Eczema in Children

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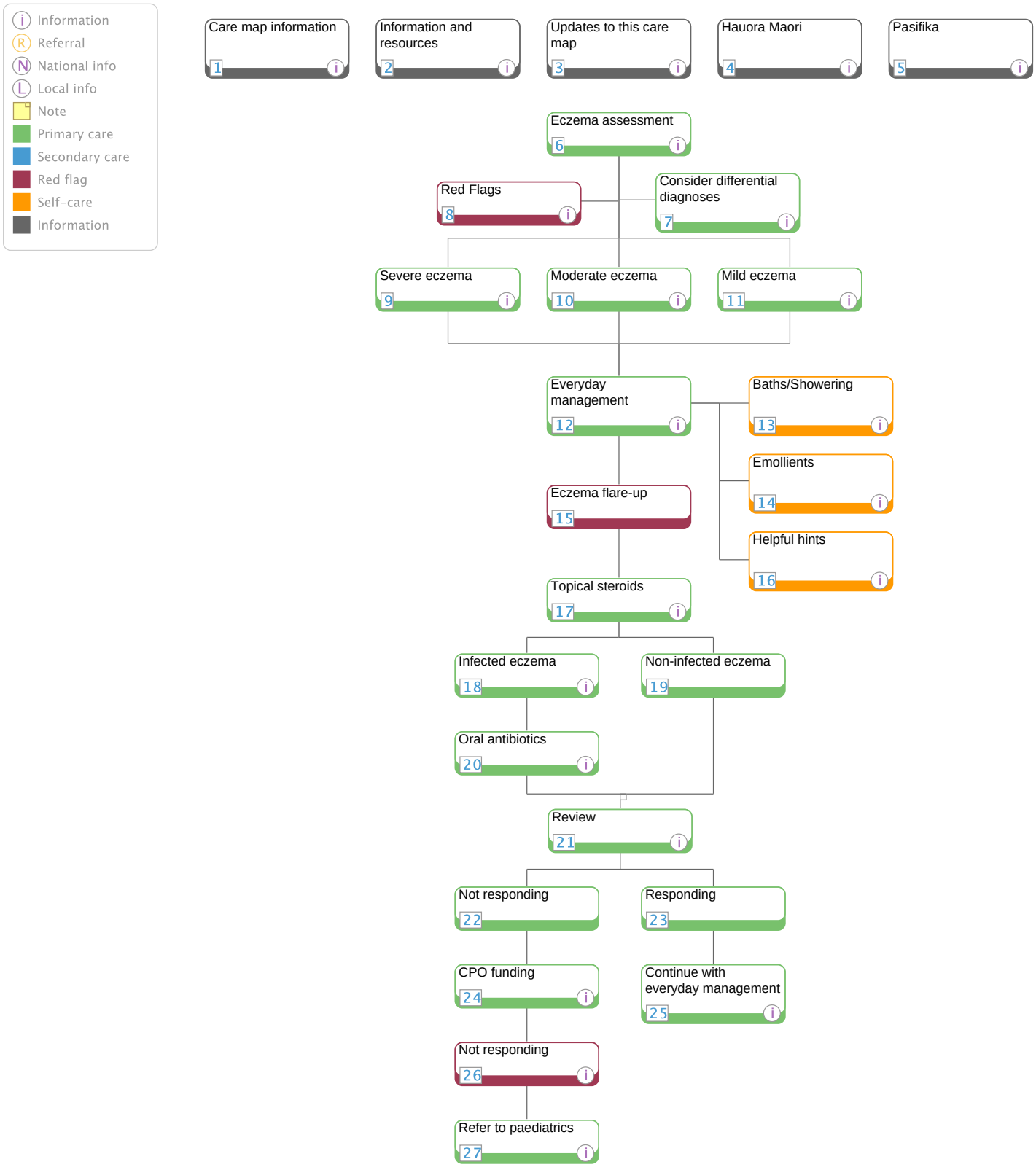

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Eczema in Children

1 Care map information

Quick info:

Scope:

- assessment, diagnosis and management of atopic dermatitis/eczema in primary care
- children 15 years or younger

