

Management

Primary Care management includes

- Emollients and topical corticosteroids (appropriate strengths, quantities and for a defined period).
- Antibiotics in suspected secondary bacterial infections.
- Oral aciclovir for suspected herpes simplex infection.
- Bandaging (wet wraps or zinc paste).
- Sedative antihistamines.

Specialist management includes

- Confirm or establish diagnosis
- Provide in-patient care or care in a day-treatment centre
- Optimise treatment regimens
- Explain and give advice to parents and patients on treatment available
- Offer family and patient support & counselling as necessary
- Provide and support specialist nursing services working in primary and secondary care
- Provide and supervise treatment in patients with severe disease who may require phototherapy or immunosuppressive therapy
- Patch test patients with suspected contact allergic dermatitis (rarely required)
- Dietary assessment and supervision of an exclusion diet (rarely required)

When to refer

Emergency [discuss with on-call specialist]

- Infection with disseminated herpes simplex is suspected

Most children with atopic eczema can be managed in primary care. Referral to a specialist service may be prompted by sleep disturbance and school absenteeism.

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

- Disease is severe and not responding to appropriate therapy in primary care
- Rash infected with bacteria (weeping, crusting)

Refer to CAS

- The rash is giving rise to severe social or psychological problems
- Treatment requires the use of significant amounts of potent topical corticosteroids
- Management in primary care has not controlled the rash satisfactory. Ultimately, failure to improve is probably best based upon a subjective assessment by the child or parent
- The parent or family might benefit from additional advice on application to treatment (e.g. bandaging techniques)
- Contact dermatitis is suspected and confirmation requires patch testing (this is rarely needed)
- The child has uncontrolled eczema and/or dietary factors are suspected (refer to dietitian)

Refer to RARC

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