



## Recommended General Measures for All Children

**Bath or shower daily** (short, less than 5 minutes using lukewarm water with bath oil or soap free wash; avoid soap and bubble baths).

**Moisturise the whole body and face once to twice daily.** The drier the skin, the thicker the cream or emollient needs to be. Use a cream or ointment rather than a lotion as it is more moisturising and less likely to sting. Avoid products with fragrances.

**Avoid overheating** the child by not over-dressing during day and night. Keep **nails short** to avoid damage to the skin from scratching.

**Avoid irritants** where possible. Rinse after chlorine or salt water exposure. Minimise skin contact with grass, sand and carpet.

## TOPICAL STEROIDS

Topical steroids are safe and effective in the treatment of eczema. 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 steroids liberally to cover all eczema affected areas, not just the worst areas, until the skin feels normal.**

Post inflammatory hypo and hyper-pigmentation is a common result of eczema, and usually self resolves without steroids.

**Steroids are usually packed in small tubes, patients will often require more than a single tube.**

**Ensure that the number of tubes prescribed is adequate for liberal application by providing authority scripts.**

### Very Mild Eczema

**Low Potency Topical Steroid**  
Hydrocortisone 1% ointment  
Twice daily until the skin feels normal

### Mild to Moderate Eczema

**Moderate Potency Topical Steroid**  
Methylprednisolone aceponate 0.1% (fatty o.)  
On all affected areas including sensitive areas (face, axillae, groin, inner thighs)  
Once daily until the skin feels normal

### Moderate to Severe Eczema

Consider using [wet dressings](#)

#### FIRST LINE (Moderate Potency)

Methylprednisolone aceponate 0.1% fatty ointment  
On all affected areas including sensitive areas (face, axillae, groin, inner thighs)  
Once daily until the skin feels normal

#### SECOND LINE (High Potency)

Mometasone 0.1% ointment or Betamethasone dipropionate 0.05% ointment  
On all affected areas except sensitive areas  
Once daily until the skin feels normal

## Check Response

**If not responsive to treatment:**

- check compliance (frequency of application, amount of topical steroid and duration)
- treat underlying infection if present and consider [bleach baths](#)
- consider increasing potency of topical steroid
- consider if the diagnosis is correct (the rash may not be eczema, consult with a specialist)

## Specialist Referral Criteria

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

Age up to 16 years; and

Already on treatment with a topical steroid of moderate-high potency and not responding; and

Compliant with topical steroid use and optimal skin care as recommended;

OR:

Recurrently infected eczema; or

Persistent facial eczema requiring frequent topical steroid; or

Any patient with eczema of significant concern to the parent or GP that does not meet the above criteria.

If you have a patient and require guidance on eczema management, please call the Dermatology Registrar via Perth Children's Hospital switchboard on (08) 6456 2222.

