



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

Eczema Management Checklist

Child's Name:

Number:

Date:

Medical Provider Information	
What is the name and phone number of your child's Pediatrician, Family Doctor or Clinic?	
When is your child's next appointment with his/her Pediatrician, Family Doctor or Clinic?	
What is the name and phone number of the Dermatologist/Skin Specialist caring for your child?	
When is your child's next appointment with the Dermatologist/Skin Specialist?	
Do you expect to have trouble getting to your child's next appointment? If so, why?	No Yes Reason:

Eczema Management Questions	Reason for Importance	Yes	No	N/A
Signs and Symptoms of Severity				
Is the child frequently scratching, pinching, twisting, poking or rubbing his/her skin? Has he/she been rubbing his/her skin on linens or surfaces?	These are signs of poorly controlled eczema.			
Does the child have trouble sleeping or awaken at night or from naps because of itching?	This is a sign of poorly controlled eczema.			
Has the child seemed self-conscious about his/her skin?	This is a common bad side effect of poorly controlled eczema.			
Is the child's ability to socialize with other children being affected by his/her eczema?	This is a common bad social side effect of poorly controlled eczema.			
Have unsolicited comments, advice and stares become noticeable?	This is a common embarrassing side effect of poorly controlled eczema.			
Is eczema, or are eczema treatments, increasing the family's stress?	This is a reason to do what's necessary to make it better.			
Basic Skin Care				
Does the family understand that soaps, bubble baths and detergents make eczema worse?	Families may make the mistake of bathing the child with strong soap, thinking that that will make the eczema better, when in fact it will make it worse. Ask doctor about mild soaps.			
Does the family understand that hot water/heat/sweating worsen eczema? Baths/showers should only be warm or tepid, twice daily. 10-20 min. each.	Bathes are good for moisturizing the skin, but hot water causes the skin to itch more, and the scratching makes the rash worse.			
Is there an understanding that any rubbing, scrubbing, or scratching will make the eczema flare (get worse)? No vigorous cloth cleansing. Only pat dry after bathing, no towel rubbing.	Rubbing and scratching make the rash worse.			
Does the caregiver apply moisturizer immediately after bathing while the skin is still damp?	The moisturizer seals the water from the bath into the skin.			

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Is there a clean bathtub (shower) and care-area for him/her? Have the child and caregiver show all his/her stuff. Check for expired or visibly contaminated, unclean-appearing creams.	A dirty tub and contaminated skin care products will lead to infections. The tub should be cleaned, and contaminated supplies replaced.			
Record on a separate piece of paper all moisturizers, products, creams, ointments, medications in use.	It will help the medical personnel who evaluate the child to know what the family is actually using.			
Triggers				
Does the family understand rubbing can lead to itching, which leads to scratching and more rubbing with more itching, which flares eczema? This is a cycle that CAN be interrupted.	Eczema has been called “the itch that rashes”. In other words, the itch causes the rash, not the other way around.			
Have they any food-related triggers?	Sometimes egg, peanut, soy, wheat or milk can flare eczema.			
Have they noticed any clothing triggers?	Scratchy fabrics like wool are bad. Tight clothes and areas of binding such as with elastic. Nickel in belts, snaps and jewelry is famous for causing rashes.			
Has an allergy evaluation been recommended? If yes, did they go? Note name, Location and phone number in next box.				
Medications				
Has the family had difficulty obtaining prescribed medications because of lack of money or insurance denials?	If they can’t get the medications, the medications can’t work. This would identify a problem that must be solved.			
Does the caregiver give the child antihistamine, by mouth every day?	It is very important to control the itching in order to stop the itch-scratch cycle. The family should ask the doctor for a prescription if they don’t have one.			
Is the caregiver using a prescribed steroid or steroid-sparing creams on the red, thickened skin and moisturizer on normal skin?	Steroids help fight the inflammation, but using lots of moisturizer will decrease the amount of steroids needed.			
If there has been burning from steroid creams, does the caregiver know the same medications can instead be supplied as ointments?	If this is a problem, the family can ask the doctor for a prescription for an ointment.			
Have they heard of Elidel or Protopic? If they were previously prescribed, were there difficulties obtaining?	These are very effective in treating severe eczema, but they’re expensive, so it may take special effort to obtain them.			
Does the family have an Eczema Flare Action Plan? Do they know that they should call the doctor when the eczema suddenly gets worse?	This is a detailed set of instructions for what to do when eczema suddenly gets much worse. They should ask the doctor for one.			
Potential Obstacles to Successful Management/Comments:				