

Eczema

in Children A Guide for Parents



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Welcome From the American Academy of Pediatrics

If you have a child with eczema, it's important that you know how to manage your child's dry, red, and itchy skin. Because eczema can be hard to control, the American Academy of Pediatrics has developed this publication to help parents and caregivers of children with eczema. It answers many of the most common questions about eczema.

In addition to your child's primary care doctor, a specialist such as a pediatric dermatologist or pediatric allergist may be part of the team caring for your child. In this publication, "child's doctor" may refer to your child's primary care doctor or specialist.

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WATCH VIDEO

Eczema
Myths &
Misconceptions



Definition

What is eczema?

Eczema is a condition that causes the skin to become dry, red (inflamed), and itchy. It is also called *atopic dermatitis*.

Is there a cure for eczema?

There is no known cure for eczema; however, the symptoms can be effectively treated and the symptoms controlled.

Can children outgrow eczema?

Although eczema is a chronic (long-lasting) condition, some children may outgrow eczema, often by the early school-age years. Other children may not outgrow eczema until the teenage years. A few children may continue to have eczema throughout their adult lives.

There is no way to know for sure which children will outgrow eczema or when this will happen. Also, some children who have outgrown eczema may continue to have dry and sensitive skin. (Daily skin care is important. See *Caring for Dry Skin* on page 7.)

Is eczema contagious?

Although some types of rashes are contagious, eczema is not. You cannot “catch” eczema if you come into contact with someone who has eczema.

What causes eczema?

The exact cause of eczema is unknown.

However, we know that eczema often runs in families with a history of eczema or other allergic conditions, such as hay fever and asthma. Keep in mind that allergies to foods, pets, pollens, or dust mites do not cause eczema. However, allergic triggers may contribute to an eczema flare in some patients.

Keep in mind
that allergies to
foods, pets, pollens,
or dust mites do not
cause eczema.

Who gets eczema?

Anyone can get eczema, but it is most common in babies, children, and young adults. According to the National Eczema Association, approximately 9.6 million US children and teens younger than 18 years have eczema. That’s about 1 in 10 children who have the skin condition.

Symptoms and Diagnosis

What are symptoms of eczema?

Symptoms of eczema are different for each child. They can range from mild, to moderate, to severe and cause itchy skin (especially at night), discomfort in areas with active rash, and difficulty sleeping. Older children also may have difficulty concentrating.

Common symptoms include

- Rash (areas of red [inflamed], irritated skin)
- Dry, cracked, or scaly skin
- Oozing, crusting (scabs), or pus-filled blisters (especially when there is a secondary infection)

Your child may also develop white spots on the skin caused by the inflammation. The white spots are more noticeable on darker skin. If your child has lighter skin, you might notice the white spots after your child has been exposed to the sun. The white spots are not permanent, but they may take several months to go away.

Where do eczema rashes appear?

Eczema is one of the most common causes of red, itchy rashes in children. The rash may appear red on lighter skin or brown, purple, or gray on darker skin. See Figures 1 and 2. It often targets certain areas of the body based on age. See Areas Where Eczema Rashes Often Develop.

The rash also may come and go. It can worsen at times (called *exacerbations* or *flares*) and then get better (called *remissions*).