Out of scope:

- assessment and management of:
  - contact dermatitis/eczema - includes irritant and allergic contact dermatitis
  - seborrhoeic eczema
- adults over 15 years

Definitions:

- eczema is a dry, itchy, inflammatory, chronic skin disease that typically begins in early childhood
- the onset of eczema is usually before 12 months and it follows a remitting and relapsing course
- most children will "grow out of" eczema in childhood
- there is no cure for eczema, however if treated and managed well the disease has less impact on daily living and is less likely to have a negative effect on quality of life for the patient and family [1]

This Pathway should be used only for patients in which it will influence the patient management. It is to be used as a guide and doesn't replace clinical judgement.

References:

[1] Royal Children's Hospital, Melbourne. (2012). Clinical Guidelines: Eczema Managment.

2 Information and resources

Quick info:

Handouts and resources for families:

- Starship Hospital resources

Language translation assistance:

HBDHB Interpreting Service. To make an appointment (charges may apply):

- phone 06 878 8109 ext.. 5805 or
- email interpreting@hawkesbaydhb.govt.nz

These websites may help with simple words and phrases:

- Babelfish
- Google translate

Language Line. Professional interpreters are available, free of charge, for telephone-based sessions (44 languages are supported):

- Phone 0800 656 656
- Monday - Friday 9am - 6pm
- Saturday 9am - 2pm

Bookings are not usually necessary. For longer consultations (for example, a nurse consultation for a newly diagnosed person) it is best to make a booking at least 24 hours in advance by calling the above number or emailing language.line@dia.govt.nz and providing your contact details and a summary of the service you require (time and date of the meeting, language, approximate length of the appointment, gender of interpreter (if relevant).

3 Updates to this care map

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Date of publication: May 2017
Review date: May 2018

This care map has been developed in line with consideration to evidenced based guidelines. For further information on contributors and references please see the Pathway's Provenance Certificate.
NB: This information appears on each page of this care map.

4 Hauora Maori

Quick info:
Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

- considering the importance of introductions ('whanaungatanga') - a process that enables the exchange of information to support interaction and meaningful connections between individuals and groups. This means taking a little time to ask where this person is from or to where they have significant connections
- asking Maori people if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori people about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues

Maori health services
HBDHB contracts Maori health providers to deliver community based nursing and social support services. Practitioners should discuss, where appropriate, information about relevant Maori health services. A referral to one of these providers may assist Maori people to feel more comfortable about receiving services following discussions.

***Central Hawke's Bay**:*
Central Health
Cnr Herbert & Ruataniwha Streets, Waipukurau
Phone: 06 858 9559 Fax: 06 858 9229
Email: reception@centralhealth.co.nz
Referral Form

***Hastings**:*
Te Taiwhenua o Heretaunga
821 Orchard Road, Hastings 4156
Phone: 06 871 5350 Fax: 06 871 535
Email: taiwhenua.heretaunga@ttoh.iwi.nz
Referral Form

Kahungunu Health Services (Choices)
500 Maraekakaho Road, Hastings
Phone: 06 878 7616
Email: kahungunu@paradise.net.nz
Referral Form

***Napier**:*
Te Kupenga Hauora
5 Sale Street, Napier
Phone: 06 835 1840
Email: info@tkh.org.nz
Referral Form

***Wairoa**:*

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Kahungunu Executive (no website)
65 Queen Street, Wairoa 4108
Phone: 06 838 6835 Fax: 06 838 7290
Email: kahu-exec@xtra.co.nz

Secondary care Maori Health Services:
Hawke's Bay DHB - Te Wahanga Hauora Maori Health Services
Phone: 06 878 8109 ext. 5779, 06 878 1654 or 0800 333 671 Email: admin.maorihealth@hawkesbaydhb.govt.nz

Further Information
Practitioners should be versed in the knowledge of:

- historical overview of legislation that impacted on Maori well-being
- Maori models of health, such as Te Whare Tapa Wha and Te Wheke when working with Maori whanau
- national Maori Health Strategies:
  - **Mai Maori Health Strategy 2014-2019 -** Full file or Summary diagram
  - **He Korowai Oranga**: Maori Health Strategy - sets the Government's overarching framework to achieving the best health outcomes for Maori
- local Hawke's Bay health sector's strategies and initiatives for improving Maori health and wellbeing
- Medical Council of New Zealand competency standards

Cultural Competency Training
Training is available through the Hawke's Bay DHB to assist you to better understand Maori culture and to better engage with Maori people. Contact the coordinator
Email: education@hbdhb.govt.nz to request details of the next courses.

