NICE National Institute for Health and Care Excellence

NICE quality standard

Atopic eczema in under 12s

Quality standard

Published: 5 September 2013

www.nice.org.uk/guidance/qs44

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This standard is based on CG57.

This standard should be read in conjunction with QS40, QS112, QS118 and QS119.

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Quality statement 1: Assessment at diagnosis

Quality statement

Children with atopic eczema are offered, at diagnosis, an assessment that includes recording of their detailed clinical and treatment histories and identification of potential trigger factors.

Rationale

Recording a child's detailed clinical and treatment history as part of the assessment in all healthcare settings is an important step in the management of atopic eczema in children. At the diagnosis stage, assessing potential trigger factors, including irritants and allergens, will lead to better management and potentially lead to a reduction in the severity of the atopic eczema experienced by the child.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children with atopic eczema are offered, at diagnosis, an assessment that includes recording of their detailed clinical and treatment histories and identification of potential trigger factors.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from written clinical protocols.

Process

The proportion of children with atopic eczema who receive, at diagnosis, an assessment that includes recording of their detailed clinical and treatment histories and identification of potential trigger factors.

Numerator – the number of children in the denominator who receive, at diagnosis, an assessment that includes recording of their detailed clinical and treatment histories and identification of potential trigger factors.

Denominator – the number of children with newly diagnosed atopic eczema.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that systems are in place to offer children with atopic eczema, at diagnosis, an assessment that includes recording of their detailed clinical and treatment histories and identification of potential trigger factors.

Healthcare practitioners offer children with atopic eczema, at diagnosis, an assessment that includes recording of their detailed clinical and treatment histories and identification of potential trigger factors.

Commissioners ensure that they commission services with local arrangements to offer children with atopic eczema, at diagnosis, an assessment that includes recording of their detailed clinical and treatment histories and identification of potential trigger factors.

Children with newly diagnosed atopic eczema are offered an assessment, in which their healthcare professional records their detailed medical and treatment histories and identifies any factors that might trigger their eczema.

Source guidance

Atopic eczema in under 12s: diagnosis and management. NICE guideline CG57 (2007, updated 2023), recommendations 1.1.1.1 and 1.4.1.1

Definitions of terms used in this quality statement

Clinical and treatment histories

Healthcare practitioners should take detailed clinical and treatment histories at diagnosis to aid management of atopic eczema in children, and these should include questions about:

- time of onset, pattern and severity of the atopic eczema
- response to previous and current treatments
- possible trigger factors (irritant and allergic)
- the impact of the atopic eczema on children and their parents or carers and families
- dietary history including any dietary manipulation
- growth and development
- personal and family history of atopic diseases.

[Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.1.1.1]

Potential trigger factors

When clinically assessing children with atopic eczema, healthcare practitioners should seek to identify potential trigger factors including irritants, for example soaps and detergents, skin infections and contact, food and inhalant allergens. In addition, the expert opinion of the Topic Expert Group stated that psychological stress can cause flares of atopic eczema, and should be avoided where possible. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.4.1.1 and expert opinion]

Quality statement 2: Stepped approach to management

Quality statement

Children with atopic eczema are offered treatment based on recorded eczema severity using the stepped-care plan, supported by education.

Rationale

Atopic eczema is typically an episodic condition consisting of flares and remissions, though in some children it is continuous. Treatment for atopic eczema should be tailored, with treatments stepped up and down according to the recorded severity of symptoms. Areas of atopic eczema of differing severity can coexist in the same child, and each area should be treated independently. The stepped-care plan involves self-management and adherence to treatment, therefore healthcare practitioners should give children with atopic eczema and their families or carers support and information on when and how to step treatment up or down.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children with atopic eczema are offered treatment based on recorded eczema severity using the stepped-care plan, supported by education.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from written clinical protocols.

Process

a) The proportion of children with atopic eczema who have their eczema severity recorded at each eczema consultation.

Numerator – the number of children in the denominator who have their eczema severity recorded at each eczema consultation.

Denominator – the number of eczema consultations with children with atopic eczema.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) The proportion of children with atopic eczema who receive treatment based on recorded eczema severity using the stepped-care plan, supported by education.