Figure 1. Eczema in the crease of the elbow with thickened skin

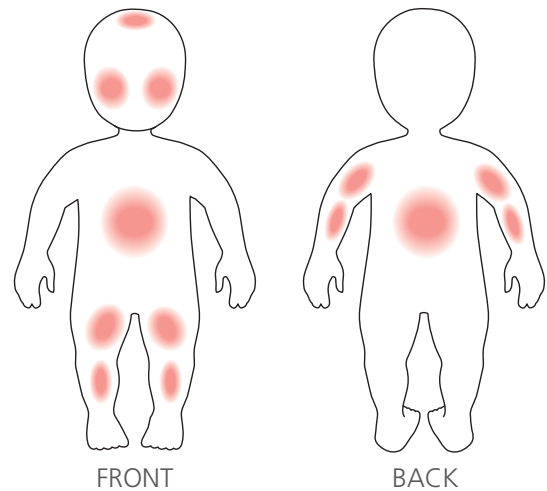


Figure 2. Eczema in the crease of the elbow

Areas Where Eczema Rashes Often Develop^a

Babies

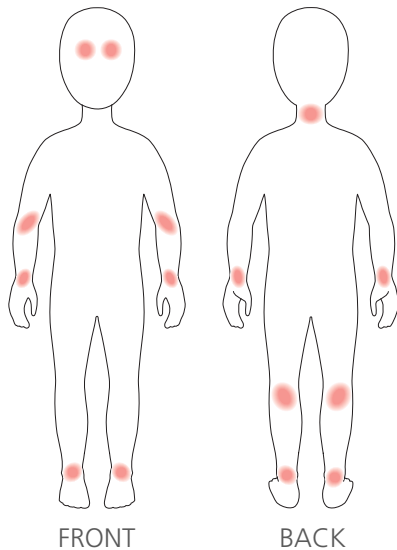
In babies, a rash often appears on the face (cheeks, forehead, and around the mouth) and scalp. A rash also may appear on outer surfaces of the arms, legs, and trunk (torso). Sometimes the rash may appear on the hands and feet. Eczema usually does not develop in the diaper area.



Areas Where Eczema Rashes Often Develop^a (continued)

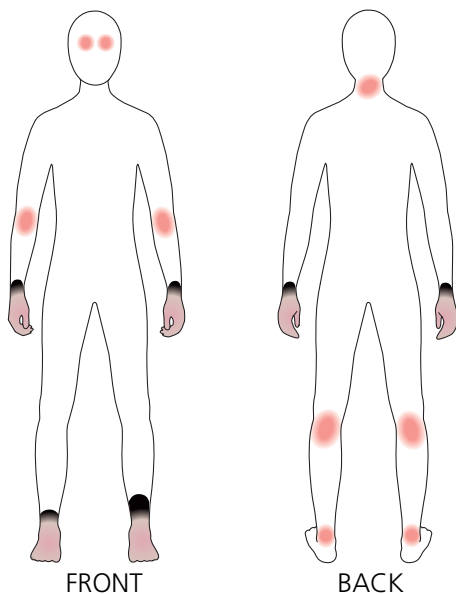
Young Children

In young children, a rash often appears around the eyes, on the neck, in the inside (creases) of the elbows, on the wrists, and on the backs of the knees and ankles.



Teens and Young Adults

In teens and young adults, a rash often appears on the hands and feet. It also can appear on the neck; in the inside (creases) of the elbows, backs of the knees, ankles, and wrists; and around the eyes.



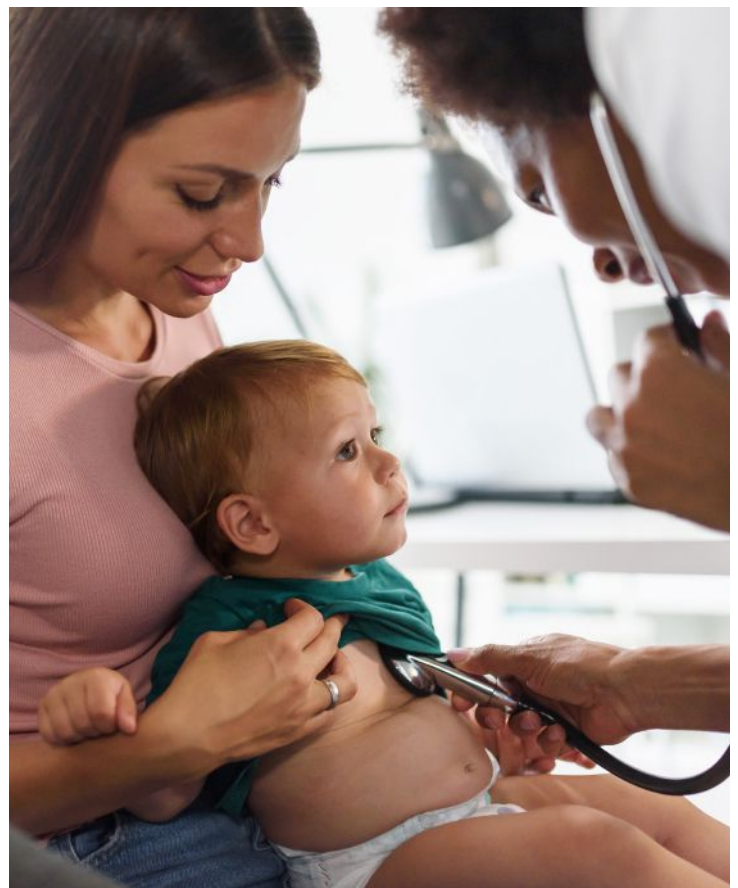
^a Keep in mind that the areas listed are the most common areas based on age. When and where eczema appears can vary for each child.

