

Atopic Dermatitis Action Plan

The goals of atopic dermatitis treatment should be to allow you or your child to participate fully in social and school activities; have little or no rash; experience minimal or no side effects from medicines; feel good about appearances and sleep without waking up from itching. Atopic dermatitis can vary according to severity over time. Management should be approached in a step-wise fashion depending on the severity of dermatitis. The following steps are one potential approach that can be taken:

Mild Atopic Dermatitis:

- Bathe or shower once each day using warm, but not hot, water for about 10 minutes.
- A mild soap (such as Dove, Basis, Cetaphil or Oil of Olay-Sensitive Skin Formula) should be used as needed.
- Gently pat away water and immediately apply a moisturizer or skin medication such as a topical steroid, to the skin rash while the skin is still damp.
- Low potency topical corticosteroids (such as Hydrocortisone ointment/cream, Aclovate ointment/cream, Desonide ointment/cream) or a topical calcineurin inhibitor [Elidel® (1% cream)] can be used to areas of mild eczema twice daily.
- Moisturizers (such as Eucerin, Vanicream®, Cetaphil, Lubriderm, Aquaphor ointment/cream) should be applied generously to clear areas immediately after the bath or shower. Moisturizers may be applied on top of topical steroids or calcineurin inhibitors, but not until these have absorbed into the skin (at least 30 minutes or longer).
- Other medications _____

Moderate or Severe Atopic Dermatitis:

- Bathe once or twice daily for about 10 minutes each in warm water, morning and evening.
- Gently pat away water and immediately apply a skin medication to the skin rash while the skin is still damp.
- Calcineurin inhibitors (Elidel® (1%) cream or Protopic® (0.03% or 0.1% ointment) can be applied on any affected part of the body two times a day, including the face, groin and underarms.
- Alternatively, a medium strength corticosteroid (e.g. triamcinolone ointment, Cutivate ointment/cream, Elocon ointment/cream) can be applied to affected areas on the body and hands, and low potency corticosteroids applied to the face, groin and underarms, twice a day. Topical steroids should generally be limited to 3 to 4 weeks of continuous usage

- A moisturizer should be applied to the unaffected areas of the skin within minutes after bathing. Moisturizers may be applied on top of topical steroids or calcineurin inhibitors, but not until these have absorbed into the skin (at least 30 minutes).
- Use Zyrtec 10 mg or another non-sedating antihistamine each morning for nasal allergies which can aggravate facial eczema due to scratching of the nose.
- Use a sedating antihistamine like benadryl or atarax at night, if you need help with sleep and control of itching.
- After resolution of acute inflammation, apply maintenance calcineurin inhibitors (Elidel® or Protopic) twice a day for at least another week then at the first signs of itching or topical corticosteroids (e.g. Cutivate® or Elocon®) two times a week to areas of skin that frequently flare.
- Other medications _____

Severe Atopic Dermatitis - Acute flares:

- Bathing can be increased to three times daily for 10-20 minutes each in warm water, occurring morning, mid-day (optional) , and at bedtime.
- Apply a high-potency topical corticosteroid (e.g. Lidex ointment/cream, Diprolene ointment/cream, Temovate ointment/cream) to areas of the body, arms and legs with eczema involvement after the morning and bedtime bath. BE AWARE that prolonged use of high-potency topical corticosteroid can result in skin atrophy, skin stretch marks or other side effects. Therefore this must be done under the supervision of your physician.
- Calcineurin inhibitors (Elidel® (1%) cream, a.k.a. pimecrolimus, or Protopic® (0.03% or 0.01%) ointment, a.k.a. tacrolimus) can be applied on any affected part of the body two times a day, including the face, groin and underarms.
- Moisturizers should be applied to the unaffected areas after morning and bedtime bath and to the entire body after the mid-day bath.
- Use sedating antihistamines (Benadryl a.k.a. diphenhydramine/Atarax a.k.a. hydroxyzine) at bedtime for severe itching or sleep disturbance. If these don't work, speak to your doctor about a stronger sleep medication.
- Use Zyrtec, a.k.a. cetirizine, 10 mg or another non-sedating antihistamine each morning for nasal allergies.
- Ask your physician about possible bacterial or viral skin infection. If present use medication to eliminate the infection.

Assess whether allergens may be triggering your eczema.

- After resolution of acute inflammation, apply maintenance topical corticosteroids (as prescribed by your physician) two to three times a week to areas of skin that frequently flare. Alternatively,

your physician may prescribe calcineurin inhibitors (Elidel® (1%) cream, a.k.a. pimecrolimus, or Protopic® (0.03% or 0.01%) ointment, a.k.a. tacrolimus) to be applied topically (usually twice a day for at least another week then at the first signs of itching).

- Control of severe atopic dermatitis may require phototherapy or systemic anti-inflammatory drugs such as prednisone, cyclosporine, etc. These should be done under the supervision of an atopic dermatitis specialist.
- Other medications_____