**Management of Eczema in Children**

Emollients are the mainstay of treatment

* Use multiple times daily
* Always use liberally – 250-500g/week
* Use long term – Do not stop use even when eczema is better
* One emollient may do, or use emollient package (moisturiser, soap substitute and bath emollient)

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| **Stepped approach to management of eczema** |
| Tailor the potency of topical corticosteroids to the severity of the child's atopic eczema, which may vary according to body site. |
| They should be used as follows: |
| For mild atopic eczema | use mild potency steroids eg 1% hydrocortisone |
| For moderate atopic eczema | use moderate potency eg betnovate RD, Eumovate |
| For severe atopic eczema | use potent eg Betnovate, Elocon, Betacap, mometasone furoate 0.1%  |
| For the face and neck | use mild potency steroids except for short-term (3–5 days) use of moderate potency for severe flares |
| For flares in vulnerable sites such as axillae and groin | use moderate or potent preparations for short periods only (7–14 days) |
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**Consider secondary infection if not improving:**

* Consider if weeping, crustng, rapidly worsening, fever, malaise
* Treat with tropical or oral antibiotics
* If frequent infections consider antimicrobial emollient, eg. Dermol 500
* **Beware eczema herpeticum - Requires urgent referral**

See also NICE Guidance Atopic eczema in children http://guidance.nice.org.uk/CG57

**TOP TIPS**

* Do not use aqueous cream as emollient
* Bathe daily unless otherwise specified
* Don’t be afraid to start topical steroids
* Step up and step down steroid strengths – use weakest that you can to gain control then reduce
* Ointments are oil based and more hydrating
* 1 fingertip (little finger) unit of steroids should be used for an area of two palms
* Refer to paediatrics if not winning

**Eczema and allergy – take an allergy focussed history:**

If moderate/severe eczema in < 2 years there is a high risk of food allergy

If mod-severe eczema in older children consider screening for aeroallergens.

**Antihistamines** s**houldn’t be used routinely - Try and treat the eczema**

* Offer 1mth trial of non-sedating antihistamine in eczema with severe itching eg cetirizine
* Offer 7-14 day trial of sedating antihistamine for acute flares, if sleep disturbance has significant impact Eg Alimemazine tartrate, chlorphenamine