How is eczema diagnosed?

Your child's doctor will need to examine your child and ask you some questions about your child's health before a diagnosis can be made. Your child's doctor will want to rule out any other conditions that may have similar symptoms.

In general, no special tests are needed; this includes food allergy testing. Although certain allergy triggers may make eczema symptoms worse, they do not cause eczema. Food allergy as a true trigger for eczema symptoms is rare, and it is usually limited to young children with severe eczema that does not respond to standard treatments.

In general, no special tests are needed; this includes food allergy testing.





Why is it important to manage the symptoms?

Eczema flare-ups can get in the way of daily life when the symptoms are not under control. When children have eczema flare-ups, life can be miserable. And it can be difficult for parents too.

The good news is, there are different ways to help manage the symptoms. Keep in mind that it may take time to find out what works for your child. Also, your child's doctor will take special care in prescribing medicines that are safe and effective.

There are many health benefits to getting (and keeping) eczema symptoms under control. For example,

- You may be able to help prevent a secondary infection. Children may scratch their skin and cause a skin infection.
- You may be able to prevent or reduce daily discomfort or pain.
- Your child may sleep better. Itch and discomfort can prevent children from sleeping well.
- Your child may do better at school. Itch, discomfort, and poor sleep can affect how well children are able to focus at school and on their homework.
- Your child may worry less about being bullied. Bullies may make fun of children with eczema by saying mean things about their rashes or their constant scratching.
- Your child's mental health may improve. Children can be irritable if their skin feels itchy and they are not well rested because they are not sleeping well. Living with eczema can be stressful, especially during flare-ups.

Treatment

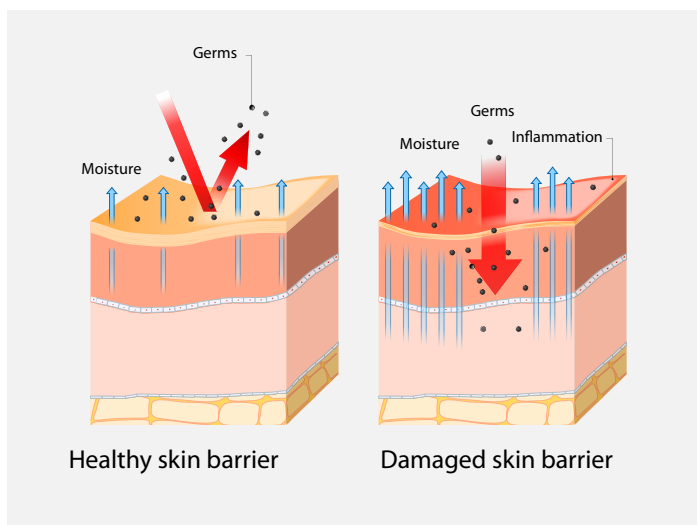
How is eczema treated?

Keeping your child's skin healthy is an important part of keeping eczema symptoms under control. Eczema treatments usually focus on treating 4 common problems: dry skin, itchy skin, irritated and inflamed skin, and skin infections.

Keeping your child's skin healthy is an important part of keeping eczema symptoms under control.

1. Caring for Dry Skin

Our skin is made up of different layers. The top layer of skin helps to protect the skin from germs, which can cause infections, and irritants, which can trigger inflammation. The skin barrier also helps keep and control moisture within the skin. Gentle skin care is important to keep the skin moisturized and improve the skin barrier.



A healthy skin barrier helps retain moisture and protect the skin from germs (left). A damaged skin barrier is not able to hold in as much moisture and is not as well protected from germs (right).

Here are things you can do to help keep your child's skin barrier healthy.

