



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: _____

ACTION: TREAT FLARE AND SEVERE ECZEMA

If prescribed, use topical corticosteroid or calcineurin inhibitor ointments or creams listed below.
Apply moisturiser after using the prescribed treatment.

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

Continue to use recommended treatment until skin looks and feels normal, or for _____ days

- If prescribed, use immune modulating treatment for severe eczema: _____

ACTION: CONTROL ITCH

- Wet dressings/wraps: _____ times/day; _____ times/night. Note: These can also be used to maintain and protect skin.
- Cool Compress Specifically designed garments: _____
Note: Wet dressings/wraps and cool compresses can also be used to treat eczema flares.
- 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: _____
 - 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 mites Other confirmed allergens: _____
- Irritants - perfumes, soaps, clothing Other irritants: _____