



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

Diagnosis: **ATOPIC DERMATITIS (AD)**

PATIENT ADVICE:

- Unfortunately, there is no cure for atopic dermatitis, so your child's rash will come and go.
- **Daily skin care for your child's dry and sensitive skin:**
 - Daily or every-other-day bath with lukewarm water, for less than 10 minutes, using fragrance-free cleanser
 - Apply moisturizer (example Vaseline petroleum jelly) all over the body at least twice a day.
- **For eczema flares:**
 - Apply topical medications prescribed by your doctor only to the red rash twice daily as needed.
 - After medications are applied to affected areas, apply moisturizer (example Vaseline petroleum jelly) to the entire body. Your topical medications are NOT a substitute for moisturizers.**
- Your doctor has prescribed the following medications for eczema flares. You will still need to use a moisturizer (example Vaseline petroleum jelly) while using these medications.

SCALP: _____

EYELIDS: _____

FACE: _____

NECK: _____

BODY (trunk, arms, legs):

Mild _____

Moderate _____

Severe _____

Oral medicine for itching: _____

- **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 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.

Educational recommendations are made from the best evidence, expert opinions and consideration for the patients and families cared for by the service. This is NOT intended to impose standards of care preventing selective variation in practice that are necessary to meet the unique needs of individual patients. The physician must consider each patient's circumstance to make the ultimate judgment regarding best care.



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PRESCRIBE ADVICE:

- **Ointments are often preferable** to creams due to increased efficacy and reduced irritation. Use creams only if this will increase compliance. We do NOT recommend compounded steroid and moisturizer combinations.
- Initiate treatment **twice daily**, and decrease to daily or as needed once controlled.
- We do **NOT** recommend the use of systemic steroids (oral, intramuscular, or intravenous) for routine management of atopic dermatitis.

Location	
Eyelids	Elidel 1% cream (or other calcineurin inhibitor)
Face	Hydrocortisone 2.5% ointment (or other Class 6 or 7 topical steroid)
Body	Thin/mild: Triamcinolone 0.1% ointment (or other Class 3, 4 topical steroid) Thick/severe: Mometasone 0.1% ointment (or other Class 1 or 2 topical steroid)
Scalp	Mild (or patients with dry hair): Fluocinolone 0.01% (Derma-smoothe) oil Severe: Clobetasol 0.05 % solution

- For long-standing eczema, may initially need to use topical steroids continuously for 2-4 weeks before improvement may be seen.
- For associated pruritus, initiate systemic antihistamines as appropriate for weight/age.

REFERRAL GUIDELINES:

MILD to MODERATE:

Please try guidelines for 3 months and assess response prior to referral.

SEVERE (DESPITE MAXIMAL TOPICAL THERAPY AND WET WRAPS):

Please call the on-call dermatologist for recommendations and expedited appointment.

Page 2: Alternative therapies

Page 3: Skin care product recommendations

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ALTERNATIVE THERAPIES

Calcineurin inhibitors	Pimecrolimus (Elidel) 1% cream Tacrolimus (Protopic) 0.03%, 0.1% ointment
Phosphodiesterase inhibitors	Crisaborole (Eucrisa) 2% ointment *** not well tolerated due to irritation

Potency	
Class 7 (low potency)	Hydrocortisone 1% ointment, cream Hydrocortisone 2.5% ointment, cream
Class 6 (low potency)	Alclometasone dipropionate 0.05% ointment, cream Triamcinolone acetonide 0.025% cream Triamcinolone acetonide 0.1% cream Desonide 0.05% ointment, cream Fluocinolone acetonide 0.01% ointment, cream
Class 5 (medium potency)	Betamethasone valerate 0.1% cream Clocortolone pivalate 0.1% cream Fluocinolone acetonide 0.025% cream, oil Fluticasone propionate 0.05% cream Flurandrenolide 0.05% cream Hydrocortisone butyrate 0.1% ointment, cream Hydrocortisone probutate 0.1% cream Hydrocortisone valerate 0.2% cream Prednicarbate 0.1% ointment, cream Triamcinolone 0.025% ointment
Class 4 (medium potency)	Desoximetasone 0.05% cream Fluocinolone acetonide 0.025 % ointment Flurandrenolide 0.05% ointment Hydrocortisone valerate 0.2% ointment Mometasone furoate 0.1% cream Triamcinolone acetonide 0.1% cream
Class 3 (high potency)	Amcinonide 0.1% cream Betamethasone dipropionate 0.05% cream Betamethasone valerate 0.1% ointment Diflorasone diacetate 0.05% cream Fluticasone propionate 0.005% ointment Triamcinolone acetonide 0.1% ointment Triamcinolone acetonide 0.05% cream
Class 2 (high potency)	Amcinonide 0.1% ointment Betamethasone dipropionate 0.05% ointment, cream Clobetasol propionate 0.05% solution Desoximetasone 0.025% ointment, cream Diflorasone diacetate 0.05% ointment, cream Fluocinonide 0.05% ointment, cream, solution Halcinonide 0.1% ointment, cream Mometasone furoate 0.1% ointment Triamcinolone acetonide 0.5% ointment
Class I (ultrapotent)	Clobetasol propionate 0.05% ointment, cream Betamethasone dipropionate 0.05% ointment Diflorasone diacetate 0.05% ointment Fluocinonide 0.1% cream Flurandrenolide tape 4 mcg/cm ² Halobetasol propionate 0.05% ointment, cream

- Modified from Bologna JL, Jorizzo JL, Schaffer JV. Glucocorticosteroids. *Dermatology*. 3rd ed. 2012. Ch 125, p. 2079.



DRY AND SENSITIVE SKIN CARE RECOMMENDATIONS

<u>Soap:</u>	Dove for Sensitive Skin (bar) 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
<u>Detergent:</u>	Tide Free Cheer Free All Free and Clear Purex Free
<u>Fabric Softener:</u>	Bounce Free Downy Free and Clear
<u>Moisturizer:</u>	Vaseline Ointment (no fragrance!) Aquaphor Ointment (contains lanolin) Vanicream Cetaphil Cream CeraVe Cream Aveeno Advanced Care Cream Eucerin Cream (contains lanolin)
<u>Sunblock:</u>	Vanicream Sensitive Skin SPF = 30 or 60 Neutrogena Sensitive Skin SPF = 60+ Neutrogena Pure & Free Baby SPF =60+
<u>Diaper Cream:</u>	Triple Paste Aquaphor Ointment Vaseline Ointment



WET WRAP INSTRUCTIONS

- Flaring is part of eczema and will most often occur without any known reason.
- **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:
Give your child a bath as usual.

- A. Apply appropriate steroid to rash. Follow with a generous layer of Vaseline to all skin.
- B. Take a pair of long sleeved, long legged cotton pajamas and run wet with warm water
- C. Wring out the excess water
- D. Put warm, damp pajamas on child, then cover with a dry layer of clothing.
- E. Leave on at least 1-2 hours (overnight is preferred for severe flares).
- F. When wet pajamas are removed, a generous layer of moisturizer should be re-applied.

Variations:

- a. Warm, damp cotton 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.
- Do not allow child to become chilled.
 - Wet wraps can be done one to two times daily.