 **Eczema Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Eczema |
| **Rationale** | To promptly and appropriately treat patients who are presenting with signs and symptoms of eczema |
| **Scope (condition and patient group)** | Adults and children who are presenting with eczema for the first time without prior diagnosis or re-presenting with a flare of eczema. |
| **Red Flags** | If patient is unwell with a fever and has clusters of itchy blisters or punched out erosions, then eczema herpeticum should be suspected. |
| **Assessment** | 1. Eczema is characterised by dry, irritated skin which over time may become thickened or infected.   * During flares the skin may become red, weepy, shiny and blistered. * Those with more heavily pigmented skin will develop darkening of the affected skin which may become temporarily hypo or hyperpigmented after the inflammation settles. * Most commonly affected areas include the face, neck, skin flexures, nipples, and hands but may be present either diffusely or locally.   2. In atopic dermatitis there is often a family history of eczema, hay fever, and/or asthma. However, this may be absent in other types of dermatitis.  3. In children ensure the following are determined:   * age of onset. If < 4 weeks, consider other diagnoses. * body sites affected, pattern, and severity. * previous treatments used. * current daily routine, bath or shower, and current treatment regimen. * psychosocial factors, impact on sleep, school, and family. * growth and development. |
| **Indication** | **For treatment of dry skin associated with eczema** |
| **Medicine** | **healthE Fatty Cream** |
| **Dosage instructions** | Apply to the skin as a moisturiser up to TWICE daily |
| **Route of administration** | Topical |
| **Quantity to be given** | 1 x 500g tub |
| **Contraindications** | None |
| **Precautions** | * Important to continue even if eczema improves as skin dryness can lead to reduced barrier function and worsening of symptoms of eczema. |
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| **Indication** | **To be used as a soap substitute for patients with eczema** |
| **Medicine** | **Aqueous Cream** |
| **Dosage instructions** | Apply to the skin, then wash off in bath or shower daily. |
| **Route of administration** | Topical |
| **Quantity to be given** | 1 x 500gm tub |
| **Contraindications** | None |
| **Precautions** | * Do **not** use as a moisturiser in patients with eczema |
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| **Indication** | **Topical steroid use on inflamed skin to control active eczema- severe** |
| **Medicine** | **Mometasone furoate 0.1%** (potent) |
| **Dosage instructions** | Apply thinly to affected areas only ONCE a day |
| **Route of administration** | Topical |
| **Quantity to be given** | 1 x 45g tube |
| **Contraindications** | Untreated bacterial, fungal or viral infections of the skin.  Children < 1 year of age |
| **Precautions** | * Absorption can cause systemic effects. * Caution in diabetes and skin atrophy * Avoid prolonged use, especially in children * Avoid use on face, neck and genitals for longer than 7 to 14 days |
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| **Indication** | **Topical steroid use on inflamed skin to control active eczema- moderate** |
| **Medicine** | **Triamcinolone acetate 0.02%** (moderate potency) |
| **Dosage instructions** | Apply thinly to affected areas only ONCE or TWICE daily |
| **Route of administration** | Topical |
| **Quantity to be given** | 1 x 100gm tube |
| **Contraindications** | Untreated bacterial, fungal or viral infections of the skin.  Children < 1 year of age |
| **Precautions** | * Absorption can cause systemic effects. * Caution in diabetes and skin atrophy * Avoid prolonged use, especially in children * Avoid use on face, neck and genitals for longer than 7 to 14 days |
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| **Indication** | **Topical steroid use on inflamed skin to control active eczema- face** |
| **Medicine** | **Hydrocortisone 1%** (mild potency) |
|  | Apply sparingly ONCE daily to eczema affecting the face. |
| **Route of administration** | Topical |
| **Quantity to be given** | 1 x 100gm tube |
| **Contraindications** | Untreated bacterial, fungal or viral infections of the skin. |
| **Precautions** | * Absorption can cause systemic effects. * Caution in diabetes and skin atrophy * Avoid prolonged use, especially in children |
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| **Additional information** | Patients should be advised to use the higher potency steroids for the shortest duration of time, then step down to a lower potency treatment.  In patients with frequent flares (2–3 per month), a steroid can be applied on 2 consecutive days each week to prevent further flares.  Provide comprehensive education and support to the child’s parents/caregivers.  Advise use of emollients frequently and in large quantities.  Management often involves removal of irritants known or suspected. |
| **Follow-up** | Patients should be advised to return for follow-up to ensure treatment is successful.  Severe refractory eczema is best managed under specialist supervision. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | None |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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