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

USING ANTIBIOTICS (TOPICAL OR ORAL) ALONE OR IN COMBINATION WITH STEROIDS FOR ECZEMA ENCOURAGES RESISTANCE AND DOES NOT IMPROVE HEALING UNLESS THERE ARE VISIBLE SIGNS OF INFECTION

Small area of localised infection:

Purchase Germolene or Crystacide and use topically tds for up to 3 weeks. If severe sensitization occurs stop and see GP

Mupirocin (Bactroban®) topical treatments should only be used tds for 5 days in confirmed cases of MRSA

Extensive areas of infection:

First line: oral flucloxacillin qds for 7 days

Penicillin allergy: erythromycin qds for 7 days <12 years, clarithromycin bd for 7 days ≥12 years) Use relevant dose. (See cBNF and Adult Antibiotic Guidelines: Impetigo)

Concurrent topical treatment is not recommended

When to swab

Before further antibacterials are started, take swabs from infected lesions only if:

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

(Prescribe antibiotics 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 MKUHFT IPC team on whether decolonisation is needed, 01908 995789

Rule out eczema herpeticum

Signs include:

- 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.

Suspected eczema herpeticum:

- Start course of systemic aciclovir immediately
- If secondary bacterial infection is also suspected, start appropriate antibiotic treatment
- Refer for SAME DAY specialist dermatological advice and ophthalmological advice if skin around the eyes also involved
- Referral is URGENT as it can prove rapidly fatal

When to review and refer

All patients with infected eczema requiring antibiotics should be reviewed 1 week after the start of treatment. Refer urgently (within 2 weeks) to a dermatologist if infected eczema has not responded to topical or oral treatment course.

Refer routinely to the dermatologist if:

- The diagnosis is, or has become uncertain
- Eczema is not controlled satisfactorily (i.e. 1 to 2 weeks of flares a month or adverse reaction to many emollients)
- Facial eczema has not responded to appropriate treatment
- Advice is needed on treatment application e.g. bandaging techniques
- Contact allergic dermatitis is suspected
- Eczema is associated with severe and recurrent infections e.g. deep abscesses or pneumonia
- Patients with suspected food allergies and moderate to severe eczema should be referred to relevant department
- Eczema is causing significant social or psychological problems
- Patients whose eczema is controlled, but whose quality of life and psychological wellbeing has not improved should be referred to a clinical psychologist

Other Advice:

- New supplies of topical products e.g. 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 e.g. chlorhexidine can be used as an adjunct treatment to reduce bacterial load in areas/patients prone to infection; long term use not recommended. **Routine use of emollients containing antiseptics is also not recommended**
- Encouraging the patient to keep their skin in good condition using emollients frequently and liberally, appropriate use of corticosteroids and avoidance of trigger factors will help reduce the frequency of flares and infection

Based on NICE CG57: Atopic eczema in under 12s: diagnosis and management Dec 2007 (Review decision Jul 2016), CKS library: Eczema – atopic Jul 2015, Empirical Guidelines on the Management of Infection in Primary Care in adults Nov 2014, BNF and the cBNF, Sep 2016. Amended by Natalie McLennan-Murray MK CCG Pharmacist: Sep 2016. Review date: Aug 2018