Numerator – the number of children in the denominator who receive treatment based on recorded eczema severity using the stepped-care plan, supported by education.

Denominator – the number of children with atopic eczema.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that systems are in place to offer children with atopic eczema treatment based on recorded eczema severity using the stepped-care plan, supported by education.

Healthcare practitioners offer children with atopic eczema treatment based on recorded eczema severity using the stepped-care plan, supported by education.

Commissioners ensure that they commission services with local arrangements to offer

children with atopic eczema treatment based on recorded eczema severity using the stepped-care plan, supported by education.

Children with atopic eczema are offered treatment using a stepped-care plan (which means that treatments are added or stopped depending on how severe the eczema is) and given advice and information about atopic eczema and its treatment.

Source guidance

Atopic eczema in under 12s: diagnosis and management. NICE guideline CG57 (2007, updated 2023), recommendations 1.2.1.1, 1.2.1.3 and 1.5.1.1

Definitions of terms used in this quality statement

Eczema severity

An assessment of the physical severity of atopic eczema and the impact of atopic eczema on quality of life and social wellbeing is recommended at each eczema consultation. Physical severity of atopic eczema is defined as follows:

- Clear: normal skin, no evidence of active atopic eczema.
- Mild: areas of dry skin, infrequent itching (with or without small areas of redness).
- Moderate: areas of dry skin, frequent itching, redness (with or without excoriation and localised skin thickening).
- Severe: widespread areas of dry skin, incessant itching, redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of pigmentation).

[Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.2.1.1]

Stepped approach to management

Healthcare practitioners should use a stepped approach to managing atopic eczema in children, which means tailoring the treatment step to the severity of the atopic eczema. Emollients should form the basis of atopic eczema management and should always be

used, even when the atopic eczema is clear. Management can then be stepped up or down, according to the severity of symptoms, by adding or withdrawing treatments as follows (phototherapy and systemic therapy should be undertaken only under specialist dermatological supervision by staff who are experienced in dealing with children).

Stepped treatment options

Mild atopic eczema:

- emollients
- mild-potency topical corticosteroids.

Moderate atopic eczema:

- emollients
- moderate-potency topical corticosteroids
- topical calcineurin inhibitors
- bandages.

Severe atopic eczema:

- emollients
- potent topical corticosteroids
- topical calcineurin inhibitors
- bandages
- phototherapy
- systemic therapy.

Healthcare practitioners should review repeat prescriptions of individual products and combinations of products with children with atopic eczema (and their parents or carers) at least once a year to ensure that treatment remains optimal. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendations 1.5.1.1, 1.5.1.8 and 1.5.1.43]

Supported by education

Education on the use of, and adherence to, treatment is essential to the stepped-care plan approach. Healthcare practitioners should offer children with atopic eczema (and their parents or carers) information on how to recognise the symptoms and signs of bacterial infection and also how to recognise and manage flares of atopic eczema according to the stepped-care plan. Healthcare practitioners should spend time educating children with atopic eczema (and their parents or carers) about atopic eczema and its treatment. They should provide information in verbal and written forms, with practical demonstrations, and should cover:

- how much of the treatments to use
- how to apply and how often to apply prescribed treatments, including emollients, steroids, calcineurin inhibitors and medicated dressings (bandages)
- when and how to step treatment up or down
- how to treat infected atopic eczema.

This should be reinforced at every consultation, addressing factors that affect adherence. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendations 1.5.1.2, 1.5.1.36 and 1.6.1.1]

Equality and diversity considerations

Healthcare practitioners should be aware of the potential difficulties of assessing eczema severity in children with darker skin tones.

In recommending skin treatments, healthcare practitioners should be sensitive to the cultural practices of families or carers of children with atopic eczema. For example, if families or carers use olive oil as a skin treatment (which is likely to be harmful to a child's skin) or if they rinse children after bathing (rinsing off emollients), the reasons for using the recommended treatment and applying it correctly should be explained sensitively.

Quality statement 3: Psychological wellbeing and quality of life

Quality statement

Children with atopic eczema have their (and their families') psychological wellbeing and quality of life discussed and recorded at each eczema consultation.

