INFORMATION LEAFLETS FOR PARENTS / CARERS OF A CHILD

Caring for a child with Eczema (Atopic Dermatitis)

Your infant/young person has been diagnosed with Eczema. There is no single medication that will cure eczema. It is prone to flare ups. However, eczema can be managed using a combination of treatment including emollients, emollient baths and topical steroids.

Factors that may aggravate eczema in some children

- Perfumed products including soaps, shower gels, bubble bath and shampoos
- Biological washing powder
- Animal dander
- Wool / synthetic clothing
- House Dust mite
- Grass / Tree pollen
- Teething (infant)
- Infections
- Temperature changes
- Eczema Herpeticum (cold sore virus)

Emollients *(moisturisers)*

- Moisturise and soften the skin and repair the skin barrier to help reduce the incidence of infection by improving skin integrity.
- Reduce itching and scratching.
- Safe for frequent use. Apply at least once daily or more frequently for comfort if needed
- Apply in a smooth downward motion or in the direction of hair growth to prevent blocking hair follicles
- If using a tub avoid double dipping i.e. from skin to tub as if there is an infection on the skin, the emollient can become contaminated. Use a clean spoon to decant the moisturiser from the tub.
- Your doctor or nurse can advise you regarding the type of emollient to be used.

Baths or Showers

- Cleanse the skin and remove crusts and scales
- **Once daily** may be required depending on severity of eczema flare but not always necessary.
- Use a soap free product to wash with or add to the bath water or use a soap substitute such as Silcocks Base applied directly on the skin and wash off in the water
- Occasionally Milton (bleach) will need to be used in the bath to manage recurrent infections. You will be advised regarding this by your dermatology nurse.
- 5-7 minutes in the bath or shower with lukewarm water.
- Use a non-perfumed shampoo product.
- After the bath or shower pat skin dry, do not rub.

Topical Steroids

- These vary in strength from mild to very potent and come as creams, ointments lotions and gels. Ointments are generally prescribed when skin is dry and creams are used when eczema is weepy or wet.
- **When they are used appropriately and as prescribed by your doctor or nurse steroids are a safe and effective treatment of eczema**.
- Use the correct strength, to the correct body part for the prescribed time and don't stop even if the skin looks better

Potency	Topical Steroid	Topical Antibiotic+ Steroid	Topical antifungal + Steroid
Mild	Hydrocortisone 1%	Fucidin H	Canesten HC Daktacort
Moderate	Eumovate Modrasone Betnovate RD		
Potent	Betnovate Elocon Locoid	Fucibet	Travocort Lotriderm
Very Potent	Dermovate		

- **Topical steroids provide an effective means of reducing redness and inflammation and this in turn will lessen the itch associated with skin conditions**
- They are prescribed by your doctor or nurse.
- Wash hands thoroughly before and after the application.
- More than one topical steroid can be prescribed and it is important to know **which cream to apply, to where and for how long.**
- Typically a mild steroid to fragile areas - face, flexural areas and napkin area
- If the eczema is infected a preparation of a steroid /antibiotic cream may be prescribed e.g. Fucidin H (mild potency) or Fucibet (potent steroid).
- **Apply steroids at a separate time to moisturisers leaving at least 30 minutes between applications.**
- When applying the topical steroid, apply enough to cover the area of eczema. Skin should be **glistening in appearance** after application.
- For more widespread eczema you may be prescribed a steroid for use on the full body. The Finger Tip Unit Guide (F.T.U.) **is a guide** of how much steroid to apply according to the age of the child. One fingertip unit is the amount of topical steroid that is squeezed out from a standard tube along an adult fingertip from the first crease to the tip of the finger. This amount of steroid should cover the area of the two palms of your hands on the body part.

The following gives a rough guide of how much steroid to use

	3 – 6 months	1 – 2 years	3 – 5 years	6 – 10 years
Face & neck	1 FTU	1.5 FTU	1.5 FTU	2 FTU
Arm & hand	1 FTU	1.5 FTU	2 FTU	2.5 FTU
Leg & foot	1.5 FTU	2 FTU	3 FTU	4.5 FTU
Chest abdomen	1 FTU	2 FTU	3 FTU	3.5 FTU
Back buttocks	1.5 FTU	3 FTU	3.5 FTU	5 FTU

Finger tip unit

Topical Calcineurin Inhibitor (Protopic)

This may be prescribed as an alternative to topical steroids. It acts on the immune system and can reduce inflammation on the skin.
It is applied at nighttime.
Stinging on application is a common side effect but should settle
Never apply to infected skin
Care must be taken to minimize sun exposure when using it.
Leave at least one hour between Protopic application and emollient use

Bandaging if required will be discussed with you by the dermatology nurse

- Zinc Paste Bandages.

Swimming

- Moisturise prior to entering the swimming pool
- Shower after leaving pool and apply more moisturiser.

Please remember even when the skin is good moisturisers and bathing/showering should be continued. A maintenance steroid may be required this will be prescribed and explained to you by the dermatology team.

See links below

https://irishskin.ie/wp-content/uploads/2022/11/ISF-Eczema-Booklet-22.11.2022.pdf

https://irishskin.ie/wp-content/uploads/2023/06/Eczema-School-Pack-2016.pd

TREATMENT PLAN FOR MANAGEMENT OF ECZEMA
Bathing
Moisturisers
STEROID REGIMEN
Face / Neck
Trunk and Limbs
Protopic

Date: .....

Discussed / agreed with: *(Mum / Dad / Child)*

Signature of parent/s: .....

Signature of nurse:..... **Grade:** .....

Contact details

CHI Crumlin Dermatology Department 014282532 and
014282646

CHI Temple Street Dermatology Department 01 878 4753

CHI Tallaght Dermatology Department 01 414 2410
or 01 414 2398

Authors: Karen Keegan, CHI Crumlin, Bernie Evans, Annmarie Ormonde, Annette Durkan CNS's CHI Crumlin, Katherine Eve RANP CHI Temple St and the CHI Dermatology team
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