

Eczema Update

Primary care 2019

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Childhood Eczema

- Affects 15-20% New Zealand school children
- Preventable cause of skin and soft tissue infection
- Poor adherence to prescribed therapy is commonest cause of treatment failure
- Good management can prevent and minimise exacerbations and infections

National Eczema Clinical Network

- Diagnosis and assessment of eczema
- Outpatient/primary care management of eczema
- Family information and handouts.
- <https://www.starship.org.nz/eczema>

Resources and tools

- Videos
- How to apply emollients
- How to apply topical steroids
- How to bath a baby

<http://www.kidshealth.org.nz/eczema-care-3-easy-steps>

Eczema clinics

Held in Wellington Hospital and Kenepuru Hospital children's outpatient area

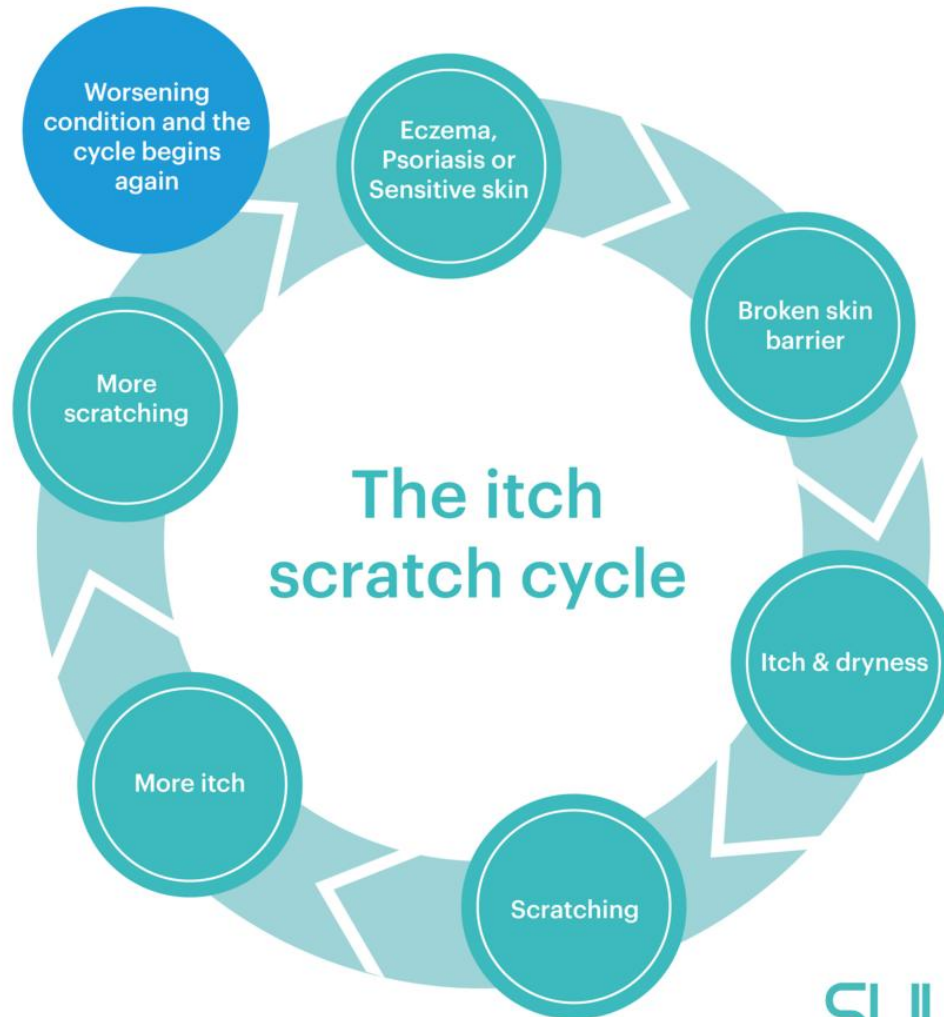
First appointment is an hour with the family

Follow up is a half an hour in clinic

Usually reviewed between 6-8 weeks

Family given contact details and can contact eczema nurse via text, phone or email

