

Treating your Child's Eczema

Department of Dermatology
St. Mary's Hospital
Portsmouth Hospitals NHS Trust



Working together To drive excellence in care for
our patients and communities

Our Team

Consultant Dermatologists

Dr B Hughes

Dr A Shipman

Dr C Christie

Dr H Cooper

Dermatology Paediatric Registrar

Paediatric Dermatology Nurses

Jo Foley

jo.foley@porthosp.nhs.uk

Sally Warkcup

sally.warkcup@porthosp.nhs.uk

Paediatric Dermatology Healthcare Support Worker

Judy Pinkney

Contact Details

Portsmouth Paediatric Dermatology Department

St Marys Health Campus

Milton Road

Portsmouth

Hants

PO3 6AD

Telephone 02380 540447

Dermatology Secretaries

Elaine Shipp, Teresa Coston, Lauren Coyne

What is Atopic Eczema?

'**Eczema**' (also known as dermatitis) is a dry skin condition, which often starts in childhood. It is a very common problem, affecting 1 in 5 children. The appearance of Eczema varies from person to person and it can come in many different forms. It is not contagious so you cannot catch it from someone else.

In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping, crusting and bleeding. Constant scratching causes the skin to split and bleed and also leaves it prone to infection.

The term '**atopic**' describes a group of conditions including asthma, hayfever, food allergy and eczema. They have an underlying genetic link and they are caused by an increased activity of the allergy part of the body's immune system.

What are Emollients?

Moisturisers (or ‘**emollients**’) are treatments that are applied directly to skin - to *soothe sore skin; help heal skin; help retain moisture in the skin;* and *act as a barrier* against irritants coming into contact with the skin.

Always **apply your moisturisers to the skin in a downwards direction**. Apply moisturisers little and often to help prevent the skin from drying out.

Heavy Ointments & Ointments Often best used overnight. Use frequently during the day when the skin is very active/inflamed/sore.

Creams Used as maintenance moisturiser when skin is under good control. If ointments use is not liked/tolerated then creams can be used by they *MUST* be used more frequently.

Lotions Very light moisturisers. Best used in areas of hair growth, like the scalp, to help soften and lift scale.

Bath Oils Once daily washing is recommended, and bath oils will help to add moisture to the skin and make the skin feel more comfortable.

Soap Substitutes *Soaps can be very damaging* to eczema skin. Certain lotions and ointments can be used as soap substitutes. Ointment will need to be diluted and mixed with warm water to form a mousse.

Antibacterial Products Some emollients contain antiseptic products to help reduce bacteria on the skin. Occasionally the antiseptic can cause skin irritation in some people. If you think you are reacting to these emollients please discuss this with your doctor or nurse.

WARNING: As most emollients contain paraffin, which is flammable, it is important not to have naked flames or lit cigarettes around anyone wearing emollients, as the product or paraffin-soaked clothing could be caught on fire.

Emollient Ladder

Ointments:

These provide a good, thick barrier over the skin; use them overnight especially

Heavy Ointments

50/50 White Soft Paraffin,
Vaseline

Ointments

Epaderm, Hydromol,
Cetraben, Zeroderm

Creams

Balneum, Oilatum, Dermol*,
Epaderm, Cetraben, QV,
Zerobase, Aveeno

Creams:

These are a good daytime treatment for skin

Lotions

Dermol 500*, QV,
Aveeno, Cetraben

Lotions:

These can be applied easily to wet skin or in areas of hair growth

Soap Substitutes & Bath Additives

Oilatum, QV Wash/Bath Oil,
Dermol 600*, Cetraben,
Epaderm, Hydromol

*contains an antibacterial/
antifungal agent

What are Topical Steroids?

‘**Topical**’ means something that is applied to the skin. ‘**Steroids**’ are a group of natural hormones, produced by your body.

Topical steroids are used to treat most skin conditions (like eczema), and they work by reducing inflammation in the skin which causes redness and itching.