- Keep up with gentle daily skin care.
 - > Give your child a bath or shower every day or every other day for 5 to 10 minutes in lukewarm water. No soap is needed, but a gentle non-soap cleanser can be used on the sweaty areas (armpits, neck, groin) and on the hands and feet. Use only fragrance-free, hypoallergenic cleansers.
 - > Avoid scrubbing your child's skin with anything rough. Don't use bubble bath in the bathwater.
 - > Pat your child's skin dry after the bath or shower. If your child's doctor has prescribed a topical medicine, apply it to the areas of rash BEFORE applying any moisturizers.
 - > Apply a fragrance-free moisturizer to the whole body while the skin is still damp. This step should only be performed AFTER applying the topical medicine to active areas. This helps "lock in" the moisture and the medicine. The thicker the moisturizer, the better it will work. Moisturizers should be applied every day, even when the rash is gone. See Guide to Moisturizers on page 13.

Always apply topical medicine BEFORE moisturizers.

- Avoid things that can irritate the skin, such as scratchy clothing. See How can flare-ups be prevented? on page 12.
- For children with moderate-to-severe eczema, your child's doctor may also recommend
 - > Diluted bleach bath twice a week. Here's how.

- Add regular-strength plain household bleach to a bathtub filled with lukewarm water. Adjust the amount of bleach based on the amount of water in the bathtub. For example, add $\frac{1}{2}$ cup of bleach to a full tub (40 gallons); add $\frac{1}{4}$ cup of bleach to a half tub (20 gallons); add $\frac{1}{8}$ cup of bleach to a quarter tub (10 gallons). If using an infant tub, add 2 tablespoons of bleach to a full tub of water. Never apply bleach directly to the skin.
- Let your child soak for 10 minutes.



- Rinse the skin with plain lukewarm water.
 - Apply medicine, if needed, and moisturize right after.
 - Remember to never leave your child in the bathtub unattended.
- > A cleanser containing sodium hypochlorite. (Sodium hypochlorite is an ingredient in bleach. This product may take less steps to use than preparing a bleach bath, but it can cost more.)
- > An antibacterial soap.

Note: If your child experiences any pain or irritation from the bleach bath, cleanser, or soap, stop using it and let your child’s doctor know.

2. Reducing the Itch

Here are ways to help reduce itchy skin.

- Remember gentle skin care. See Caring for Dry Skin earlier in this section.
- Prevent scratching. Try to stop your child from scratching as much as possible. Scratching can make the skin feel even more itchy. Scratching also can lead to open sores, which can lead to skin infections.
 - > Remind your child not to scratch.
 - > Try a distraction. It can be frustrating for children to hear “Don’t scratch!” all day, so try a distraction, such as reading a story or doing a special activity.
- Try to relieve itching with cool compresses.
- Try wet wrap treatments. Wet wraps or wet compresses may be an option if topical medicines cause burning or stinging. Wet wraps may be useful during severe eczema flares. Your child’s doctor will tell you how often and how long wet wraps should be used. Wet wraps may be done with or without medicine. For more information about wet wrap therapy, visit the National Eczema Association website at <https://nationaleczema.org/eczema/treatment/wet-wrap-therapy>.
- Daily moisturizing, especially in cold or dry climates, will also help lessen your child’s itch.
- Antihistamines do not necessarily take away the itch of eczema. However, your child’s doctor may

recommend an antihistamine to help your child feel drowsy so your child falls asleep more easily instead of scratching the skin. Always follow directions and talk with your doctor or pharmacist if you have questions.

3. Healing Irritated Skin

Topical medicine may be needed to heal skin that is irritated and inflamed.

For more information, see What types of medicines are used to treat eczema? on page 9.

4. Managing and Preventing Skin Infections

Children with eczema are more likely to get skin infections when their skin barrier is weakened.

Infections may include

- Staph infection (caused by *Staphylococcus aureus* bacteria)
- Herpes skin infection caused by herpes simplex virus (HSV) 1
- Common viral skin infections such as molluscum contagiosum and warts

Symptoms of bacterial infection (the most common type) may include

- Oozing
- Drainage
- Pus bumps



- Yellow to brown crusts (scabs)
- Blistering
- Worsening rash that is not getting better with usual treatments

Be sure to talk with your doctor if you think your child's skin is infected. Infections may require antibiotic or antiviral medicines. If your child has a history of frequent skin infections, diluted bleach baths (see Caring for Dry Skin earlier in this section) may be recommended.

