

## CPO Childhood Eczema Pathway

### Purpose

To provide support for intensive management of children with severe eczema that is not responding to treatment and requiring additional clinical input to prevent a hospital admission.

### Eczema

Eczema is a dry, itchy, inflammatory, chronic skin disease that typically begins in early childhood. Eczema follows a remitting and relapsing course. Most children will "grow out of" eczema in childhood.

Eczema is a TOPICAL problem with a TOPICAL solution. The key to effective eczema management is EDUCATING whānau, emphasising the importance of EMOLLIENTS and correct use of steroids.

There is no cure for eczema, however if treated and managed well the disease has less impact on daily living and is less likely to have a negative effect on quality of life for the patient and family

This pathway is to be used as a guide and doesn't replace clinical judgement. You will find links to guidelines, below, to help you to deliver care to whānau

#### Who is the CPO pathway for?

**CPO is intended to reduce *acute* admissions to secondary care.**

Funding is available for:

Children under 15 years with

- Infected/flared eczema that is **NOT** responding to treatment OR
- **SEVERE** eczema requiring intensive management/clinical input

#### Not Included under CPO:

Assessment and management of:

- contact dermatitis/eczema - includes irritant and allergic contact dermatitis
- seborrhoeic eczema
- Mild and Moderate Eczema
- Everyday management of eczema

#### Consider Differential Diagnoses

- Seborrhoeic dermatitis
- Scabies and other infestations
- Contact dermatitis – allergic and irritant
- Psoriasis
- Fungal infection

#### Red Flags

Refer to hospital for admission for:

Eczema herpeticum

- rapidly worsening, painful eczema (e.g. less than 12months)
- uniform, punched out erosions
- often associated with fever and malaise

Severe, infected eczema

- severe, widespread pustules or weeping lesions AND fever

Under 4 months old +

- Weight loss

## Eczema Assessment

### 1. Assess eczema severity

Use the Patient Orientated Eczema Measure (POEM) to measure severity of eczema

<https://www.nottingham.ac.uk/research/groups/cebd/documents/methodologicalresources/poem-for-proxy-completion.pdf>

Eczema	Characteristics
<b>Mild eczema</b>	<ul style="list-style-type: none"> <li>• areas of dry skin</li> <li>• infrequent itching</li> <li>• small localised areas of redness</li> <li>• little to no impact on everyday activities and sleep</li> </ul>
<b>Moderate eczema</b>	<ul style="list-style-type: none"> <li>• areas of dry skin</li> <li>• frequent itching</li> <li>• areas of redness involving joint flexor or extensor surfaces with or without: <ul style="list-style-type: none"> <li>- excoriation</li> <li>- skin thickening</li> <li>- occasional sleep disturbances</li> </ul> </li> </ul>
<b>Severe eczema</b>	<ul style="list-style-type: none"> <li>• widespread dry skin</li> <li>• intense/constant itching</li> <li>• widespread redness</li> <li>• Sleep disturbance</li> </ul>

### 2. Ask whanau about current management plan

- What emollients are currently being used? How often are they applied? How are they applied?
- What steroids are being used? Where are they being used? How often are they being applied? How much is being applied?
- What bathing routines are in place?
- What triggers have been identified by the whanau? e.g. soap, pollen, washing powder (it is important to note the eczema is a TOPICAL skin condition with a TOPICAL solution – food is very rarely a trigger for eczema)

### 3. Assess for infection

The usual organism is Staphylococcus aureus. Swabs are usually unnecessary unless poor response to treatment or chronic, severe patient. See red flags with regards to eczema herpeticum. Consider infection if: Pustules, weeping, crusted, sudden generalised flare of eczema, increased itch

#### Consider MRSA

Consider MRSA if not responding or with strong risk factors, e.g.:

- frequent courses of antibiotics for eczema
- previous MRSA

Prescribe co-trimoxazole 1.5-3mg/kg bd. Max 80-160mg per dose.

