Family Nursing & Home Care

Standard Operating Procedures

Management of Atopic Eczema in Babies and Children

4 August 2021

Document Profile

Type	Standard Operating Procedures
Title	Management of Atopic Eczema in Babies and Children
Author(s)	Lyndsey Vidler- Children's Community Nurse
Category	Clinical Paediatric
Version	1
Approval Route	Organisational Governance Approval Group
Approved by	Organisational Governance Approval Group
Date approved	4 August 2021
Review date	3 years from approval
Document Status	This is a controlled document. Whilst it may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, it should not be saved onto local or network drives but should always be accessed from the intranet.

Version Control / Changes Made

Date	Version	Summary of changes made
May 2021	1	Draft SOP transferred to new SOP template (Mo de Gruchy)

Contents

Introduction

Atopic Eczema (from the Greek word ekzein meaning to boil) or Atopic Dermatitis, is a common skin condition affecting up to 20% of children in the developed world. It is an inherited disorder, which often occurs in association with asthma and hay fever, so called Atopy.

Clinical features of Atopic Dermatitis include skin dryness, erythema, oozing and crusting, and lichenification (thickened skin). Itching and scratching are the most distressing symptoms, with sleep disturbance being a common problem. Although allergies may exacerbate eczema, they are not the main problem in the majority of cases.

These Standard Operating Procedures (SOP) have been developed to guide and advise Health Visitors (HVs) caring for babies/under 5's with mild eczema/dry skin, when to refer to the Children's Community Nursing Team (CCNT) for more support should it be required. It also includes the subsequent management of these children by the CCNT and provides a framework for CCNT for the provision of safe and effective management of more severe Atopic Eczema.

These are to be used with infants, children and young people on the HV and CCNT caseloads, in the home setting or other community setting. HVs should direct parents to their GP/Pharmacist in the first instance for advice on use of emollients. If there is no improvement using emollients then a referral to their GP for prescription of a mild steroid cream may be required and also to CCNT for further management, if still no improvement.

Children with eczema may be referred to the CCNT by the HV, GP & Paediatrician. Referrals are not accepted from parents or the Dermatology Department.

If children who have been referred to the CCNT do not improve after assessment and implementation of a good emollient regime along with use of 1% Hydrocortisone then referral to paediatrician should be considered.
If children show signs of food allergies then referral to paediatrician and dietician should be made. However, be mindful, that parents are often wanting a cause of eczema and this is not always linked to food allergy, mainly poor emollient use.

These SOPs do not replace professional judgement which should be used at all times
A clear rationale should be presented in support of all decision making
Practice should be based on the best available evidence
Appropriate escalation when care needs have this requirement
When care is delegated to a non-registrant, the registered nurse remains accountable for the appropriateness of the delegation and overall outcome of the delegated task.

SOP 1 General advice for the care of a child with atopic eczema

Purpose

This SOP provides CCNT staff and HVs with general advice to enable them to support the family of a child with atopic eczema.

Scope

This SOP is to be used with infants, children and young people on the HV and CCNT caseloads, in the home setting or other community setting.

Core Requirements

Bathing:

- Daily bathing is recommended for all children with eczema. Showering appears to be less effective
- Bathing removes skin scales, crusts and dried blood from the skin along with reducing bacterial levels. The child's moisturiser should be used instead of soap. Maximum 10 minutes in the bath to prevent skin drying out
- Avoid all soaps and commercial bubble baths, which may irritate and dry the skin
- There is limited research to show the effectiveness of prescribed bath oils in improving eczema management

Clothing:

- Cotton and polyester with a fine construction are both suitable fabrics and do not irritate the skin
- Avoid wool clothing for the child and those who may hold the child
- Avoid biological washing powders and perfumed fabric conditioners

Temperature:

- Children with eczema are affected by changes in temperature and humidity. Therefore they may scratch more when undressed or bathing

Emollients/Moisturisers:

- Offer a choice of unperfumed emollients. Greasy emollients are often more effective, especially on darker skin types
- Emollients should be suited to the child's needs and preferences and used for everyday moisturising, washing and bathing

- They should be used more often and in larger amounts than other treatments and used on the whole body, even when the eczema is clear
- Ointments have a more greasy consistency and are often most effective for very dry skin, causing less stinging
- Creams have addition of preservatives, which may cause allergic reaction, but are often more cosmetically acceptable particularly for daytime use
- Gels are often soothing because of the cooling effect
- Lotions are often not greasy enough to moisturise the skin effectively
- When atopic eczema is severe, any topical product including emollients can irritate and sting the skin when applied. It is not an indication of allergy to the product.