5 Pasifika

Quick info:
Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group.
The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you in order to help you work with Pacific people more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, Kiribati and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.
Acknowledge The FonaFale Model (Pacific model of health) when working with Pacific people and families.
General guidelines when working with Pacific people and families (information developed by Central PHO, Manawatu):

- Cultural protocols and greetings
- Building relationships with your Pacific people
- Involving family support and religion during assessments and in the hospital
- Home visits

Hawke's Bay-based resources:

- HBDHB interpreting service website **or** phone 06 8788 109 ext.. 5805 (no charge for the hospital; charges may apply for community-based translations) **or** contact coordinator at interpreting@hbdhb.govt.nz
- Pacific Navigation Services Ltd Phone: 027 971 9199
- services to assist Pacific people to access healthcare (SIA)
- Improving the Health of Pacific People in Hawke's Bay - Pacific Health action Plan

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Ministry of Health resources:

- Ala Mo'ui Pathways to Pacific Health and wellbeing 2014-2018
- Primary Care for Pacific people: a Pacific and health systems approach
- Health education resources in Pacific languages (links to a web page where you can download resources)

6 Eczema assessment

Quick info:

The UK Diagnostic Criteria for atopic eczema are [2]:

- **must have itch**
- **plus 3 or more** of the following:
  - history of involvement in skin creases
  - personal history of asthma or hayfever:
    - or history of atopic disease in 1st degree relative if child is under 4 years of age
  - a history of dry skin in the last year
  - onset under the age of 2 years (if child now 4 years or older)
  - visible flexural eczema

RAST testing NOT indicated as a screen for allergy.

Consider using the POEM scale for measuring the severity of eczema.

Photos of Eczema:

- eczema
- mild eczema
- moderate eczema
- severe eczema
- infected eczema
- eczema herpecitum

References:

[2] British Association of Dermatologists & Primary Care Dermatology Society (2006). Guidelines on the management of atopic eczema. Reviewed Jan 2010.

7 Consider differential diagnoses

Quick info:

Differential diagnoses include:

- seborrhoeic dermatitis
- scabies and other infestations
- contact dermatitis – allergic and irritant
- psoriasis
- fungal infection

8 Red Flags

Quick info:

Refer to hospital for admission for:

- eczema herpeticum:

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- rapidly worsening, painful eczema (e.g. less than 12 hours)
- uniform, punched out erosions
- often associated with fever and malaise

- severe, infected eczema
  - fever and/or
  - severe, widespread pustules or weeping lesions
- under four months old with:
  - weight loss
  - vomiting and diarrhoea

Ring on-call paediatric registrar via switchboard 06 8788109.

9 Severe eczema

Quick info:

Severe eczema:

- widespread dry skin
- intense/constant itching
- widespread redness with or without:
  - excoriation
  - skin thickening
  - cracking
- sleep disturbances

10 Moderate eczema

Quick info:

Moderate eczema:

- areas of dry skin
- frequent itching
- areas of redness involving joint flexor or extensor surfaces with or without:
  - excoriation
  - skin thickening
- occasional sleep disturbances

11 Mild eczema

Quick info:

Mild eczema:

- areas of dry skin
- infrequent itching
- small localised areas of redness
- little to no impact on everyday activities and sleep

12 Everyday management

Quick info:

Give eczema management plan

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13 Baths/Showering

Quick info:

Bathing:

- check with family that they have a bath
- bathing is recommended once daily, or twice daily during acute flares
- bath needs to be warm (not hot) and for no more than 10-15 minutes
- avoid soap and shampoo
- emollient can be used as a soap substitute
- antiseptic bath twice per week

