



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: \_\_\_\_\_  
 Wet dressings: \_\_\_\_\_ times/day; \_\_\_\_\_ times/night

## ACTION: TREAT FLARE

### 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

**NOTE: Continue to use recommended treatment until skin looks and feels normal, or for \_\_\_\_\_ days**

## ACTION: CONTROL ITCH

Cold Compress Specifically designed garments: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Rinse and immediately 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 mite	Perfumed products
Other confirmed allergens: _____	Sand and sand pits
Soap products including bubble bath	Chlorinated pools
Wool and nylon	Other irritants: _____