

Action Plan For Children With Eczema

Allergy and Immunology Awareness Program



This eczema plan belongs to: Date of birth: / /

Allergies:

Important! If skin is crusty, weepy or blisters, speak to a healthcare professional at your surgery the same day.

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**STEP
1**

Soak and Seal Method

Moisturize all over every day even when my skin is not red/itchy

Avoid
soap and
bubble
bath



My non-soap product



My moisturizer:

Bathe for 15 – 20 mins

Use all over and often (usually
twice daily)

Clear skin for 48
hours

Red/itchy skin

**STEP
2**

If skin is red or itchy, continue to use my
moisturizer plus a flare control cream/
ointment applied to the affected areas only



One fingertip

treats an area

2 the size of

adult hands

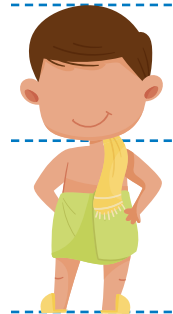
Flare/control cream/ointment for my face:

Once/twice daily for days

Flare/control cream/ointment for my body:

Once/twice daily for days

No better within
days 14-7



**STEP
3**

If skin is still not getting better speak to a healthcare
professional at my surgery



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Eczema essentials

Eczema is a long-term condition that comes in cycles getting worse and better. Good skin care with two treatments (moisturizer and flare cream/ointment) used well, can control most children's eczema.

Top tips:

- Moisturize every day, even when the skin is clear
- Apply moisturizer using downward strokes – do not rub in
- Do an extra rinse when washing clothes
- Wear soft, comfortable, loose clothing
- Keep fingernails short to prevent damage to skin
- Remember to re-order your creams

Things that can make the skin worse

- Soaps and bubble baths
- Perfumed products
- Detergents
- Wool clothing
- Extremes of temperature (e.g. hot bath water)
- Sand, soil, modelling clay, paints
- Stress



Try to break the “itch-scratch” cycle by tapping or blowing on the itch area; using a cold pack: or wearing cotton gloves at night.



There are different types of moisturizer – if you do not like yours, ask your GP for a different one.



Moisturizing the skin keeps moisture in and protects against outside irritants. Find a moisturizer that suits you and your child and use it every day.

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- It is ok to try different moisturizers, talk to your GP/nurse if you do not like one you have been given.
- Expect to use large amounts – up to a large pump/tub (500ml/g) a week.
- If your moisturizer comes in a tub, use a spoon to scoop the moisturizer out. Getting it out with your hands can contaminate the pot and lead to skin infections.
- Moisturizers can also be used to wash with but take care, they can make the bath/shower slippery.
- PAT your skin dry after bathing and apply your moisturizer straight afterwards.
- Applying moisturizers can be messy, but they wash off.
- FIRE HAZARD – Keep greasy ointments away from flames.



Flare control creams or ointments such as corticosteroids or calcineurin inhibitors treat red, itchy skin.

- Corticosteroids come in different strengths: mild (e.g. hydrocortisone 1%), moderate (e.g. eumovate) and potent (e.g. betnovate/elocon).
- Calcineurin inhibitors (e.g. protopic) are also sometimes recommended.
- Stronger creams and ointments are safe to use if applied in the right way. Follow your plan for which treatment to use where and for how long.






















Recognize a flare: A 'flare' is a worsening of the eczema. Skin may become red, sore, (more) itchy, crack or bleed.

Recognize infected eczema: If skin suddenly worsens, weeps or crusts it could be infected and your child may need antibiotics – seek urgent advice. Blisters or cold sores need antiviral treatment – see a doctor the same day.

Food allergy: While it is more common for children with eczema to have a food allergy, it is not usually the cause of eczema.

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Record of your child’s treatment preference

My treatment	When used	Rate your treatment	Notes
e. g. Hydromol ointment	2022 January – March	  	Effective but greasy when put on skin
		  	
		  	
		  	
		  	
		  	
		  	

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Other treatment tried (prescribed or non-prescribed)

Notes:

- Although all care has been taken, this booklet is a general guide only which is not intended to be a substitute for individual medical advice/treatment. University of Bristol/National Institute for Health Research, UK and Allergy and Immunology Awareness Program in Qatar expressly disclaim all responsibility (including negligence) for any loss, damage or personal injury resulting from reliance on the information contained.
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