



**Texas Children's Hospital
Dermatology Service
PCP Referral Guidelines- Atopic Dermatitis (AD)**

Diagnosis: **ATOPIC DERMATITIS (AD)**

Referring providers should follow TCH's Dermatology Service guidelines (listed below) for at least 1 month and then refer if no improvement.

Atopic Dermatitis

Treatment includes:

- Family education on the chronic and relapsing nature of the disease
- Emphasis should be placed on gentle skin care methods: Dry & Sensitive Skin Care Recommendations (see page 2)
 - daily baths with lukewarm water, for less than 10 minutes, using fragrance-free cleanser (see suggested listed products)
 - avoid scrubbing
 - application of fragrance-free moisturizer (heavy cream or ointment) all over at least twice a day

- Initiate therapy with consideration for severity and site e.g.: How to Use Your Eczema Medications (see page 3)
- Mild eczema of the face or body – desonide 0.05% ointment or hydrocortisone ointment 2.5% (Class V). Apply twice daily to affected areas.
- Eczema involving the eyelids, neck or similar sensitive areas – consider topical immunomodulator Protopic ointment (tacrolimus) 0.1% or 0.03% or Elidel cream (pimecrolimus) 1%. Apply twice daily to affected areas.
- Moderate to severe eczema of the body – triamcinolone 0.1% ointment or similar class III-IV topical corticosteroid. Apply twice daily to affected areas.
- Wet wraps for flares or persistent areas: Wet Wrap Instructions (see page 4)

- **Ointments are preferable** to creams due to increased efficacy and reduced irritation.
 - Use creams only if this will increase compliance.
- If moderate to severe, initiate treatment **twice daily**, and decrease to daily or prn once controlled.
- For associated pruritus, initiate systemic antihistamines at bedtime to aid in sedation as appropriate for weight/age. Examples include:
 - Benadryl
 - Hydroxyzine

When to initiate referral:

- Severe and poorly controlled disease despite management recommendations. (e.g. mid-potency topical steroids (class III or class IV), wet wraps therapy and/or oral antihistamines)



Dry and
Skin Care

Soap:

Dove for Sensitive Skin (bar or liquid)
CeraVe Cleanser
Cetaphil Gentle Skin Cleanser or Bar (not face wash)
Oil of Olay for Sensitive Skin (bar or liquid)
Vanicream Cleansing Bar
Aveeno Advanced Care Wash

Sensitive
Product

Detergent:

Tide Free
Cheer Free
All Free and Clear
Purex Free

Fabric Softener:

Bounce Free
Downy Free and Clear

Moisturizer:

Aquaphor Ointment
Vaseline Ointment (no fragrance!)
Vanicream
Cetaphil Cream
CeraVe Cream
Aveeno Advanced Care Cream
Eucerin Cream

Sunblock:

Vanicream Sensitive Skin SPF = 30 or 60
Neutrogena Sensitive Skin SPF = 60+
Neutrogena Pure & Free Baby SPF =60+

Diaper Cream:

Triple Paste
Aquaphor Ointment
Vaseline Ointment



How To Use Your Eczema/Atopic Dermatitis Medications

Bathing

- One short, warm bath or shower for 10 – 15 minutes daily is recommended with gentle cleanser (refer to pg. 2)
- Pat dry after bath/shower and IMMEDIATELY apply medications and/or moisturizers to slightly damp skin.

Moisturizers

- Frequent and generous moisturizing is the key to good eczema control.
- It should be done a **minimum** of twice daily and three to four times daily when possible.
- Creams or ointments work best for eczema and most often come in a **tub** or **jar**. Lotions should be avoided.
- Vaseline is messy but very effective and inexpensive! If too messy for frequent use, try using only at bedtime and a cream during the day (refer to recommendations on page 2)
 - Our recommended moisturizers have no perfumes or fragrances, so are less likely to irritate the skin.
 - Vaseline and Vanicream are especially good for children who complain of “stinging” with moisturizing.

Topical Non-Steroid Medications

Protopic/Elidel

- A thin layer of medication should be used to RASHED areas only. Skin should be dry when medicine is applied to decrease the stinging sensation some children feel with the first few applications.
- A generous layer of moisturizer should be applied **after** the medication and applied from head to toe.
- Moisturizer should again be applied at least one other time during the day, such as after the afternoon nap or when child arrives home from school.
- The topical medication should be used **twice a day**, once in the morning and again at bedtime.
- These medications **are safe** for use on all skin surfaces including the face, diaper area and underarms for a two week period or intermittently (such as twice daily two to three times a week) when rash present.

Topical Steroid Medications

- Apply a thin layer of steroid to rashed areas only.
- A generous layer of moisturizer should be applied **AFTER** the medication to all areas of body.
- Most topical steroids should be used **twice a day**, once in the morning and again at bedtime. You will be instructed if the medication is to be used only once daily.
- Stronger steroids **should not** be applied to the face, diaper area or underarms **unless** specifically told to do so by your doctor.
- Once rash is improved or gone, go back to using moisturizers alone.



Oral Medications for Itching

Hydroxyzine/Atarax, Cyproheptdine/Periactin, Diphenhydramine/Benadryl

- These medications are only to be given on bad nights when itching is severe.
- They work by making your child sleepy!
- Give 20 – 30 minutes prior to bedtime.

“Wet Wraps”

- **Wet Wraps** with topical steroids are very effective in calming down a flare and can be done before calling the doctor.
- Wet wraps can be done several different ways:
 - A. Apply steroid to **RASH**
 - B. Follow with a generous layer of Vaseline or Vanicream to all skin
 - C. Take a pair of long sleeved, long legged pajamas and wet them with warm water
 - Pajamas should be white and cotton
 - D. Wring out the excess water
 - E. Put warm, damp pajamas on child
 - F. Cover damp pajamas with a second pair of dry pajamas.
 - G. Leave on for at least 1 hour (overnight if possible, especially for severe flares)

Variations:

- A. Warm, moist socks can be used for hands and feet.
- B. For older children, arms, legs and trunk can be wrapped in warm, moist towels.
- C. “Spot treatments” can be done for severe areas, such as knees and elbows using warm, moist cotton dishtowels or washcloths.

When to Call the Doctor

- Call if you use the topical steroid for 7 to 14 days without improvement.
- Call if child develops pus bumps, water-filled blisters, yellow drainage, or other signs suggestive of infection.
- Call if you have any questions about the medications or skin care.
- Please have your pharmacy phone number available as medication changes may be made.