

Reference FOIAH2324/044

Number:

From: Other

Date: 17 April 2024

Subject: Dermatology advice to patients

Please provide examples of the advice if the answers are affirmative.

Leaflets: For any leaflets issued please can these be emailed to us if a pdf/word version is available. If it is not, please post them to us.

Website advice: For advice given as website links, please email us the weblink Our preference is to receive responses by email to the email addresses above.

- What advice does your hospital's dermatology department issue to patients with eczema regarding the amount of moisturizer that should be applied to patients?
- A1 Please see attached AH Eczema Care Plan
- Q2 What advice does our hospital's dermatology department issue to patients with eczema regarding the amount of steroid cream/ointment that should be applied to patients?
- A2 Please see attached AH Eczema Care Plan

ECZEMA CARE PLAN:



Moisturiser / Emollients (aim to use 250 – 500 g per week):

Should be used more often and in larger amounts than other treatments, used on the whole body even when eczema is clear, used while using other treatments & used instead of soaps and detergent-based wash products. Your child should be prescribed leave-on emollients in large quantities (at least 250 g per week). Your healthcare professional should offer a choice of unperfumed emollients (this could be several emollients or one for all purposes). The benefits of topical steroids outweigh the risks when applied correctly. Topical steroids should only be applied to areas of active eczema.

o substitute:
llient daytime:
ollient night time:

Topical Steroids Instructions – topical steroids should be applied sparingly only to active areas of eczema. Squeeze the ointment from the tube along your index finger starting at the tip down to the first joint. This amount of ointment is called a FINGERTIP UNIT (FTU). One FTU will cover an area approximately the size of both of your hands.							
Your steroid supply is:							
S (Strong):	M (Medium):	L (Low):					

On the body (up to 14 days) use the following:

- Step One: Severe areas (Widespread areas of dry skin, incessant itching, redness with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of pigmentation: Apply S, for 4 7 day if improves step down to
- Step Two: Moderate areas (Areas of dry skin, frequent itching, redness with or without excoriation and localised skin thickening): Apply M, for 4 7 days if improves step down to the
- Step Three: Mild Areas (Areas of dry skin, infrequent itching with or without small areas of redness): Apply L for 4 7 days
- Groin, axilla (7-14 days) use the following: Step Two and then Three
- Face (5 7 days) use the following: Step Two then Three

Topical Calcineurin Inhibitors – Protopic 0.03% & & 0.1% Ointment	% of Protopic	Frequency of protopic
Protopic is a non-steroid prescription in the class of medicines called topical calcineurin inhibitors. It works by treating both the underlying inflammation as well as repairing the weakened skin barrier		

Top Ten Tips!

- 1 Emollients are not steroids and you are unable to overuse them. It's important to continue to moisturise your skin when your skin has improved.
- 2 Emollients should be applied to your whole body 4-6 times daily.
- 3 It is important to keep your fingernails short to prevent you from scratching your skin which could increase infection.

<u>Recognising bacterially infected infection</u>: weeping, pustules, crusts, atopic eczema failing to respond to therapy, rapidly worsening atopic eczema, fever and malaise. Need to see your GP/or contact the Department as a course of antibiotics might be required.

- 4 After bathing apply emollients onto damp skin within a few minutes.
- 5 Always apply your emollient in the direction of the hair growth to reduce the risk of blocking hair follicles (folliculitis).
- You are still able to go swimming if you have eczema but chlorine in swimming pools can irritate your skin. It is important to apply emollient all over your body before and after swimming.
- 7 Keep house temperatures cool.
- 8 Choose 100% cotton clothing and bedding.
- 9 Children with eczema are especially susceptible to cold sores (herpes simplex virus).

<u>Recognising eczema herpeticum</u>: areas of rapidly painful eczema, clustered blisters, punched-out erosions, possible fever, lethargy or distress). Needs urgent treatment contact your GP/A&E/ or the Dermatology Department.

Keep child away from contact with people with cold sores and use separate towels. Treat small cold sores promptly with Acyclovir cream (Zovirax) which can be bought over the counter if you cannot get to your Doctor that day.

Antihistamine syrup/tablets are helpful, they are none addictive and there is no evidence to suggest that long-term use is dangerous

Useful websites:

Children with mild eczema do not need testing for allergies (www.nice.org.uk/CG057)

For NICE guidance/booklet (www.nice.org.uk/CG057)

National Eczema Society (www.eczema.org)

British Association of Dermatologists (<u>www.bad.org.uk</u>)

British Society of Paediatric Dermatology (<u>www.bspd.org</u>)

New Zealand Dermatological Society (www.dermnetnz.org/)

American Academy of Dermatology (www.aad.org)

Anti-bullying website (www.antibully.org.uk)

Adapted from:

- NICE guidelines 12/07 & information sheet by Dr. M.S. Lewis-Jones/Eleanor Lowrie Dundee)
- Dr. Krisztina Scharrer Consultant Dermatologist. Scharrer K et al (2013). Pro forma improves compliance with NICE guidance in the assessment and management of atopic eczema in children under 12 years. British Journal of Dermatology Vol 169 Suppl 1 p 52-53

Dermatology Dressing Clinic Alder Hey Children's Hospital 0151 252 5756 – please leave a message. Or alternatively please email us dermdress@alderhey.nhs.uk - you can upload photographs for advice and support (put your child's name and/or AH number in the subject field.