

## Management

### Primary Care management includes

- Information and advice on identifying and avoiding provoking factors
- Regular use of emollients
- Settle inflammation with topical corticosteroids
- Treat bacterial infection with oral antibiotics
- Consider oral prednisolone and antibiotics if there is a delay before specialist review

### Specialist management includes

- Topical immunosuppressants, tacrolimus, or pimecrolimus when there is a serious risk of systemic or localized adverse effects due to topical corticosteroid, or when eczema cannot be controlled with topical corticosteroid
- Wet-wraps are used to manage severe eczema in young children.
- Ultraviolet light treatment for atopic eczema
- Hospitalization without otherwise changing the prescribed treatment will often result in improvement when treatment has failed in the community, due to removing the person from environmental antigens or emotional stresses, providing intense education, and assuring compliance with treatment.

## When to refer

### Emergency [discuss with on-call specialist]

- Disseminated herpes simplex virus infection

Referral is rarely necessary for individuals with atopic eczema and dry skin without an acute exacerbation.

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

- Unresponsive severe disease
- An exacerbation which is widespread, severe, and distressing to the individual. The patient should be given oral corticosteroids until other measures are instituted: it is therefore important that the specialist sees the individual within 7 days, in order to avoid prolonged oral corticosteroid use.
- Eczema requiring a duration and/or potency of treatment with topical corticosteroids that risks systemic or localized adverse effects

### Refer to CAS

- If there is a risk of either systemic adverse effects or localized adverse effects due to topical corticosteroid use
- Before dietary intervention (refer to dietician)
- Where there is diagnostic uncertainty
- Treatment failure in primary care

### Refer to RARC

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