Also, scratching can further damage the skin barrier. Here are things you can do.

- Keep fingernails trimmed.
- Teach your child to rub rather than scratch.
- Your child's doctor may prescribe an antihistamine for your child to take at bedtime, to help your child get to sleep and sleep through the night without scratching. These are often used short-term to help restore a disrupted sleep cycle.

What types of medicines are used to treat eczema?

Your child's doctor may recommend medicines to help your child feel better and to keep the symptoms of eczema under control. The type of medicine recommended will depend on how severe the eczema is and where it appears on the body.

This section includes information about 4 types of medicines to treat eczema.

- Topical steroids
- Topical calcineurin inhibitors (TCIs)
- Topical phosphodiesterase 4 (PDE4) inhibitors
- Systemic medicines (immunosuppressants, steroids, biologics)

Once medicine is prescribed, it's important that it is used as directed. In general, topical medicine should be applied to rough and scaly areas of the skin. Skin

that feels totally smooth, even if lighter or darker in color, typically does not need to be treated. Some specialists suggest applying topical medicine in the direction of hair growth on arms and legs to prevent irritation of the hair follicles.

Also, topical medicine does not cause white spots. White spots are the result of inflammation that has been treated, and they are temporary (not permanent). Let your child's doctor know if your child has any side effects or if you have questions or concerns about your child's medicines.

Topical Steroids

Topical steroids (corticosteroids or cortisones) are medicines used to reduce inflammation (redness and swelling) and to decrease the itch. They are applied in a thin layer directly to the areas of rash, usually 2 times daily.

Topical steroids are the oldest and most widely used medicines for eczema and are effective and safe when used as directed.

Topical steroids are the oldest and most widely used medicines for eczema and are effective and safe when used as directed. Uncommon side effects, including thinning of the skin, stretch marks, or acne, may occur if topical steroids are not used as directed, but these are very rare when they are used as directed.

Topical steroids are available in different strengths and all require a prescription with the exception of hydrocortisone 1% cream or ointment, which is available over the counter. In general, treatment will start with medicines with lower strength, such as over-the-counter hydrocortisone, because there may be some potential side effects with higher strength medicines. There are many brand names and store brands of hydrocortisone available. If lower strength medicines are not helping the symptoms, your child's doctor may need to prescribe a stronger medicine.

Your child's doctor will prescribe what is best for your child and will tell you how to safely apply the medicine. Medicines prescribed may be changed



depending on your child's symptoms and how well the medicine is working. Keep in mind that stronger medicine may result in less medicine being used because it is more effective. If your child has any burning, stinging, or other side effects after topical medicine is applied, stop using the medicine and contact your child's doctor.

Note: Topical steroids used to treat eczema are not the same as anabolic-androgenic steroids, which are not safe and have many bad side effects. If used as directed, topical steroids are safe and effective, and side effects are rare. Also, they only are used as needed in the short term to treat acute flare-ups.



oozing. The most common side effect is skin pain (burning or stinging) where the ointment is applied.

Topical Calcineurin Inhibitors (TCIs)

Topical calcineurin inhibitors are nonsteroidal medicines used to prevent redness, itch, and inflammation. There are 2 TCIs approved to treat eczema: tacrolimus ointment and pimecrolimus cream.

Topical calcineurin inhibitors are not absorbed into deeper tissues and do not cause skin thinning or discoloration. They can be used safely on all areas of the body including the face and other delicate skin. The most common side effect is burning or stinging when first applied, especially with tacrolimus. However, this tends to lessen with continued use of the medicine. If you have any questions or concerns, contact your child's doctor.

Note: In 2006, the US Food and Drug Administration (FDA) issued a boxed warning that tacrolimus ointment and pimecrolimus cream may increase the risk of skin cancer and lymphoma. However, after the warning was released, the FDA released another statement that there is no established link to cancer.

Topical Phosphodiesterase 4 (PDE4) Inhibitors

Topical phosphodiesterase 4 (PDE4) inhibitors work by blocking proteins that are involved in the inflammation of eczema. Crisaborole is a topical PDE4 inhibitor approved for use in children. It can reduce itching, redness, thickened skin (lichenification), or

Systemic Medicines (Immunosuppressants, Steroids, Biologics)

If topical medicines prescribed for your child's eczema symptoms are not working well, systemic medicines may be prescribed. Systemic medicines treat inflammation throughout the body, and they may be oral (taken by mouth) or injectable (shot).

