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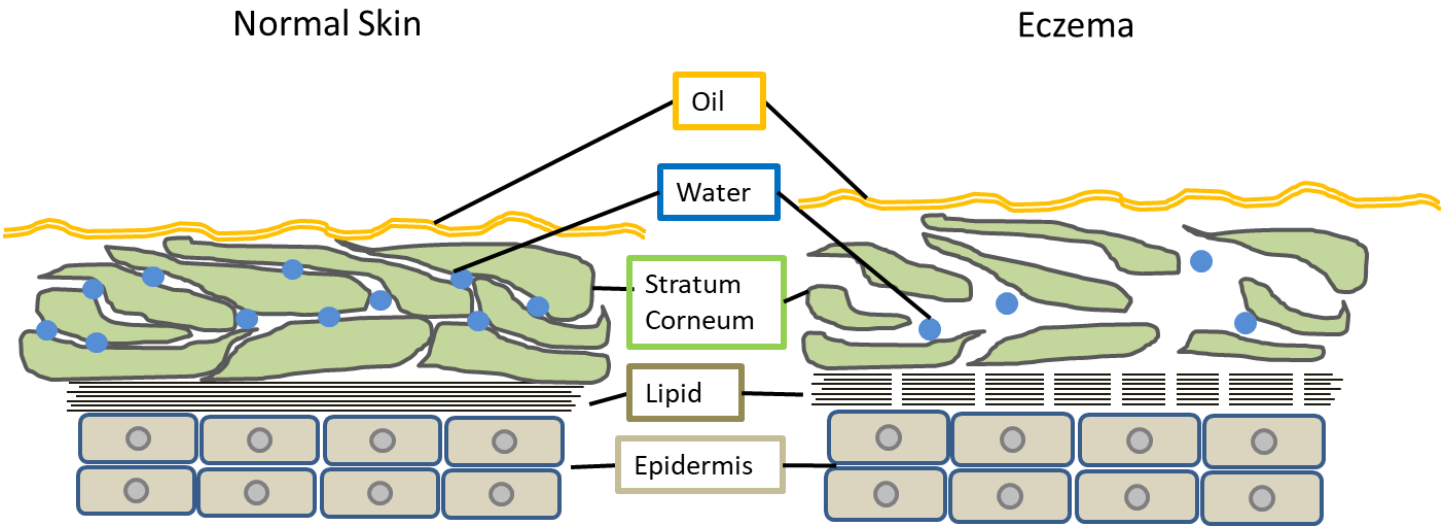
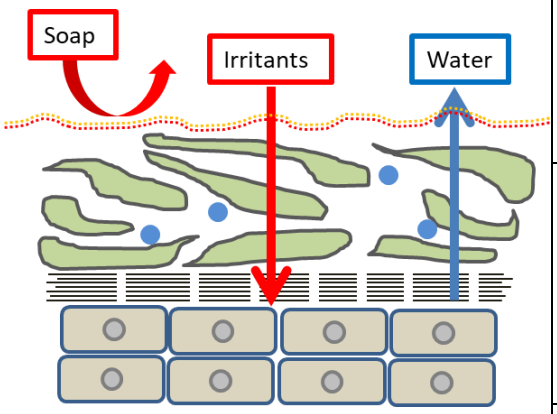
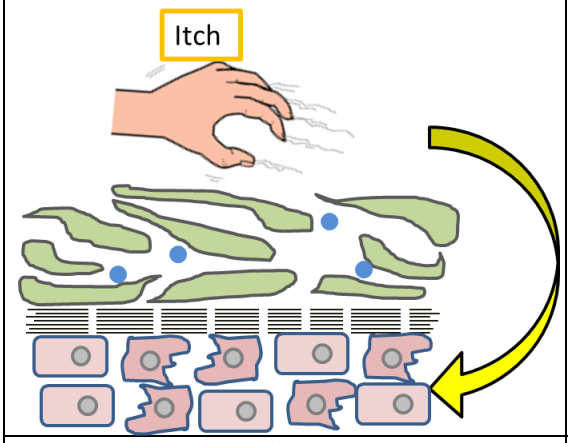
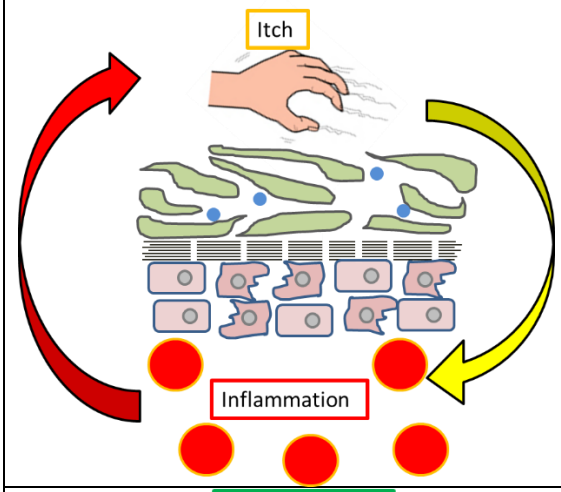
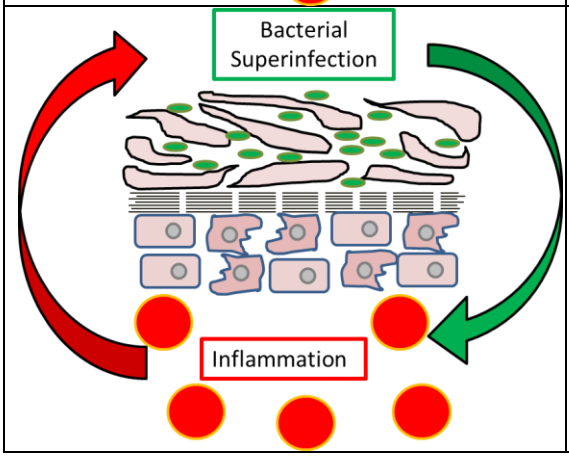
Eczema Skin Care Guide:



Eczema	What is happening	How to treat?
	Detergents/soap remove the protective oil layer.	Avoid hand soap, dish detergent, excess laundry soap, shampoo, etc. • Soap child only once per week at end of bath • No bubble baths
	Water leaves the skin, and it dries out more	Use unscented creams/ointments to provide a barrier for the skin (lotions and oils aren't thick enough): • Glaxal Base • Vaseline • Barrier creams, etc.
	Irritants penetrate the skin and damage it further	Avoid irritants, including soaps, dish detergent, shampoo, leave-in conditioner, perfume, scented laundry detergent, conditioner, rough fabrics, cleaning products, tags, Velcro, etc. • Use unscented products • Wear gloves if cleaning dishes

	Irritated skin becomes itchy	Medications for itch: • Non-sedating antihistamines are best (Reactine, Aerius, Allegra, Claritin, Rupall, Blextin) • Hydroxyzine or Benadryl can be used ONLY at night if severe - Will make your child sleepy; **DO NOT use during the day or if they are sick with a cold**
	**Red or Itchy skin** Inflammation worsens and skin is red and itchy • Immune cells release messengers which cause more itching and redness	Medications: • Topical corticosteroids: - 0.1% betamethasone - body - 1% hydrocortisone - head and neck • Other options: - Tacrolimus 0.03% or 0.1% - face, especially around eyes* - Crisaborole 2% - face, especially around eyes* * These last two sting if put on raw, weeping skin*
	Skin can become infected: • Looks wet • Honey crusts • Not getting better with 3 days of steroid cream	If infected it needs antibiotics: • Topical Mupirocin or Fucidin ointment - mix half and half with topical corticosteroid and use for 5 -7 days Places that are commonly infected: • hands • behind ears • around mouth

Troubleshooting tips

Eczema Treatment:

- 1 finger tip unit of medicated cream is enough to cover two palms worth of eczema.

- Treat problem areas for 3-5 extra days AFTER the skin is normal to prevent flares.
- If there is no improvement in 3 days of medicated cream use, the skin is likely infected- add antibiotic as above.
- When skin is really broken down, creams may cause a burning sensation. If your child complains of this, try switching to an ointment (Lansinoh, Working Hands and Vaseline almost never cause a burning sensation). If medicated creams burn, we can switch to a medicated ointment.
- If you have difficulty controlling the eczema, contact our office to discuss wet wrap teaching.