Antiseptic bathing:

- add normal household bleach e.g. Budget brand regular bleach (Pak n Save, New World) to bath:
  - use a full cup (250mls) for 20cm deep adult bath
  - use 2mls/litre for a baby bath
  - if using Home Brand bleach (Countdown), half the dosage
  - do NOT use commercial bleach
  - Janola is not recommended, as the fragrance can cause further irritation
  - use twice per week
  - the scalp and face should also be washed whilst bathing
  - this does have a tendency to dry the skin so should not be used every day

Oilatum Plus or QV Flare up are alternative antiseptic bath oils. However, they are not funded.

14 Emollients

Quick info:

Emollients are essential:

- they should be applied several times a day to keep the skin well hydrated even when the eczema is well controlled
- ensure adequate quantities are prescribed (at least 500g per fortnight)
- funded emollients include:
  - fatty cream
  - sorbolene + 10% glycerine
  - cetomacrogol
- pump packs (sorbolene) are preferable due to ease of dispensing and prevention of contamination
- if an emollient irritates, then an alternative should be offered
- aqueous cream and emulsifying ointment should not be prescribed as leave-on emollients as they contain sodium laurel sulphate (SLS) however they can be used as a soap substitute
- SLS can cause chronic irritation
- SLS-free aqueous cream is available

16 Helpful hints

Quick info:

Itch

Itch can be difficult to control, but adequate use of emollients will reduce itch.

Occasional use of antihistamines may be appropriate.

First choice is cetirizine or loratadine for a two-four week trial. If no change, do not continue.

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Promethazine should be reserved for severe itch for one or two nights. Caution in children under two years. Do not continue promethazine long term.

Food

Food is often blamed as the main trigger for eczema but in fact this is infequently true. Young infants with severe generalized eczema may be more likely to have food as a contributing factor. Evaluation of food allergy in children with eczema is fraught as these children are usually atopic, and allergy tests can reflect sensitisation rather than clinically relevant allergy RAST or skin prick testing will give many false positive results [3]. Unless the child has had an immediate reaction to food, diets should not be restricted [3].

Investigation of possible food allergy is recommended:

- if there is a history of an immediate food allergic reaction
- in young children with severe problematic eczema not responsive to adequate topical treatment

These children should be ideally referred in to secondary care for investigation.Food exclusion diets for eczema have the risk of loss of tolerance (i.e. developing anaphylactic reaction on future exposure) and failure to thrive, as well as being expensive and complicated for families. They should be initiated as a trial and continued only when of clear benefit (3). If more than two major food groups are excluded dietitian involvement is advised.

Avoiding environmental triggers

These include:

- heat
- viruses
- soap
- shampoo or bubbles in the bath
- fabric softener
- perfumed washing powder
- wool against the skin, including merino

Nails should be cut short and cotton clothes should be worn.

Some children might be triggered by:

- pollen, grass or trees
- pet dander
- house dust mite

References:

[2] British Association of Dermatologists & Primary Care Dermatology Society (2006). Guidelines on the management of atopic eczema. Reviewed Jan 2010.

[3] Starship Hospital (2009) *Starship Children's Health Clinical Guideline: Eczema*. Auckland, New Zealand

17 Topical steroids

Quick info:

Continue with everyday management and add topical steroids.

Topical Steroids:

- apply adequate topical steroids to affected areas once per day (maximum twice)
- reassure parents that topical steroids are safe when used correctly
- apply a thin layer (not sparingly)
- use lowest strenth required to clear red and itchy eczema. The Potency of Steroids
- use appropriate strength corticosteroid for body site and severity. Sites and ages usually require these potencies
- use of a stronger preparation for short bursts is generally preferable to ongoing use of a milder preparation
- reassess in 1-2 weeks. Increase potency if not effective
- topical steroids should not be used every day for weeks or months. If not responding, needs review

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- steroid side effects on the skin are rarely seen in children. They are more likely to be seen with use of very potent preparation use under occlusion (including in the flexures) or with continuous use for months at a time (even of mild preparations)

Clobetasol propionate (Dermol) and oral steroids should never be used in paediatric eczema. If considering these treatment options, refer to paediatrics.