Referrals from GP's, well child health providers and paediatricians



SUU
balm™

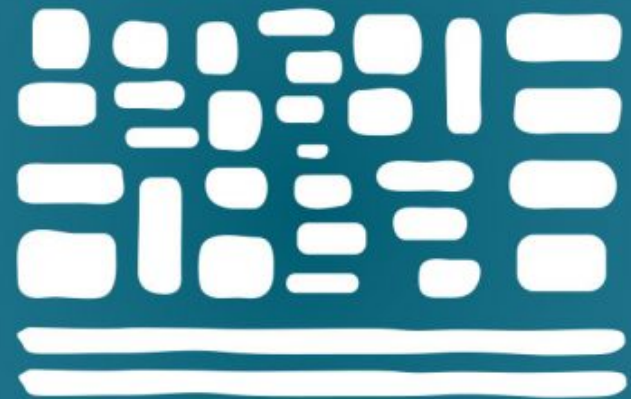
HEALTHY SKIN



Built like a strong brick wall giving your body a protective shield. The bricks (corneocytes) and mortar (lipids) stop irritants from entering.

VS.

ECZEMA PRONE SKIN



Built like a brick wall with a weak mortar structure. The gaps can't keep things in or out. This allows skin to dry out and let irritants in.

Emollients

Reduce/ stop/prevent itch

Dampen down skin inflammatory response

Alleviate discomfort of damaged skin and promotes healing

Long term reduces need for topical steroids



Bathing

Must bath with an emollient

Increase volume of emollient in response to skin integrity/dryness

Ideally emulsifying-melted in hot water

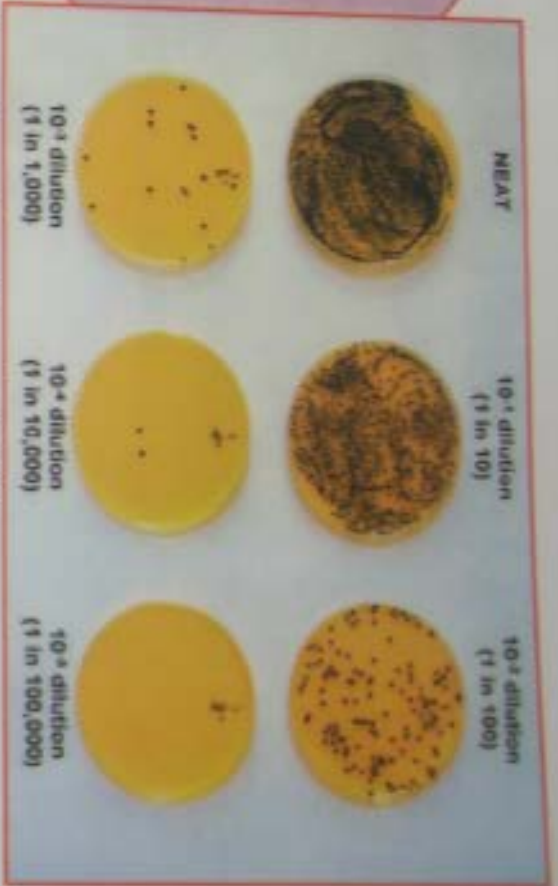
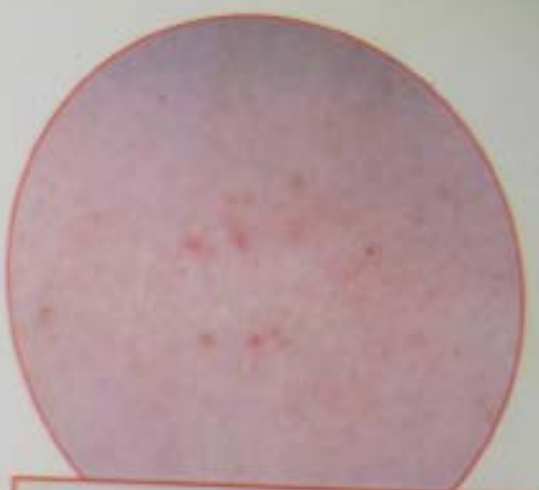
Bath water can be warm as child likes

