

Treatment Guidelines for Infected Eczema

Assess for infected eczema:

- Weeping and crusted eczema.
- Pustules present.
- Rapidly worsening eczema or failure to respond to treatment.
- Fever or malaise.

Extensive areas of infection:
Prescribe an oral antibiotic, flucloxacillin first line (if penicillin allergy, erythromycin <12 years, clarithromycin in adults) for 7 days at the relevant dose. (See Antibiotic Guidelines: Impetigo)
Concurrent topical treatment is not recommended.

Small area of localised infection: Fusidic acid topical treatments for 5 days (MAXIMUM of 2 weeks) due to the risks of bacterial resistance and sensitization.
Mupirocin (Bactroban®) topical treatments should only be used in confirmed cases of MRSA.

Rule out eczema herpeticum:

- Areas of rapidly worsening, painful eczema.
- Clustered blisters consistent with early-stage cold sores.
- Punched-out erosions (circular, depressed, ulcerated lesions), usually 1-3mm and uniform in appearance (these may coalesce to form larger areas of erosion with crusting).
- Possible fever, lethargy or distress.
- Consider infection with herpes simplex virus if infected eczema fails to respond to antibiotic treatment and an appropriate topical corticosteroid.

When to swab: Take swabs from infected lesions only if:

- micro organisms other than staphylococcus are suspected,
- if infection has not responded to 1st line antibiotic treatment ie antibiotic resistance is relevant
- there is recurrent infection

(Prescribe antibiotics as suggested by results of sensitivities from swab.)
If MRSA is suspected, also swab for colonisation nasally, in the armpits and groin as colonisation can lead to reinfection. Take advice from PCT IPC team on whether decolonisation is needed, 01908 243576

When to review and refer: All patients with infected eczema requiring antibiotics should be reviewed 1 week after the start of treatment course. Refer urgently (within 2 weeks) to a dermatologist if infected eczema has not responded to treatment course. [Linda Wheatley, secretary to Community Dermatology Service \(CDS\) 01908 500092 Shipley Court, Newport Pagnell.](#)
Refer routinely to the dermatologist if:

- The diagnosis is, or has become uncertain.
- Eczema is not controlled satisfactorily (ie one to two flares per month)
- Facial eczema has not responded to appropriate treatment.
- Advice is needed on treatment application eg bandaging techniques.
- Contact allergic dermatitis is suspected.
- Eczema is causing significant social or psychological problems.
- Eczema is associated with severe and recurrent infections eg deep abscesses or pneumonia.
- Patients with suspected food allergies should be referred to relevant department.
- Patients whose eczema is controlled, but whose quality of life and psychological well-being has not improved should be referred to a clinical psychologist.

Suspected eczema herpeticum:

- Start course of systemic acyclovir
- refer for same day specialist advice (CDS) 01908 500092 and ophthalmological advice if skin around the eyes also involved.
- **Referral is URGENT as it can prove rapidly fatal.**

Based on NICE Clinical Guideline 57: Atopic eczema in children Dec 2007 and CKS library. Amended by Naomi Fleming Antibiotic Pharmacist and Libby Pell Dermatology Nurse Specialist MKCHS July 2009. Reviewed October 2012. Next review due Oct 2014

Other Advice:

- New supplies of topical products eg emollients and corticosteroids should be prescribed for use after the infection has cleared to prevent reinfection. (Old supplies should be disposed of.)
- The use of a topical antiseptic eg oilatum plus or zerolatum plus can be used as an adjunct treatment to reduce bacterial load in areas/patients prone to infection for a MAXIMUM of two weeks. **Routine use of emollients containing antiseptics is not recommended.** (Eg. Oilatum plus, zerolatum plus, dermol products, emulsiderm, Eczemol) due to resistance development.
- Encouraging the person to keep their skin in good condition by the appropriate use of emollients, corticosteroids and avoidance of trigger factors will help reduce the frequency of flares and infection.