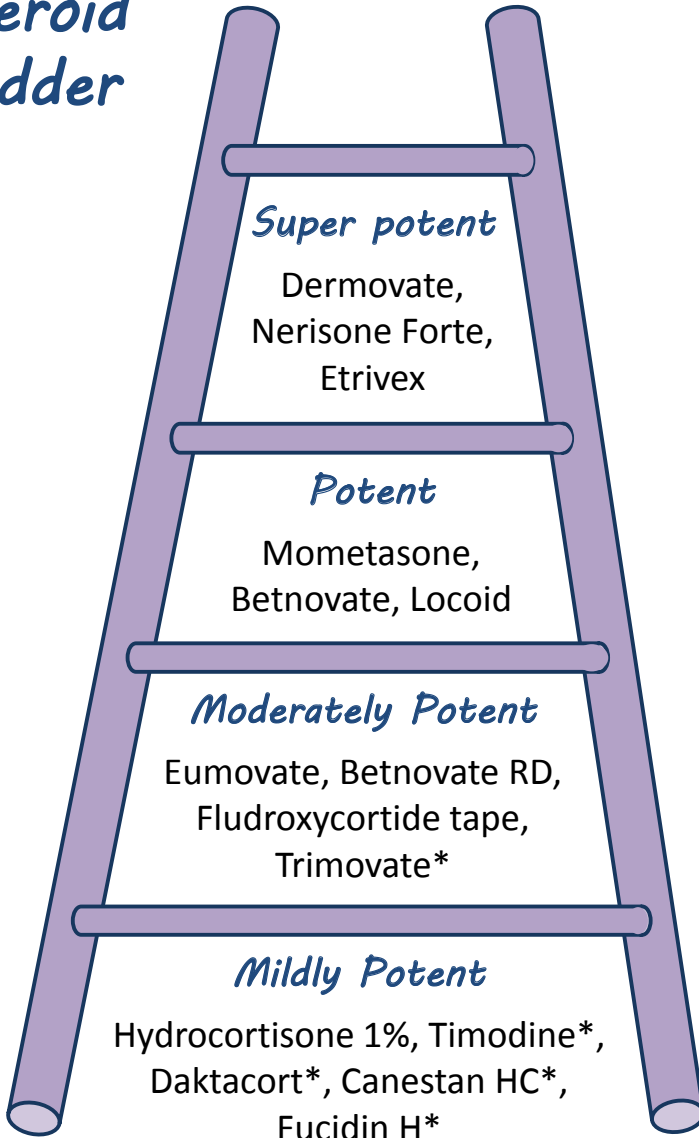
Topical steroids, like emollients, come in several different forms, such as ointments, creams and lotions. They come in different potencies (or strengths) – **Mild, Moderate, Potent and Very Potent** – see *diagram opposite* for examples.

Steroids are applied directly to the skin. It is important to use the correct amount of steroid to treat the skin, and not to under-use or over-use these treatments. The correct strength will be chosen to control the skin and not cause side-effects (see [Finger Tip Units](#) on the next page).

There are some similar topical treatments to steroids that are called **calcineurin inhibitors** which are ‘steroid-sparing’ as they work in a similar way in controlling eczema, but do not have as many side effects as steroids when used in the long-term. They are mildly to moderately potent treatments.

There are two types: *tacrolimus* (Protopic, an ointment) and *pimecrolimus* (Elidel, a cream). Your doctor/nurse will explain more if you need these types of treatments.

Steroid Ladder



*contains an antibacterial/antifungal agent

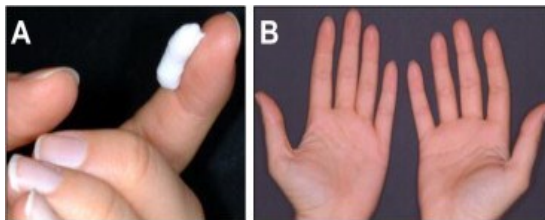
Finger Tip Unit Application

The **Finger Tip Unit (FTU)** is a way of helping to use the correct amount of topical steroid - not too much and not too little.

Wash your hands before and after applying topical treatments.

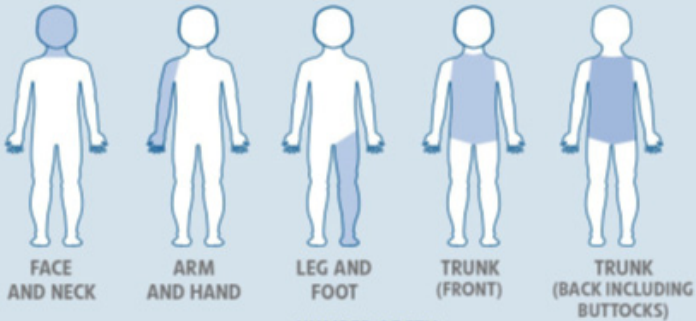
One FTU is the amount of cream or ointment that just **covers the end of an adult finger** from the tip to the crease of the first joint when squeezed from an ordinary tube nozzle (*see opposite*).

One FTU is enough **to cover an area of skin the size of two adult hands** with the fingers together. Different parts of the body require different amounts of topical steroid. For example, a 4-year old child will require 2 FTUs for an arm and hand.



The amount can be adjusted if an area is not fully covered by eczema. After you finish applying topical steroids wash your hands.

Use the
adult fingertip
unit (FTU) as
your guide



AGE	NUMBER OF FTU				
0-12 months	1	1	1.5	1	1.5
1-2 years	1.5	1.5	2	2	3
2-5 years	1.5	2	2	3	3.5
5-10 years	2	2.5	4.5	3.5	5
ADULT	2.5	4	8	7	8

Steroid Weaning Regimen

Topical steroids should be used daily when skin is very inflamed and then less frequently as the skin starts to be more under control.