Add antimicrobial as required

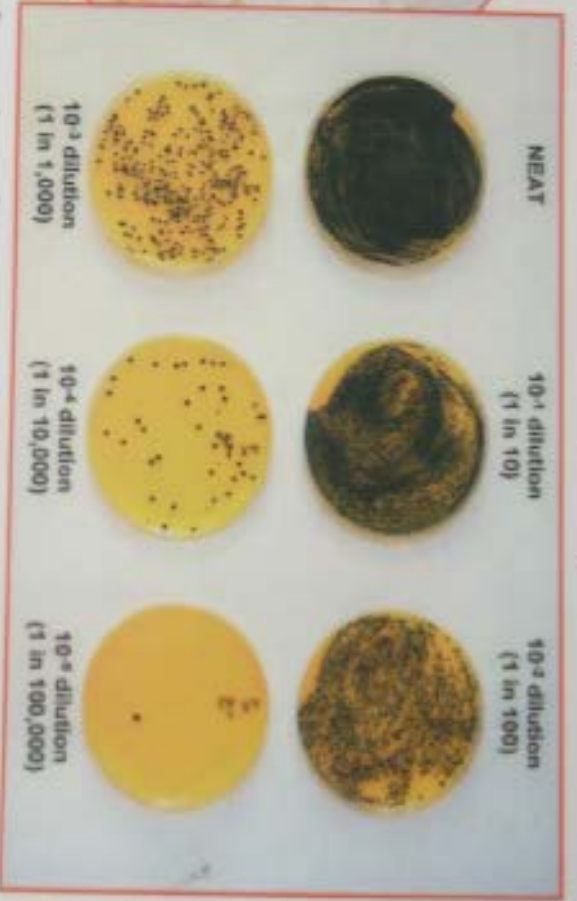
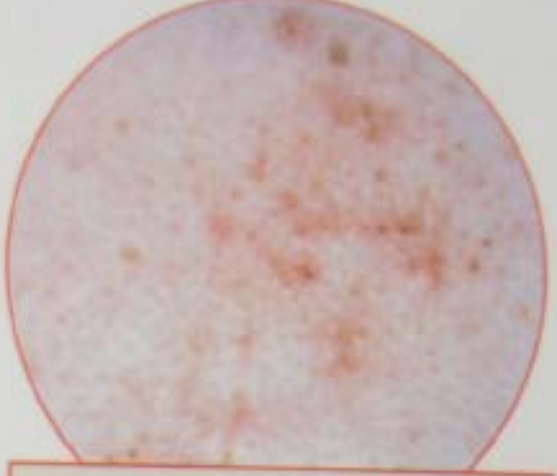
Time soaking should be between 10-15mins

Ideally daily

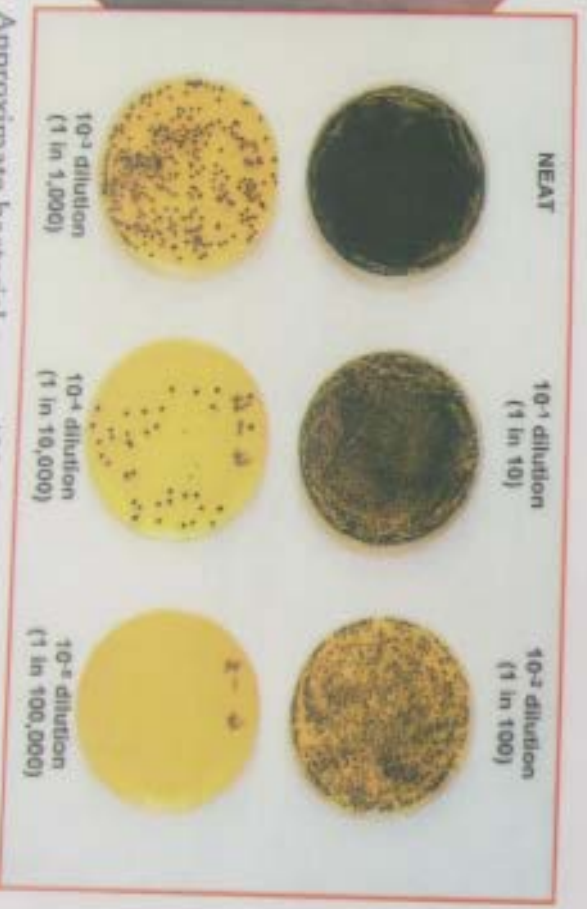
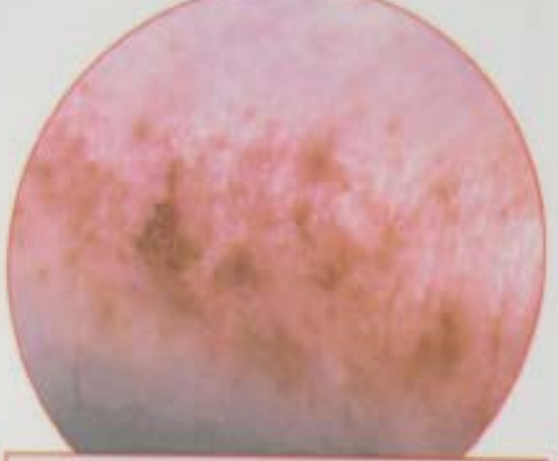




