Guideline into the management of eczema in children 2 months -17 years presenting to A&E and outpatients

**Documents to be used in conjunction:**
Can be found in Eczema Attachments Folder

1) Paediatric Workshop Referral Form
2) CDLQI Form
3) PO-SCORAD how to download
4) Eczema Action Plan
5) Cow’s milk protein and Soya free breastfeeding leaflet
6) Eczema advice leaflet
7) Emmollients Leaflet
8) Steroids in Eczema Leaflet
9) Cradle cap advice leaflet

**References:**
- SIGN 125 Management of atopic dermatitis
- NICE clinical guideline 57
- National Eczema Society [www.eczema.org](http://www.eczema.org)

**Ratified :**

**Next due to be ratified: February 2021**
Atopic Eczema

Atopic eczema is increasingly common affecting some 20% of children. It often starts on the face in babies and then spreads to the flexural areas of the limbs and body. In black children it is often extensor rather than flexural and it may have a popular component. Diagnosis is clinical and does not need investigation in paediatric A&E.

Treatment guide

These will only work if families have adequate explanations (use an interpreter as necessary) – compliance is the key! Treatment will control, not cure.

Consider if referral to an Eczema Education Workshop would be of benefit:

e-mail PaediatricAllergy@asph.nhs.uk (Referral form under Eczema Attachments)

General Measures

- Cotton clothing & bedding is least irritant
- Children should be kept cool at night (aiming for 18 degrees)
- Regular application of moisturizer 3-5 times a day or more
- Air rooms daily
- Use damp cloth when dusting
- Avoid feather duvets
- Use non-biological washing powders. Temp over 58 degrees kill house dust mites. Extra rinse
- Toys in plastic bag overnight kills house dust mites
- Vacuum regularly
- Keeping moisturizer in the fridge
- Try to keep a note of trigger factors
- Applying frozen peas (wrapped in teatowel) or cooling pack
- Tapping area
- Distraction techniques and toys
- Not co-sleeping
- Cotton garments
- Wet wrapping (can be organized through GP also taught on education workshop)

### The Steps of Treatment

| Severe (By Specialist only) | • Cream/ointment  
|                           | • Specialist prescription (tacrolimus/pimecrolimus or oral medication)  
|                           | • (eg Azothioprine/Steroids)  
|                           | • Cream/ointment  
| Moderate                  | • Moderate steroid cream/ointment  
|                           | • 5 Days only for face  
|                           | • 7-14 Days body  
| Mild                      | • Cream/ointment  
|                           | • Mild steroid cream/ointment  
| Clear                     | • Cream/ointment  


Triple therapy consists of:

1. Skin cleansing: Daily bath/shower recommended (lukewarm water, no longer than 20 minutes)
   a. Bath oils no longer recommended, use emollient creams/ointments instead (see below)
   b. Recommend to use usual emollient cream or ointment 3-5 times a day or more
   Use between 250-500 grams of emollient per week

2. Leave on emollient (moisturiser): Use the greasiest tolerated (see guidance below). Needs to be applied frequently and in sufficient amounts, smoothed on not rubbed, in a downwards direction with hair growth.
   a) Apply emollient first and steroid creams after about 30min.
   b) If using an emollient from a tub use a spoon to scoop it out as fingers introduce bacterial contamination to the tub

3. Topical steroids: Weaker preparations on face & nappy area, stronger on body. There is a degree of unnecessary fear about their use. Providing they are used at the right strength in the right body area they are safe for long term intermittent use. They are not significantly absorbed (no systemic side effects).
   • Use when the skin is itchy & red and slowly withdraw as the skin improves
     Face: Hydrocortisone 0.5%-1% once a day
     Body: Eumovate OD– for more moderate

Initially apply to face for 5 days if indicated and body 10-14 days once a day. Persistent patches of eczema may require “Weekend therapy” where the steroid cream is only applied to those areas twice a week on Saturdays and Sundays to prevent recurrent flares.

How to apply: Give parents the “Eczema Leaflet”
and teach on Fingertip units (FTU)
Adjunct therapies

1) When to consider food allergies:

If a child presents with eczema under the age of 3 months this makes the likelihood of a dietary trigger more likely. In an exclusively breastfed infant the mother could consider a 4-6 week Cow’s milk protein and Soya elimination diet. Followed by reintroduction of these products into the diet. It is very important to re-introduce the food to make sure that the eczema did not improve due to the other measures started.

Patient information leaflet on CMP and Soya free breastfeeding to be given to the mother and to be referred for follow up. If there is concerns about other foods being a possible trigger refer to Allergy clinic for further assessment where they may also be seen by the Dietician.

PLEASE note that only 30-35% of children with eczema have a food allergy and dietary restriction should not be routinely performed as can cause nutritional harm as well as change a non- IgE reaction into IgE (potentially triggering anaphylaxis).

