Other Diagnoses Resembling Atopic Dermatitis
- Keratosis pilaris
- Psoriasis
- Xerosis cutis (dry skin)
- Molluscum dermatitis
- Contact dermatitis

Signs & Symptoms of Infection
- Presence of crusting
- Pustules
- Erosions
- Vesicles/blisters

QR code for mobile view

Patient presents with Atopic Dermatitis
(Severity Guide)
**Avoid using oral steroids for all eczema flares*

Does the skin appear infected, or is patient febrile?

Yes → Atopic Dermatitis Infected Pathway

No

Is the skin red/purple or inflamed?

No →

Treatment and Follow-up:
- Provide Dry Skin Care (recommendations in depart):
  - Recommend bland ointment/cream
  - Recommend dye-free, fragrance-free skin care products (soap, detergent)
- Follow-up with PCP or make clinic referral to Dermatology as needed

Yes

Has the patient been seen previously by Dermatology?

No →

Treatment:
- Bland ointment/cream emollient
- Use mildest strength topical steroid that is likely to be effective. Take care to use low potency topical steroids with young infants:
  - Face: Start topical steroid ointment class VI-VII for face, two times daily to affected area, prn
  - Body: Start topical steroid ointment class VII- III for body, two times daily to affected area, prn

Consider:
- First generation oral antihistamines for sleep/itch control and consider dilute bleach baths

Follow-up:
- Follow-up with PCP or make clinic referral to Dermatology as needed

Yes →

Treatment:
- Review most recent Dermatology clinic note
- Restart bland ointment/cream emollient, or increase frequency of application
- Restart previous topical steroid regimen or start lowest strength topical steroid likely to be effective
- Restart first generation oral antihistamines as needed for sleep/itch control
- For severe non-infected atopic dermatitis, consider starting wet wraps (video) for up to 72 hours with close follow-up in Dermatology.

Consider:
- Consider stronger potency topical steroid, for flare, for one to two weeks on trunk or extremities (**Avoid Class 1 topical steroid)**

Follow-up:
- Discharge home with follow-up to Dermatology.
- Consider message center note to last Dermatology provider who saw the patient.

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