Swimming:

- To prevent the drying effects of chlorine water, a thin layer of emollient can be applied all over the skin prior to swimming
- The child should shower or bath afterwards to remove the chlorine from the skin and frequently apply emollients after

House Dust Mite:

- The House Mite survives in warm, moist and dark places
- Reduction in House Dust Mite levels may be beneficial, but parents should be discouraged from becoming too preoccupied with cleaning
- There is greater benefit to the child in providing an effective daily emollient regime, rather than cleaning excessively

Eczema and the Sun:

- Some children with eczema improve in the sun, but others deteriorate in the heat.
- Sun protection must still be considered in line with guidelines for children and babies.
- Apply sun cream 20-30 minutes after emollient application and 20-30 minutes before sun exposure
- Sun creams recommended for sensitive skin: ‘SunSense Sensitive’; ‘Uvistat’; ‘E45’; ‘Altruist’

SOP 2 Advice for the care of a child with infected atopic eczema

Purpose

This SOP provides CCNT staff and HVs with advice to enable them to support the family of a child with infected atopic eczema, using emollients and previously prescribed topical steroids, within the child and young person's home. It includes a template treatment plan for parents and an algorithm for HVs.

Scope

This SOP is to be used with infants, children and young people on the HV and CCNT caseloads, in the home setting or other community setting.

Core Requirements

Stepped approach to treatment

- Use a stepped approach for managing atopic eczema in children. This means tailoring the treatment step to the severity of the atopic eczema.
- Management can then be stepped up or down, according to the severity of symptoms, with the addition of the other treatments shown in the table below.
- Be aware that areas of atopic eczema of differing severity can coexist in the same child. If this is the case, each area should be treated independently.

Mild	Moderate	Severe
Emollients	Emollients	Emollients
Mild potency topical corticosteroids	Moderate potency topical corticosteroids	Potent topical corticosteroids
	Topical calcineurin inhibitors	Topical calcineurin inhibitors
	Bandages and dressings	Bandages and dressings
		Phototherapy
		Systemic therapy

Infected eczema:

- Infection should be considered if there is a sudden deterioration in eczema. Symptoms include: weeping/pustules; crusting with yellow colour; enlargement of lymph nodes; pyrexia; irritability
- Children with frequently infected skin, often have poor emollient regimes and are receiving little or none of their prescribed steroid therapy.
- A daily bath is essential to reduce bacterial load on the skin.
- Antimicrobial products such as Dermol 500 used as a soap maybe effective in children with repeated infections.

Topical Steroids:

- If the eczema does not respond to a good emollient regime then topical steroids may be required to reduce inflammation and suppress the itch. This breaks the 'itch scratch cycle' which otherwise leads to worsening of eczema.
- Steroids should be applied 30 minutes after emollient application. There is little research to show that steroids are any more effective if used more than once a day. Many parents worry about using steroids and therefore tend to under use.
- The mildest possible potency should be used, but it is safer to use a slightly stronger steroid for a short time, than to use a mild steroid for a prolonged time.
- Topical steroids are in addition to the regime in general skin care, NOT as a substitute. Meticulous attention to emollients will reduce the amount of topical steroids which patients need to use.
- Topical steroids CAN be used on broken skin to help heal the areas.

Topical Immunomodulators (calcineurin inhibitors):

- These are non-steroidal treatments which are prescribed when frequent steroid usage is required.
- Steroids reduce the inflammatory response, but treatments such as Elidel (Pimecrolimus) and Protopic (Tacrolimus), treat the surface of the skin and calms the oversensitive immune system, targeting the itchiness and deeper inflammation.
- Although these treatments have been around for the last 20 years, the longer term effects are still less known than steroids, so they remain second line treatments.

Appendix 1

TREATMENT PLAN FOR ECZEMA MANAGEMENT

Child's name:……Date of Birth:……..

The following products are recommended for your child's skin care regime:-

Bath emollient:
Soap substitute:
Moisturiser / Emollient for face: for body / limbs:
Topical steroid for face: for body / limbs:

DAILY MOISTURISING ROUTINE
Apply the moisturiser to the skin at least…….times daily.

If the skin is dry, apply the moisturiser once an hour for one day, applied thinly, gently and quickly.

RECOMMENDED DAILY BATHING ROUTINE
Bath your child once a day

Add the bath emollient to a bath of luke warm water
Apply the soap substitute all over the body prior to getting in the bath

Allow your child to play in the bath for a maximum of 10 minutes, while the soap substitute is gently massaged into the skin

Following the bath, pat the skin dry with a towel
Then apply the greasy emollient all over the skin. Leave to soak in for 30 minutes.

When topical steroids are required, apply them evenly to patches of eczema so that the skin glistens in the light.

This routine can be repeated morning and evening as recommended

Apply the topical steroid once or twice daily for…….days / weeks until clear

This may take only a few days or in more severe cases a few weeks. It is safe to apply steroid creams and ointments regularly whilst under the supervision of the General Practitioner, paediatrician or Children's Community Nursing Team.

CONTINUE THE BATHING AND MOISTURISING ROUTINE EVERY DAY TO PREVENT ECZEMA FLARING UP
The eczema may recur. If the skin is dry apply the moisturiser more frequently as recommended above and apply the topical steroid once or twice daily until the eczema is under control again.

Appendix 2

Appendix 2 - Management of Mild Infantile Eczema