- **Immunosuppressants (oral medicine).** Immunosuppressants can help control or suppress the immune system to slow down the symptoms of eczema. Oral immunosuppressants include azathioprine, cyclosporine, methotrexate, and mycophenolate mofetil. Note: Although these medicines may be used to treat eczema in some patients, they are not approved by the FDA to specifically treat eczema. This is considered off-label use.
- **Oral steroids (oral medicine).** Oral steroids, such as prednisolone and prednisone, are rarely recommended for eczema, especially for young children, as they pose many health risks and cannot be safely used for long periods.
- **Biologic (injectable medicine).** A biologic is a medicine that interferes with a very specific part of the immune system. Medicine is injected in the body and works with the body's immune system to help reduce inflammation. Dupilumab

is the first biologic approved to treat people 6 years and older with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical) or who cannot use topical therapies. Most common side effects include conjunctivitis (pinkeye), injection site reactions, and cold sores on the mouth or lips.

Are there other medicines or treatments that may be prescribed?

Here are other medicines or treatments that may be prescribed.

Oral Antihistamines

Oral antihistamines (especially the kind that make some people sleepy) may help relieve the itch. They also may help children who are itchy fall asleep more easily. They are available over the counter or with a prescription.

- Classic antihistamines include diphenhydramine and hydroxyzine. They may cause drowsiness in some children. Another side effect is that some children can become hyperactive with these medicines.
- Nondrowsy antihistamines include cetirizine, fexofenadine, levocetirizine, and loratadine. These medicines may cause less drowsiness but do not control the itch as well.

Antibiotics

Oral antibiotics may be prescribed if there is a secondary bacterial skin infection. Topical antibiotics are sometimes recommended for very localized infections. It's important to use the medicine as directed including finishing the medicine as prescribed.

Phototherapy

Phototherapy (also called light therapy) is rarely used to treat eczema. However, it may be recommended by your child's doctor if other treatments are not effective. A special machine is used to treat eczema with UV light.

Other Treatments

There are many natural therapies (also referred to as alternative medicines, complementary medicines, folk medicines, holistic medicines, and integrative medicines) that claim to treat eczema. However, for many of them, further study is needed to make sure they are safe and effective when used on children.

If your child is receiving any natural eczema therapy, it's important to let your child's doctor know.

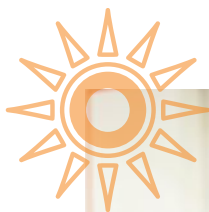


Prevention

How can flare-ups be prevented?

One of the most helpful things you can do is to prevent flare-ups before they happen.

- Keep your child's skin well moisturized. Moisturizing should be a part of your child's daily routine. See Daily Guide to Eczema Care on page 15.
- Try to manage the itch. See Reducing the Itch on page 8.
- Avoid triggers. There may be certain things that trigger itchiness and rashes, such as ingredients in soaps, fragrances, and certain clothing fibers (eg, polyester, wool). These triggers are different for each child, are difficult to confirm, and can change over time.



- Ask your child's doctor if allergies could be associated with your child's eczema. If your child's eczema is associated with an allergy, avoid those triggers, if possible.

For more information about triggers, see Guide to Avoiding Eczema Triggers on page 14.

Resources

Websites

Hopefully, the information in this publication has answered your questions about eczema. If you want to learn more, keep in mind that there is a lot of online information about eczema that is not trustworthy and reliable.

Here is a list of organizations and their websites that are trustworthy and reliable.

- **American Academy of Pediatrics**
www.aap.org and www.HealthyChildren.org
- **American Academy of Allergy, Asthma & Immunology**
www.aaaai.org
- **American Academy of Dermatology**
www.aad.org
- **American College of Allergy, Asthma & Immunology**
www.acaai.org

- **National Eczema Association**
www.nationaleczema.org
- **National Institute of Arthritis and Musculoskeletal and Skin Diseases**
www.niams.nih.gov
- **Society for Pediatric Dermatology**
www.pedsderm.net

Handouts

- Guide to Moisturizers (page 13)
- Guide to Avoiding Eczema Triggers (page 14)
- Daily Guide to Eczema Care (page 15)

Videos

Each video is about 1 minute and 20 seconds long.

