



Name: _____
 Date of birth: _____
 Doctor: _____
 Date: _____

Having eczema means your skin is lacking the particular body substances that usually keep skin supple and intact. When damaged, moisture evaporates from the skin, cells shrink and cause cracks. Allergens and irritants can get in, triggering your skin to release certain chemicals that make your skin feel itchy. If you scratch, more chemicals are released and the itchy your skin feels. This *'scratch and itch cycle'* is most distressing.

HOW THIS PLAN CAN HELP YOU
 Whilst there is no cure for eczema, it is possible to moisturise and create a barrier on the surface to keep the added moisture in and the irritants and triggers out. This plan aims to provide strategies to keep your or your child's skin in the best condition possible.

BATHING & SHOWERING
Any product that bubbles is trouble (J. Carr 2006).
 Avoid using soap or soap based products that can thin and dry the skin. Use non-soap based products (bath oils, body washes) that cleanse the skin by helping dirt stick to the product, which is then rinsed off. If you like to use soap on hairy parts of the body, try to use a cleansing bar, but rinse off thoroughly and avoid using it on less hairy skin areas. Non-soap products are mostly available from pharmacies, not supermarkets. Cosmetic body washes are NOT recommended. **Your skin does not have to feel dry and tight to be 'clean'.**

MOISTURISING
 By including effective moisturising into part of your daily routine you will usually find your skin flares less often, the flares may be less severe and you are less prone to infection. It is up to you to maintain this. *It is like a car - if you let servicing and maintenance slip the car will falter. It is the same with your skin.*

INFECTION
 Infection is a common trigger for eczema flares. As damaged skin has a greater chance of becoming infected, it is important to watch for signs of infection, such as redness, weeping sores and/or yellowish crusted sores on the skin. If infected seek antibiotic treatment, prescribed by your doctor, as soon as possible.
 Extra care is needed if a person with eczema is around someone with cold sores, caused by the herpes simplex virus (HSV), which can infect damaged skin, cause blistering and make you very unwell. Seek medical help immediately, if you suspect this infection, as it can be treated with antiviral medication.
Molluscum contagiosum is a warty looking virus commonly occurring in children including those with eczema. Scratching will spread the infection. Although it can be distressing, it will disappear over time without treatment. When Chicken Pox appear, eczema often improves. After the infectious period has passed and scabs appear, eczema often returns, so use your skin care routine to restore moisture.
 As immunisation tries to fool the body into thinking it has an infection, eczema may flare. However it is very important to have immunisations on the correct schedules. You should always tell your doctor that you have eczema before any immunisations.

THE 3 STEPS FOR ECZEMA SKIN CARE STEP 1 - MAINTAIN

- Use a non-greasy moisturiser when skin is under control
 - Use..... cream..... times daily
- Non-greasy creams usually contain glycerine and mineral oils, such as most brands of Sorbolene, QV (Ego), Dermodrate (DermaTech), Hamilton Lotion, Dermaveen Moisture Lotion, Hydraderm, Alpha-keri lotion and Neutrogena moisture creams. Avoid parabens as some people may be sensitive to these.
Suggestion: To help you remember, moisturise at least twice per day, when you clean your teeth.



If skin feels dry or if you need to apply STEP 1 type moisturiser more than 4 times daily, go to STEP 2

STEP 2 - PROTECT & REPAIR

- Use thick creams containing white and/or soft paraffin
 - Use..... cream..... times daily or whenever skin feels dry
- Thicker creams include QV Cream (Ego), Dermaveen eczema cream, Cetaphil (unless nut allergy diagnosed) and E45 (Boots).
Suggestion: You can use step 2 creams during the day and a greasy cream from step 3 at night within a few minutes after bathing.



If skin feels very dry or if any areas look like they might flare, go to STEP 3

STEP 3 - INTENSIVE TREATMENT

- Use greasy creams containing white and soft paraffin
 - Use..... cream..... times daily
- Greasy creams include Dermeze (Aspen) and QV Intensive (Ego).
If your doctor has prescribed topical corticosteroid ointments for when your eczema flares to reduce inflammation, use in the amount suggested by your doctor (refer to Action Plan).

.....BODY only
FACE only

ACTION PLAN FOR Eczema

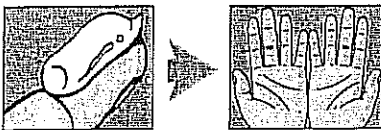
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Applying corticosteroid ointment for eczema



One finger tip unit (FTU) is the amount of ointment from the first bend in finger to the fingertip.

