






Eczema Management - Guide for Professionals

	Face and neck	One arm and hands	One leg and foot	Chest and abdomen	Back and buttocks	Total amount required for a 2 week, all over treatment (Prescription)
						
Fingertip Unit Measurement according to body part						
3-12 months	1	1	1.5	1	1.5	84g (100g)
1-3 years	1.5	1.5	2	2	3	140g (200g)
3-6 years	1.5	2	3	3	3.5	182g (200g)
6-10 years	2	2.5	4.5	3.5	5	238g (300g)
10 years onwards	2.5	4	8	7	7	392g (400g)

Most children with eczema can be managed in primary care and the most common reason for inadequate control of disease seen in secondary care is due to under use of topical steroids.

Topical **Eumovate ointment** should be prescribed for all children presenting with eczema in the quantities specified in the adjacent table and be available on prescription as required for prompt treatment of flares.

Emollients should be available on repeat prescription in the below quantities for ongoing management

Under 1 year – Minimum of 500g per month

1-10 years - Minimum of 1kg per month

>10 years - Minimum of 2kg per month

Mild to Moderate Eczema

Moderate Potency Topical Steroid - Clobetasone butyrate (Eumovate) **ointment**
Apply to all eczema affected areas for 2-4 weeks until skin looks/feels 'normal'
Reduce to patches/problematic areas every other day for a week, then every third day for a week

Moderate to Severe Eczema

FIRST LINE - Moderate Potency Topical Steroid - Clobetasone butyrate (Eumovate) **ointment**
Apply to all eczema affected areas for 2-4 weeks until skin feels 'normal'
SECOND LINE – High Potency Topical Steroid – Betamethasone (Betnovate) **ointment**
Apply to all eczema (avoid sensitive areas face, axillae, groin, inner thighs) for 2 weeks
Reduce to patches/problematic areas every other day for a week, then every third day for a week

Specialist Referral Criteria

Most children with eczema can be managed in primary care. However, some may need specialist input. It is recommended that children are referred to secondary care when:

- Already on treatment with a topical steroid of moderate-high potency and not responding and is compliant with topical steroid use and appropriate recommended skin care routine
- Recurrent infected eczema – consider nasal swab for decolonisation
- Diagnosis is uncertain
- Infants under 3 months old requiring topical steroid therapy

(NICE, 2007)