

Eczema Expert Top Tips with Ladders

Information for Parent or Carer

Community Dermatology Service

Author ID: NC
Leaflet Number: CM 281
Version: 1
Name of Leaflet: Eczema Expert Top Tips with Ladders
Date Produced: January 2020
Review Date: January 2022

Please use this space to write notes/reminders.

EMOLLIENT Top Tips

- Always use an emollient (these are medical moisturisers) or emollient bath oil as soap substitute. Do not use any other wash product that lathers/makes bubbles, as this would take away all the benefit of the emollient.
- You may bath or shower your child daily during flares of eczema as this helps to remove dead skin cells and reduce bacteria on the skin.
- Apply lots of emollient in gentle downward strokes (in the direction of the hair growth) to avoid blocking the hair follicles. It is not necessary to rub until the cream disappears.
- Apply emollient to your child's whole body morning and night (as all their skin is prone to eczema) and apply to dry or red areas on 1-2 further occasions during the day or whenever your child is itching.
- If the skin remains dry, increase the grease content of your child's emollient or apply their current emollient more regularly.
- If their emollient stings on application, try a different one. **Very Greasy** ointments tend not to sting as they do not tend to have preservatives in them.
- If the skin becomes spotty, reduce the grease content of your child's emollient to a **Light** or **Creamy** emollient. If there are 'yellow heads' see your GP, who may prescribe antibacterial therapy.
- During hot weather or when on holiday in hot climates, use a **Light** or **Creamy** emollient in the morning. Leave at least half an hour and then apply your child's sunscreen. Reapply your child's sunscreen regularly throughout the day if out in the sun and use a **Greasy** or **Very Greasy** emollient at night if your child's skin is dry. However, be aware that if the temperature remains hot at night, Very Greasy emollients can cause your child's skin to sweat and they may develop a pin prick rash.
- If your child has eczema on their face, a thin layer of a thick **Greasy** or **Very Greasy** emollient before they eat or go out into cold, windy weather may help as a barrier.
- When applying creams to the nappy area always ensure that they are rubbed in well (so that you can't see it) to stop the cream from covering the nappy and prevent it from absorbing urine.
- Give your child's regular carers their own pot of emollient (you may ask your GP, Health Visitor or School Nurse for this) and tell them how and

EMOLLIENT LADDER

Formulary (GMMMG) | 1 - First Choice | 2 - Second Choice

Very Greasy

¹White Soft Paraffin
¹Zeroderm Ointment
²Hydromol Ointment

²50:50 Ointment
²Cetraben Ointment
²Diprobase Ointment

Greasy

¹Zerodouble Gel (Low Paraffin)
¹Zeroguent Cream

Creamy

¹Epimax Cream (Low Paraffin)
¹Oilatam Cream (Low Paraffin)
¹Zerobase (Low Paraffin)
¹Zerocream

²Ultrabase Cream (Low Paraffin)
²Cetraben Cream (Low Paraffin)

Colloidal Oatmeal (to be used in patients unresponsive to other emollients)

¹Zeroveen Cream ²Aproderm Colloidal Oat Cream (Paraffin Free)

Antimicrobial (with chlorhexidine & benzalkonium chloride)

¹Dermol Cream (if skin often infected)

With Urea

¹Imuderm Cream (Glycerin & 5% Urea)
¹Dermatonics Heel Balm (25% Urea)

²Balneum Plus (5% Urea)

Urea containing products may be useful in very dry scaling conditions including Ichthyosis, Keratosis Pilaris and Hyperkeratosis (skin thickening) of the palms and soles.

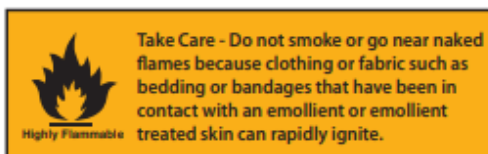
Light

¹ZeroAQS Cream (Low Paraffin)
¹QV Lotion (Low Paraffin)

²E45 Lotion (Low Paraffin)
²Cetraben Lotion (Low Paraffin)

Antimicrobial (with chlorhexidine & benzalkonium chloride)

¹Dermol 500 Lotion (if skin often infected)



Take Care - Do not smoke or go near naked flames because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient treated skin can rapidly ignite.

- **Chlorexidine** containing products may very rarely cause an anaphylatic reaction.
- **Benzalkonium Chloride** containing products may cause skin irritation with long term use.