Approximate bacterial count 16,000/sq.cm.



Approximate bacterial count 450,000/sq.cm.



Approximate bacterial count 490,000/sq.cm.

Antimicrobials



Not evidence based except bleach

These work well

Benpanthan first aid cream acts as a barrier and antimicrobial

QV flare up bath oil or QV cream are available

Can use bleach twice weekly in a bath WITH melted emulsifying ointment

Skin Infections

Need close review of history, management and physical reassessment.

The importance of good hygiene- good handwashing, covering of wounds, decanting emollients.

Environmental hygiene measures- cleaning surfaces, hot washing towels and bed linen.

Decolonisation

- Consider when child and or family members have recurrent infections despite optimal hygiene measures in place.
- Nasal decolonisation with topical antibiotic- BD for 5 days.
- Topical body decolonisation with antiseptic solution (chlorhexidine), apply over whole body for 5 days.
- Wipe all surfaces with warm water and detergent.
- Hot wash clothes, bed linen and towels once during the first 5 days.

Topical Steroids



Topical Steroids

- Key treatment to use in conjunction with emollients
- Can be used on broken skin
- Can be used when skin infected
- Use readily and in adequate amounts
- Skin must be hydrated before stopping

Classes of Topical Steroids

1- Very Potent

Up to 600x hydrocortisone i.e. Dermol

2- Potent

Up to 150-100x i.e. Beta cream, momethasone

3- Moderate

Up to 2-25x i.e. Arsticort

4- Mild

Hydrocortisone 0.5 – 2%

Wrapping

Provides increased hydration of the skin

Enables healing and skin repair

Useful where emollient will not or cannot be applied frequently enough

Provides a physical barrier and reminds the child they are scratching

Diet and Eczema

Current evidence suggests that generally food exclusion does not improve or prevent eczema

An immediate reaction to food , usually within 30 mins- hives, lip swelling, vomiting is required for diagnosis of food allergy

Unwarranted food avoidance can produce nutritional deficiencies and adversely affect growth

Good skin care remains the cornerstone of eczema management

Useful website for caregivers- www.allergy.org.au/patients/allergy-prevention allergy prevention guidelines

Management Recap

Emollient- reduce itch, repair skin function

Bath or shower with emollient and add antimicrobials as needed

Topical steroid – underuse is a common reason for poorly controlled eczema

Barriers for protection /prevent irritation

Generally food restrictions and antihistamines don't generally help

Emollients can help prevent eczema ,reduce symptoms and the need for topical steroids

Case study

- 3yr old boy
- eczema developed as an infant and last 6 months skin difficult to manage
- numerous courses of oral antibiotics for skin infections
- eczema widespread and very itchy. Wakes frequently in the night due to itchy skin
- Attends full time day-care
- widespread bacterial colonisation
- lichenified skin around elbow and knee flexures

Plan of care

- family very motivated to improve skin
- to apply emulsifying ointment at least twice a day to entire body and face
- to apply Sorbolene at least 2-3 times while at day-care
- bath daily using 2 handfuls of melted emulsifying ointment
- twice weekly add QV flare up bath oil
- hot wash towels, linen and clothes regularly
- apply 1% hydrocortisone for mild flares, locoid for the more severe patches
- given wraps for trunk and legs

Acknowledgement

I would like to acknowledge the support and use of some of the slides for the above presentation from Debbie Rickard- Nurse Practitioner

Questions and discussion