Rationale

Healthcare practitioners should adopt a holistic approach when assessing a child's atopic eczema at each eczema consultation, taking into account the severity of the atopic eczema and the impact on the child's quality of life. Atopic eczema can have a negative psychological effect on children and their families or carers. Discussing and recording the impact of the atopic eczema (even if its physical severity is mild) on psychological and psychosocial wellbeing and quality of life is an essential part of a holistic approach, and can inform treatment strategies.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children with atopic eczema have their (and their families') psychological wellbeing and quality of life discussed and recorded at each eczema consultation.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from written clinical protocols.

Process

The proportion of eczema consultations with children with atopic eczema at which their (and their families') psychological wellbeing and quality of life is discussed and recorded.

Numerator – the number of consultations in the denominator at which children's (and their families') psychological wellbeing and quality of life is discussed and recorded.

Denominator – the number of eczema consultations with children with atopic eczema.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that local arrangements are in place for children with atopic eczema and their families to be asked about their psychological wellbeing and quality of life, and for this to be recorded at each eczema consultation.

Healthcare practitioners ensure that children with atopic eczema and their families are asked their psychological wellbeing and quality of life, and that this is recorded at each eczema consultation.

Commissioners ensure that they commission services with local arrangements for children with atopic eczema and their families to be asked about their psychological wellbeing and quality of life, and for this to be recorded at each eczema consultation.

Children with atopic eczema and their families or carers are asked about how they are feeling and how the eczema is affecting their lives on a day-to-day basis, and have this recorded at each eczema consultation.

Source guidance

Atopic eczema in under 12s: diagnosis and management. NICE guideline CG57 (2007, updated 2023), recommendations 1.2.1.1, 1.2.1.4 and 1.2.1.5

Definitions of terms used in this quality statement

Psychological wellbeing and quality of life

Healthcare practitioners should adopt a holistic approach when assessing a child's atopic eczema at each consultation. Healthcare practitioners should take account of the child's quality of life, including everyday activities and sleep, and psychosocial wellbeing, as well as the physical severity of their condition. There is not necessarily a direct relationship between the severity of atopic eczema and its impact on quality of life. Even mild atopic eczema can have a negative impact on psychological and psychosocial wellbeing and quality of life.

The guideline defines the impact of atopic eczema on quality of life and psychosocial wellbeing as follows:

- None: no impact on quality of life.
- Mild: little impact on everyday activities, sleep and psychosocial wellbeing.
- Moderate: moderate impact on everyday activities and psychosocial wellbeing, frequently disturbed sleep.
- Severe: severe limitation of everyday activities and psychosocial functioning, nightly loss of sleep.

The guideline recommends that healthcare practitioners take into account the impact of atopic eczema on parents or carers as well as the child.

In the opinion of the Topic Expert Group, the impact of atopic eczema on families or carers should be recorded in the notes of the child who has atopic eczema. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendations 1.2.1.1, 1.2.1.4 and expert opinion]

Quality statement 4: Provision of emollients

Quality statement

Children with atopic eczema are prescribed sufficient quantities (250 g to 500 g weekly) from a choice of unperfumed emollients for daily use.

Rationale

Emollients should form the basis of atopic eczema management and should always be used, even when the atopic eczema is clear. Children with atopic eczema should have sufficient quantities of emollients for everyday use. These should be suited to the child's needs and preferences, with alternatives offered if a particular emollient causes irritation or is not acceptable to a child.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to prescribe children with atopic eczema sufficient quantities (250 g to 500 g weekly) from a choice of unperfumed emollients for daily use.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from written clinical protocols.

Process

The proportion of children with atopic eczema who are prescribed sufficient quantities

(250 g to 500 g weekly) of unperfumed emollients for daily use.

Numerator – the number of children in the denominator who are prescribed sufficient quantities (250 g to 500 g weekly) of unperfumed emollients for daily use.

Denominator – the number of children with atopic eczema.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that local arrangements are in place to prescribe children with atopic eczema sufficient quantities (250 g to 500 g weekly) from a choice of unperfumed emollients for daily use.

Healthcare practitioners prescribe children with atopic eczema sufficient quantities (250 g to 500 g weekly) from a choice of unperfumed emollients for daily use.

