



Managing eczema in children: a guide for clinicians

Recommended general measures for all children with eczema

- Daily bath or shower (short, less than 5 minutes using lukewarm water with bath oil or soap-free wash; avoid soap and bubble baths).
- Moisturise the whole body including face once to twice daily. The drier the skin, the thicker the cream needs to be. Use a cream or ointment rather than a lotion as it is more moisturising and less likely to sting. Avoid skin products containing food derived proteins (e.g. goat milk, nut oils) and fragrance.
- Avoid overheating and overdressing.
- Keep the nails short to avoid damage to the skin from scratching.
- Avoid irritants where possible. Rinse after swimming in chlorine or salt water. Minimise skin contact with grass, sand and carpet.

Topical steroids

Topical steroids are safe and effective in the treatment of eczema when used as prescribed. Ointments are preferred in most cases as they are more effective, more moisturising and less likely to sting than creams. Ointments can be used on the scalp if lotions sting.

Apply topical steroid liberally to cover all eczema affected areas (not just to the worst areas) until the skin feels normal.

Post inflammatory hypo or hyperpigmentation is a common result of eczema and usually self resolves.

Darker skin pigment can be challenging to assess and eczema severity is often under-recognised, leading to more severe and persistent symptoms.

Topical steroids are usually packed in small tubes. Patients will often require more than a single tube. Ensure the number of tubes prescribed is adequate for liberal application by providing authority scripts.

Topical calcineurin inhibitors for troublesome facial eczema

Topical calcineurin inhibitors are typically used for children requiring frequent and prolonged application of Methylprednisolone aceponate on the face. Pimecrolimus 1% cream is recommended for children ≥ 3 months with mild to moderate facial eczema and is applied twice daily.¹ Tacrolimus 0.03% ointment (not available commercially, must be compounded), is recommended for children ≥ 2 years with moderate to severe facial eczema and is applied to affected areas once to twice daily as directed.²

Compassion

Excellence

Collaboration

Accountability

Equity

Respect



Very mild eczema

Low potency topical steroid

Hydrocortisone 1% ointment (for all ages)¹ twice daily to all affected areas until skin feels normal.

Mild eczema

Moderate potency topical steroid

Methylprednisolone aceponate 0.1% fatty ointment (≥ 4 months)¹ once daily to all affected areas (including sensitive areas e.g. face, axillae, groin and inner thighs) until skin feels normal.

Moderate to severe eczema

Consider using wet dressings, refer to instructions in **Caring for your child's eczema Health Fact sheet**

Treatment for all sensitive areas (face, axillae, groin, inner thighs)

Methylprednisolone aceponate 0.1% fatty ointment (≥ 4 months)¹ once daily to all affected areas until skin feels normal.

Treatment for moderate eczema on body

Mometasone 0.1% ointment (≥ 1 month)¹ once daily to all affected areas until skin feels normal.

Treatment for severe eczema on body

Betamethasone dipropionate 0.05% ointment (≥ 1 month)¹ once daily to all affected areas (except sensitive areas) until skin feels normal.

If not responsive to treatment

- Check concordance with treatment (frequency of application, amount of topical steroid being used and duration)
- Treat underlying infection if present and consider bleach baths for recurrent infected eczema, refer to instructions in **Caring for your child's eczema Health Fact sheet**
- Consider increasing potency of topical steroid
- Consider differential diagnoses

Specialist referral criteria

Perth Children's Hospital referral criteria for children with eczema:

- Age up to 16 years
- Already on treatment with a topical steroid of at least moderate-high potency and not responding adequately
- Concordance with treatment and optimal general measure

or

- Recurring episodes of infected eczema
- Persistent facial eczema requiring frequent topical steroid
- Any patient with eczema of significant concern that does not meet the above criteria.

If you have a patient for whom you require guidance on eczema management please phone the on call Dermatology Registrar via Perth Children's Hospital Switchboard on 6456 2222.

Please note the age guidelines provided are the ages for which products are licenced and clinical judgement should be used when assessing the suitability for individual patients.

1. Australian Medicines Handbook Children's Dosing Companion Online [internet] Australia: Australian Medicines Handbook Pty. Ltd; 2022.
2. British National Formulary for Children [internet], London: BMJ Group, Pharmaceutical Press & RCPCH Publications Ltd; 2022.

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