This will cover an area equal to two adult hands.

Guide to applying corticosteroid ointment in children (3mths-10yrs)

(Babies 0-3 months – as advised by Doctor)

Age	3-6 mths	1-2 yrs	3-5 yrs	6-10 yrs	
Number of FTU's	1	1.5	1.5	2	Face & Neck
	1	1.5	2	2.5	Arm & Hand
	1.5	2	3	4.5	Leg & Foot
	1	2	3	3.5	Trunk (Front)
	1.5	3	3.5	5	Trunk (Back)

References:
 Long, Mills, Finlay, British J Derm 1998 (Vol 138, 293-296).
 Topical Corticosteroid Preparations 2007
 www.nhsdirect.nhs.uk

ECZEMA UNDER CONTROL

- Skin is soft and supple (not red or itchy)

ACTION: STEP 1 – MAINTAIN

- Moisturise whole of skin area at least 2 times daily with non-greasy cream
- Remove triggers and do not over heat
- Watch for signs of skin becoming red, frequently itchy and dry
- Moisturiser:
- Non-soap based wash product:

ECZEMA FLARE (MODERATE)

- Skin is itchy, some redness, dryness, flaking

ACTION: STEP 2 – PROTECT & REPAIR

- Apply thick cream to all of skin (contains paraffin or equivalent) during day
- Apply greasy cream at night
- Apply wet wraps at night to protect skin
- Watch for red flares - use prescribed topical corticosteroid ointment on red areas
- May need to use bath oil containing antibacterial preparation
- Watch for signs of infection (weeping, oozing, crusting, pustules, unresponsive eczema, fever or malaise) - may need antibiotic prescribed by doctor
- Moisturiser: day night
- Corticostoid ointment: face body
- Antibiotic:
- Other prescribed medication:
- Bath oil or body wash:

ECZEMA FLARE (MODERATE TO SEVERE)

- When eczema is not responding to above treatments

ACTION: STEP 3 – INTENSIVE TREATMENT

- Apply greasy cream to whole of skin at least 3 times daily
- Use wet wraps, unless eczema is infected
- If infected seek medical advice as soon as possible
- Use corticosteroid ointment prescribed by your doctor
- Moisturiser: day night
- Corticostoid ointment: face body
- Antibiotic:
- Other prescribed medication:

Eczema – a type of "Rash"

Atopic dermatitis – the "eczema" frequently associated with asthma, hay fever, &/or food allergies

Satisfactorily manageable, but NOT curable
COMPLIANCE is the key to SUCCESS

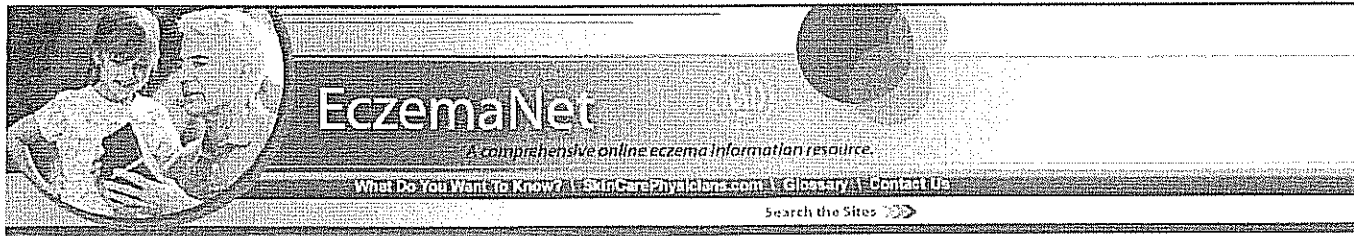
1. **MUST PREVENT SCRATCHING!!!!**
Apply cool compresses to any "itch."
2. **OVERHEATING &/or SWEATING** triggers itch.
Keep in cool environment – always.
3. **PREVENT DRY SKIN (Xerosis)**
Sponge bathe, or 20-30 minute tepid baths
Use a ceramide cleanser (Aveeno Advanced Care)
Use **NO SOAP!!!!!!**
4. **PAT DRY – DO NOT RUB DRY**
Rubbing causes more itching
5. **LUBRICATE, LUBRICATE, LUBRICATE**
Especially after bathing (Ointments are better)
Preferably with a ceramide-containing lubricant
EpiCeram; Aveeno Advanced Care; CeraVe
As often as possible.
6. **AVOID CONTACT WITH ANY "IRRITANT"**
Wool, "all" hairy pets, cleaners, juices from any
food (incl. tomatoes, especially onions and garlic)