Periorbital eczema (eczema around the eyes):

Both Tacrolimus and Crisaborole are steroid free and safe to use on eczema around the eye. When treating around the eye, first try hydrocortisone 1% for 3 days if the skin is raw, then switch to Tacrolimus or Crisaborole. There may be some slight burning sensation for the first few days, but this gets better over 2-3 days.

Eczema around the mouth:

It is common to see eczema flares with topical exposure to citrus fruits: they are eczema irritants. No testing for this is required. It is often helpful to apply some barrier cream or ointment to the face before feeding citrus fruits, as this will protect it from getting irritated (the same way you can prevent a diaper rash). Lanolin ointment or Vaseline would work well. This also happens with tomatoes, ranch dip and hummus.

Eczema on the hands:

The hands take a lot more wear and tear, and often need a little more treatment to prevent irritation, especially for children who are having their hands washed frequently. Let daycare/school know not to use alcohol based sanitizers on your child or fragrant soaps. Provide unscented soap in a foaming pump bottle to be used at school, followed by a barrier cream. Soap does not have to be used every time they wash their hands: use it just when there is dirt on the hands, or your child has gone to the bathroom. Working Hands cream (or another cream containing dimethicone such as CeraVe baby diaper cream) should be used on the hands first thing in the morning and will help protect them through the day. Medication will not go through the Working Hands (or other dimethicone containing creams), so if you need medicated cream, apply it first, then apply the barrier cream over top.

Prevention of eczema in spots that it flares:

Some children have eczema flare in the same location a few days or weeks after they stop topical medications. Studies have shown that you can prevent flares by occasionally using topical medicated creams. Twice weekly (ie. on the weekend), you can apply topical steroids or Tacrolimus or Crisaborole to areas that always flare. Continue this for 16 weeks. This immune suppression may stop the area from flaring, and has been shown to stop these patches from returning about half the time.

Medication info:
Prescriptions for Bactroban 0.2% ointment (mupirocin), Fucidin 2% ointment, crisaborole 2% Protopic, betamethasone valerate 0.1%, hydrocortisone 1%, and Atarax (for itch) may have been provided.

Protopic/Tacrolimus 0.3% and 0.1% ointment: This is an anti-inflammatory medication that is not a steroid. It does not thin the skin, and can be used around the eyes. It does cause a slight burning sensation the first few days it is used. It has been shown to be effective in preventing flares of eczema when used a few times a week. It has a scary **black box warning** that mentions the possibility of an increased risk for cancer with the medications use. This is because the pill form of this medication when used at high internal doses is really good at turning off the immune system. The pill form of this medication is used in kidney transplant recipients, and in these patients, it is associated with a slightly increased risk of skin cancer. There have been some studies done looking at large numbers of patients on the topical form of this medication. While there were some patients that eventually developed cancer, the rates were not different than the rates of cancer in patients that were not on the medication. This implies that the medication does not cause an increased risk for cancer.

Eucrisa/Crisaborole ointment 2%: This is an anti-inflammatory medication that is not a steroid. It does not thin the skin and can be used around the eyes. It has been shown to be effective in preventing flares of eczema when used a few times a week. It does cause a slight burning sensation the first few days it is used.

- If your child complains that this medication stings or burns, use topical 1% hydrocortisone for 2 days to calm the area down, then switch to this medication and it should not sting as much.

Bactroban/Mupirocin/Fucidin: This is a topical antibiotic used for infected eczema that is weepy, has yellow crusting, or is not starting to heal after 3 days of steroid creams. Use it for 5-7 days twice daily when it is needed.

Creams and ointments:
Any unscented cream or ointment can be used for hydration, or barrier protection. The most important thing is that they are used!

 Glaxal Base	 CeraVe Cream	 Vaseline Ointment	 O'keefe's Working Hands	 Lansinoh Ointment
Good moisturizer	Good moisturizer	Good ointment	Excellent for treating hand lesions	Best for treating around the mouth, ok for hands
+++ Thick	No smell, very smooth preferred by teens	Least expensive	Doesn't sting Doesn't wash off	Safe to eat, doesn't sting
Unscented	More expensive	May stain clothes Warm/sticky-summer	Unclear long-term safety re accidentally eating	May stain clothes
450ml= $21	453ml=$25	375ml=$5	100grams=$9	40g=$13