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Differential Diagnosis of Infected Atopic Dermatitis:

- Warts
- Molluscum
- Scabies
- Tinea corporis/capitis
- Allergic contact dermatitis

Infected Atopic Dermatitis
Presence of crusting, pustules, erosions, vesicles/blisters
([Severity Guide](#))
**Avoid using oral steroids for all eczema flares*

Consider the type of infection
Bacterial:

- [Impetigo \(Staph aureus\)](#)
- [Group A Strep \(Strep pyogenes\)](#)

Viral:

- [Eczema Herpeticum](#)
- [Eczema Coxsackium](#)

- Obtain [aerobic culture and/or HSV 1/2 PCR from the affected site](#).
- If uncertain of infection with HSV, obtain both aerobic culture and [HSV 1/2 PCR](#)

Treat based on type of infection

Are several sites affected/diffuse involvement?

No, localized to one site

Yes

Treatment for Bacterial Infection:

- Consider topical and/or oral antibiotics
- Review previous aerobic cultures (susceptibilities)
- If no previous culture, no history of MRSA:
 - First line [cephalexin](#)
 - Second line [clindamycin](#)
- If known history of MRSA:
 - First line [clindamycin](#)
- Start [dilute bleach baths](#)
- Restart/continue topical steroids in non-infected areas
- **Hold** topical calcineurin inhibitors and topical steroids in **infected areas**

- Start topical antibiotic (mupirocin)
- Restart topical steroid to uninfected areas
- **Hold** topical calcineurin inhibitors (TCI) and topical steroids in **infected areas**

Treatment when unable to determine viral or bacterial infection:

- Consider oral antibiotic and/or oral antiviral treatment
- Start bland ointment (Vaseline), avoid creams
- [First generation oral antihistamines](#) for sleep/itch control
- Consider [diluted bleach baths](#)
- Topical steroids and topical calcineurin inhibitors should be avoided in areas of concern for HSV infection

Bacterial

Viral

Unclear

Is there history of HSV or exposure to HSV?

Yes

No

Treatment for Eczema Coxsackium:

- [Start first generation oral antihistamines](#)
- Bland ointment (Vaseline), avoid creams
- **Hold** topical calcineurin inhibitors (TCI) and topical steroids in **infected areas**
- Avoid using oral steroids for all eczema flares

Consider:

- [Aerobic culture if suspicious for bacterial infection](#)
- Consulting Derm On-call Provider if questions

Treatment for Eczema Herpeticum:

- [Start oral acyclovir](#)
- [Start first generation oral antihistamines](#)
- Bland ointment (Vaseline), avoid creams
- Hold topical steroids
- Avoid using oral steroids for all eczema flares

Consider:

- [Aerobic culture if suspicious for bacterial infection](#)
- Consulting Derm On-call Provider if questions

Are lesions near eye or are there eye symptoms?

No

Yes

Ophthalmology consultation **ASAP**

- Restart topical steroid to uninfected areas
- **Hold** topical calcineurin inhibitors (TCI) and topical steroids in **infected areas**

Does patient have fever, lethargy, toxic appearance, signs of dehydration, diffuse skin involvement, and/or is child < 1 year of age?

No

Yes

Discharge home with follow-up in 1 week with Dermatology or PCP. Consider message center for expedited visit -- "Dermatology Clinic on call"

Consider:

- Dermatology consult
- Inpatient admission