## CPO Childhood Eczema Pathway

---

**IF eczema severity is SEVERE and requiring intensive input OR infected AND not responding to treatment– commence CPO pathway.**

---

### Eligibility Criteria

**CPO is intended to reduce *acute* admissions to secondary care.**

Funding is available for:

Children under 15 years old with

- Infected/flared eczema **NOT** responding to treatment OR
- **SEVERE** eczema requiring intensive management/ clinical input from GP/NP and/or practice nurse

### Exclusions

Note Red Flags

Not Included under CPO funding:

- contact dermatitis/eczema - includes irritant and allergic contact dermatitis
- seborrhoeic eczema
- Mild and moderate Eczema
- General eczema management
- Eczema herpeticum
- Under 4 months with weight loss
- Widespread severe infected eczema with fever

### CPO Funding

Referral and Claiming is through the **Halcyon Provider Portal** as fee for service

### Health Pathways

Please see link below for Hawkes Bay Health Pathways

<https://hawkesbay.communityhealthpathways.org/14148.htm>

### Management

- Close follow up of these patients is IMPERATIVE to prevent hospital admission, it is recommended that you see them 2 days after initiating pathway and at minimum once per week following this.
- Clearly document severity and current eczema care regime along with plan for follow up management. See links below to Starship guidelines

Refer to Starship primary care guidelines - [Eczema - outpatient and primary care management \(starship.org.nz\)](https://starship.org.nz)

### General Eczema Management:

Refer to below for general eczema management plans that can be used regardless of if the patient meets CPO funding criteria:

Refer to Starship primary care guidelines - [Eczema - outpatient and primary care management \(starship.org.nz\)](https://starship.org.nz)

### Infected Eczema:

#### Start Oral Antibiotics

Oral antibiotics in order of preference:

<b>1. Flucloxacillin orally:</b> (Note taste not tolerated by many children in liquid form – go straight to Cephalexin if this is a concern)	<ul style="list-style-type: none"> <li>• 250mg (under 30kg) per dose. 500mg (over 30kg) per dose</li> <li>• four times daily for seven days</li> <li>• use if able to take capsules</li> </ul>
<b>2. Cephalexin orally:</b>	<ul style="list-style-type: none"> <li>• 25mg/kg bd for seven days</li> <li>• liquid if cannot swallow tablets</li> </ul>
<b>3. Erythromycin orally:</b>	<ul style="list-style-type: none"> <li>• 20mg/kg bd (max 500mg/dose)</li> <li>• use if penicillin-allergic</li> </ul>

### Paediatric Referral

**Do not give IV antibiotics in the community to children with eczema.**

**Consider referral to Paediatrics IF not responding or frequent severe infections**

Referral to include:

- History
- Height and weight
- Present emollient regime
- Steroid creams being used
- Antibiotic use in last 6 months
- Present weekly bath management regime
- Psycho-social issues e.g. effect on sleep, days off school, limitation of activities

### Resources:

Eczema Management Plan Handout: [Eczema Action Plan PDF 2022.pdf \(starship.org.nz\)](https://starship.org.nz)

Bleach bath handout: [Bleach baths for Eczema Aug 2021.pdf \(starship.org.nz\)](https://starship.org.nz)

Current funded emollients and steroids (visual picture): [Dermatology A1 Poster.pdf \(starship.org.nz\)](https://starship.org.nz)

Perth Children's Hospital Eczema guidelines: [PCH general document \(health.wa.gov.au\)](https://health.wa.gov.au)

Top tips for managing childhood eczema: [Top Tips For Caring For Your Child With Eczema | KidsHealth NZ](https://kidshealth.nz)

Brick wall analogy for explaining pathophysiology of eczema: [Eczema-Page-18-0619-Skin-flipchart-English.pdf \(ourhealthhb.nz\)](https://ourhealthhb.nz)

**References:**

[Topical corticosteroids for childhood eczema: clearing up the confusion - Best Practice Advocacy Centre New Zealand \(bpac.org.nz\)](#)

[Childhood eczema: improving adherence to treatment basics - Best Practice Advocacy Centre New Zealand \(bpac.org.nz\)](#)