

Eczema

Background information:

Eczema (also called atopic dermatitis) is a skin condition that causes itching and a dry, red, raised rash. The areas most commonly affected are the elbows, back of knees, ankles, hands, face, and behind the ears, but the rash can be anywhere. When the itching is intense, the rash may have some small blisters, which ooze and crust over. Eczema often waxes and wanes according to aggravating conditions, or for no apparent reasons.

Children with eczema seem to have a very sensitive immune system that reacts to various environmental allergens and food. They tend to get better with age (usually by early teens), but may be more prone as adults to have dry skin, dandruff, hay fever and asthma.

How to care for eczema:

Because eczema represents an allergic reaction to what the body senses as “foreign”, there is really no “cure”. But there are many things we can do to prevent it from getting worse, and make the child more comfortable.

1. Avoid things that the child may be allergic to: often, the list includes wool or scratchy synthetic material, fabric softener or strong detergents. Use double rinse cycle when washing clothes and beddings. For some children, some food may make the rash worse; certain fruit, egg white, dairy products, food colorings, etc... You can try to temporarily eliminate them from the child’s diet to see whether it makes a difference.
2. Avoid things that dry out the skin: limit baths to 5 min, avoid hot showers (use tepid water) and bubble baths. Use mild, non-perfumed soaps or non drying cleanser (such as Aveeno, Dove, Ivory, or Neutrogena)
3. Apply a moisturizing lotion after bathing (such as Lubriderm, Cetaphil, Eucerin, Johnson’s Baby oil or lotion.)
4. When the rash is itching :
 - Place cold, damp cloths on rash may help.
 - Try small doses of an oral over-the-counter anti-histamines (such as Benadryl, Claritin...). Read and follow label instructions, do not overdose.
 - Keep your child’s fingernails trimmed and filed smoothly to prevent scratching. For young infants, putting cotton mitten or socks over their hands may help.
 - Use medications as instructed: Hydrocortisone 1% cream is most often used. Apply lightly only, and avoid using it for more than 2 weeks at a time. Other “stronger” steroid creams or ointments may be prescribed, but be sure that they are not used on the face or genital areas, and do not use them over a week without checking with your provider.
5. Call your provider if the rash appears infected, is oozing pus, is spreading despite treatment, or is not better after a week.

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