18 Infected eczema

Quick info:

See photos of infected eczema and handout for parents.

Check they are following everyday management plan, particularly with regards to bleach baths.

Consider infection if:

- pustules
- weeping
- crusted
- sudden generalised flare of eczema
- increased itch

The usual organism is Staphylococcus aureus.

Swabs are usually unneccesary unless poor reponse to treatment or chronic, severe patient.

See red flags with regards to eczema herpeticum.

20 Oral antibiotics

Quick info:

Continue with everyday management, plus give oral antibiotics.

Oral antibiotics in order of preference:

1. Flucloxacillin orally:
   - 250mg (under 30kg) per dose. 500mg (over 30kg) per dose
   - give four times daily for seven days
   - use if able to take capsules
2. Cephalexin orally:
   - 25mg/kg bd for seven days
   - liquid if cannot swallow flucloxacillin tablets
3. Erythromycin orally:
   - 20mg/kg bd (max 500mg/dose)
   - use if penicillin-allergic

Do not give IV antibiotics in the community to children with eczema.

Consider MRSA

Consider MRSA if not responding or with strong risk factors, e.g.:

- frequent courses of antibiotics for eczema
- previous MRSA

Give co-trimoxazole 1.5-3mg/kg bd. Max 80-160mg per dose.

21 Review

Quick info:

Review in one week.

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24 CPO funding

Quick info:

Consider CPO funding in children with infected/flared eczema that is not responding to treatment OR severe eczema requiring intensive management/clinical input.

CPO Pathway

25 Continue with everyday management

Quick info:

Refer to everyday management box above.

26 Not responding

Quick info:

Check if:

- eczema still flared
- poor sleep
- days off school
- significantly impaired quality of life

Clobetasol propionate (Dermol) and oral steroids should never be used in paediatric eczema. If considering these treatment options, refer to paediatrics.

27 Refer to paediatrics

Quick info:

If not responding or:

- concerns regarding food intolerance/allergy contributing to eczema
- child on severely restricted diet
- child with eczema AND type 1 food allergy (immediate reaction with uriticaria)

Refer to paediatrician via letter or e-referral. Include:

- history
- height and weight
- present emollient regime
- steroid creams being used
- antibiotic use in last six months
- present weekly bath management regime
- psycho-social issues e.g. affect on sleep and days off school, limitation of activities

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Eczema in Children Provenance Certificate

Overview

This document describes the provenance of Hawke's Bay District Health Board's **Eczema in Children** Pathway. It was created in October-December 2016 and first published in May 2017. A review of the Pathway is due in May 2018.

The Collaborative Clinical Pathways programme is one initiative stemming from the *Transform and Sustain* agenda. The main aims of CCP are to:

- → Identify opportunities to improve how health and disability care is planned and delivered within the district to improve patient access to a wider range of health services that are both closer to home and reduce avoidable hospital admissions.
- → Provide health professionals throughout the Hawke's Bay district with best practice, evidence-based clinical pathways that are available at the point of care.

Outcomes we expect to achieve include faster access to definitive care, improved health equity and outcomes, better value from publically-funded resources, and better patient experience through clear expectations, improved access and greater health literacy. These outcomes are clearly aligned to the NZ healthcare *Triple Aim* and *Better, Sooner, More Convenient* policy directions.

Editorial methodology

This Pathway was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of Medicine editorial methodology. It was developed by individuals with front-line clinical experience (see Contributors section of this document) and has undergone consultation to gain feedback and input from the wider clinical community.

Map of Medicine Pathways are constantly updated in response to new evidence. Continuous evidence searching means that Pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the Pathways through the quarterly publication cycle.

An update to this Pathway is scheduled for 24 months after first publication. However, feedback is welcomed at any time, with important updates added at the earliest opportunity within the Map of Medicine publishing schedule (the third Friday of each month).

Contributors

The following individuals contributed to the Hawke's Bay localisation of this care map:

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Map editing and facilitation

- Leigh White, HBDHB (Facilitator)
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Disclaimers

Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay

It is not the function of the Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.