A **weaning regimen**, like the *chart opposite*, is useful to get the skin under control, then to slowly use the steroids less often over several weeks. **This will prevent flares and stop inflammation from getting worse.**

Ideally, a topical steroid should be **used daily for two weeks**, then on **alternate days for two weeks**, then only **twice weekly for a further two weeks**.

To help remember where you are in the regimen it helps to put a cross in the box on the chart on each day that goes by.

Occasionally a quicker or slower weaning regimen can be used; your Doctor or Nurse will help you plan this. Often different strength/potency steroids are used for different areas of the body, but the same pattern of the weaning regimen can be used for each strength of topical steroid.

<i>How often to apply your steroid treatment</i>	Week Number	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
EVERY DAY for TWO WEEKS	1							
	2							
ALTERNATE DAYS for TWO WEEKS	3							
	4							
TWICE PER WEEK for TWO WEEKS (or long-term in problematic areas)	5							
	6							

Useful Further Information

VIDEO DEMONSTRATIONS OF DERMATOLOGY TREATMENTS

Guys & St Thomas Dermatology Treatment Videos

Information on application of topical steroids & emollients, plus scalp psoriasis treatment tips:

[guysandstthomas.nhs.uk/our-services/dermatology/
dermatology-videos.aspx](https://guysandstthomas.nhs.uk/our-services/dermatology/dermatology-videos.aspx)

Paste bandages & wet wraps

How to apply paste bandages & wet wraps

www.youtube.com/watch?v=PqKXmt8wMbw

Birmingham Childrens Hospital

Useful 4 minute video on use of emollients, topical steroids and bathing tips

bwc.nhs.uk/eczema-information-video

HELPFUL WEBSITES

National Eczema Society

eczema.org

Good background information on eczema

British Skin Foundation

britishskinfoundation.org.uk

Useful information on many skin diseases, including eczema

Healthy House

healthy-house.co.uk

For anti-allergy bedding/dust mite prevention products to buy

British Association of Dermatologists

bad.org.uk

Useful patient information leaflets on treatments

Itchy Sneezy Wheezy

itchysneezywheezy.co.uk

Information on allergic and allergy-related skin conditions

Nottingham Support Group for Carers of Children with Eczema

Support and information for families nottinghameczema.org.uk

Specialist Support

This leaflet can be made available in another language, large print or another format. Please speak to the Ward Manager who can advise you

Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at www.porthosp.nhs.uk - or alternatively, please speak to a member of staff.




How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on 0800 917 6039 or e-mail: PHT.pals@porthosp.nhs.uk who will contact the department concerned on your behalf.

Consent - What does this mean?

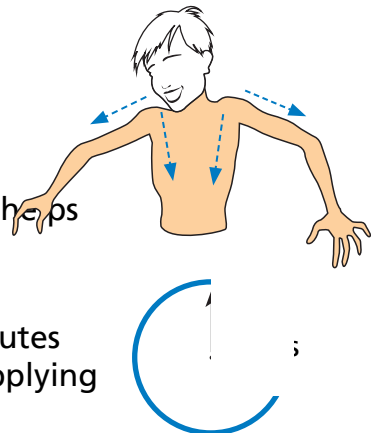
Before any health professional examines or treats you they must have your consent or permission. Consent may be implied (e.g. offering a wrist for taking a pulse) or written (where you sign a form agreeing the treatment/operation).

Young people are presumed to be able to give consent depending on their maturity and the nature of the decision. Where a child is not competent to give consent, only a person (or body) with parental responsibility may consent on the child's behalf. More detailed information is available www.dh.gov.uk

Skin dry	Regular moisturising	
	Bath / shower moisturiser	
	Soap substitute	
Flare of eczema	Increase moisturisers	
	Reintroduce steroid ointment, to be used once daily for up to 2 weeks.	
	If not eczema not responding after 2 weeks contact Dermatology.	
Eczema not responding to treatment or infected eczema	DO NOT USE WET WRAP GARMENTS	
	Needs to be seen by Dermatologist, Nurse or GP	
	May need antibiotics or antivirals	
	May need a stronger steroid ointment	
	May need to change treatments	
	Eczema Herpeticum – Cold sore virus. Painful and sudden worsening of eczema – seek URGENT advice.	

Top Tips

- Always apply your moisturisers and topical treatments to the skin in one direction, downwards
- Applying moisturisers little and often helps prevent the skin from drying out
- Try to leave a break of at least 20 minutes between applying moisturisers and applying steroid ointments



Children's Eczema Plan

Child's name:

URGENT CONTACT DETAILS:	1. Your GP:	
	2. Dermatology Eczema Nurse	023 8054 0774

--	--

Use

OTHER TREATMENTS	
-------------------------	--