

## Atopic Dermatitis (Eczema) Action Plan

The goals of atopic dermatitis treatment should be to allow you or your child to participate fully in social and school activities; have little or no rash; experience minimal or no side effects from medicines; feel good about appearances and sleep without waking up from itching. Atopic dermatitis can vary according to severity over time. Management should be approached in a step-wise fashion depending on the severity of dermatitis.

Here are some general guidelines:

### Mild Atopic Dermatitis:

- Bathe or shower daily in warm, but not hot, water for about 10 minutes.
- A mild soap (such as Dove, Basis, Cetaphil, Aveeno or Oil of Olay-Sensitive Skin Formula) should be used as needed.
- Gently pat away water after bathing and while you child is still somewhat wet, generously apply a moisturizer (such as Eucerin, Vanicream, Cetaphil, Lubriderm, Aquaphor, or CeraVe).
- Also apply moisturizer several other times per day.
- Low potency topical corticosteroids (such as Hydrocortisone 1% or 2.5%, Triamcinolone, Aclovate, Desonide) can be used twice daily on areas of eczema not improving with moisturization (but don't apply steroids to same area for more than two weeks straight).
- Moisturizers may be applied on top of topical steroids, but if possible wait at least 30 minutes after applying topical steroids to apply moisturizers.
- Use a sensitive-skin detergent on your child's clothing and bedding (such as All Free & Clear)

### Moderate or Severe Atopic Dermatitis:

- Bathe once or twice daily for about 10 minutes each in warm water.
- Gently pat away water after bathing and while you child is still somewhat wet, generously apply a moisturizer (such as Eucerin, Vanicream, Cetaphil, Lubriderm, Aquaphor or CeraVe).
- A medium strength corticosteroid (such as triamcinolone ointment, Cutivate ointment/cream, Elocon ointment/cream) can be applied to affected areas on the body and hands, and low potency corticosteroids applied to the face, groin and underarms, twice a day (but don't apply steroids to same area for more than two weeks straight.).
- A moisturizer should be applied to the unaffected areas of the skin within minutes after bathing. Moisturizers may be applied on top of topical steroids or calcineurin inhibitors, but not until these have absorbed into the skin (at least 30 minutes).
- Use Claritin, Zyrtec or Allegra each morning for nasal allergies (which can aggravate facial eczema due to scratching of the nose).
- Use a sedating antihistamine like benadryl or atarax at night, if you need help with sleep and control of itching.
- After resolution of acute inflammation, apply topical corticosteroids (such as Cutivate or Elocon) two times a week to areas of skin that frequently flare.

-Some kids will benefit from applying calcineurin inhibitors (Elidel® or Protopic) twice a day to their bad spots of eczema during a flare and for a week after the flare, instead of using a topical steroid.

-Use a sensitive-skin detergent on your child's clothing and bedding (such as All Free & Clear)

### Severe Atopic Dermatitis - Acute flares:

-Bathing can be increased to three times daily for 10-20 minutes each in warm water, occurring morning, mid-day (optional), and at bedtime.

-Apply a high-potency topical corticosteroid (e.g. Lidex ointment/cream, Diprolene ointment/cream, Temovate ointment/cream) to areas of the body, arms and legs with eczema involvement after the morning and bedtime bath. BE AWARE that prolonged use of high-potency topical corticosteroid can result in skin atrophy, skin stretch marks or other side effects. Therefore this must be done under the supervision of your physician.

-Can use "wet wraps" (see other handout for instructions or call office)

-Calcineurin inhibitors (Elidel® (1%) cream, a.k.a. pimecrolimus, or Protopic® (0.03% or 0.01%) ointment, a.k.a. tacrolimus) can be applied on any affected part of the body two times a day, including the face, groin and underarms.

-Moisturizers should be applied to the unaffected areas after morning and bedtime bath and to the entire body after the mid-day bath.

-Use sedating antihistamines (Benadryl or Atarax) at bedtime for severe itching or sleep disturbance.

-Ask your physician about possible bacterial or viral skin infection. If present use medication to eliminate the infection.

-Assess whether allergens may be triggering your eczema.

-After resolution of acute inflammation, apply maintenance topical corticosteroids (as prescribed by your physician) two to three times a week to areas of skin that frequently flare. -Alternatively, your physician may prescribe calcineurin inhibitors (Elidel® (1%) cream, a.k.a. pimecrolimus, or Protopic® (0.03% or 0.01%) ointment, a.k.a. tacrolimus) to be applied topically (usually twice a day for at least another week then at the first signs of itching).

-Control of severe atopic dermatitis may require phototherapy or systemic anti-inflammatory drugs such as prednisone, cyclosporine, etc. These should be done under the supervision of a dermatologist.

