

Eczema (Atopic Dermatitis)



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Eczema is a long-lasting skin condition that causes dry, itchy, inflamed skin. It tends to flare (get worse) and settle (get better) over time. Good daily skin care plus medicine for flares keeps most kids comfortable. AboutKidsHealth

Daily skin care (the foundation)

Bath & cleanse

- Short, warm baths/showers (5–10 minutes), once daily or as tolerated. Use gentle, fragrance-free cleansers only on dirty areas. **Pat dry—don't rub.** Apply medicines first (to active rash), then moisturizer to the rest of the skin.

Moisturize... and keep experimenting

- Moisturize at least twice daily and within 3 minutes after bathing (“soak-and-seal”). Ointments are richest, creams are next, lotions are lightest.
- **Every child responds differently to moisturizers.** There's no single best brand—**try different ointments/creams until you find what your child's skin likes** and then use it generously and consistently.

Laundry & clothing

- Choose fragrance-free detergents; avoid fabric softener sheets if irritating. Dress in soft, breathable fabrics (e.g., cotton); avoid rough wool. Keep nails short to reduce scratching injury.

Treating flares (red, rough, itchy patches)

1) Topical steroid (“cortisone”) medicine

These calm inflammation fast and are **safe when used correctly.**

How to apply

- Use a **thin layer** on **active, inflamed skin only**, once or twice daily (as prescribed).
- Helpful dosing tip: **1 fingertip unit (FTU)** (from the tip to the first crease of an adult fingertip) covers about **2 child handprints** of skin.

How long to use (typical pediatric courses)

- **Face/skin folds (usually low-potency):** ~3–7 days, then stop when smooth and itch has settled.
- **Body/limbs (often low- to mid-potency):** ~7–14 days (sometimes longer for thick plaques), then stop when clear.
- For stubborn, thick areas, your clinician may advise a **short 1–2 week course of a stronger steroid**, then step down. Always follow your specific prescription.

When to stop or adjust

- **Stop** once the skin is **smooth, not itchy, and the redness is gone**—then continue daily moisturizer.
- If not clearly improving after **2–3 weeks**, or if you need steroids **very often**, check back with your clinician to review strength, application, and alternatives.

Safety notes

- Side effects are uncommon with correct use. Use **lower-potency** products on thin skin (face, eyelids, groin). Avoid routine daily steroid use on clear skin unless your clinician has advised a “**proactive**” plan for frequent relapses.

2) Non-steroid anti-inflammatories

- **Calcineurin inhibitors** (tacrolimus, pimecrolimus) or **crisaborole** may be used when steroid-sparing is preferred (e.g., face/skin folds) or if flares are frequent. Your clinician will advise if these are appropriate.

3) Itch & sleep

- Moisturizers and treating the inflammation are the main ways to control itch. Sedating antihistamines may help **sleep** on bad nights but **usually don’t reduce eczema itch** by themselves. Ask your clinician if/when to use them.

Extras for moderate–severe flares (use with clinician guidance)

- **Wet-wrap therapy:** After applying the prescribed medicine and moisturizer, cover with warm, damp (Wet onesie) then dry layers (Pajama or a dry onesie) for several hours or overnight during severe flares to boost effect. **Do not use if skin looks infected.**
- **Dilute bleach baths:** Sometimes recommended to reduce skin bacteria (e.g., 1/4–1/2 cup of unscented 4–4.5% household bleach in a full tub, soak 5–10 min, rinse, then moisturize/medicate). Only if advised by your clinician.

Infection: when to seek care urgently

Call or see a clinician **now** if you notice **yellow crusting, pus, spreading redness, worsening pain, fever, or rapidly worsening rash**—eczema can get infected and needs treatment.

Food & eczema (infants)

- For babies with eczema, **early introduction of common allergens (like peanut/egg) around ~6 months**—once the child is developmentally ready—**helps prevent food allergy**. Keep breastfeeding if you are breastfeeding. Do **not** start special formulas just to prevent allergies. Discuss timing/safety with your health-care team (especially for severe eczema).
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When to re-check

- Flares that **don't improve within ~2–3 weeks** of correct treatment.
 - Frequent relapses, sleep loss, poor growth, or concerns about medicine strength.
 - Any signs of infection.
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Quick checklist for families

- Short warm bath → pat dry
 - Medicine to red/rough/itchy patches
 - Moisturizer everywhere else (and again later)
 - Fragrance-free products and soft clothing
 - Keep nails short; teach “pat, don’t scratch”
 - Follow typical steroid course (days, not months)
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Sources

- AboutKidsHealth (SickKids): bathing, moisturizing, treatment sequence, when to review. [AboutKidsHealth](#)
 - BC Children’s Hospital Dermatology: pediatric handout (courses, wet wraps, bleach bath examples). [BC Children's Hospital](#)
 - Montreal Children’s Hospital: short courses & step-down approach for stronger steroids in severe flares. [Montreal Children's Hospital](#)
 - Canadian Paediatric Society (CPS): allergy prevention in infants with eczema; high-risk definitions; breastfeeding/formula advice. [cps.ca+1](#)
 - Eczema Society of Canada: skin-care basics and “see a doctor now” infection signs. [eczemahelp.ca](#)
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Good to know

Eczema care is **not one-size-fits-all**. The **right moisturizer and routine can be different for every child**—it’s normal to **try a few** before you find the one that works best for your family. Keep notes on what helps (and what doesn’t), and bring them to your next visit.

Notes:

What Worked /Improved

What doesn't work/ worsens

