

GP MANAGEMENT GUIDELINES ATOPIC ECZEMA IN CHILDHOOD

1ST GP VISIT

Explain importance of emollients
HYDROMOL and E45
1% HYDROCORTISONE ointment 1-2
times daily over ALL areas.
Consider antibiotic (ERYTHROMYCIN
FLUCLOXACILLIN or CEPHRADINE)
if infected.
If > 2 years with severe nocturnal
pruritus consider antihistamine
Give information leaflet

Subsequent visits

Establish if emollients satisfactory consider
OILATUM bath oil + cream
BALNEUM and Ung.M
If 1% hydrocortisone ineffective consider
ALPHADERM (HC+ Urea)
EUMOVATE OINT
Check steroid compliance and quantity
consider antibiotic if infected check frequency
and dose of anti histamine discuss cat fur and
house mite avoidance .
If all these have failed
REFER TO DERMATOLOGIST

SEVERE ECZEMA IN RELAPSE

Always infected – prescribe antibiotic.
If face and upper chest involved consider
herpes simplex – if diagnosed **URGENT
referral to Dermatologist.**
Give short term treatment with potent
steroid eg BETNOVATE C ointment for 5-7
days.
Increase antihistamine and give
throughout day.
REFER TO DERMATOLOGIST



NOTES:

- Systemic steroids are a highly effective short term treatment for atopic eczema but avoid if possible in age group because of side effects.
- Ointments are better bases for topical steroids than creams
- In general skin and blood tests for allergy are NOT helpful: **DO NOT REFER** for these
- Dietary modification is of little value