



Clinical Thresholds

Condition or Treatment	Atopic Eczema in Children
Commissioning Threshold	<p>Most children with Atopic Eczema can be managed conservatively in primary care. Conservative treatment comprises the use of emollients and topical steroids of appropriate strengths and quantities given for defined periods (see BNF Section 13.4). Antibiotics are used for patients with suspected secondary bacterial infection and oral aciclovir for suspected herpes simplex infection. Bandaging (such as wet wraps or zinc paste) and sedative antihistamines are also used.</p> <p>Referral to Secondary Care Services Patients should be referred to secondary care if they have any of the following:</p> <ul style="list-style-type: none"> • severe infection with herpes simplex (eczema herpeticum) is suspected • the disease is severe and has not responded to appropriate therapy in primary care • the rash becomes infected with bacteria (manifest as weeping, crusting, or the development of pustules), and treatment with an oral antibiotic plus a topical corticosteroid has failed • the rash is giving rise to severe social or psychological problems; prompts to referral should include sleeplessness and school absenteeism • treatment requires the use of excessive amounts of potent topical corticosteroids <p>Consider referring to the GPwSI/secondary care if:</p> <ul style="list-style-type: none"> • management in primary care has not controlled the rash satisfactorily. Ultimately, failure to improve is probably best based upon a subjective assessment by the child or parent. <p>Prior to referral</p> <p>Referral should only be made if patients have had initial treatment in primary care with emollients, antibacterials and steroids.</p>
Referral Guidance	Referral guidance only. If the request meets the identified criteria the referral form needs to be completed and submitted via RSS.
Effective from	April 2013
Summary of evidence / rationale	Atopic eczema is common and its prevalence is increasing. It affects up to 15% of children and accounts for around one third of dermatological consultations in general practice. It usually starts in the first years of life and over 60% of children will have cleared by the time they reach their teens.

	The condition, which generally waxes and wanes, is itchy, often unsightly and can lead to secondary complications (such as infection). It can also cause sleep disturbance, family disruption and loss of self-esteem. Atopic Eczema presents as an itchy, patchy, erythematous rash, often with excoriation and bleeding.
Date	October 2014
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Contact for this policy	Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net

References:

1. Guidelines for the management of atopic eczema Primary Care Dermatology Society & British Association of Dermatologists
<http://www.pcds.org.uk/images/stories/pcdsbad-eczema.pdf>
2. Clinical Knowledge Summaries. Atopic Eczema. <http://cks.nice.org.uk/eczema-atopic>