- Eczema Myths & Misconceptions
- Tips for Avoiding Eczema Triggers
- What Medicines Treat Eczema?

Guide to Moisturizers

Daily moisturizing is key to maintaining healthy skin, so it's important that you find a moisturizer that works best for your child and one that your child likes to use. Moisturizers are also known as emollients or lubricants.

There are 3 main types of moisturizers: ointments, creams, and lotions. The main difference between them is the amount of oil and water they contain. The amount of oil and water affects how thick the moisturizer is and how greasy it feels. Moisturizers with more oil are more effective at keeping moisture in and irritants out.

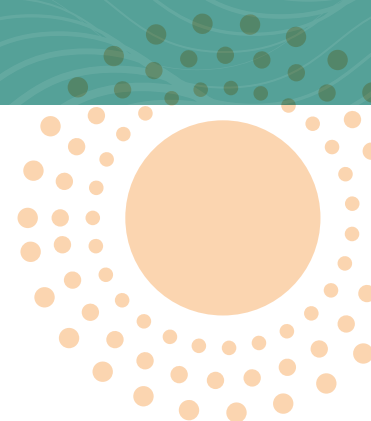
Ointments feel greasy, look glossy, and are usually transparent (clear). Creams and lotions look the same (white, if free of dyes); however, creams are thicker than lotions.



Ointment in a jar (left) and tube (right).



Cream or lotion in a jar (left), tube (center), and bottle with pump (right).



Moisturizers at a Glance

Type of Moisturizer	Oil and Water Content	About This Type of Moisturizer
Ointments	Contain the highest oil content	<ul style="list-style-type: none"> • May feel greasy. • Do not usually burn when applied to sensitive skin. • May contain petroleum jelly and mineral oil.
Creams	Contain less oil than ointments but more oil than lotions (50% oil/50% water)	<ul style="list-style-type: none"> • May feel less greasy than ointments. • May contain stabilizers or preservatives that can irritate your skin. • Creams that contain lipids and ceramides are called skin barrier creams. They help form a protective layer on the skin to help lock in moisture. They are available by prescription and over the counter. Skin barrier creams should be applied as directed by your child's doctor.
Lotions	Contain the least amount of oil	<ul style="list-style-type: none"> • Evaporate quickly. • May feel less greasy than ointments or creams.

If your skin stings or burns after you apply a cream or lotion, try ointment. If your skin stings or burns or if you have any allergic reactions, stop using the moisturizer.

Another option for moisturizing the skin is plain vegetable shortening—the same product used in cooking. Also, some specialists suggest applying moisturizers in the direction of hair growth on arms and legs to prevent irritation of the hair follicles.



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Guide to Avoiding Eczema Triggers

Here is a chart of some common things that can trigger eczema.

