

# ACTION PLAN FOR Eczema (Atopic Dermatitis)



Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Plan prepared by Doctor: \_\_\_\_\_ or Nurse Practitioner: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In order to manage your eczema or your child's eczema you should follow all of the selected recommendations below:

## ACTION: MAINTAIN AND PROTECT SKIN

- Apply \_\_\_\_\_ moisturiser at least \_\_\_\_\_ times/day
- Bath/shower with \_\_\_\_\_ (non-soap based body wash or oil)
- Immediately apply \_\_\_\_\_ moisturiser after bath/shower
- Additional bath instructions: \_\_\_\_\_
- Wet dressings: \_\_\_\_\_ times/day; \_\_\_\_\_ times/night

## ACTION: TREAT FLARE

### FACE TREATMENT

- Mild to moderate flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Severe flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Night time application: \_\_\_\_\_  ointment or  cream

### BODY TREATMENT

- Mild to moderate flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Severe flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Night time application: \_\_\_\_\_  ointment or  cream

NOTE: Continue to use recommended treatment until  skin looks and feels normal,  or for \_\_\_\_\_ days

## ACTION: CONTROL ITCH

- Cold Compress  Specifically designed garments: \_\_\_\_\_
- Antihistamine: \_\_\_\_\_ Dose:  1,  2 \_\_\_\_\_ mg tablet or \_\_\_\_\_ ml;  1 or  2 times/day
- Other: \_\_\_\_\_

## ACTION: CONTROL AND PREVENT INFECTION

- Bleach baths  1,  2 or  3 times/week:
  - \_\_\_\_\_ mls unscented domestic bleach (~4 - 4.5%)/ \_\_\_\_\_ ml water OR
  - \_\_\_\_\_ mls unscented domestic bleach in  full, or  1/2 bath
  - Additional instructions: \_\_\_\_\_
  - Rinse and immediately apply moisturiser after bleach bath
- Nasal ointments: \_\_\_\_\_  1,  2 times/day
- Treatment oral antibiotic: \_\_\_\_\_ Dose:  1,  2 \_\_\_\_\_ mg tablet or \_\_\_\_\_ ml; \_\_\_\_\_ times/day for a total of \_\_\_\_\_ days
- Oral antibiotic prophylaxis: \_\_\_\_\_ Dose: \_\_\_\_\_ mg tablet or \_\_\_\_\_ ml; \_\_\_\_\_ times/day
- Varicella vaccination  Additional instructions: \_\_\_\_\_

## ACTION: AVOID TRIGGERS AND IRRITANTS

- House dust mite  Perfumed products
- Other confirmed allergens: \_\_\_\_\_  Sand and sand pits
- Soap products including bubble bath  Chlorinated pools
- Wool and nylon  Other irritants: \_\_\_\_\_