7. CREATE A HOUSE DUST MITE-FREE HOME
8. HUMIDIFIER in winter; A/C in summer.
9. APPLY A TOPICAL STEROID TO ECZEMA ONLY
Always an ointment (1%-2.5% hydrocortisone preferably, "more potent" as per physician). 2-3 times a day
10. MUST GET A "GOOD NIGHT'S SLEEP"
Adolescents and adults do best on Ambien!!!!
Infants and children – "consider" chloral hydrate.
Hydroxyzine and "benadryl" are mediocre hypnotics,
other antihistamines are less useful!!!!

SUNLIGHT (ultraviolet light) MAY BE VERY HELPFUL
Recent reports noted that the benefit of UVL is the
Vitamin D produced. Consider taking Vit. D 4000I/U per
day – check with pediatrician for pediatric equivalent.

CLOROX BATHS – 1/3-1/2 cupfuls per tub of tepid water,
bathing for 20-30 minutes, 2-3x/wk, decreases the
colonization of *Staph!*

PROBIOTICS (*Lactobacillus GG* – one capsule/day for
adults; half a capsule for infants and children.) Most
helpful during last trimester of pregnancy, and first year of
life, of potentially "atopic" infant. Works best before the
eczema appears!!!!!!



Find Answers Now
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EczemaNet Article Wet Wraps Can Relieve Severe Eczema

If it seems that absolutely nothing will alleviate that red, cracked, and unbearably itchy skin, you may want to ask your dermatologist about wet-wrap therapy. This therapy has proven effective in treating hand eczema and severe atopic dermatitis.

Studies show that wet-wrap therapy can effectively re-hydrate and calm the skin. In 1 such study, children with severe atopic dermatitis who had not responded to other treatments were treated with wet-wrap therapy. All children experienced significant improvements. In just 1 week, there was a 74% average reduction in itch and the children had less sleep loss. Improvements to their skin lasted well beyond the 2 weeks of treatment.¹

How to Use Wet Wrap Therapy

As the name implies, wet-wrap therapy involves wrapping wet bandages around the affected skin. This is generally done before bedtime. The steps recommended by your dermatologist may differ slightly to accommodate a patient's specific needs. However, the basic technique is as follows:

1. The patient soaks in a bath with bath oil. The water should be lukewarm, and the bath should last 5 to 10 minutes.
2. After bathing, pat the skin partially dry with a towel. Do not rub the skin as rubbing can irritate the skin.
3. Apply moisturizer and medication. This should be applied to the patient's skin as directed by your dermatologist.
4. Moisten the bandages and wrap. The bandages are generally moistened by soaking them in the bathwater or applying moisturizer. Note: When treating an infant or very young child, moistened pajamas may be used instead of wet wraps. Special care must be taken to prevent these children from becoming chilled.
5. Wrap the wet bandages on the area to be treated. Wet bandages can be used on any area of the body that the patient will tolerate, including the face.
6. Lock in moisture by applying dry bandages over the wet ones.

Benefits of Wet Wrap Therapy

The benefits of wet-wrap therapy include:

- Skin re-hydration
- More restful sleep
- Reduced redness and inflammation
- Less frequent itching
- Decrease in the *Staphylococcus aureus* (staph) bacteria found on the skin

Drawbacks of Web Wrap Therapy

Wet-wrap therapy has some drawbacks. It is time-consuming. If you are treating a child, it requires a great deal of patience and supervision. Children tend to squirm when the bandages are being applied and may try to remove the bandages. As one parent said, "It's not a nice thing for any parent to have to do." However, most parents agree that the results are worth the effort when other therapies are not effective.

How to Maintain Results

Wet-wrap therapy is generally used for 1 to 2 weeks. To maintain the results, you must apply moisturizer frequently throughout the day and after bathing. Additionally, triggers must be avoided, and it may be necessary to continue using medication.

If you feel that nothing will bring relief, be sure to talk with your dermatologist about wet-wrap therapy. It may be exactly what is needed to "wrap up" severe eczema.

Reference:

¹ Walkerstarfer A et al. "Efficacy and safety of wet-wrap dressings in children with severe atopic dermatitis: influence of corticosteroids dilution." *British Journal of Dermatology*, 2009 November; 161(5):999-1004.

Did You Know?

Studies show that wet-wrap therapy can effectively re-hydrate and calm the skin.