Commissioners ensure that they commission services with local arrangements for children with atopic eczema to be prescribed sufficient quantities (250 g to 500 g weekly) from a choice of unperfumed emollients for daily use.

Children with atopic eczema receive a prescription for enough (between 250 g and 500 g weekly) unperfumed emollient (a special type of skin moisturiser) chosen to best suit their needs and preferences for daily use.

Source guidance

Atopic eczema in under 12s: diagnosis and management. NICE guideline CG57 (2007, updated 2023), recommendations 1.5.1.1, 1.5.1.4 and 1.5.1.5

Definitions of terms used in this quality statement

Unperfumed emollients

A choice of unperfumed emollients offered to children with atopic eczema that is suited to the child's needs and preferences for everyday moisturising. This may include a combination of products or 1 product for all purposes.

Healthcare practitioners should offer an alternative emollient if a particular emollient causes irritation or is not acceptable to a child with atopic eczema.

Leave-on emollients should not be of a type that can cause harm to a child's skin. Aqueous cream is associated with stinging when used as a leave-on emollient but it can be used as a wash product. Since the publication of the guideline there has been increasing concern about the use of sodium lauryl sulfate as an emulsifier (a substance used to mix oil with water to make creams) and the Medicines and Healthcare products Regulatory Agency (MHRA) drug safety update on aqueous cream (March 2013) advises that if a patient reports or shows signs of skin irritation with the use of aqueous cream, treatment should be discontinued and an alternative emollient that does not contain sodium lauryl sulfate should be tried. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.5.1.4, 1.5.1.7 and MHRA's drug safety update on aqueous cream]

Equality and diversity considerations

In recommending skin treatments, healthcare practitioners should be sensitive to the cultural practices of families or carers of children with atopic eczema. For example, if families or carers use olive oil as a skin treatment (which is likely to be harmful to a child's skin) or if they rinse children after bathing (rinsing off emollients), the reasons for using the recommended treatment and applying it correctly should be explained sensitively.

Quality statement 5: Referral for specialist dermatological advice

Quality statement

Children with uncontrolled or unresponsive atopic eczema, including recurring infections, or psychosocial problems related to the atopic eczema are referred for specialist dermatological advice.

Rationale

Specialist dermatological advice may be beneficial for children with atopic eczema to improve the management of their condition. It can help to identify underlying reasons why the atopic eczema is not well controlled (including trigger factors such as contact allergens) or provide support if the condition has a negative impact on quality of life and psychosocial wellbeing. Parents' or carers' assessments of a child's physical or psychosocial wellbeing should be regarded as important determinants of the need for specialist dermatological advice.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements for children with uncontrolled or unresponsive atopic eczema, including recurring infections, or psychosocial problems related to the atopic eczema to be referred for specialist dermatological advice.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from referral pathways.

Process

The proportion of children with uncontrolled or unresponsive atopic eczema, including recurring infections, or psychosocial problems related to the atopic eczema who are referred for specialist dermatological advice.

Numerator – the number of children in the denominator who are referred for specialist dermatological advice.

Denominator – the number of children with uncontrolled or unresponsive atopic eczema, including recurring infections, or psychosocial problems related to the atopic eczema.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that there are local arrangements for children with uncontrolled or unresponsive atopic eczema, including recurring infections, or psychosocial problems related to the atopic eczema to be referred for specialist dermatological advice.

Healthcare practitioners ensure that children with uncontrolled or unresponsive atopic eczema, including recurring infections, or psychosocial problems related to the atopic eczema are referred for specialist dermatological advice.

Commissioners ensure that they commission services with local arrangements to refer children with uncontrolled or unresponsive atopic eczema, including recurring infections, or psychosocial problems related to the atopic eczema for specialist dermatological advice.

Children with atopic eczema whose eczema does not improve after treatment, becomes infected repeatedly or causes them social or psychological problems are referred to a specialist.