TOPICAL STEROID Top Tips

- Apply topical steroids after their emollient by accurately 'colouring in' any red, sore areas highlighted by the application of your child's emollient. You may apply it as soon as you can't see the emollient on your child's skin, which can take a few minutes.
- Apply the correct strength topical steroid to the correct body area (see ladders). Never use potent steroids on the face, genitals, armpits and groin and use only mild steroids on the eyelids and under a nappy for a maximum of 5-7 days in these areas.
- Always use the mildest strength steroid that clears your child's eczema, but ensure that you are getting regular 'steroid free days'. If this is not happening, it may be better to increase the strength of steroid if the body area you are treating allows this. Speak to your GP for further advice.
- Apply the topical steroid every morning and night (except Elocon which is applied once daily only) until the skin is completely clear and then immediately as soon as the eczema returns.
- If the eczema is not clearing after seven days of using your topical steroid, continue to use it but make an appointment to see your GP.
- If your child's skin becomes broken or weepy, develops blisters or yellow heads or suddenly becomes worse all over (signs of infection) continue with your child's treatment and make an urgent appointment with your GP.
- If your child is given a topical steroid with an antibacterial in it, it is important that you use this for 7-14 days only, in order to prevent antibiotic resistance.
- If the topical steroid stings on application, or the eczema patches just aren't clearing, ask your child's GP about maybe changing it to an ointment (as these don't tend to contain preservatives and are more hydrating than cream).

STEROID LADDER

Formulary (GMMMG) | 1 - First Choice | 2 - Second Choice

Very Potent

- ¹ **Dermovate** (clobetasol propionate 0.05%)
- ¹ **Dermovate Scalp Lotion** (clobetasol propionate 0.05%)
- ² **Etrivex Shampoo** (clobetasol propionate 500 micrograms/g)

DO NOT USE ON:

- Eyelids
- Face
- Groins
- Armpits
- Genitals
- Children
- Psoriasis

Potent

- ¹ **Betnovate** (betamethasone (as valerate) 0.1% in a water miscible basis)
- ¹ **Betacap** (betamethasone (as valerate) 0.1% containing coconut oil derivative)
- ² **Locoid** (hydrocortisone butyrate 0.1%)
- ² **Synalar** (flucinolone acetonide 0.025%)
- ² **Elocon** (mometasone furoate 0.1%)

With salicylic acid

- ¹ **Diprosalic** (betamethasone (as dipropionate) 0.05%, salicylic acid 3%)

With Vitamin D (for use in psoriasis only)

- ² **Dovobet** (betamethasone 0.05% (as dipropionate), calcipotriol 50 mcgs/g)
- ² **Enstilar** (betamethasone 0.05% (as dipropionate), calcipotriol 50 mcgs/g)

With antibacterial

- ¹ **Fucibet** (betamethasone (as valerate) 0.1%, fusidic acid 2%)
- ¹ **Synalar C** (flucinolone acetonide 0.025%, dioquinol 3%)
- ¹ **Synalar N** (flucinolone acetonide 0.025%, neomycin sulfate 0.5%)

DO NOT USE ON

- Eyelids
- Face
- Groins
- Armpits
- Genitals
- Children without expert opinion

Moderate

- ¹ **Betnovate RD** (betamethasone (as valerate) 0.025%)
- ¹ **Eumovate** (clobetasone butyrate 0.05%)
- ² **Fludroxycortide Tape** (14mcg/cm²)
- ² **Modrasone** (alclometasone dipropionate 0.05%)

With antifungal & antibacterial

- ¹ **Trimovate** (clobetasone butyrate 0.05%, oxytetracycline 3%, nystatin 100,000units/g)

With urea

- ¹ **Alphaderm** (hydrocortisone 1%, urea 10%)

DO NOT USE ON

- Eyelids

Mild

- ¹ **Hydrocortisone 1%**
- ² **Synalar 1 in 10 Dilution** (flucinolone acetonide 0.0025%)

With antifungal

- ¹ **Canesten HC** (hydrocortisone 1%, clotrimazole 1%)
- ¹ **Daktacort** (hydrocortisone 1%, miconazole nitrate 2%)
- ¹ **Nystaform HC** (hydrocortisone 1%, nystatin 100,000 I.U./g, chlorhexidine)

With antibacterial

- ¹ **Fucidin H** (hydrocortisone 1%, fusidic acid 2%)

There is a rare risk with the use Steroid Creams of serious eye problems. Any blurred vision or other visual disturbances during use should be reported immediately to your GP.

Products containing antibacterials should be applied twice daily for 7 -14 days maximum per infective flare. Patients should then revert to a steroid that does not contain antimicrobials to control flares unless the skin is infected.

Please use this space to write notes/reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: https://www.wwl.nhs.uk/patient_information/leaflets

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in department/ward.

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