# WET WRAPS

Wet wraps can be a useful tool in the intensive treatment of atopic dermatitis (eczema). They serve as an effective barrier to scratching and increase skin hydration and rehydration, which, in turn, helps promote more restful sleep. Likewise, they act as an occlusive barrier that promotes penetration of topical corticosteroids into the skin, thereby increasing the amount of medication delivered to the affected areas of inflammation. Wet wraps should be reserved for severe flares and used only for a few days at a time because they are time consuming and children often are resistant to their application. If overused, skin breakdown can occur, and if emollients are not used properly under the wraps skin dryness can actually be increased. There is also concern of increased penetration of topical corticosteroids secondary to the occlusive dressing, which, in turn, may lead to increased systemic absorption and increased risk for steroid side effects.

Here are our recommendations for applying wet wraps safely and effectively...

1. Gather your supplies.

Topical steroid ointment and/or emollient prescribed by your physician. Warm water in a sink or a basin.

The wraps themselves consist of a bottom (wet) and top (dry) layer. Gauze wrap (e.g., Kerlex®) or cotton sleepers, pajamas, or long johns may be used. Some places are even starting to sell wet wraps (check the Internet for some convenient and fun designs that you and your kids may appreciate!).

Alternatively, it is possible to use the "daddy sock" method for wrapping extremities: Simply cut a small hole in the toes of any adult-sized pair of 100% cotton socks to create a pair of tubular cotton bandages that fit easily over an extremity, can be moved up or down as needed, and can be washed and reused.

Whatever you chose to use, it will be necessary to have 2 layers; one for the "wet" layer and one for the "dry" layer.

2. Apply the steroid ointment to very inflamed eczema patches. (Using tongue depressors or popsicle sticks - similar to how a spatula is used in cooking - helps you to avoid contaminating the medication supply with your hands, allows large areas to be covered quickly and evenly, and prevents the caregiver from being unnecessarily exposed to topical corticosteroids.)
3. Apply a good, thick moisturizer like Vaseline, Aquaphor, CeraVe, Vanicream, or Eucerin (from a tub) around the areas where steroid cream applied.
4. Take a layer of the wrap (e.g., gauze or one sock) and soak it in warm water.
5. Wring out any excess water until this bottom “wet layer” is only very slightly damp.
6. Wrap the affected area with the “wet layer” material. Make sure the “wet layer” is not too tight that it affects the patient's circulation.
7. Immediately put the “dry layer” over the “wet layer.” Do NOT cover with plastic, which may be a choking hazard.
8. Make sure the child remains in a warm environment. This helps to promote a higher degree of humidity.  
It also ensures that the child does not get too cold as the evaporation process happens.
9. Wet wraps are generally left in place overnight and are typically used for several days in a row. As always, follow the specific advice of your physician for actual frequency of change and duration of use. DO NOT KEEP A WRAP IN PLACE FOR MORE THAN 12 HOURS. Call office with any suspected adverse effects.

GREAT ONLINE VIDEO “HOW TO DO WET WRAPS” at  
[www.eczemacenter.org/ecvc.htm](http://www.eczemacenter.org/ecvc.htm)

# Bleach Baths

One technique that can help decrease the number of infections and possibly reduce the need for antibiotics in patients with eczema is called "Bleach Baths." Here are our simple recommendations:

Explain to the patient that swimming pools are chlorinated to help cut-down on microbes living in the water. Together, you will "make your very own swimming pool" right in the bathtub! This special water will help cut down on microbes on the skin and reduce infections.

## STEPS:

1. Start by adding lukewarm water to fill a tub for a normal bath (about 40 gallons).
2. Put 1/4 to 1/2 cup of common liquid bleach (for example, Clorox) into the bath water. Check the bleach bottle to make sure that the concentration of bleach (also known as sodium hypochlorite) is about 6%.
3. Completely mix the added bleach in the water. This should create a solution of diluted bleach (about 0.005%), which is just a little stronger than chlorinated swimming pool water.
4. Soak in the chlorinated water for about 10 minutes.
5. Thoroughly rinse the skin clear with lukewarm, fresh water at the end of the bleach bath.
6. As soon as you're finished rinsing off, pat dry. Do not rub dry as this is the same as scratching!
7. Immediately apply any prescribed medication and/or emollients.
8. Repeat bleach baths 2 to 3 times a week or as prescribed by the physician.

## CAUTION:

Do not use undiluted bleach directly on the skin. Even diluted bleach baths can potentially cause dryness and/or irritation.

Do not use bleach baths if there are many breaks or open areas in the skin (for fear of intense stinging and burning)

## INTERNET LINK FOR A VIDEO CLIP ON BLEACH BATHS:

<http://www.eczemacenter.org/ecvc.htm#bleachbaths>