Source guidance

Atopic eczema in under 12s: diagnosis and management. NICE guideline CG57 (2007, updated 2023), recommendations 1.7.1.2 and 1.7.1.3

Definitions of terms used in this quality statement

Specialist dermatological advice

The referral should be to a specialist dermatological unit dealing with paediatric patients, for example a clinician with experience or qualifications in paediatric dermatology. This could include a paediatrician, specialist nurse or a GP with a specialist interest as long as they are within a dermatological unit and trained in paediatric dermatology.

Referral for specialist dermatological advice if the atopic eczema is not well controlled (including as assessed by the child, parent or carer), has not responded to treatment, is associated with recurring infections or if contact allergic dermatitis is suspected. Specialist dermatological advice should also be sought if the physical condition is giving rise to significant social or psychological problems for the child (or their parents or carers), including sleep disturbance or poor school attendance.

Onward referral for psychological advice can be made if necessary. The NICE guideline recommends that children with atopic eczema that has responded to optimum management but for whom the impact of the atopic eczema on quality of life and psychosocial wellbeing has not improved should be referred for psychological advice. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendations 1.7.1.3, 1.7.1.4 and expert opinion]

Equality and diversity considerations

Healthcare practitioners should be aware of the potential difficulties of assessing eczema severity in children with darker skin tones.

Parent or carer assessment should be considered a good indicator of need for referral for all children. This must apply equally to all children regardless of socioeconomic status, and should not depend on the parents' or carers' ability to articulate a need for specialist care.

Quality statement 6: Specialist allergy investigation

Quality statement

Infants and young children with moderate or severe atopic eczema that has not been controlled by optimal treatment are referred for specialist investigation to identify possible food and other allergies.

Rationale

Infants and young children with moderate or severe atopic eczema have an increased likelihood of food and other allergies. Food allergies can cause a range of symptoms, including anaphylaxis, and can trigger or exacerbate atopic eczema. The most common food allergies for infants and young children with atopic eczema are to cows' milk, hens' eggs and nuts.

Specialist investigation can provide accurate identification of common food and other allergies; advice on dietary avoidance of allergens and choice of infant formula; and improved condition management strategies.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements for infants and young children with moderate or severe atopic eczema that has not been controlled by optimal treatment to be referred for specialist investigation to identify possible food and other allergies.

Data source: No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from referral pathways.

Process

The proportion of infants and young children with moderate or severe atopic eczema that has not been controlled by optimal treatment who are referred for specialist investigation to identify possible food and other allergies.

Numerator – the number of infants and young children in the denominator who are referred for specialist investigation to identify possible food and other allergies.

Denominator – the number of infants and young children with moderate or severe atopic eczema that has not been controlled by optimal treatment.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that there are local arrangements for infants and young children with moderate or severe atopic eczema that has not been controlled by optimal treatment to be referred for specialist investigation to identify possible food and other allergies.

Healthcare practitioners ensure that infants and young children with moderate or severe atopic eczema that has not been controlled by optimal treatment are referred for specialist investigation to identify possible food and other allergies.

Commissioners ensure that they commission services with local arrangements to offer infants and young children with moderate or severe atopic eczema that has not been controlled by optimal treatment referral for specialist investigation to identify possible food and other allergies.

Infants and young children (under 5 years) with moderate or severe atopic eczema that has not improved after treatment are referred to a specialist to find out whether they have

any allergies that may be causing their eczema.

Source guidance

Atopic eczema in under 12s: diagnosis and management. NICE guideline CG57 (2007, updated 2023), recommendations 1.4.1.2, 1.4.1.5, 1.4.1.7, 1.4.1.8, 1.7.1.3 and 1.7.1.5

Definitions of terms used in this quality statement

Infants and young children

NICE's guideline on atopic eczema in under 12s refers to a possible diagnosis of food allergy in infants and young children. The consensus of the quality standard Topic Expert Group is that this refers to children aged under 5 years. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.3.1.1 and expert opinion]

Moderate or severe atopic eczema

NICE's guideline on atopic eczema in under 12s defines moderate and severe atopic eczema as follows:

- Moderate: areas of dry skin, frequent itching, redness (with or without excoriation and localised skin thickening).
- Severe: widespread areas of dry skin, incessant itching, redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of pigmentation).

[Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.2.1.1]

Optimal treatment

Optimal treatment for atopic eczema for infants and young children refers to the stepped-care plan. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.5.1.1]

Specialist investigation

Referral for investigation into suspected food allergies may be to either a paediatric allergist or paediatric dermatologist, depending on the local availability of services. Other associated allergies (such as those to pollens or house dust mite) can also be investigated at the same time. Access to specialist allergy nurses and dietitians would normally be through the allergy team rather than a direct referral by a GP. [Expert opinion]

Quality statement 7: Treatment of eczema herpeticum

Quality statement

Children with atopic eczema who have suspected eczema herpeticum receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.

Rationale

Eczema herpeticum (widespread herpes simplex virus) is a serious under-recognised condition and, if not diagnosed promptly, the child's condition may deteriorate rapidly. Eczema herpeticum can be fatal or can lead to blindness if not treated, and should therefore be an indication for urgent referral.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children with atopic eczema who have suspected eczema herpeticum receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from referral pathways.

Process

The proportion of children with atopic eczema who have suspected eczema herpeticum who receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.

Numerator – the number of children in the denominator who receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.

Denominator – the number of children with atopic eczema who have suspected eczema herpeticum.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that local arrangements are in place for children with atopic eczema who have suspected eczema herpeticum to receive immediate treatment with systemic aciclovir and to be referred for same-day specialist dermatological advice.

Healthcare practitioners ensure that children with atopic eczema who have suspected eczema herpeticum receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.

Commissioners ensure that they commission services with local arrangements to give children with atopic eczema who have suspected eczema herpeticum immediate treatment with systemic aciclovir and to refer them for same-day specialist dermatological advice.

Children with atopic eczema who have suspected eczema herpeticum (a rare but serious infection caused by the same virus that causes cold sores) receive immediate treatment with an antiviral drug (called systemic aciclovir), which can be given as medicine or an injection, and are referred immediately for same-day specialist advice.

Source guidance

Atopic eczema in under 12s: diagnosis and management. NICE guideline CG57 (2007, updated 2023), recommendations 1.5.1.40 to 1.5.1.42 and 1.7.1.1

Definitions of terms used in this quality statement

Suspected eczema herpeticum

Eczema herpeticum is a widespread herpes simplex virus. Signs of eczema herpeticum are:

- areas of rapidly worsening, painful eczema
- clustered blisters consistent with early-stage cold sores
- punched-out erosions (circular, depressed, ulcerated lesions) usually 1 mm to 3 mm that are uniform in appearance (these may coalesce to form larger areas of erosion with crusting)
- possible fever, lethargy or distress.

[Adapted from NICE's guideline on atopic eczema in under 12s, recommendation 1.5.1.42]

Specialist dermatological advice

The referral should be to a specialist dermatological unit dealing with paediatric patients, for example, a clinician with experience and qualifications in paediatric dermatology. This could include a specialist nurse or a GP with a specialist interest if they are working within a dermatological unit and trained in paediatric dermatology. If eczema herpeticum involves the skin around the eyes, the child should be referred for same-day ophthalmological and dermatological advice. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendations 1.5.1.40, 1.5.1.41, 1.7.1.1 and expert opinion]

Systemic aciclovir

Oral or intravenous aciclovir can be given depending on the clinical situation. Aciclovir is likely to be given orally in primary care and intravenously in secondary care. NICE's full

guideline on atopic eczema in under 12s recommends that if a child with atopic eczema has a lesion on the skin suspected to be herpes simplex virus, treatment with oral aciclovir should be started even if the infection is localised. [Adapted from NICE's guideline on atopic eczema in under 12s, recommendations 1.5.1.39 to 1.5.1.41 and expert opinion]

Update information

Minor changes since publication

May 2025: Changes have been made to align this quality standard with the updated NICE's guideline on atopic eczema in under 12s: diagnosis and management. Source guidance references and definitions have been updated throughout.

June 2023: Changes have been made to align this quality standard with the updated NICE's guideline on atopic eczema in under 12s: diagnosis and management. Source guidance references and definitions have been updated throughout.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-0303-0

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of Paediatrics and Child Health
- British Association of Dermatologists (BAD)
- British Society for Paediatric Dermatology
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)