

Eczema

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

The following are suggested treatment approaches from the British Association of Dermatology. (*Select as required*)

1. Treatment for eczema flare-ups (when skin is inflamed and itchy):

A. For children >12 months:

- Body, legs and arms: Mometasone or Betnovate 0.1% ointment (strong steroid) - apply once daily for 3-7 days and repeat as required. Avoid strong steroids on face and skin flexures, e.g. elbow and knee creases, armpits, groins and genitalia
- Face and skin flexures (elbow and knee creases, armpits, groins and genitalia): Clobetasone Butyrate or Betnovate RD 0.025% ointment (medium steroid) - apply once daily for 3-5 days, and repeat as required
- Continue steroid treatment for 2 days after the eczema has cleared

B. For infants 0-12 months of age:

- Unless very severe, for infants less potent steroids should be used initially e.g. Clobetasone Butyrate 0.025% for body, legs & arms; 0.1% Hydrocortisone for face & flexures

2. Maintenance management:

A. General skin care (ongoing):

- Regular emollient 2-3 times a day as required
- Avoidance of soap/shampoo and use of soap substitutes

B. Maintenance treatment to reduce flare-ups (for areas of skin which regularly flare):

Choose from:

- Mometasone ointment – apply twice a week (body and limbs)
- Clobetasone Butyrate ointment – apply twice a week (face and flexures)

Refer if:

- Eczema progresses despite above treatment plan or is severe and not responding to potent corticosteroids on the body – refer to dermatology through the Advice and Refer Teledermatology Service (A&G) and we will triage to an appropriate clinic appointment
- Urgent/emergency department paediatric review if suspicion of systemic infection (especially suspicion of eczema herpeticum)

National Dermatology referral guidelines for Atopic eczema can be found here:

<https://www.bad.org.uk/referrals/atopic-eczema/>

Checklist if eczema does not improve:

Is the correct strength and quantity of topical steroid being prescribed for the eczema severity? <https://cks.nice.org.uk/topics/eczema-atopic/prescribing-information/topical-corticosteroids/>

Has a patient-measure of eczema severity been assessed?

<https://www.nottingham.ac.uk/research/groups/cebd/documents/methodological-resources/poem/poem-for-self-or-proxy-completion.pdf>

Does the parent understand how to apply the correct amount of topical steroid (including when the skin is broken)? <https://dermnetnz.org/topics/fingertip-unit>

Are emollients being used correctly? <https://www.skinhealthinfo.org.uk/condition/emollient-use-in-skin-conditions/>

Is the eczema infected? <https://cks.nice.org.uk/topics/eczema-atopic/background-information/complications/>

Is twice weekly topical treatment being used to prevent flares?

Patient Information

- <https://www.skinhealthinfo.org.uk/condition/atopic-eczema/>
- <https://eczema.org/information-and-advice/treatments-for-eczema/>
- <https://www.eczemacareonline.org.uk>
- <https://bspad.co.uk/>

Child-specific management information (including advice of application of steroids):

<https://www.itchysneezywheezy.co.uk/Eczema.html>

If referring, please state that the referral has already been through Advice and Guidance and include previous correspondence, so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]