How to Avoid Common Eczema Triggers

Common Triggers	What to Do
Ingredients in soap and moisturizers	Use products that have no dyes, fragrances, or perfumes.
Ingredients in detergents	<ul style="list-style-type: none"> Wash clothes in laundry detergents that have no dyes, fragrances, or perfumes. Avoid using dryer sheets and fabric softener in the dryer. Consider using dryer balls.
Scratchy fabric	<p>Clothing</p> <ul style="list-style-type: none"> Wear soft and breathable fabrics, such as 100% cotton clothing. Synthetic fabrics can feel rough on the skin and also tend to trap in heat, which can cause sweating and irritation. Wear loose-fitting (not tight-fitting) clothing. Avoid clothing made with scratchy fabric, such as wool. <p>School gym clothes (if made of polyester or another rough-feeling fabric)</p> <ul style="list-style-type: none"> Wear a size that is looser fitting. Remove tags. Cover the seams, if possible, with silk material if they irritate the skin. <p>Bedding</p> <ul style="list-style-type: none"> Use bedding (sheets, pillowcases, blankets) made of breathable fabrics, such as 100% cotton.
Chemicals in fabrics	Wash all new clothes, towels, and bedding to remove any finishing chemicals or dyes.
Heat and sweat	<p>If physically active, exercising, or playing sports,</p> <ul style="list-style-type: none"> Keep hydrated. Make sure you drink enough water. Take a break when feeling warm. After physical activity, take a quick shower to rinse off the sweat. See the Daily Guide to Eczema Care handout. Wear a wet T-shirt, if possible, before physical activity (in warmer climates).
Stress	<ul style="list-style-type: none"> Learn how to manage stress. Meet with a counselor or other mental health professional. Join an eczema support group.
Allergens	<p>Allergies to, for example, food, pets, pollens, or dust mites (in bedding) are not the cause of eczema. However, they may play a role in eczema flares. A pediatric allergist can tell you more about triggers and how to avoid them.</p> <p>General tips for avoiding allergy triggers may include</p> <ul style="list-style-type: none"> Food: Contact your child's doctor before restricting any foods. Pets: If you can, find out if your child is allergic to common pets before getting a pet. If you find out later that your child is allergic to a pet, you may need to find the pet another home. Pollen: Try to stay indoors when pollen count is high. Dust mites: Wash bedding regularly.
Dry air	During cold weather months there is reduced humidity. If you have a heating, ventilation, and air-conditioning (HVAC) unit with a humidifier, make sure the humidifier settings are properly set. If you don't have this type of humidifier, you may try a cool-mist humidifier. Remember to keep it clean as directed and keep it away from contact with walls to prevent mold growth.



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Daily Guide to Eczema Care

To help keep your child's flare-ups under control, it's important to keep your child's skin moisturized each day and to apply medicine to affected areas, as needed.

Here are general recommendations.

- Short bath or shower: 1 time a day or every other day.
- Moisturizing the skin: 1 to 2 times a day or more often if needed.
Note: Moisturizing too much during warm and humid weather may cause prickly heat (heat rash).
- Topical medicines (cream or ointment): Usually applied 2 times a day to affected areas.

If you have any questions, ask your child's doctor or other health care professional.

Bathing, Moisturizing, and Medicine Tips

- Bathe in warm (not hot) water for 5 to 10 minutes. Use a mild unscented product to cleanse the skin, as needed.
- After the bath or shower, lightly pat the skin dry, leaving it damp to the touch.
- If medicine is not needed, apply moisturizer while the skin is still damp.
- If medicine is needed, your child's doctor will tell you how and when to apply topical medicine. Make sure you understand and follow the doctor's instructions. Here are general tips about applying medicine.
 - > Always apply the topical medicine before applying the moisturizer.
 - > Apply a thin layer of topical medicine to the areas of the skin that are red, rough, or itchy.
 - > When the red, rough, itchy areas go away (and the skin feels smooth to touch), stop using the topical medicine but continue to moisturize the skin 1 to 2 times each day. When the red, rough, itchy rash comes back, restart the topical medicine again, as needed.

When to Call the Doctor

Call the doctor if you see oozing, drainage, pus bumps, or yellow crusts (scabs). These may be signs of infection.

Moisturizers for Your Child

You may need to try different moisturizers before finding the one that works best for your child. Ointments and creams may help retain more moisture. Many store-brand moisturizers have the same active ingredients as name-brand moisturizers.

Write down recommended moisturizers or moisturizers that have worked for your child.

Ointments: _____

Creams: _____

Lotions: _____

Topical Medicines for Your Child

Body Part	Name of Medicine
Face and ears	
Apply ___ times per day.	
Around the eyes and eyelids	
Apply ___ times per day.	
Body, arms, and legs	
Apply ___ times per day.	
Scalp	
Apply ___ times per day.	



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This publication has been developed by the American Academy of Pediatrics. It was reviewed by Daniel P. Krowchuk, MD, FAAP, and Anthony J. Mancini, MD, FAAP, FAAD (medical editors for this publication). The authors and contributors are expert authorities in the field of pediatrics. No commercial involvement of any kind has been solicited or accepted in the development of the content of this publication. Disclosures: Dr Mancini disclosed an advisory board member relationship with Verrica, Novartis, and Cassiopea; a speaker bureau relationship with Sanofi Genzyme; and a consultant relationship with ParaPRO. The appearance of any corporate logo on AAP publications does not constitute or imply an endorsement of any product or service.

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This publication is supported in full by a sponsorship from Sanofi Genzyme and Regeneron.

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