

Management

Primary Care management includes

- Identify the cause of the dermatitis. Offer advice on avoiding common irritants and allergens
- Treat the dermatitis: wash off strong irritants, treat dry skin with emollients, treat local inflammation with topical corticosteroids. If the dermatitis is widespread, consider a systemic corticosteroid
- Treat any secondary infection with oral antibiotics or antifungals (after skin scraping for mycology)

Specialist management includes

- Patch testing
- Very potent topical corticosteroids (refer to MIMS or BNF for list of drugs in this group)

When to refer

Emergency [discuss with on-call specialist]

Arrange emergency admission or urgent referral, depending on severity, for:

- unresponsive severe disease, including bacterially infected dermatitis unresponsive to treatment with oral antibiotics and topical corticosteroids - (erythrodermic)
- widespread dermatitis (more than 25% of body affected) which does not settle with treatment or recurs after 3 weeks of treatment

Specialist referral is recommended for dermatitis which is unresponsive or recurrent despite avoidance measures; and for dermatitis which is widespread in children.

Urgent out-patient referral [liaise with specialist and copy to CAS]

Arrange emergency admission or urgent referral, depending on severity, as above

Refer to CAS

- if episodes of dermatitis reoccur despite avoidance measures and the irritant or allergen cannot be clearly identified by exclusion
- occupational dermatitis that is deteriorating despite avoidance measures, even if mild.
- dermatitis which is severe and widespread
- widespread dermatitis in a child

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.