

Children's Mercy Kansas City

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Care Process Models

Quality Improvement and Clinical Safety

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8-2020

### Atopic Dermatitis: Non-Infected

Children's Mercy Kansas City

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These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly, these guidelines should guide care with the understanding that departures from them may be required at times.

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#### Recommended Citation

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- Other diagnoses that can resemble atopic dermatitis:
- Keratosis pilaris
  - Psoriasis
  - Xerosis cutis (Dry skin)
  - Molluscum dermatitis
  - Contact dermatitis

Patient presents with [Atopic Dermatitis](#)  
 \*Avoid using oral steroids for all eczema flares

[Atopic Dermatitis Severity Guide](#)

Does the skin appear infected, or is patient febrile?  
 Yes → [Atopic Dermatitis Infected Algorithm](#)

Provide [Dry Skin Care](#) (recommendations in depart):

- Recommend bland ointment/cream emollient
- Recommend dye-free, fragrance-free skin care products (soap, detergent)
- Follow-up with PCP or Clinic referral to Children's Mercy Kansas City (CMH) Dermatology as needed

Is the skin red/purple or inflamed?  
 No → [Dry Skin Care](#)

Has the patient been seen previously by CMH Dermatology?  
 No → [Start treatment box]  
 Yes → [Review CMH note box]

Start:

- [Bland ointment/cream emollient](#)
- Use mildest strength topical steroid that is likely to be effective. Take care to use low potency topical steroids with young infants:
  - Face: Start topical steroid ointment [class VII-VI for face, 2 times daily to the affected area, prn](#)
  - Body: Start topical steroid ointment [class VII-III for body, 2 times daily to affected area, prn](#)

Consider:

- [First generation oral antihistamines](#) for sleep/itch control and consider [dilute bleach baths](#)
- Follow-up with PCP or Clinic referral to CMH Dermatology as needed

Discharge home

- Review most recent CMH Dermatology clinic note
- Restart [bland ointment/cream emollient](#), or increase frequency of application
- Restart previous topical steroid regimen or start lowest strength topical steroid likely to be effective
- Consider stronger potency [topical steroid](#), for flare, for one to two weeks on trunk or extremities (**Avoid Class 1 topical steroid**)
- Restart [First generation oral antihistamines](#) as needed for sleep/itch control
- For severe non-infected atopic dermatitis, consider starting [wet wraps \(video\)](#) for up to 72 hours with close follow-up in Dermatology.

Discharge home with follow-up to CMH Dermatology. Consider message center note to last Dermatology Provider who saw the patient.

Algorithm finalized: August 12, 2020  
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