2) Bacterial Infections:

- Consider if eczema suddenly deteriorated and is weeping and crusted, use oral flucloxacillin as the first-line choice co-amoxiclav if unable to administer flucloxacillin (palatability). In penicillin allergy use Erythromycin. Do not prescribe topical antibiotics unless the infected area is extremely localized as there is widespread resistance when used routinely. Admit for IV treatment if systemically unwell or concerns of Herpes Simplex infection. Take viral and bacterial swabs (do not delay treatment if concerns of HSV)

a) Staphylococcal skin infection in eczema (weeping/ yellow crust appearance)
**Viral Infections**: think about eczema herpeticum in any child with a vesicular rash on a background of eczema – will require admission for IV acyclovir. The child will most likely also need IV co-amoxiclav (discuss with Consultant). Stop topical calcineurin inhibitors and steroids for a minimum of 24 hours and discuss with Dermatology.

b) Eczema herpeticum –punched out lesions –requires emergency admission and IV treatment

Referral for follow up to Paediatric Allergy or Dermatology:

1) Refractory cases despite optimal topical treatment
2) Children who presented with moderate/severe eczema under the age of 6 months- are more likely to have a food trigger for their eczema
3) Psychological upset with poor sleep
4) Recurrent secondary infections

Checklist before discharge from A&E/Ward (all leaflets can be downloaded under “Eczema Attachments”)
Provide parent with information on what eczema is, possible triggers and that it is NOT infectious

GIVE ECZEMA INFORMATION LEAFLET

Give written ECZEMA ACTION PLAN

GIVE Leaflets as appropriate:
- Emolient factsheet
- Steroid factsheet
- SWIMMING
- Cradle Cap

Explain how to identify infection

Lack of evidence of complementary therapies

### a) Soap Substitutes (some patients sensitized to lanolin)

<table>
<thead>
<tr>
<th>Soap Sub</th>
<th>Light</th>
<th>Less Greasy</th>
<th>Greasy</th>
<th>Very Greasy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Aqueous Cream)</td>
<td>Aveeno cream</td>
<td>Cetraben cream</td>
<td>Oily cream (lanolin)</td>
<td>Epaderm</td>
</tr>
<tr>
<td>Not to be used as moisturiser</td>
<td></td>
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<tr>
<td>Dermol 500 lotion (Benzalkonium chloride 0.1%)</td>
<td>Cetomacrogol cream</td>
<td>Doublebase 50/50 WSP/LP</td>
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<tr>
<td>Doublebase emollient wash gel</td>
<td>Diprobease cream</td>
<td>Epaderm cream</td>
<td>Diprobease ointment</td>
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<tr>
<td></td>
<td>E45 (lanolin) Unguentum M Oilatum Cream</td>
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<tr>
<td></td>
<td>Hydromol cream</td>
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<tr>
<td></td>
<td>Emulsifying ointment</td>
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<tr>
<td></td>
<td>Hydromol ointment</td>
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### b) Bath Additives
A Cochrane review identified a small number of diverse studies and found no benefit for antibacterial soaps, bath additives or topical antibiotics/antiseptics in the treatment of atopic eczema. 2

### Normal
- Oilatum fragrance free
- Diprobath
- Cetraben bath emollient
- Balneum (Contains Soya)
- Alpha Keri (fragrance)
- Hydromol
- Aveeno bath oil (fragrance)

### Antimicrobial
- Emulsiderm (benzalkonium chloride)
- Oilatum plus (benzalkonium chloride/triclosan)
- Dermol 600 (benzalkonium chloride)
- Dermol 200 shower lotion

- Oilatum shower gel

c) Topical steroids (as per BNF)

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Potent</th>
<th>Very Potent (Specialist only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocortisone 0.5%</td>
<td>Eumovate</td>
<td>Betnovate</td>
<td>Dermovate</td>
</tr>
<tr>
<td>Hydrocortisone 1%</td>
<td>Betnovate RD</td>
<td>Elocon</td>
<td>Nerisone oily cream (L)</td>
</tr>
<tr>
<td>Hydrocortisone 2.5%</td>
<td>Modrasone</td>
<td>Trimovate (eumovate/nystatin)</td>
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<tr>
<td>Synalar 1:10 cream</td>
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<tr>
<td>Daktacort (1%hydrocortisone/miconazole)</td>
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<tr>
<td>Canestan HC (1%hydrocortisone/clotrimazole)</td>
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<tr>
<td>Timodine (0.5% hydrocortisone/fusidic acid)</td>
<td></td>
<td></td>
<td>Diprosone</td>
</tr>
<tr>
<td>Fucidin H 1% Hydrocortisone/fusidic acid</td>
<td></td>
<td>Fucibet (betnovate/fusidic acid)</td>
<td></td>
</tr>
<tr>
<td>Vioform-HC (1%hydrocortisone,3% Clioquinol)</td>
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</table>
d) Topical Calcineurin inhibitors (Specialist only)

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pimecrolimus (Elidel) 0.03%</td>
<td>Pimecrolimus 0.1%</td>
</tr>
<tr>
<td>Tacrolimus (Protopic) 0.03%</td>
<td>Tacrolimus 0.1%</td>
</tr>
</tbody>
</table>

Topical tacrolimus should be considered, in patients aged two years and older, for short term, intermittent treatment of moderate to severe atopic eczema that has not been controlled by topical corticosteroids or where there is a serious risk of important adverse effects from further topical corticosteroid use, particularly skin atrophy.

As a precaution against the possibility that the normal immunological response to infection may be suppressed, topical calcineurin inhibitors should not be applied to skin which appears actively infected.

Useful Links

- National Eczema Society [www.eczema.org](http://www.eczema.org)
- [www.Itchysneezywheezy.co.uk](http://www.Itchysneezywheezy.co.uk)
- For advice and support on the impact eczema has on your child’s life contact: Changing Faces [www.changingfaces.org.uk](http://www.changingfaces.org.uk)
- For advice and support of bullied children contact: Kidscape [www.kidscape.org.uk](http://www.kidscape.org.uk)

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