advantan Fatty Ointment daily	Advantan Fatty Ointment or Elocon Ointment daily
Severe	Elocon lotion daily	Advantan Fatty Ointment daily	Elocon Ointment daily or Diprosone daily

Advantan = methylprednisolone aceponate 0.1%
Diprosone = betamethasone 0.05% dipropionate ointment
Desowen = desonide 0.05%
Elocon = mometasone furoate 0.1%

Wet Dressings

- Recommended if the child is hot and itchy or waking at night with itch
- Cool the skin and help to reduce the itch
- Help with penetration of topical corticosteroids for severe inflammation or when the skin is thickened and lichenified
- Cool compresses are used as wet dressings to the face
- Consult with the Dermatology Department for guidance regarding application
  - If unavailable utilise Caring for your child's eczema for instructions of use

Antihistamines
• Will not help with the itch caused by eczema as the itch is not histamine related • Not usually recommended • Sedating antihistamines may be given to improve the child's sleep, but it is better to treat to eczema properly

Infected Eczema or Skin Prone to infection

Dilute Bleach Baths
• Anti-infective treatment shown to reduce the incidence of recurrent *staphylococcal aureus* cutaneous superinfection • Improves the condition of the skin • Usually prescribed twice a week for three months. May be longer if the child has recurrent skin infections. • Dilute bleach bath as per instructions on Fact Sheet: Diluted bleach baths for children with atopic dermatitis (eczema)

Antibiotics

• Infected eczema
  ◦ Flucloxacillin or Cephalexin orally for 10 days. See ED Guideline: Antibiotics
• Infected eczema with herpetic lesions
  ◦ Aciclovir orally for 5-7 days - See ED Guideline: Antibiotics
  ■ < 2 year old: 100mg five times a day
  ■ > 2 year old: 200mg five times a day
• Localised staphylococcal skin infections
  ◦ Mupirocin 2% ointment or cream topically to crusted areas, twice daily for 7 days
• If the child has very severe infected eczema admit to hospital for intravenous antibiotics or Aciclovir

Admission Criteria

- Infected eczema needing intravenous antibiotics or Aciclovir
- Severe eczema requiring wet wraps

Referrals and Follow up

Dermatology:

- If moderate to severe eczema for ongoing management

The Dermatology Department require the following referral information to assist with triaging referrals:

- Severity of condition
- Duration of condition
- Type of treatment used

Immunology

- If history of flare up associated with food
- History of atopic disease (hay fever, asthma, food allergies)

Tags

allergy, atopic dermatitis, bullous, corticosteroids, dermatitis, dermatology, dry, eczema, eczematous, herpes simplex, infected, itchy, lesions, nappy rash, scorad, skin, topical, vesicular, wet dressings

References

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This document can be made available in alternative formats on request for a person with a disability.

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