Key

Assessment

Global assessment

Consider severity, psychological well-being

Check adherence and optimal therapy

Education to include:

Stepped approach' to management

Demonstrations on how to use treatment

How to recognise a flare

Benefits and harms of treatment

Emollients

Apply all the time, and with all treatments

Offer choice of products

Prescribe large quantities (>250g per week)

Apply liberally and frequently, and after bathing

Topical corticosteriods (TCS)

Use lowest potency capable of controlling symptoms
Apply to areas of active AE only
Use mild TCS to prevent flares
Mild potency only on face and
neck, and thin skin
Use once or twice daily
Consider short course (7-10
days) of potent TCS to control
symptoms

symptoms
Use potent TCS for max. 2
weeks and seek specialist
advice if longer term treatment
required

DO NOT USE without specialist

advice on: Potent on children under 12 months

Very potent on chidlren under 12 vears

On face, axilla or groin

Calcineurin inhibitors

Not first line therapy on the body (limbs and trunk)

Tacrolimus for moderate/ severe eczema in children > 2 yrs if uncontrolled by TCS

Pimecrolimus for moderate eczema in children > 2 yrs if uncontrolled by TCS

Only prescribed by those (incl. GPs) with special interest in dermatology

DO NOT USE without specialist advice:

Under occlusion

For eczema requireing long term use

Bandages

Use for chronic lichenified eczema

To treat a flare

Only initiated by those trained in

DO NOT USE

As first line treatment

For > 7 days with TCS (longer with emollients only)

Systemic treatment and

phototherapy
Specialist only
Use as last resort
Requires allergy testing prior to

The management of atopic eczema in children from birth up to the age of 12 years

Global assessment to determine diagnosis, triggers, severity, psychological and psychosocial wellbeing and quality of life.

